Evidence of organized violence among refugees from Indian-held Kashmir

By
Hans Draminsky Petersen†*
Johan Heugh Wandall†

Summary

Indian-held Kashmir is a region from which grave human rights violations have previously been reported. Findings among refugees from that region are described in this article. Seventeen persons said that they had been tortured, and 9 that they had been ill-treated by Indian security forces. A further three reported injuries caused by land mine explosions. A number of examinees had scars highly indicative of subjection to torture ("specific lesions"), and in all cases there was consistency between the history and clinical findings. The many scars and other lesions indicate a pattern of violence/torture used by the Indian security forces. This conception is corroborated by the findings among children tortured by the same forces, and by other publications. The findings indicate lack of discipline among the Indian troops, or wanton violations of Indian laws and internationally recognized human rights. The Indian government should strengthen the control measures in the armed forces and allow international institutions to inspect the activities of the armed forces operating in Kashmir.

Introduction

There has been dispute between India and Pakistan over Kashmir since 1947, and for the past five years many local resistance groups have been in armed conflict with the Indian army and security forces.

Human rights violations by the Indian Security Forces have been published, including killing of civilians, torture, custodial death, rape, and arson[1]. Physicians for Human Rights/Denmark (PHRDK), visited the Indian-held part of Kashmir in June 1993, and examined a number of civilians who had been exposed to torture and gunshots by the Indian Security Forces. The findings have recently been published, together with information about similar violations of human rights given by local lawyers and physicians[2].

From 5-11 June 1994, PHRDK, together with a consultant physician in infectious medicine, visited camps for refugees from Indian-held Kashmir, located near Muzafarrabad in the Pakistan-controlled part of Kashmir. The aim of the visit was to assess the health situation in the camps. It became clear very early in our visit that many of the inhabitants of the camps had been victims of torture or other kinds of organized violence. Many of the victims were below 15 years of age at the time of exposure to violence. Their cases have been described elsewhere[3]. The adult cases are described here.

Methods

Selection for examination

The initial purpose of the visit was to assess the general health conditions in the camps. As it became clear that many persons had physical sequelae of organized violence sustained in their home region (Indian-held Kashmir), interviews and physical examinations of such people were undertaken. In particular, we asked the leaders and elders of the camps to encourage parents of children who had been exposed to torture or ill-treatment to bring the children for examination. However, many adults wanted to describe their personal experiences and were consequently included in our study. Before visiting any camp, we adopted the following procedure:

1. The camp to be visited was selected the night before, and the camps were not notified of our visit.
2. This was agreed with a local interpreter who was familiar with the conditions in the camps.
3. On arrival at the camps, the elders were contacted to make contact with possible victims of organized violence.

Interview and examination

The persons who presented themselves were interviewed in the presence of the interpreter, the elders of the camp, and, in some circumstances, other persons who had come for an examination. The examinees were asked if they consented to the interview, to photographs being taken, and to publication of their cases. The interview was conducted to obtain a detailed history of the alleged torture/ill-treatment, the time and place of the incident, and information about who was responsible for the torture.

Due to the short time available and the lack of training of the interpreter, the interview was limited to factual information: psychological aspects or symptoms could not be thoroughly explored. The clinical physical examination that followed was to some extent limited by the presence of other people.

Any lesion alleged to have been caused by torture was described, measured, and photographed for documentation. Consistency between the history and physical findings was assessed in each case: the validity of the statements of exposure to violence was appraised using previously described methods[4]. Finally, an assessment was made as to whether the histories and clinical findings fitted together at a group level, and with information from other sources, to see if a general pattern of violence in Indian-held Kashmir was indicated.

In this report, the term *torture* is used when a person was physically ill-treated systematically, e.g. exposed to physical violence during an interrogation. Harsh treatment, e.g. random beatings during military search operations ("crackdowns") in the villages, was not classified as torture but as *ill-treatment*.

