

Torture sequelae among Tibetan refugees: a study of twelve torture survivors

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Abstract

Some 130,000 Tibetan refugees live in exile in India, and many of them have been tortured in Tibet. The Department of Health of the Tibetan Government in Exile carried out this pilot study in 1994 in order to collect information about torture types and torture sequelae, to give proper treatment for a group of torture survivors, and to give guidelines for future treatment approaches. Twelve torture survivors aged 18-72 years were interviewed and medically examined. Their physical status and mental status were evaluated, and those in need were offered treatment. The following were also noted: type of torture used, current medical problems, other physical findings possibly associated with torture, and degree of anxiety, depression, and post traumatic stress.

Background

Tibet Autonomous Region is bounded on the north by Xinjiang Uyigur Autonomous Region and Qinghai Province, on the east by Sichuan and Yunnan provinces, on the south by Burma, India, Nepal, and Bhutan, and on the west by India. Tibet is the highest region on the earth, with an average altitude of 4,875 m. It is one of the world's most isolated regions, surrounded on three sides by vast mountain systems, namely the Himalayas to the south, the Karakoram to the west, and the Kunlun Mountains to the north. The capital is Lhasa. The size of Tibet and of the population differ depending on the Chinese or the Tibetan definition. According to the Tibetan Government in Exile there are six million Tibetans and some seven million Chinese immigrants in Tibet, resulting today in the Tibetans being a minority in their own country. In 1949 Tibet was invaded and occupied by China, and ten years later H.H. the Dalai Lama escaped into exile and pronounced the formation of the Tibetan Government in Exile, based in Dharamsala in northern India. Today some 130,000 Tibetan refugees are living in an estimated 53 large and small settlements in India and Nepal.

Introduction

The United Nations,¹ the United States Department of State,² Amnesty International,³ Asia Watch,⁴ the Tibet Information Network,⁵ and others have produced a large body of reports documenting widespread killings, torture, and ill-treatment practised by the Chinese against Tibetans in Tibet. Likewise numerous articles in newspapers and magazines have been published. However, this documentation is almost exclusively based on testimonies alone, and not supported by medical examinations.

According to statistics from the Department of Security of the Tibetan Government in Exile, a total of 25,116 new refugees from Tibet have been registered during the period

1979-1994. The number increased dramatically in 1990 (3,293) and peaked in 1993 (4,856). The majority escape to Nepal, and are at first registered at a reception centre in Kathmandu. Unless certain acute health problems have to be treated, the refugees are not allowed to stay more than one week in Nepal. They are then transferred to another reception centre in Delhi, India. From there almost everyone goes to Dharamsala, apart from a few who wish to go directly to Tibetan monasteries in the south of India. After registration at the Reception Centre in Dharamsala, the new refugees are interviewed by the Department of Security, and background information is obtained, including testimonies on torture. During 1986-1994, 379 refugees were registered as torture survivors, but this is most likely a minimum figure because some keep quiet about their personal experiences, and cases of rape and forced sterilization are not included in this figure.

The present study was carried out during 1993-1994 by the Department of Health of the Tibetan Government in Exile as part of their Torture Survivor Program (TSP). The aims of the study were to:

1. collect information on the types of torture used by Chinese officials in Tibet
2. assess the types and extent of physical and psychological sequelae from torture among Tibetan refugees
3. be able to provide proper and relevant medical treatment to a group of torture survivors
4. give some guidelines for future research and treatment approaches
5. add to the body of world medical literature about torture in Tibet.

Material and methods

Twelve torture survivors referred by the Department of Security for assessment and treatment were included in the study; seven males and five females aged 18-72 years at the time of examination. Their basic data are shown in table 1. They fell roughly into two groups according to age and length of imprisonment. The younger group (nos. 1-5) all grew up in Tibet under Chinese occupation. Their ages ranged from 18-34 years, their periods of imprisonment from ten months to three years. The older group (nos. 6-12) were all adults at the time of the Chinese occupation. Their ages in 1994 ranged from 63-72 years, and all but one had endured long periods in prison (16-33 years). Subject no. 2 was not imprisoned. Subject no. 7 was imprisoned in Bhutan, while all the others were imprisoned in Tibet on political grounds.

An officer at the Torture Survivor Program (TSP) interviewed all the subjects and received information on basic personal data and background, including imprisonment, torture, and ill-treatment. The interviews lasted up to five hours. They included:

Table 1. Basic data for the twelve torture survivors. *n*=12.

