

Police torture in Bangladesh – allegations by refugees in Sweden

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Abstract

Eighty-two refugees from Bangladesh were examined by specialists in forensic medicine and psychiatry at the Centre for Torture and Trauma Survivors in Stockholm from 1999 to 2004. The majority gave similar testimonies of political violence and torture during police interrogations. The aim of the present study was to describe general features and patterns of torture by the police in Bangladesh as well as medical and psychiatric sequelae in this group of alleged victims.

The majority was young men, mean age twenty-nine, who had been politically active in oppositional student organisations, arrested in the street during demonstrations, and accused of illegal possessions of arms or of murder. They were all kicked and beaten with police batons and fists. The most common torture methods were beatings on the soles with lathi, wooden canes or hot-water bottles, straight or upside-down suspension, electric shocks, and asphyxiation by means of hot and/or polluted water poured into the nostrils. All the women and nearly a third of the men alleged that they had been raped. The victims were in most cases released within three days, many of

them severely traumatised and in need of acute medical attention.

At the time of examination, all but a few subjects showed more than twenty scars, and over 80% were diagnosed with post-traumatic stress disorder. Many complained of chronic aches in the lower back joints and feet.

Key words: torture, Bangladesh, forensic medicine, human rights abuse, PTSD

Introduction

It is estimated that between 10 and 20% of all refugees and asylum-seekers who end up in Denmark,¹ and possibly also in Sweden and many other European countries, have been subjected to torture. Refugees who come to Sweden have since 1992 been examined at the Centre for Torture and Trauma Survivors (CTD, after 2001: Kris- och Traumacentrum, KTC) in Stockholm by a team of forensic and psychiatric specialists. To this date nearly 500 patients alleging torture have been examined, and their injuries have been documented. The data thus collected is also intended for use by the authorities investigating asylum applications. However, far less than 1% of all asylum-seekers who arrive in Sweden, about 20,000 a year, have so far been examined.

From 1999 and onwards, a considerable proportion of the refugees examined at the CTD had come from Bangladesh. It is esti-

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mated that about 5% of all Bangladeshi who arrive in Sweden will come to CTD for examination, which is more than for other nationalities. The reason for this is uncertain. Most refugees from Bangladesh have come to Sweden after 1995. In Bangladesh, a young nation founded in 1971, the social climate has long been characterized by political unrest and religious and ethnic conflicts. Political violence is common and police brutality has been documented by, among others, Amnesty International.² Two large political parties are struggling for dominance – the Awami League and the Bangladesh National Party (BNP). Among the smaller parties represented in the political assemblies are the Jatyia Party (JP), which was founded by the military dictator Ershad in 1986, and Jamaat-i-Islami, an Islamic party. The Awami League had been in power since 1996 until the election in 2001, when it was defeated by the BNP. Bangladesh is a Moslem society with numerous minority groups, mainly Hindus and Buddhists, many of whom also belong to ethnic minority groups, such as the Jumma nation and the Shanti bahini guerilla in the Chittagong Hills in the eastern part of the country.

Although Bangladesh today is a constitutional democracy with free elections, the testimonies of Bangladeshi political refugees reflect a different reality – that of an extremely violent society.

Methods

A total of 82 individuals, 79 men and three women, median age 29.4 years, were examined at the CTD and KTC between 1999 and 2004. The subjects were interviewed with the help of an interpreter. They were encouraged to speak freely without leading questions. Relevant information was registered in a standardised form (Appendix 1). Scars and other injuries were photographed

and documented in a written protocol. After the forensic medical examination, psychiatric assessments were made in the form of a structured clinical interview for DSM-IV (SCID) that was videotaped. Post-traumatic stress disorder was also assessed by a number of self-rating instruments, e.g. the Harvard Trauma Questionnaire³ and the Impact of Events Scale.⁴

The data were classified into six categories: 1) personal/social circumstances, 2) frequency of torture events, 3) type of violence and weapons, 4) torture methods, 5) acute injuries, and 6) scars, other objective findings, and persisting symptoms.

The data were processed in the Statview program for Macintosh (Abacus, SAS Institute Inc. NC, USA) and presented as frequency distributions and descriptive statistics.

Results

Personal and social circumstances

Forty-seven percent of the subjects were university students, and an additional 30% had gone to college. Only 2 (2.5%), both belonging to minority groups, lacked formal education. At the time of torture, 6% were younger than 18 years.

The majority, 89%, were Moslems, 2.5% Christians, 5% Hindus, and 3.5% Buddhists. Seventy-eight of the 82 (95%) described a history of political activity in their home country, where the majority had belonged to the BNP, Jatyia or the Freedom Party. The Awami League activists were not seen before 2001.