Material

Six camps were visited on 8 occasions from 5-11 June 1994. A total of 55 persons were examined. At the time of the alleged violent incident, 32 were above 15 years of age. According to the definitions given above, torture was reported by 17, subjection to ill-treatment by 9. Three had been shot at by the Indian Security Forces and another three reported exposure to land mine explosions.

The camps visited were inhabited by 4770 registered refugees by 15 April 1994. All the visited camps were located near Muzafarrabad in Pakistan-held Kashmir. All the examinees originated from the Indian-held part of Kashmir; they stated that torture, ill-treatment and/or shooting had been committed by the Indian Security Forces, either the regular army or the Border Security Forces (BSF).

Results

Torture

Seventeen men stated that they had been subjected to torture by forces from the Indian army or the BSF 6 months to 4 years before our examinations. Their ages ranged from 16-51 years (mean 30) at the time of the alleged torture. Fifteen mentioned beatings and/or kicks as the predominant form of torture. Bayonet cuts were indicated by 4, and another 4 had chilli poured onto wounds or into the rectum. Suspension by arms or feet was described by 4 persons. Three told of burns with cigarettes or with a heated metal object. Five persons reported that they had been given electric shocks. Three reported crush trauma induced by a heavy weight on the limbs, or by having the fingers forcibly pressed together while the rod was inserted between the fingers. Table 1 summarizes the described torture in all the cases.

Physical findings allegedly caused by torture were present in 15 cases. Seven had small, non-specific scars after beatings and kicks. Two persons who said they had been burnt with cigarettes had small, round scars (cases 5 and 54); some of the scars, however, were of considerable size (1½-2½ cm), allegedly caused by secondary infections. Case 23, who reported that he had been burnt with a heated metal object, had small non-specific scars in accordance with his statement.

Of the 4 cases who alleged being cut with bayonets, 3 (nos. 17, 23, 25) had narrow or biconvex scars (fig. 1), the latter apparently originating from deep lesions which had not been sutured.

Case 29 had a multitude of large scars said to have been caused by bayonet-wounds. The tip of his nose and distal part of the nasal septum were missing. The remainder of the soft part of the nose was scarified, somewhat beak-like. On the upper lip, just below

Table 1. *Data concerning exposure and clinical findings in 17 persons allegedly subjected to torture.*
NS = non-specific. M = male. F = female. Brackets indicate torture which did not leave permanent scars.