Subject no.	Sex	Age (1994)	Occupation (1994)	Length of imprisonment (years)	Age when tortured	Arrival year in India
1	M	24	Student	2	19	1991
2	F	34	Baker	Nil	23	1993
3	F	18	Nun	10 months	14	1991
4	M	27	Student	1	22	1991
5	F	21	Student	3	16	1991
6	M	67	Monk	27 (1960-84 & 1988-91)	32-56 & 60-63	1991
7	M	71	Retired	16 (1974-90)	51-67	1990
8	F	65	Retired	2 (1981-83)	50-52	1985
9	F	64	Retired	28 (1958-86)	28-56	1987
10	M	70	Retired	17 (1959-76)	35-52	1985
11	M	72	Monk	20 (1959-78)	37-57	1981
12	M	63	Monk	33 (1959-92)	28-61	1992

1. IPC Evaluation (Indochinese Psychiatric Clinic, Boston, USA)¹²
2. Guidelines for the Assessment of Torture Victims (Medical Foundation for the Care of Victims of Torture, London, UK)
3. Hopkins Symptom Checklist 25 (HSCL-25).¹³

HSCL-25 consists of 10 questions on anxiety and 15 on depression. An assessment was made as to whether the subjects fulfilled the DSM-III-R criteria for Post Traumatic Stress Disorder.¹⁴ The subjects were later examined by a medical doctor, and details related to torture and ill-treatment were assessed in order to evaluate the possible correlations between current symptoms and physical findings.

Results

Table 2 shows the types of torture reported by the 12 subjects.

Table 3 shows the medical problems, other physical findings, and possible relation to torture assessed at the physical examination.

Table 4 shows the results of the psychological assessment. According to Mollica et al., HSCL-25 scores greater than 1.75 on the anxiety scale, the depression scale, and the combined scale are considered above threshold.¹³

Table 2. Types of torture reported. *n*=12.

Types of torture or cruel, inhuman and degrading treatment	Number of cases reported
Beating/kicking/blows with instruments	11
Deprivation of medical care	11
Threats or humiliations	9
Prolonged starvation	6
Electrical shocks	4
Hands tied on back - abnormal way/prolonged time	3
Forced blood extraction	3
Forced stand in abnormal positions	2
Bamboo stick under fingernail	1
Rape	1
Forced sterilization	1

Treatment

All the subjects were treated at Delek Hospital in Dharamsala, while two had to be referred to the Postgraduate Institute of Medicine in Chandigarh. The conditions treated ranged from chronic aches and pains to tuberculosis of the hip and severe obstructive nephropathy. Subjects who so wished were offered treatment at the Tibetan Medical & Astrological Institute¹⁵ in Dharamsala by a doctor trained in traditional Tibetan medicine.¹⁶ The resources for treatment

of the psychological problems were sparse because of a lack of skilled therapists with expertise in Post Traumatic Stress Disorder. Subjects who so wished were referred to a consultant psychiatrist at the Indian Government Zonal Hospital in Dharamsala. A visiting American therapist also offered participation in a "Healing memories workshop", which was attended by three subjects. This workshop was based on conflict resolution and reframing, or altering attribution of meaning.¹⁷ While potentially a useful instrument, this workshop did not achieve its aims, due to differing expectations, time limitations, and language problems.

Discussion

Beatings were experienced by all except Subject no. 2, who was not imprisoned. This is generally the commonest form of torture,¹⁸ using the bare hands, different sorts of instruments, and kicking with boots. Beatings and kicking usually leave chronic pain at the site of the beating, and no obvious physical signs. However, when instruments are used (rifle butts, barbed wire, etc.), the beating can cause wounds and scars, as occurred in Subjects no. 4, 9, and 12. Their scars are unspecific but correlate with the reported torture. In the case of Subject no. 1, it is possible that the flattening of the ribs on the left side is a result of broken ribs, which correlates with the history of severe beating particularly on the lower part of the chest on the left side. Subject no. 4 said that he was kicked repeatedly in his left flank in the second month of his detention in 1989. On examination, he had a non-functioning left kidney which, when removed, did not show tubercular nephropathy as expected, but non-specific chronic pyelonephrosis. This condition can result from severe traumatization.

