



## Original communication

## Retrospective study of positive physical torture cases in Cairo (2009 &amp; 2010)



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## ABSTRACT

Torture is the most serious violation of a person's fundamental right to personal integrity and a pathological form of human interaction. In this study, the prevalence of torture in Cairo during the years 2009 & 2010 is 10.97% of the total number of cases examined at the medico legal authority of Egypt in Zenhom (11.29% in 2010 & 10.36% in 2009). The number of cases under this study is 367 (175 cases in 2009, 192 cases in 2010). Torture is more prevalent in the year 2010 than in the year 2009. The largest prevalence of torture was found in the area of south Cairo (120 cases; 32.7%) while the least was found in the area of west Cairo (50 cases; 13.6%). The victims included 336 males (91.6%) and 31 females (8.4%) with male to female ratio 10.8: 1. The most commonly affected age group in the studied victims was the age group of the third decade (171 cases; 46.6%) while the least was the age group above the sixth decade (6 cases; 1.6%). The most commonly affected site of injury was head & neck (243 cases; 66.2%) while the least was abdomen (17 cases; 4.6%). The most common type of injury was bruises (258 cases; 70.3%) while the least was electrocution (5 cases; 1.4%). Regarding the causal instrument, the most commonly used instrument was blunt object (333 cases; 90.7%) while the least was electric current (5 cases; 10%). Hitting with a stick leaving the characteristic shape of elongated abrasion & bruises was found in 35 cases (9.5%) and characteristic lesion of handcuff, which is blunt trauma wounds around wrists or ankles, was found in 68 cases (18.5%). There was one case of hair torture (0.3%) & 5 cases of sexual torture (1.5%). Permanent infirmity left in victims was positive in 24 cases (6.5%) and negative in 343 cases (93.5%) while deformity left in victims was positive in 10 cases (3%) and negative in 357 cases (97%). All permanent infirmity cases were male. Of the 24 cases of permanent infirmity, 83.3% were subjected to blunt trauma and 79.2% were injured in the upper limbs & this is statistically significant.

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## 1. Introduction

Torture is defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for obtaining information or a confession, punishing or intimidating or coercing.<sup>1</sup> Torture has been defined by other organizations, such as the World Medical Association, and by individual countries in their national laws, but the UN definition is the most applicable and widely accepted for governments.<sup>2</sup> Amnesty International, in a worldwide survey in 2000, found that 75% of

countries practice torture systematically despite the absolute prohibition of torture and cruel and inhuman treatment under international law, even though these countries have signed the CAT.<sup>3</sup> The Istanbul Protocol is a manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment. It includes modules for medical, psychological, and legal professionals. The Protocol was approved as an International instrument by the General Assembly of the United Nations resolution.<sup>4</sup> Forms of torture can be blunt trauma (crushing, whipping, beatings), penetrating injuries (stab wounds, firearm injuries), electric shocks, suspension, burns (thermal, chemical), asphyxiation, sexual violence, psychological or pharmacological.<sup>5</sup> All of the victims of physical abuse show some acute injuries, sometimes temporary, such as bruises, hematomas, lacerations, cuts, burns, and fractures of teeth or bones, if examined

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close to the trauma episode. Chronic physical consequences can be chronic, long-lasting, pain experienced in multiple sites, Permanent lesions, such as skin scars on different parts of the body, temporary or permanent disability or permanent infirmities.<sup>6</sup> The mental health consequences of torture to the individual are usually more persistent and protracted than the physical aftereffects. The psychological problems most often reported are psychological symptoms (anxiety, depression, irritability/aggressiveness, emotional liability, self isolation, withdrawal); cognitive symptoms (confusion/disorientation; memory and concentration impairments); and neurovegetative symptoms (lack of energy, insomnia, nightmares, sexual dysfunction).<sup>2</sup> Social and familial health consequences may occur as there is loss of normal life development due to lost time in prison or waiting for final resettlement. Delays may occur in education, marriage, or accumulation of wealth.<sup>7</sup> Treatment for torture survivors ideally requires a multidisciplinary approach, since the squeals of torture are acute and chronic, and may include physical, psychological, cognitive and socio-political problems. Treatment also requires a long-term approach. The approaches are many, little consensus exists, and treatment effectiveness has not been scientifically validated by treatment outcomes studies.<sup>2</sup>

The aim of this study is to assess prevalence of torture in Cairo during the years 2009 & 2010 according to area, age, sex, site of lesion, type of injury, causal instrument, done investigations, left deformity and permanent infirmity.