Case no.	Sex, age in years	Alleged origin of lesions	Clinical findings
5	M, 18	Kicks, beatings, suspension by the feet. Cigarette burns. Infected cigarette burns. Heavy weight on 3rd right finger.	2 NS scars on the head and the left hand. 10 rounded scars approx. ½ cm in size on feet and left hand. 2½ cm and 1½ cm round scars on right arm and chest. Convex deformity of 3rd right finger nail.
6	M, 51	Kicks, beatings, soldiers jumped on his limbs. (Electric shocks to fingers, toes, ears and penis. Chilli solution poured into rectum.)	Deviation of 2nd-5th right fingers and deformity of 5th metacarpal bone.
8	M, 27	Rod inserted between fingers which were forced against each other. (The roller, electric shocks against ears.)	Distal amputation of left 4th finger.
10	M, 41	Longlasting suspension by the right arm. Beatings with rifles and iron rod against legs.	Deformity of left elbow joint with 20° lateral deviation. Amputation of left leg 5 cm below the knee.
14	M, 29	Beatings with sticks.	15° impaired extension and 20° lateral deviation of right elbow. 6 × ¼ cm; 6 × ¼ and 2 × 3 cm scars on knee and back.
15	M, 21	Kicks, beatings.	Multiple NS scars.
17	M, 34	Cut with bayonet on left foot, chilli in wound.	7 cm × 2 mm scar on left foot.
22	M, 21	Beatings with sticks. (Electric shocks to hands.)	Convex deformity of left radius.
23	M, 26	Beatings with rifles and burn with heated iron. Cuts with bayonets.	3 NS scars 1-2 cm in size on the head and abdomen. On left calf 2 biconvex 5 ×2 cm and 2 ×1 cm scars. In right ankle region 2 4 cm × 1 mm scars.
25	M, 41	Beatings. Cuts with bayonets, chilli poured onto wounds.	2 mm × 3 cm NS scar on the head. 2 transverse biconvex scars on right forearm 4½ × 1 cm, 5½ × ¾ cm and 5 cm ×1 mm (fig. 1). 4 ×4 cm and 2 × 2 cm scars on the chest and the neck.
26	M, 16	(Beatings and suspension by the arms). Shot in the right foot during attempt to escape.	Deformity of lateral aspect and stiffness of right ankle.
29	M, 21	Cuts with bayonets, wounds infected.	See text, (fig. 2).
30	M, 32	Beatings with rifles, chilli poured onto wounds.	4 ×4 cm irregular scar on left calf.
40	M, 29	Beatings with sticks and rifles on the back. With the back in a forced flexed position.	Significant bend on the back at the level of the 10th thoracic vertebra which protrudes (fig. 3).
48	M, 31	(Beatings, electric shocks.)	Physical examination not done due to poor psychological state.
53	M, 40	Beatings, kicks. (Electric shocks and suspension.)	3 NS scars. Deformity of left foot and ankle joint, see text (fig. 4).
54	M, 39	Burns with cigarettes (kicks and beatings).	2 circular scars approx. 1 cm in size on left leg.

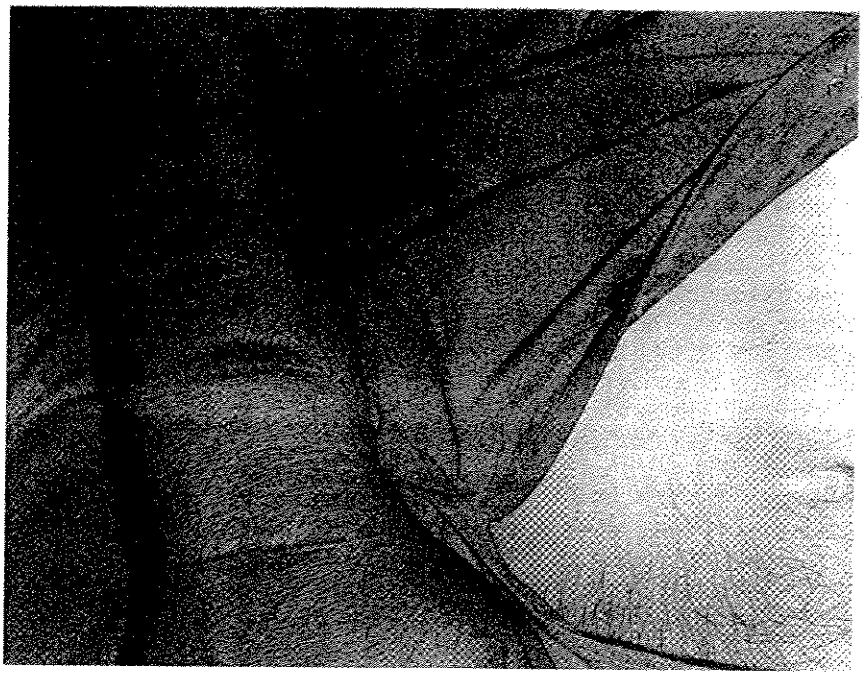

Fig. 1. *Case no. 25. Arm, showing sharply demarcated biconvex and linear scars allegedly caused by cuts with bayonets.*