Threats and humiliations were reported by nine subjects, including Subject no. 2. Examples include a monk who was stripped naked in front of nuns, who were also naked; subjects being forced to inform on fellow prisoners; guns held against the subject's forehead threatening to shoot; and in the case of Subject no. 8 more than twenty years of "black-hatting" in which she was ostracized, taunted, abused, and made ridiculous in frequent "struggle trial sessions". The majority of the subjects said that they had witnessed torture of fellow prisoners during their imprisonment. The gravest example was that of Subject no. 9, who said that she had been forced to witness the public execution of a fellow prisoner, as an example of the fate of those who rebelled against the Chinese occupation. Subject no. 5 reported that she had once been forced to stand on her hands with her feet against a wall for approximately 15 minutes, while Subject no. 6 reported that he had been forced to stand on a stack of stools whereafter the legs had been kicked out from under him. Subject no. 7 was the only one who reported isolation for more than two days. He said that he had been

Table 3. *Physical complaints and possible causes. n=12.*

Subject no.	Medical problems	Other physical findings	Possible associated torture and ill-treatment
1	Ankylosis of left hip – secondary to tuberculosis in the bone	Flattening of the lower left ribs on the front	Beatings on the lower part of the left side of the chest
2	Chronic backache Chronic gastritis		
3	Chronic headache Chronic gastritis	Stunted growth – weight: 37 kg height: 147 cm	Poor diet
4	Severe obstructive nephropathy – nephrectomy on left side	Nephrectomy scar on left flank Small scars on the left side of chest	Severe beatings on the left flank
5	Episodes of shaking in left side of the body		
6	Chronic backache Chronic gastritis Poor sight – cataracts Poor hearing Chronic gingivitis and loss of teeth		Years of poor diet – malnutrition
7	Severe congestive heart failure	Scars on left upper leg	Burned by hot iron
8	Chronic pain in right shoulder Palpitations Mild hypertension		
9	Poor sight – cataracts Deaf on right ear	Soft tissue swelling on right upper arm Distorted nailbed left middle finger 3 cm linear scar on right parietal area of scalp	Trussed with ropes round upper arms and suspended Bamboo stick inserted under fingernail Blows to head
10	Poor sight – bilateral cataracts Poor dental status Bleeding disorder – anaemia and ecchymoses		
11	Poor sight – bilateral cataracts Palpitations		
12	Poor sight – bilateral cataracts Deaf on right ear Chronic chest pain No teeth Signs of chronic malnutrition – anaemia Chronic headache Chronic back pain	Scar on top of head Small scars on back 4 cm scar on right forearm Edentulous Scaly oval patch of skin and decreased sensation on right upper arm	Electricity applied to mouth Chronic starvation Blow to head with gun Flogging with barbed wire Beatings Beating to jaw Arms tied for a long period on the back

kept for three years in the dark, and that he had been interned underground in a small wooden box. It is very likely that lack of facilities and the large number of detainees have hindered more cases of isolation. All these violations can be described as psychological torture, which is often more traumatizing and damaging to the person's integrity than physical torture.¹⁹

Electrical torture was reported by four subjects; in every case electric cattle prods were used. This form of torture seems to have been introduced in Tibet rather recently,

because it was mainly subjects from the younger group who experienced it. Subject no. 12 from the older group had also suffered electrical torture; he said that his teeth fell out after an electric cattle prod was forced into his mouth in 1990. All four subjects agreed that this kind of torture was very painful; initially it left a white weal followed by a red mark that disappeared within a few days. It left no scars. This is characteristic of many modern torture techniques, which are designed to intimidate and cause pain without leaving physi-

Table 4. *Results of the psychological assessment. n=12.*

Subject no.	Anxiety score mean: 2.67	Depression score mean: 2.42	Total score mean: 2.52	Post Traumatic Stress Disorder
1	2.40	2.73	2.60	
2	3.70	2.70	3.13	+
3	3.20	2.40	2.76	+
4	2.30	2.70	2.50	
5	3.00	1.40	2.10	
6	1.90	2.13	2.04	
7	2.50	2.07	2.20	+
8	2.70	3.13	2.96	+
9	2.30	2.33	2.30	
10	2.80	2.50	2.64	+
11	2.40	2.40	2.40	
12	2.80	2.60	2.64	+

cal evidence of torture. Subject no. 7 reported that he had been burned with a hot iron on his left upper leg, a story consistent with the scar found at examination.

Hands tied in abnormal positions or for a prolonged time were reported by four subjects. Subject no. 5 said that her hands were tied together diagonally behind her back, i.e. one arm over her shoulder, and that she was subsequently suspended in this position for minutes at a time. Subject no. 6 said that ropes were tied round his hands, and that they were deliberately tightened in order to occlude the blood circulation. Subject no. 7 said that he was constantly handcuffed during his imprisonment in Bhutan for 16 years, without being released even for eating or going to the toilet. He was thus forced to eat his food with his face in the plate. Subject no. 12 said that his arms were tied with a rope on his back. Physical examination showed an unspecific scaly patch with decreased sensation on the right upper arm which could have been caused by chronic abrasion from a rope.

