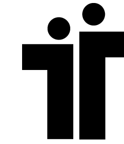

TORTURE PREVENTION CENTER - INDIA TRUST

TOP - INDIA TRUST

ANNUAL REPORT

(PERIOD 2006 APRIL - 2007 MARCH)

A Request from TOP India Trust

The service we render to torture victims is absolutely free. We mobilize resources and secure the necessary funds for the treatment and rehabilitation of torture victims with generous donations from different souces. We request you to donate generously to our venture. Donations are exempted from income tax under 80 G of the Income Tax Act of India.

Send your cheque/draft payable to "Top India Trust" at Cochin, Kerala, India to the following address:

Secretary

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Kadavanthra P.O., K.P. Vallon Road,
Cochin - 682 020, Kerala, India
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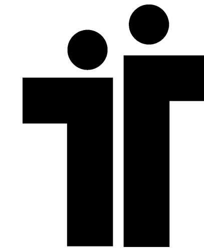
TORTURE PREVENTION CENTRE-INDIA TRUST

(TOP INDIA TRUST)



ANNUAL REPORT

(2006 APRIL - 2007 MARCH)

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@ Torture Prevention Center India Trust

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FORWARD

On behalf of the governing body of 'TOP India Trust' I have great pleasure in presenting you a comprehensive report of our activities during the period April 2006 to March 2007. The theme of our activity is 'prevent torture, resist torture and help victims of torture'. All our project activities are developed based on the definition of torture by United Nations.

Infliction of severe and excruciating physical pain is unbearable for any human being. When threat and intimidation is combined with the infliction of physical pain in a systematic method the individual breaks down. So also, if the physical pain is mild or moderate but if it is a continuous process with different types of humiliations and harassment there is no doubt, the individual will breakdown. These are some of the types and methods torture which is happening in India. Torture is found to be the main tool of operations of the law enforcing agencies in India to prove offences and collect evidences. Our work is centered around in identifying the victim of torture and extending them medical treatment and provide medical testimonial before the judiciary for the purpose of rehabilitation and reparation.

During the reporting period we had two projects

1. Care Treatment and Rehabilitation of Torture Victims in Kerala State (Direct Assistance 06-07)
2. Training of Medical Professionals of the State (TMP 06-07)

Even though India has constitutional remedies & multiple legislations to prevent torture and impunity still the prevalence of torture is high, but under reported. During 2006-2007 we had registered 111 cases of torture in Kerala State. To identify the torture victims and to make perfect professional documentation with medical evidences, we realized that along with the fact findings, co-operation and involvement of medical professionals is also essential. In this background, along with the care treatment and rehabilitation, we initiated a general training programme on 'torture medicine' for the doctors of the state.

In the curriculum of medical profession, torture is not included as a specialized subject. So also in the present system of medical documentation we sense that there are multiple inadequacies in the examination, investigation, documentation and confirmation of the diagnosis of 'torture victim'. In order to make an impact and initiate a change, we joined with Indian Medical Association, Kerala State Branch, Kerala Government Medical Officers Association and Qualified Medical Practitioners Association to impart training for the doctors of the state. We were able to train 41 persons to act as State level Resource Persons for further on going training for the medical professionals and 20 specialized senior doctors to act as specialist consultants to examine torture victims. We could get the concurrence and approval of Ministry of Health, Kerala State and Department of Health Services for this training programme. We expect to complete the training programme by June, 2009.

Regarding the ratification of the Convention Against Torture (CAT 1984), we have been sensing the negative impact of non-ratification of the convention by the Government of India. Inspite of strong recommendations from National Human Rights Commission Government of India has initiated some basic works to ratify the convention. In order to pressurize the Government of India, in the process of ratification we formed a delegation of NGOs from the different parts of the country working against torture to meet the Prime Minister of India. On 4th December 2006 the delegation met the Prime Minister and presented a formal appeal to ratify the convention against torture and make appropriate domestic regulations to protect the common man from the torture. We anticipate the Government of India will act on our appeal and ratify the convention before 2008.

Our activities are highlighted in the following chapters. We invite your comments, criticisms and suggestions about our work. All communication in this regard will be considered with positive spirit and I assure you that our team will work hard to improve the situation in India and strengthen our democracy.

Dr. S.D. Singh
Secretary – TOP India Trust

ACKNOWLEDGEMENT

TOP India Trust has indeed grown from what it was about 9 years ago. Our work has become more widespread, efficient and effective than ever. This is the result of the coordinated efforts of a large number of people and organizations, whose support and help is acknowledged here.