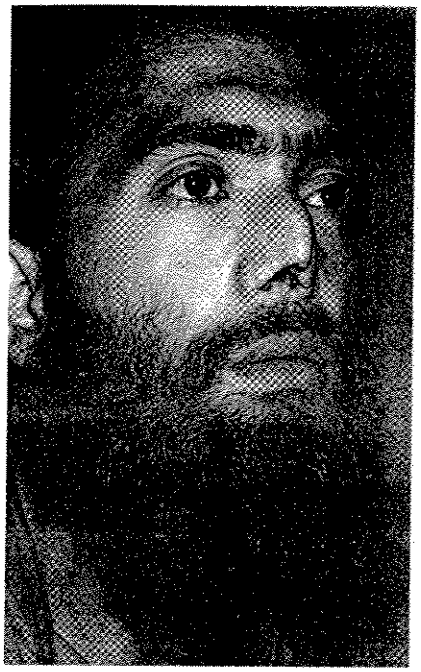

Fig. 2. *Case no. 29. Substance loss and scarification of the nose, allegedly caused by cuts with bayonets.*

the opening of the cavity of the nose, there was a transverse scar, 2 mm × 3 cm. In the left frontal lesion there was a 6 cm × 8 cm excavated scarified area with alopecia (fig. 2). Furthermore, there were irregular 8 cm × 2½ cm, 10 cm × 6 cm, and 8 cm × 3 cm scars on the neck, a large irregular scar on the left calf, and a 10 cm × 2 cm irregular scar in the right groin.

One leg of case 10 had been amputated, allegedly after exposure to extremely violent beating of his leg. He also reported that he had been suspended by his right arm for a long time; he had obvious sequelae of an injury of the right elbow. Four persons (nos. 14, 22, 40, 53) had clinical signs of fractures, allegedly caused by torture (figs. 3 and 4). Case 53 stated that he had been subjected to severe beating and kicking of his left calf and ankle. On examination, the left foot was laterally rotated 45°, and pronated 20°. The arch of the foot was accentuated – the foot was 3 cm shorter than its fellow. There was considerable muscular atrophy of the left leg, its largest circumference being 28 cm, compared with 36 cm on the right side.

Three persons who alleged crush trauma had deformity of a nail (case 5), sequelae of fractures of the hand (case

Fig. 3. *Case no. 40. Deformity of back, allegedly caused by beatings with sticks or rifles.*

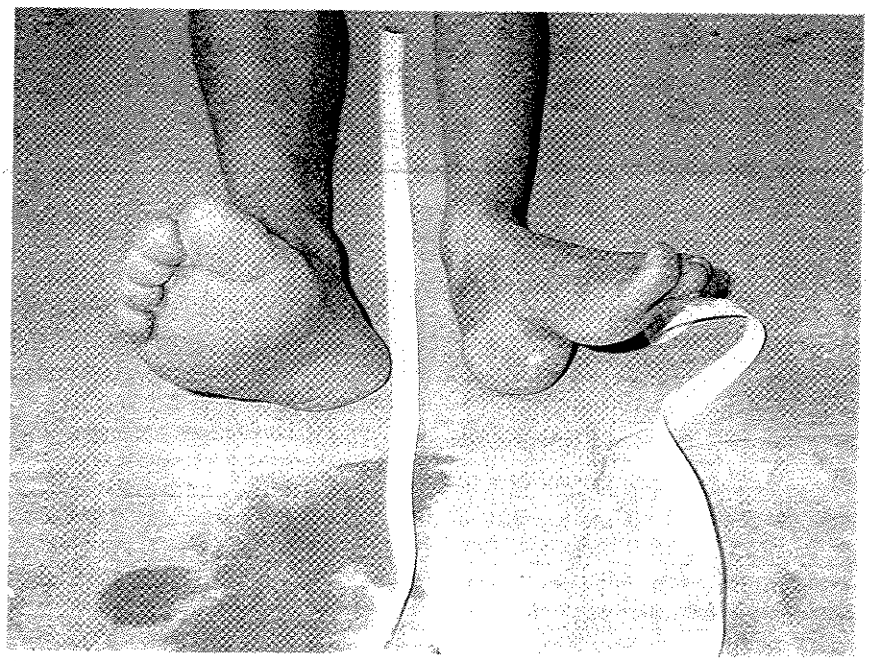

Fig. 4. *Case no. 53. Deformity of foot, allegedly caused by beatings and kicks.*

