# A Checklist for the Examination and Management of Torture Survivors

- 1. Purpose of producing before the doctor, Police officer's Name, Rank, Number, Police station, signature
- **2.** Consent of the examinee
- **3.** Thumb imprint
- 4. MLEF Number, Date, Issued police station
- 5. If admitted Date, Time, Ward, BHT Details
- 6. If examined under a court order-Details of the court order
- 7. General information

	a. Date, Time and Place of examination	
	<b>b.</b> Name (in full) of the patient	
	c. Age	
	d. Sex	
	e. Identification - identity card, driving license	
	f. Nationality	
	g. Current address	
	<b>h.</b> Language of interview	
	<b>i.</b> Interpreter's name if any	
8.	Social history	
	a. Marital status	
	<b>b.</b> Number of children	

- **c.** Level of education
- d. Occupation before torture incident
- e. Present occupation
- f. Social status before the torture incident
- g. Political activity and/or affiliation
- **h.** Abuse of substances like alcohol, narcotics (Any current withdrawal symptoms)
- i. Previous imprisonment and reasons
- 9. Past history
  - a. Illnesses
  - **b.** Surgeries
  - c. Accidents
  - d. Mental illnesses

#### 10. Description of alleged torture and ill-treatment

<b>a.</b> History of arrest	
<b>b.</b> Date & time / Duration	
<b>c.</b> Arresting authority	
d. Reason for arrest	
e. Identity of officers arrested	
<b>f.</b> Transportation	
g. Detention center/s	
h. Prison/s	
i. The place/s where the torture took place	

<b>j.</b> Description of the place/s	
<b>k.</b> Person/s involved in torture	
<b>l.</b> Method/s used	
<b>m.</b> Medical attention during and after torture session	ns
<b>11.</b> Presenting complaint of the victim	
a. Physical	
<b>b.</b> Sexual	
c. Psychological	
<b>d.</b> Any other	
<b>12.</b> Examination of victim	
a. General Examination	
<b>b.</b> Physical examination	
c. Psychological examination	
d. Injury	
e. Scars	
<b>f.</b> Any other	
13. Documentation	
a. Notes	
b. Diagrams	
<b>c.</b> Photographs	

14. Investigations (With Date, Serial no., Results)

a. Lab

**b.** Imaging

15. Referrals/ Second opinions (From Consultant JMO)

Yes No	
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16. Previous M/L examination

Yes No

If yes,

by whom, when, where etc.

- 17. Recommendations
  - a. Needs admission to hospital
  - **b.** Fit for detention
  - c. OPD Treatments before detention
  - d. Needs to seen by a Consultant JMO
  - e. Needs to review
  - f. Special detention conditions

## Medico Legal Report Format, Recommended for Alleged Torture Victims

The Standard format of Health 1135 form or free style report can be used. H 1135A with diagrams could be used as supplementary to H 1135. However, H 1135A alone should not be used as a report. A free style format of a medico legal report can also be used in an official letterhead of the institution.

- 1. Serial number (reference number in your register)
- 2. Court
- 3. Case no
- 4. Date of trial
- 5. Reference details
  - a. MLEF no
  - **b.** Date of issue
  - c. Police station
  - d. Court
  - e. Any other references HRC etc.
  - 6. Identification
    - a. Full name
    - b. Age
    - c. Sex
    - d. Address

- e. Occupation
- f. NIC number or any other identification document
- 7. Preliminary details
  - **a.** Place of examination
  - b. Date and time of examination
  - c. Examination was performed by
  - d. The examinee was produced by
  - **e.** Translator's name (if assisted)
  - f. People present during the examination
  - g. Hospital
  - h. Date and time of admission
  - i. Bed Head Ticket No
  - j. Ward No
  - k. Date of review (if reviewed)
- **8.** History by the producing officer (date of arrest, reason for the arrest, details of the force used, any explanation for clinical condition of the patient/examinee)
- 9. Detailed history given by the examinee
  - a. History of transportation to detained place (how)
  - **b.** History of arrest (date, time, place, person/s, reason)
  - **c.** History of detention (place/s, period, basic need like water, food, sanitary, light, ventilation, sleep, number of detainees in one place, freedom to meet family members/lawyers)

**d.** Detailed history of alleged ill treatment (torture)

Physical/sexual/psychological/pharmacological or any other method should be described in detail at the time of arrest, transportation, and during detention. Weapon/s, method/s, date and time of every incident, site of body injured, identification of person/s who committed injuries should be written in chronological order

- **a.** Details of treatment given to the victim of torture by the torturers at the torture centers, hospitals (government or private) or by a G.P and the outcome of such treatment
- **b.** History of release
- c. History of present health condition
- **d.** Past medical and social history (medical and surgical conditions, alcohol and drug abuse)
- **10.** Examination
  - a. General
  - **b.** Systemic
  - **c.** Wounds Nature (type), size, site, shape, disposition, stage of healing of each wound
  - d. Scars (shape, colour, contour, etc.)
  - e. Mental state supported by the psychiatrist's report
  - f. Genitalia
  - g. Anus

- 11. Investigations and results
- **12.** Referrals and their opinions
- 13. Recommendations

## 14. Opinion

Opinion should be expressed on all relevant medico legal issues pertaining to the case. Vague and controversial opinions should be avoided as much as possible. The Doctor may address them when he gets an opportunity to give oral evidence. The Doctor should avoid the use of word "torture" as much as possible as it has a legal definition. If the absence of medical findings cannot exclude the alleged torture, it should be indicated.

Opinion may be given on

- **a.** Type of injury
- **b.** Category of hurt and relevant limb of section 311 of the penal code if the category of hurt is grievous.
- **c.** Type of weapon(s) used
- **d.** Compatibility with the history (consider each injury or all injuries taken collectively or injury pattern or consequences of injury (scars), with the history of the weapon used, methods of torture and time of infliction, for compatibility)
- e. Percentage of disability or impairment of function

Injury Number	Medico-legal classification (category of hurt)	Relevant section if grievous	Weapon (blunt, sharp, burn, chemical, bite, fall, firearm, etc.)

- **15.** Name of the Medical Officer, qualifications and designation
- 16. Official stamp
- **17.** Date of sending the report

### References

United Nations Convention against Torture and Other Cruel, inhuman or Degrading Treatment or Punishment, 1984

Amnesty International, Amnesty International Report 1999 (London, AIP, 1999)

Istanbul Protocol – Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Professional training series No: 8/Rev.1, Office of the United Nations High Commissioner for Human Rights, Geneva, 2004