The contribution, by way of advice and guidance, of Dr. Jacob Thomas IPS, Inspector General of Police, was the real spirit and the backbone of the professional and administrative work. We thank him immensely for his support. Mrs. Malini Menon, Acting Managing Trustee of TOP India Trust worked as free full time counselor and planned the Medico Legal camps in different parts of the state. The staff as well as the victims are greatly indebted to her for her assistance. Mr. Arun Kumar, Ms. Leela Menon, two of our trustees has suported the activities of the projects and we thank them whole heartedly.

Our legal consultants, Mr.Sreelal Warrier, Mr. M. Chandrasenan, Mr. D.Binu and Mr. Azad Babu, were very helpful in drafting the legal petitions addressed to the higher authorities. We are indeed very thankful to them for extending their services free of charge. Ms. Deepthi Babu a law student joined us for preparing a project proposal for training the young law graduates. We thank her for her support and contribution.

We also thank the office bearers of the Indian Medical Association, the Kerala Government Medical Officers Association and the Qualified Private

Medical Practitioners Association for joining our venture to train the doctors of the state. The support and guidance extended by Ms. P.K Sreemathi, Minister of Health, Kerala State, and Dr. T.K. Kuttamani, Director of Health Services is acknowledged with thanks.

With immense gratitude, we acknowledge the services rendered by our regular volunteers, Mr. Praveen Joseph, Mr. Abdul Jaleel, Mr. O.M. Muraleedharan, Mr. Manoj, Ms. Gayathri Chrandra Menon and Mr. Prasad, at various stages of the project activities. The support extended by Dr. Vasumathy, our part time Medical Team Coordinator in planning the services to the individual victims greatly inspired and motivated our staff to extend timely help to the suffering victims. The support and concessions extended by the panel of specialists doctors of TOP India Trust, our regular Hospitals- M/s. PNVM Hospital, M/S Sudheendra Medical Mission Hospital, M/s. Gautham Hospital and few hospitals in Idukki District - were appreciated in our governing body meetings and many victims remember their days in the hospital with gratitude.

We are thankful to M/S Thomas Mathew - Software Engineer for working with us for the last one year for developing the special software 'TOPPro' which is our electronic documentation system.

Our printing work is taken care of by Mr. Ullas of Primus Offset Printers of Cochin to whom we extend our thanks.

Our Charted Accountant M/s. Pankajashan Associates attend to all our finance management and accounting needs including periodical auditing

for which we are extremely grateful. Ms. Lakshmi, Student assistant of M/s Pankajakshan Associates has helpful to us in preparing the budget, and reports. We thank her for her services.

M/s. Union Bank of India and M/s. South Indian Bank are our bankers. We thank them for their efficient and speedy work in all our funds transactions.

We would also like to express our thanks to the donors- United Nations Voluntary Fund for Torture Victims, OAK grant and local donors and contributors who contributed in cash and kind. We are thankful to Ms. Alice Varghese and Ms. Sonia Hererro for helping and guiding us to submit an application for funding support from the European Commission. We also thank the European Commission for recommending our project proposal for funding support. The project in collaboration with the European commission is pending at their end for signing the agreement.

Owing to the untiring and dedicated work of the staff of TOP India Trust, our project activities have continued smoothly and are definitely progressing. Ms. Jayasree, Ms.Kala and Ms. Selvam, Mr. Ranjith Kumar, Mr. Selson, Mr. Girish Kumar deserve special appreciation and thanks.

Last but definitely not the least, we would like to thank our office staff and our volunteer Ms. Gayathri Chandra Menon, who helped us to bring out and publish this annual report.

Report of Torture Prevention Center India Trust, (Top India Trust). Cochin - 682 020. Year 2006 - 2007

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GENESIS AND GROWTH OF TOP INDIA TRUST

During 1993-94, the National Head quarters of the Indian Medical Association (IMA) collaborating with the International Rehabilitation Council for Torture Victims (IRCT), based in Copenhagen, Denmark, published a questionnaire in the national journal of IMA to assess the knowledge of Indian doctors regarding 'Torture Medicine'. The assessment proved that the doctors of India are in need of more information, training and knowledge. As a result, the IMA together with the support and help of IRCT organised a two weeks training programme in Delhi for Indian doctors in 1995. Our founder secretary and director, Dr. S.D. Singh was one among the fifty doctors who were trained in the first batch of Indian doctors on 'Torture Medicine'.