Table 2. *Data concerning exposure and clinical findings in 9 persons allegedly subjected to ill-treatment. NS = non-specific. M = male. F = female.*

Case no.	Sex, age in years	Alleged origin of lesions	Clinical findings
12	M, 46	Beatings with sticks. Cut with bayonet.	Amputation of 5th finger on right hand, 1 NS scar on leg. 6 cm × 1 mm scar on left calf.
27	M, 71	Shot against head, wound sutured. Stuck with bayonet against head.	Transverse 4 cm × 1 mm scar on the head, slight prominence of bone. 5 mm deep, triangular 12 × 12 mm scar in parietal region (fig. 5).
33	F, 20	Beatings and kicks, thrown out from 1st floor.	Amputation of left leg below knee.
36	M, 21	Beaten with a stick against right eye.	Opaque right cornea.
39	F, 43	Beaten with sticks.	Deformity and impaired function of right wrist.
49	M, 52	Beaten with sticks and rifles. Cut with a bayonet.	3 NS scars on head and calves. 1 cm × 1 mm scar on left wrist.
50	M, 86	Beaten with rifles. Cut with bayonet.	NS scar on left knee. Slight prominence of bone on left 5th rib. 2½ cm × 1 mm and 4 cm × 2 mm scars on right hand and on the head.
51	M, 46	Beatings with rifles and sticks. Cut with knife on right hand.	2 NS scars on right calf. 4 cm × 1 mm scar on right hand.
55	M, 41	Beatings with sticks and rifles.	2 × 1½ cm irregular scar and excavation of bone in the parietal region.

6), and partial amputation of a finger (case 8).

Physical findings accorded with the history in 15 examinees. Case 26 did not have physical sequelae of the alleged torture, and case 48 could not be examined.

Ill-treatment

Nine persons, 7 men and 2 women, aged 20-86 years, stated that they had been ill-treated by the Indian Security Forces 2-4 years before our examinations (table 2). The ill-treatment had taken place in their homes, villages, or in a rural area; it was not carried out during interrogation or arrest. Eight said that they had been beaten, five that they had been cut or stuck by bayonets or knives. One reported being shot at, one that she had been thrown out of a window.

Four who reported being beaten had non-specific scars. One had a scarified cornea after a single beating.

Case 12 said that he was beaten violently with sticks a few times during the crackdown. He tried to protect himself with his right hand, but his little finger was hit and broke off at the proximal joint; it became completely loose and had to be amputated. Case 33, a woman whose left leg had been amputated at

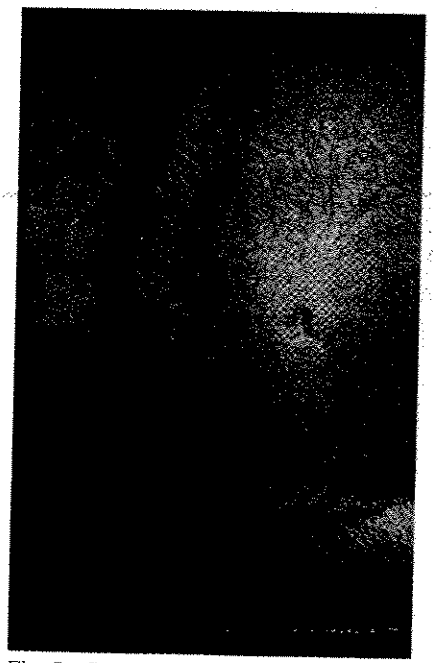

Fig. 5. *Case no. 27. Triangular scar in the parietal region, allegedly caused by a bayonet.*