Only 16% had a relative in Sweden, while 92.5% had arrived alone and without connections. The alleged reason for asylum was persecution because of political activity per se (36%) or in combination with false accusations of murder or possession of illegal weapons (56%). Religious or ethnic

persecution was alleged in 7% of the cases. At the time of examination, the asylum application had been rejected in 86.5% of the cases.

Frequency of torture events

Two applicants had not been tortured. One had been persecuted by political offenders and the other, a mere child, had escaped from slave labor. Eighty subjects had been tortured at least once, in mean 2.024 times, range of 1-8 times. Sixty-nine per cent had also been subjected to street violence during political demonstrations.

Type of violence and weapons used

All persons had been subjected to blunt force, i.e. been beaten with fists or weapons and kicked with boots, 79% had suffered sharp violence, and 78% had been burnt. The weapons used in the beatings were the pointed police batons called lathi (which also can be used for stabbing) (Figure 1), rifle butts, wooden canes, hot-water bottles, heavy wooden "rollers", and iron bars. Beating with land hockey clubs during interrogation were sometimes reported but many more described assaults with land hockey clubs during street demonstrations. When beaten with hot-water bottles it was most commonly under the feet.



Figure 1. Multiple scars on the ankle and foot after stabs with pointed police baton (lathi).

The sharp violence was in most cases executed by means of knives in a few cases with an axe (Figure 2), razor blades, bayonets, swords, and with shards of broken glass. Needles had been used exclusively for nail torture.

Burning with cigarettes (Figure 3) was alleged by 70% of the subjects, with hot iron by 35%. Scalding with hot water was alleged by a few. For a summary see Table 1.

Torture methods

Sixteen different methods of torture were mentioned more than once. Most victims reported that they had been systematically beaten on the soles of the feet with batons, wooden canes, or hot-water bottles; many



Figure 2. Scar in the back after wound inflicted by a "Chinese axe". Scar in the right side after operation of subsequent pleural haemorrhage.

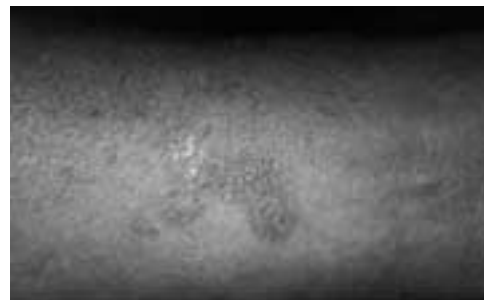


Figure 3. Multiple cigarette burn marks on the arm.

Table 1. *Type of force in 82 torture victims*

Type of force	Weapon	%
Blunt force	police baton	91,5
	rifle butt	52,4
	wooden cane	42,7
	hot water bottle	21,2
	roller	20,7
	iron bar	19,5
	"knuckles"	16,8
	land hockey club	8,5
Sharp violence	knife	56,1
	needle	18,3
	razor	17,1
	bayonet	9,6
	sword	8,5
	glass	6,1
Burning	cigarette	69,5
	hot iron	35,4
	hot water	19,5
	Gun shot	6,1

had been suspended for a longer period of time, either straight up or upside down. About two thirds had been given electric shocks with electrodes applied to the temples, genitals or digits. A majority had experienced "water treatment", whereby hot or cold, sometimes polluted, water was introduced into the nostrils with a piece of cloth in the mouth or over the face. Water treatment was often combined with upside down suspension. The use of hot peppers was reported by a few, either in wounds or in water squirted into the nostrils. Some of the victims had been subjected to strangulation by rope or hands. "Submarino", where the head is pushed under the water in a jar until near drowning, was described by a few patients. Some subjects had been forced to stare into strong light. Genital torture, such as beating of the genitals or having a heavy object hanging in a rope around the penis and/or scrotum, had allegedly occurred in nearly a third of the cases, and not a few had had objects

such as batons or bottles pushed into the anus. Outright rape, anal or vaginal, was described by nearly a third, including all the women in the study group. Fake executions were alleged in some patients, all of whom described that a barrel of an unloaded gun or rifle was pressed against the temple. Not a few had been forced to drink urine or polluted water. Nail torture had most often involved needles pushed under the nails, and in a few cases nail extraction. Almost a third had been subjected to "finger torture" by having a pencil or something similar interlaced between the fingers while the hand was pressed against a hard surface. Some said that they had been treated with a "roller", which means that a heavy log is slowly rolled over the front of the legs of the victim lying in a supine position on the floor. Still other methods were mentioned once in 22.2% of all cases. A summary is given in Table 2.