In 1998, as a continuation to the above mentioned initiative and also in order to respond to the needs of the society, certain eminent people of Cochin put in their efforts to form a charitable trust with the sole objective of fighting against torture and Human Rights violations. The founder members of the Trust are Justice V.R. Krishan Iyer, Former Judge, Supreme court of India (Patron), Dr. Sebastian Paul, a legal luminary and parliamentarian (Chairperson), Dr. Jacob Thomas, a senior official of the Indian Police Service (Managing Trustee), Dr. S.D. Singh, a senior stalwart in the field of Indian Psychiatry (Secretary), Smt. Leela Menon, a well known writer and journalist (Trustee), Smt. Malini Menon, a well known social worker and activist (Trustee) and Sri. Arun Kumar, a senior journalist (Trustee). Their hard work and commitment led to the genesis of a charitable trust called 'Torture Prevention Center India Trust' (Register Number 478/98, registered on 11 October, 1998), popularly known by its acronym 'TOP India Trust'.

Later, the Board of Trustees of TOP India Trust felt the need of more resource persons to guide the activities. As per the unanimous decision of the Board, we invited Dr. Balaraman (Former Acting Chairperson of the Kerala State Human Rights Commission), Mr. R.V. Pillai IAS (Member, UN committee on Racial Discrimination), Mr. T.N. Jayachandran IAS (Former additional Chief Secretary to Govt. of Kerala), Smt. Sugatha Kumari (Social activist and poetess), Dr. P.V. George (Former National President, Indian Medical Association), to join the activities of Top India Trust in the capacity of advisory board members. On their accepting the invitation, the advisory board started functioning from September 2004.

During the initial stages, board of trustees and members of the advisory board generously contributed for the day-to-day functioning of the trust and also to carry out minimum activities. International Rehabilitation Council for Torture Victims (IRCT) extended its full support and continued to associate with us and encouraged the Trust to initiate an active project.

It was in 2001, that the Trust decided to apply for funding support from different international agencies and with the guidance from the IRCT liaison office in Brussels the trust could submit a project proposal to the European Commission. The European Commission accepted this proposal and with this initial funding support, the Trust could initiate its first major project. The project period was from 1st May 2002 to March 2005 and theme adopted was 'Prevent Torture, Resist Torture and Help victims of Torture'. All the activities were designed and structured based on this theme. This project was the first of its kind in the state of Kerala. The three major target groups of the project were the law enforcing officials, the victims of torture and the population of the state in general (33 million). We could help 409 victims of torture during the first project. Later during 2005 and 2006 we continued our activities under the same theme with the funding support from UNVFT, OAK grant and local donors. As of today we have

treated and rehabilitated 630 victims of torture and interacted with over 0.25 million people of Kerala through our regular interaction programmes

In 2006 together with the Indian Medical Association, the Kerala Government Medical Officers Association and the Qualified Private Medical Practitioners Association we initiated a training programme for the medical professionals of Kerala with the funding support from UNVFT. We have trained 41 State Level Resource Persons (SLRP) to act as master trainers for training the remaining 20000 doctors of Kerala. We expect to complete the training of doctors by June 2009.

During 2007 as part of the activities of the project with European Commission we initiated the work to develop District Core Groups (DCG) in each of the 14 districts of Kerala. Each DCG consists of 3 doctors, 3 lawyers, 3 NGO representatives and 10 volunteers. The members of the DCG will be given specialized training on the topic 'How to act in the event of torture'. The DCGs would be performing the functions:

1. Be on a vigilant watch in the district
2. Reach the victim immediately in the event of torture.
3. Organize immediate medical care to the victim
4. Provide urgent assistance to the victims and their family members.
5. Give counselling and legal guidance to the victims and family members.
6. Draft the legal petition to be submitted to the higher authorities.
7. Follow up the victims till he /she is rehabilitated back to the society.

Summarising our activities over the past nine years one realises that the Trust has indeed grown from a mere notion to an active force. We hope to continue our activities in the future on a much larger scale and to extend a helping hand to the torture victims in our state.

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PAST PROJECTS

Our activities from 1998 till today can be summarized under the following heads:

1. Initial stage (1998 to 2002):

We initiated our activities in a simple low profile manner. Later the International Rehabilitation Council for Torture victims (IRCT) in Denmark provided training and helped us initiate a center. Along with the IRCT many local organizations and professionals supported us in the primary stages.