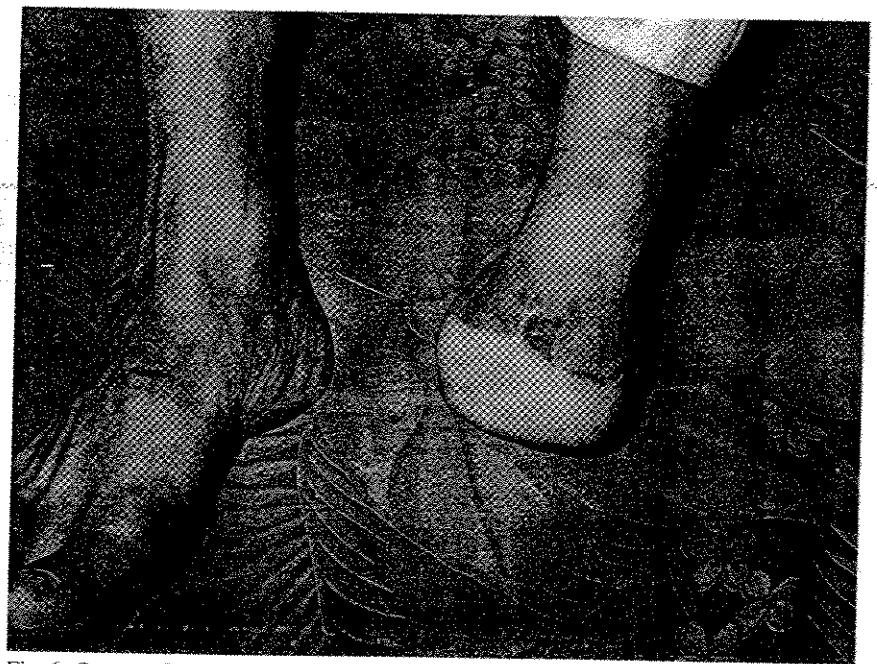

Fig. 6. *Case no. 34. Alleged sequelae of land-mine traumatization. Amputated foot.*

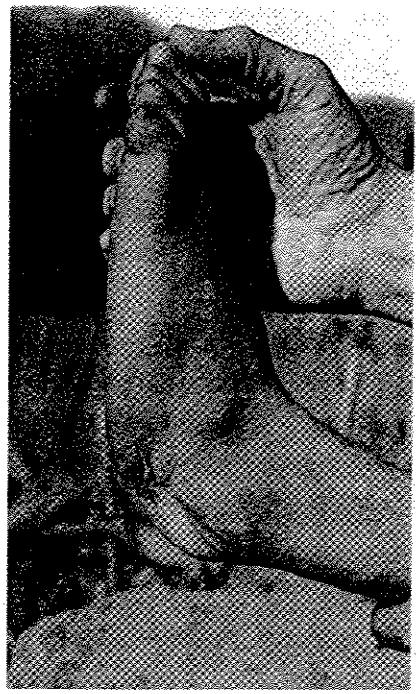

Fig. 7. *Case no. 41. Alleged sequelae of land-mine traumatization. Deep scar on the heel, involving the bone.*

the level of the calf, said that she sustained an open loose fracture when she was thrown out of a window. According to her statement, the crushed lower part of the leg was cut off by soldiers. The bleeding was stopped by means of bandages applied by local villagers, and 4 days later she had hospital treatment after arrival in Pakistan-controlled Kashmir. Cases 39, 50, and 55 had clinically assessed sequelae of fractures.

Four who reported cuts with knives or bayonets had thin scars (cases 12, 49, 50, 51), while case 27 had a deep triangular scar allegedly caused by a bayonet thrust (fig. 5). This man stated furthermore that he had been shot in the head; in accordance with this, he had a scar on the head with associated prominence of the bone.