Forced taking of blood one or more times was described by three subjects. To the best of our knowledge this kind of violation has not been reported in other studies. The issue of donating blood is very sensitive for Tibetans, who feel that they will be greatly weakened by it. It is difficult to gauge the amounts of blood that were taken, but from the subjects' description of the procedures, it seems unlikely that the blood was taken for transfusion purposes. It is more likely that it was used for laboratory or scientific investigation of some kind. In any case, the taking of blood without consent, for whatever purpose, is unethical and a breach of human rights. Moreover, in the case of Tibetans in particular, because of their beliefs, such taking of blood can be regarded as psychological torture.

Rape was reported by Subject no. 9. Many women, and men, feel deeply ashamed after sexual abuse, and they find it hard to talk to anyone about their experiences. In some cultures the woman is even expelled from the family if it is discovered that she has been raped. Subject no. 3 said that she had been subjected to forced sterilization, after which she had suffered from chronic backache. Such sterilizations probably take place under fairly unhygienic circumstances, with high subsequent risk of infection. This kind of violation is difficult to verify medically, because the authorities in such cases put so much pressure on the woman and her family that she chooses to have the operation done, without really having other alternatives. In human rights reports, this kind of violation has been reported frequently and independently for many years and from many parts of Tibet.²⁰

Prolonged periods of starvation, even for years at a time, were reported by all the long-term detainees. Unspecific findings such as chronic gingivitis, loss of teeth, chronic gastritis, and anaemia are in general typical sequelae of long periods of poor diet. All the imprisoned subjects were deprived of medical care to varying degrees.

A bamboo stick inserted under her fingernail on the left middle finger was reported by Subject no. 9. In corroboration, a distorted nailbed was found on this finger at the medical examination. This kind of torture has been known for many years, and has recently been reported, with photographic documentation, from Kashmir.²¹

Special emphasis should be given to Subject no. 3 who was only 14 years old when she was imprisoned and submitted to torture. She was even denied visitors and letters during her 10 months of imprisonment, on the grounds that she had not yet been sentenced. At examination, her height and weight were markedly below the average for Tibetan women, indicating stunted growth. This can be a result of poor diet combined with other severely stressful experiences at a young age. She was highly traumatized mentally, fulfilling the criteria for

PTSD and having one of the highest total scores on HSCL-25 in the group. Imprisonment and torture of children under the age of 15 is one of the gravest human rights abuses.²²

The results from HSCL-25 provide relatively objective and measurable evidence about the psychological state of the subjects. All 12 had scores above the threshold value on the anxiety scale, and 11 subjects on the depression scale. The Indochinese Psychiatric Clinic in Boston has verified the cross-cultural sensitivity of the HSCL-25 when used on Indochinese refugees in the USA. In the absence of a matched control group of Tibetans, it is difficult to know whether the same threshold value of 1.75 applies to them as well. However, the scores correlate well with the clinical assessment by the medical personnel. They assessed the subjects' fulfilment of the criteria for PTSD according to DSM-III-R, including the following characteristic symptoms:

1. re-experiencing the traumatic event
2. avoidance of stimuli reminiscent of the trauma or emotional numbing
3. increased arousal.

Five of the six subjects who fulfilled the criteria for PTSD had the highest total scores on HSCL-25 among the 12 subjects. Finally, it must be kept in mind that the refugee status itself is a significant determinant of psychological symptoms, which will confound efforts to determine the degree to which the torture experience itself was responsible for psychological symptoms.

In order for the Torture Survivor Program to provide an effective and comprehensive assessment and treatment service for Tibetan torture survivors, some recommendations can be made regarding future treatment approaches and possible studies. The present study was carried out with almost no extra funding, but proper funding is needed in the future if a well organized assessment and treatment strategy is to be offered. More staff are needed, with at least one full-time officer who has received appropriate training, and several medical consultants. Standardized procedures need to be established and adhered to in terms of interview formats, referral, selection, medical examination, recording of findings, treatment, and follow-up. Training of Tibetan health personnel in counselling and psychotherapeutic intervention is needed.

Conclusion

Twelve torture survivors have been assessed and treated to the best of the ability of the local resources. The fact that this study was initiated and carried out by Tibetans for Tibetans has meant definite advantages in terms of communication and the establishment of trust. This is a descriptive study, with a small group of torture survivors who were not randomly selected; no control group was available. It is therefore difficult to extrapolate from the results, but valuable information has been collected and in terms of its objectives, this pilot study has fulfilled its aims. Documentation of some types of torture carried out in Tibet has been made; the physical and mental morbidity among the 12 subjects correlate well with the histories of imprisonment, ill-treatment, and torture. Objective evidence of torture needs to be recorded, e.g. photographed, and comprehensive and extensive enquiry needs to be undertaken to establish the full range and extent of torture procedures in Tibet.

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