2. First major project (2002 to 2005):

We are thankful to IRCT for the excellent professional training they imparted in order to treat and rehabilitate torture victims, and also in building positive relations with many international organizations, funding agencies and dignitaries. In 2001, IRCT helped us to submit an application to the European Commission for funding support. Cochin Mental Health Center, Darshn, Yuvaparivarthan and Jawahar Social Welfare Center, which are well known NGOs of the state, also came forward with their support and they joined us as partners in the activities. To our satisfaction and pleasure the application to the EC turned out to be successful and on 24th April 2002 we signed the agreement with European Commission for our first major project B7-701/2001-2055 .The duration of the project was 36 months. TOP India Trust deputed Dr. S.D. Singh, the secretary of the trust to act

as a link between the governing body and project team. Ms. Anjana Madhavan was appointed as the chief project co-ordinator and leader of the team. After the initiation of the major project with the funding support from EC, as per our application, IRCT and OAK grant came forward and made generous contributions which met 20% of the project expenses. Many local donors also supported us financially. The sincere and dedicated contribution and support of all trustees, advisory board members, a special expert committee appointed by the board and 22 staff including three doctors, 5 qualified counselors and other supporting staff led to the immense success of the project. During the project period the activities were carried out through five departments:

1. Department of Administration and accounts
2. Department of Care, treatment and rehabilitation
3. Department of Counseling and Psychotherapy
4. Department of Documentation, research and surveys
5. Department of Community activities

Each department was headed by qualified social workers

3. Sustainable stage (2005 to date):

After the first major project, from April 2005, we continued our activities in extending care and treatment to the torture victims with support and guidance from UNVFT, OAK grant and many local donors. As of today we have treated and rehabilitated over 630 victims. It is with great pleasure and self-satisfaction that we present following success stories of our activities:

1. We could procure a project office building of 4000 sq. ft. area at Eroor, Tripunithura Municipality, Cochin, Kerala state.

2. We have all necessary infrastructures like essential furniture, 6 computers, two vehicles and other facilities like telephone, fax, internet etc.

3. An office manual has been developed for the smooth running of the project.

4. We have developed software for recording the details of torture victims. It is a unique documentation system customized to our working pattern and the needs of the country.

5. We could interact with 120000 people in our different public interaction programmes and convey our theme 'Prevent Torture, Resist Torture, Help Victims of torture' to them.

6. We could establish positive working relations with the Police Department, the Forest Department, the Social Welfare Department and the Human Rights Commission of the state.

7. From 2006 we are working in partnership with Indian Medical Association (IMA) Kerala State Branch, Qualified Private Medical Practitioners Association (QPMPA) and Kerala State Government Medical Officers Association (KGMOA). As a joint effort with these organizations we could train 41 State level Resource Persons (SLRP) to train other medical professionals of the state

8. We could initiate 'Victims Association of Kerala State' during 2006 and the victims act as counselors in many of the areas

9. During 2006 officials of Rehabilitation and Research Council for torture victims (RCT) from Denmark and officials from UNVFT visited our office and expressed their appreciation for our project.

10. During 2006 we organized a delegation to meet the Prime Minister of India and presented a formal appeal to ratify the Convention Against Torture 1984

11. We are in regular correspondence with all State Ministers, Members of Legislative Assembly, and the Members of Parliament. The political party leaders are now aware of our activities and most of the local elected representatives have attended our programmes.

12. Dignitaries like the Governor of the state, the Chairperson of Human Rights Commission, the Acting Chief Justice of the Kerala High Court, the Ambassador of the European Commission in India etc. have accepted our invitation and have attended our major public interaction programmes.

13. We could develop an informal networking of NGOs of Kerala State representing 14 districts of the State.

14. We conducted two workshops in the annual national conference of the Indian Psychiatric Society where more than 1500 psychiatrists attended.

15. We also conducted five research surveys and made presentations in the 8th World Congress on psychosocial rehabilitation at New York during 2003.

16. We could depute our staff for training in torture medicine to multiple regional training programmes organized by IRCT in Katmandu in 2002 and Sri Lanka in 2003, Pakistan in 2005 and Bangladesh in 2006. In collaboration with IRCT we could organize a four days residential 'Regional Training Programme' for the staff working in centers of Asian countries, in 2004 at Cochin.

17. During 2006 we could depute our general duty doctor to Sri Lanka for the staff exchange programme designed by IRCT

18. We could identify, treat and rehabilitate 630 alleged victims of torture by 2007 April.

19. We have now established ourselves as a prominent NGO of the state working for the promotion and protection of democracy.

Even though we had many constraints, teething difficulties and turbulences, we could achieve 90 % of the targets envisaged at the initiating time and could successfully close the activities on 31st March 2005. Reports and accounts with the European Commission were settled by September 2005. The governing body members, members in the advisory board, members of Special Expert Committee, partner organizations, other local donors and well wishers, extend a whole hearted thanks to all the officials of the European Commission in Brussels and in Delhi for the financial support, and all the assistance and guidance extended to us. We also thank other major donors OAK grant and IRCT for helping us to successfully complete project. We specially thank IRCT for the professional guidance extended to us.