Other injuries

Another 2 persons stated that they had been shot by the Indian Security Forces 1-3 years before our examinations. A woman reported sustaining a fracture of a leg when she jumped out of a window in an attempt to escape from a crack-down.

Three persons reported injuries from land mines when they fled from the Indian part of Kashmir 1 month – 2 years before our examinations (figs. 6 and 7, table 3).

Discussion

Persons examined in our study were all self-selected. Consequently, the figures cannot be extrapolated to assess the prevalence of exposure to organized violence among inhabitants of the refugee camps. We are, however, impressed that in a few days we could identify a high number of persons who reported exposure to torture in particular, and to other kinds of violence.

Concerning *torture*, there was consistency in all 17 cases of visible sequelae to violence between the history of torture given by the examinee and our clinical findings. We stress that the persons examined were not informed in advance about the examinations, which reduces the risk of fabrications. Furthermore, the interviews (with the consent of the examinees) took place in the presence of others who must have been familiar with their histories through close contact in the camps and in the villages of origin. In our view, this design further reduces the risk of fabrications. Most of the torture victims had clinical findings that corroborated their statements about torture. In the majority of cases, the findings indicated exposure to very violent traumatization, and in several cases the findings were beyond what may be classified as non-specific scars.

Six persons exposed to torture had signs of fractures or had amputations. Two had scars that originated beyond any doubt from cigarette burns. The transverse, biconvex scars are highly suggestive of non-sutured, inflicted cuts. The location on the calf clearly points to an intentional injury. Case 29 had evidently been tortured with cuts, as indicated by the loss of the tip of his nose and by the small transverse scar just below the nose cavity. Judged by the appearance of the lesions, the nose must have been cut from below. Furthermore, he had multiple large scars, e.g. the area on the scalp with traumatic alopecia, which corresponded with the history of bayonet injury. The other large scars may represent the sequelae of infected bayonet lesions.

Table 3. *Data concerning exposure and clinical findings in 6 persons who stated miscellaneous traumatization. NS = non-specific. M = male. F = female.*

Case no.	Sex, age in years	Alleged origin of lesions	Clinical findings
16	M, 18	Shot at during attempt to escape from "crack down".	½ × 1½ cm, 2½ × 1½ cm and ¾ × 1 cm scars on left thigh, right hand and left arm.
18	F, 18	Jumped out from first floor in an attempt to escape from a "crack-down". Broke right foot.	Clinical examination not done.
38	F, 49	Shot by security forces while travelling in a public bus. Treated in a surgical department.	3 scars, 2 × 3 cm on right thigh. Impaired flexion of the right knee (180°-90°).
24	M, 25	Hurt by a land-mine explosion while crossing the cease-fire line.	Splintered fracture of the right calf 10 cm above the ankle. 10 scars, 2 × 3 mm – 2 × 30 mm on right hand and arm and right side of the chest. 3-4 mm hard foreign body in subcutis of right upper arm. 20° impaired extension of the distal joint of right 4th finger.
34	M, 25	Hurt by a land-mine explosion while crossing the cease-fire line.	Amputation of right foot (fig. 6).
41	M, 18	Hurt by a land-mine explosion while crossing the cease-fire line.	3 × 5 cm scar with loss of bone substance on the lateral aspect of the right heel (fig. 7).

The description of violent torture, in some cases mutilating, employing available non-specific instruments, including cigarettes and heated iron, electricity, and ropes for suspension, is in accordance with other reports from Indian-held Kashmir (1, 2).

The nine persons who "only" reported *ill-treatment* all had physical signs of traumatization in accordance with the history. Six had signs of bone and/or joint lesions, including 2 cases of amputations. In particular, 5 persons had scars marks evidently caused by sharp or pointed traumatization. The many histories of physically substantiated bayonet injuries fit into a pattern further corroborated by similar findings in 4 children[3].