Acute injuries

All subjects reported deep bleeding wounds after torture. Dental injuries were alleged by 34%. Injury to joints were described by 17% and fractures by 38%. The injured joints in-

Table 2. *Torture method in 82 victims.*

Torture method	%
Beating on the soles ("falaka")	79,3
Suspension	64,6
"Water treatment"	59,8
Electric shocks	58,5
Genital torture	31,7
Rape – anal or vaginal	30,5
Drinking urine or polluted water	26,8
Object into anus	25,6
Finger torture	24,4
Strong light	18,2
Nail torture	17,1
"Submarino"	16,7
Fake execution	14,6
Hot peppers	11,0
"Roller treatment"	9,8
Strangulation	9,8
Other methods (mentioned once)	31,7

cluded knees, shoulders, elbows, and wrists. The fractures were in fingers, toes and ribs. Acute eye injury was reported by 13.5% and bleeding from the ears and impaired hearing by 16%. Internal haemorrhage, manifested as bleeding from the anus, haematuria, and coughing or vomiting blood, was described by 16%. After release 16% had needed acute surgery, and 58.5% were hospitalised for medical and/or psychiatric care.

Objective findings and persisting symptoms

The whole group had a mean number of 19.5 +/- 8 scars (range 5-50), and 10% had visible or palpable healed fractures. The most common sequelae were joint- or foot pain, lower back pain, daily headaches, sensibility disturbances – mainly strange sensations and anaesthesia. Less common was neck pain. Rather common were symptoms from the gastro-intestinal tract, mainly gastritis and obstipation, and from the uro-genital tract in the form of dysuria or impotence. Ear, nose and throat (ENT) problems with hearing loss or tinnitus, chronic rhinitis and sinusitis were also rather common. A majority also complained of diffuse symptoms like pain in the whole body, palpitations, sweating, and tremor. They were categorised as vegetative symptoms. For a summary, see Table 3.

Table 3. Subjective symptoms in 82 victims.

Subjective symptoms	%
Foot pain	65,9
Vegetative symptoms	61,1
Lower back pain	54,9
Daily headaches	48,8
Gastro-intestinal symptoms	39,0
Sensibility disturbances	32,9
ENT symptoms	31,5
Uro-genital symptoms	17,1
Neck pain	14,6
Joint pain	14,6

Frequency of persisting symptoms ascribed to torture at the time of examination (%).

Psychiatric disease

Fifty-eight patients were examined by a psychiatrist and 84.5% fulfilled the criteria of post-traumatic stress disorder (PTSD). There were cases with co-morbidity, most commonly PTSD and depression. Active suicide plans or suicide attempts were reported in 31.3% cases. At the time of examination 15.7% were under psychiatric hospital care. More than 40% were on antipsychotic medication.

Discussion

The findings of this study are in concordance with a summary of torture methods used by the police in Bangladesh published in the Amnesty International Report 2001.² The Amnesty Report also stated that allegations of torture by the police have not led to any actions from the authorities or the major political parties. According to the latest Amnesty Report (2004) at least 13 persons died in police custody in 2003.⁵ In the medical literature, as reflected by Medline, no scientific report of torture from Bangladesh is to be found. Patterns of abuse and torture methods vary between countries and cultures (6-10), but we lack systematic studies of such differences today.

The refugees from Bangladesh included in this study were examined during a relatively short period of time. The group was rather homogenous, mainly consisting of male college and university students between 20 and 35 years of age, who belonged to the major religious and ethnic category, i.e. Moslems, and had been active in established political organisations. It could be noted that not until 2001 had members of the Awami League appeared among the patients, which coincides with the change of government in Bangladesh after the election when BNP came into power after six years in opposition. Disproportionately large fractions al-

leged membership of the Freedom Party and the Sarbahara Party. The former have been systematically persecuted during the previous election period when the Awami League was in power. The Sarbahara Party is a forbidden party on the extreme left. Since the last election in 2001, the BNP in coalition with Islamic extremist parties, have increased the pressure on the Sarbahara party. In 2002 the persecution of political opponents escalated further as the government launched "Operation Clean Heart" officially a drive against the increasing criminality in Bangladesh. The army was called upon to work jointly with the police.

However, albeit differences in political affiliations, the testimonies were largely similar, but more or less detailed, possibly in part due to personality traits and psychic condition.

The typical history of police torture in Bangladesh (alleged by over 50% of the subjects) is thus that a university student is arrested during a violent political demonstration. He is beaten and kicked by the police on the way to the police station. He is accused of murder and/or illegal possessions of arms. During the interrogation carried out immediately or after a few hours in custody, he is beaten with batons (lathi) and rifle butts, especially over joints and the soles. He is often suspended straight or upside down and treated with water poured into his nostrils and/or electric shocks. He is also frequently burned with cigarettes, and often cut or stabbed with knives and the pointed end of lathi. The torture results in bleeding wounds and severe psychological derangement. The victim is usually released after three days or less. In many cases after a bribe from the victim's family or political party.

It is well known that Bangladesh is one of the most corrupt countries in the world.