## 2. Subject & methods

### 2.1. Subject

This study is a retrospective study including all positive physical torture cases registered in Cairo governorate from the start of the year 2009 till the end of the year 2010 in the medico legal authority in Cairo which is an official foundation supervised by the Egyptian ministry of justice. The cases are referred from the prosecution after reporting in the police station.

In this study, torture is defined according to the United Nations convention against torture which is the most accepted definition internationally. Torture cases were found in a retrospective review of all records. Torture was defined by the medical examiner and only the cases that have physical injuries which are highly consistent with the history of torture according to Istanbul protocol are included in the study. Any fabricated wounds or wounds that can be caused by many other causes rather than the history of torture taken from the patient (according to Istanbul protocol; wounds consistent with the history of torture but can be caused by many other reasons) are excluded. Psychological torture is not included in this study. The motive in the complainants' attending the center is mainly to gain a documented certificate to preserve their rights in the court.

Cairo governorate consists of the following areas: **Area of East Cairo;** Masr Al Gdeda, Madent Nasr, Al Mataria, Al Marg, Al Zyton, Hadaek Al Qoba, Al Gamalia, Mnshiat Nasr, Ein Shams, and Al Nozha. **Area of West Cairo;** Madent Nasr 2, Al Qahera Al Gadedda, Al America, Al Salam, and Estinaf. **Area of North Cairo;** Al Sahel, Rod Al Farag, Al Azbakia, Al Sharabia, and Shobra. **Area of Mid Cairo;** Al Mosky, Bolak, Abdeen, Al Zaher, Al Zawia, Bab Al Shiria, Kasr Al Nile, and Al Waily. **Area of South Cairo;** Al Khalifa, Msr Al Kadema, Helwan, Al Maady, Al Sayda Zenab, Al Darb Al Ahmar, Al Basateen, Mayo, and Al Teen.

## 3. Methods

All positive physical torture cases were thoroughly reviewed from medico legal authority records regarding the following items:

1. Demographic data about the victims including, sex, age, residence.
2. Site of lesion (Upper Limb, Lower Limp, Chest, Abdomen, Head & neck and Back).
3. Type of injury (Abrasion, Bruises, Lacerated, Cut wound, Firearm, Burn and Electrocutation)
4. Causal instrument (Blunt, Sharp, Pointed, Hot object and Electric current).
5. Characteristic lesions (Stick and Handcuff) which are blunt trauma leaving typical injuries.
6. Investigations that have been done
7. Deformity or permanent infirmity.

### 3.1. Statistical analysis

The collected data was organized, tabulated and statistically analyzed using SPSS software statistical computer package version 15.

Categorical variables are summarized using counts and proportions. Chi ( $\chi^2$ ) square was used as a test of significance. Statistical significance was when probabilities were less than 0.05.

P value: <0.001 is considered Highly Significant.

P value <0.05 is considered Significant.

P value >0.05 is considered Non-Significant.

## 4. Results

In this study, prevalence of torture in Cairo during the years 2009 & 2010 is 10.97% of total number of cases examined at the medico legal authority of Egypt in Zenhom (11.29% in 2010 & 10.36% in 2009) taking in consideration that not all the torture victims reach the authority as they may be afraid to report about torture in the police stations. The other work of the authority is on other criminal cases to examine and document their injuries. The present study included 367 positive physical torture cases in Cairo during the years 2009 & 2010; 175 cases in 2009 & 192 cases in 2010. The largest prevalence of torture was found in the area of south Cairo (120 cases; 32.7%) while the least was found in the area of west Cairo (50 cases; 13.6%) [Table 1](#).

Torture occurs mainly in the police stations but it occurred during arrest or in traffic committees by police officers and their assistants. The studied victims included 336 males (91.6%) and 31 females (8.4%) with male to female ratio 10.8: 1 [Table 1](#) and [Fig. 1](#).

The most common affected age group in the studied victims was the age group of the third decade (171 cases; 46.6%) while the least was the age group above the sixth decade (6 cases; 1.6%) [Table 1](#).

Regarding the site of lesion, the most common affected site was head & neck (243 cases; 66.2%) while the least was abdomen (17 cases; 4.6%) [Table 2](#), [Fig. 2](#).

**Table 1**  
Distribution of studied cases according to area, age & sex.

	No	%
<b>Area</b>		
East	85	23.2
West	50	13.6
Mid	55	15.0
North	57	15.5
South	120	32.7
<b>Sex</b>		
Male	336	91.6
Female	31	8.4
<b>Age</b>		
<20 years	30	8.2
21–30 years	171	46.6
31–40 years	119	32.4
41–50 years	41	11.2
>50 years	6	1.6

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