In this series, the 3 histories of land mine injuries were corroborated by clinical findings. In 2 there were injuries of bony structures of the feet. The other case had a multitude of small scars on one side of the body, compatible with exposure to a shower of splinters from an exploding mine. Furthermore, there was a comminuted fracture of the calf on the same side. The surgeon who treated this case said that the victim was wearing heavy boots at the time of the incident, and this had protected the foot from lesions. Whether the fracture was caused by a land mine explosion is not quite clear, but the scars otherwise described are highly consistent with exposure to such an explosion. All three land mine victims stated that the traumatization took place when, as civilians, they tried to cross the cease-fire line.

The findings of this study, including the histories of shooting of civilians during "crackdowns" and in public places, are in agreement with the results of the previously published studies[1,2], i.e. that the civilian population of Kashmir is very severely affected by the ongoing conflict, and that the Indian Security Forces are responsible for a high number of serious violations of human rights. Mutilating torture and randomly used ill-treatment occur. Such transgressions are not rare, since physical sequelae of torture and ill-treatment can easily be demonstrated. It seems that the Indian Security Forces do not care about taking measures to avoid leaving marks in their victims after torture and ill-treatment. This may indicate that the measures of discipline within the security forces are ill-functioning, or that torture and ill-treatment form part of a chosen policy, thereby violating the Indian constitution, which prohibits the use of torture. The necessary steps to reduce the number of Human Rights violations are described elsewhere[1]; they include the introduction of control bodies, including access to Indian-held Kashmir of international institutions such as the International Committee of the Red Cross.

References

1. Gossman P. The Human Rights Crisis in Kashmir. Human Rights Watch and Physicians for Human Rights/USA. New York, 1993.
2. Petersen HD, Vedel OM. Assessment of evidence of human rights violations in Kashmir. Forensic Sci Int (in press).
3. Petersen HD, Wandall JH. Evidence of physical torture of children from Indian-held Kashmir. (Submitted for publication).
4. Petersen HD, Rasmussen OV. Medical appraisal of allegations of torture and the involvement of doctors in torture. Forensic Sci Int 1992;53:97-116.

*
Physicians for Human Rights/Denmark

†
Department of Medicine B
Frederiksberg Hospital
Ndr. Fasanvej 59
DK-2000 Copenhagen F
Denmark

Professor Bent Sørensen's Travel Grants

Professor Bent Sørensen's Travel Grants in Support of Medical Doctors' and other Health Professionals' Participation in International Activities to Combat Torture and its Consequences were established under the RCT at the occasion of former president of RCT (1984-90) Bent Sørensen's 70th birthday, March 8, 1994.

A number of travel grants will be available in 1995 to enable medical doctors and other health professionals from all parts of the world to participate in international activities aiming at combating the practice of torture and providing appropriate care and assistance to victims of torture.

These travel grants will be awarded to cover the cost of participation in scientific or professional meetings as well as in fact finding missions and study trips relating to torture and its consequences. Travel grants may also be awarded to allow participation in relevant education and training activities either as faculty or student.

Bent Sørensen, Professor, MD, DMSc, former President of RCT, member of CAT (UN's "Committee Against Torture") and 1st Vice President of CPT (Council of Europe's "Committee for the Prevention of Torture"). Photo: Alberto Venzago.

The grants will be awarded by a review committee appointed by the board of the RCT and will be based on written applications received before February 1, 1995. The applications should contain all relevant information on

1. Purpose
2. Budget
3. C.V.

and should be sent to

Professor Bent Sørensen's Travel Grants

Rehabilitation and Research Centre for Torture Victims

Borgergade 13
DK-1300 Copenhagen K
Denmark.

TORTURE

3/94

TORTURE

Quarterly Journal on
Rehabilitation of Torture Victims
and Prevention of Torture
Volume 4, Number 3 1994

RCT IRCT

Borgergade 13
DK-1300 Copenhagen K
Denmark
Phone: +45 33 76 06 00
Telefax: +45 33 76 05 00