The police force is underpaid. The fact that the refugees from Bangladesh have political affiliations over the whole spectrum from left to right indicates that the motives for torture are not primarily political. Rather, it seems to be an expression of this extreme corruption and lack of government control. It is also suspected that political groups in power use the police unofficially to harass political opponents.⁶

The typical findings at the time of examination, most often one to three years after the torture event, are numerous scars, psychic symptoms consistent with PTSD, vegetative symptoms such as tremor, palpitations, and sweating, lower back pain, and chronic pain in the joints and feet.

The forensic statements are usually concluded with an opinion on the probability that torture has occurred on a scale from zero to three, where three is regarded as next to conclusive. This group of Bangladeshi scored high, with a mean of 2.58. The probability statements are based on the patient's story and the findings at the examination, i.e. the number of scars, the location and morphology of the scars, and other injuries and symptoms.

Firm validation of the statements registered in the forensic torture documentation is virtually impossible, however. Controlled studies of torture victims are scarce and difficult to execute.⁷ One approach is to compare the results from two independent examinations.⁸ It might also be possible to validate findings by statistical methods, using a large number of data⁹. Better specific knowledge of torture in different countries may provide useful tools for assessments. Though many features of torture vary little between countries and regions, others do.¹⁰

In this study of Bangladeshi refugees claiming to be torture victims, the agreement between the majority of statements

along with a few unique details (for example the water treatment that was reported by more than 60% and seems to be a regional speciality) can help to validate the allegations. The numerous scars and cigarette burn marks were objective findings that appear to be quite unique for Bangladeshi torture victims. Beating of the soles, which in other parts of the world is called *falaka*, *falanga* or *bastinade*, was the most common torture method in this study. It is also the "method of choice" in Turkey and the Middle East.^{11,14}

The most common physical sequelae were lower back, foot and joint pains, which could be related to the beating of the joints and *falaka*. A previous study has shown correlations between specific methods of torture and physical sequelae.³ Compared with other national groups, ENT symptoms i.e. chronic sinusitis, was far more common among the Bangladeshi and could possibly be attributed to the commonly used water treatment. However, the physical complaints of the patients were generally of a minor degree compared with their psychic injuries. A majority had some kind of medication, sedatives, analgesics, antidepressants or neuroleptic drugs, and 16.7% were hospitalised for psychotic symptoms at the time of examination. The prevalence of PTSD is generally very high among the torture victims examined at the CTD in Stockholm,¹⁵ and the Bangladeshi group demonstrated no significant difference in this respect compared to other nationalities.

In conclusion, this study shows that Bangladeshi refugees in Sweden who allege to have been tortured by Bangladeshi police show many similarities in the details of their statements, in the findings at the physical examination, and in persistent symptoms. Research on torture needs to be focused on closer knowledge of differences

between countries and cultures, which is crucial both for validation of the forensic and psychiatric statements and for the specific treatment of these victims.

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Appendix 1

Informations registered in standardised protocol

- date
- name
- country
- age
- gender
- ethnicity/religion
- education
- profession
- co-applicants
- relatives in Sweden
- reason for asylum
- arrival in Sweden
- previous health

Circumstances

- arrest
- torture
- other violence
- trial
- imprisonment
- isolation
- food and hygiene
- naked when tortured
- blindfolded
- tied with ropes or handcuffs

Blunt force

- fists
- kicks
- box on the ears

- weapons
- other violence

Sharp force

- knife
- bayonet
- glass
- razor
- sword
- other sharp weapons

Flogging

- cable
- whip

Thermic

- cigarette
- hot iron
- hot water
- other

Torture methods

- falaka
- suspension
- stretching
- electric shocks
- asphyxia-submarino
- water treatment
- strangulation
- nail torture
- finger torture
- genital manipulation
- rape
- forced feeding(urine/feces etc.)
- forced positions
- fake executions
- other methods

Acute injuries

- wounds, abrasions and hematomas
- fractures
- injuries to joints
- injuries to teeth
- internal injuries

- loss of consciousness
- in need of acute surgery
- in need of acute surgery
- in need of acute medical attention

Chronic symptoms

- headache
- lower back pain
- joint pain
- foot pain
- loss of function
- eye symptoms
- ear-nose-throat symptoms
- respiratory symptoms
- cardiac symptoms
- gastro-intestinal symptoms
- uro-genital symptoms
- dermatological disease
- other symptoms/diseases

Observed injuries

- torture scars
- other scars
- head
- neck
- upper extremities
- hands
- trunk
- lower extremities
- feet
- back
- genitals
- fractures
- muscular atrophy
- loss of teeth
- other injuries

Present health status

- medications
- psychiatric diagnosis
- suicide attempts
- medical history in Sweden

Personality traits

- body type
- hygiene and dressing
- introverted (0)-extroverted (3)
- other traits

Forensic statement

Asylum application