PROJECTS (2006-2007)

During 2006 we were actively continuing the care, treatment and rehabilitation (CTR-2) of the victims of torture. Up to June 2006 we had a total registration of 519. Out of this most of the victims are fully rehabilitated back to the society. From April 2006 March 2007 we have 111 victims who continues to be under our care.

From June 2006 following projects are being implemented by Top India Trust.

1. Direct Assistance: Care treatment and Rehabilitation of torture victims(CTR -3)

This project mainly aims at identifying the victims of torture and giving them initial counseling, encouraging them to undergo a detailed medical examination by our consultant doctors and finally presenting the medical evidence before the authority along with the primary complaint. The NGOs of the state and major medical organizations helped us to implement the project successfully.

2. Training of Medical professionals of Kerala

We are aware that along with the treatment, the testimonial from the medical professionals is very essential for the torture victim to present before the authorities for claiming their compensation and also to seek justice from the authority. We realized that the medical professionals of our state need more advanced knowledge and training on 'Torture Medicine'. Thus, as per our invitation, the Indian Medical Association Kerala State Branch, the Kerala Government Medical officers Association and the Qualified Private Medical Practitioners Association, have joined us to train the medical professionals of Kerala. The training is being organized in multiple phases and will be completed only by June 2009. By 2007 April we

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could train 41 state Level resource persons and 20 specialist doctors who would act as our medical consultants.

3. Rehabilitation of Torture victims in Kerala

This is a more extensive, elaborate and systematic project to develop a sustainable District Core Group (DCG) with three doctors, three lawyers, three NGO representatives and 5-10 volunteers in all 14 districts of Kerala. The DCG members have to be trained to launch a coordinated effort to launch a vigilant watch, identify the torture victims, extend them medical care and to present the medical findings along with other evidences before the authority to prove the torture and claim for full rehabilitation and reparation .The duration of this project is 36 months.

4. Comprehensive Rehabilitation of Torture Victims and Creating Resources in Asia

This is a three year period regional project. TOP India trust is one of the partners in this regional project'. Center for Rehabilitation of Torture Survivors (CRTS) of Dhaka, Bangladesh and Family Counseling Center (FRC) of Sri Lanka are other partners. Society for social research art and culture Society for arts and culture (SORSAC) in New Delhi is the leading center.

The structure and methodology of project operations during 2006-2007

The activities of the project are being coordinated at our Cochin office and carried out through the following three departments. TOP India Trust has deputed Dr. S.D. Singh, a senior psychiatrist in India, who is also the secretary of the trust to supervise the project functioning and gives guide lines to the staff.

1. **Department of Administration and Accounts (Dept of AA)**

Board of directors of TOP India trust is the supreme governing body of the trust. The board of trustees in their quarterly meetings decides policy matters. Boards of trustees have co-opted an advisory board for the trust, with very eminent and senior persons, well conversed with torture and its consequences. Board of trustees has given standing instructions to the secretary to discuss matters of importance with advisory board members as and when required. As per the directions of the Board of Trustees an 'Implementing Committee' consisting of three representatives from medical organizations was formed by the Secretary for the implementation of training programme. Dr. Abraham Varghese and Dr. N. Radhakrishnan, from IMA, Dr. Sunny P. Orthel from KGMOA, Dr. N. Madhu from QPMPA was co-opted to the organizing committee. The present secretary of the trust, Dr. S.D. Singh supervises all project activities on day-to-day basis. General administration and accounts of the project are looked after and supervised directly by the Secretary of the Trust with the assistance of the Project coordinator and accountant. Secretary of the trust or the person deputed by the secretary approved by the board is the contact person for the project activities and represents the project in all local, national and international forums.

2. **Department of Care Treatment and Rehabilitation (Dept of CTR)**

We have a total of 41 trained consultant doctors in the panel to examine and provide medical testimonial to the victims of torture. Our secretary being a trained doctor supervises the treatment programme with assistance of Dr. Vasumathi one of the senior

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trained doctors. One senior Counselor was designated to be in charge of the Department. This person in charge of the department helps the counselors and other volunteer staff to identify the torture victims. Once we have identified a case / or a group of cases as suspected torture victims, as a routine we carry out all possible medical investigations to confirm physical / psychological findings in the individual. The trained doctors support and help us to confirm the diagnosis and plan the course of the treatment. In the treatment programmes all cases are routinely screened by mental health professionals to rule out/confirm the psychological impact of torture. In the care treatment and rehabilitation programme we extend a balanced combination of physical, psychological, social care and treatment depending on the severity and need of the case.

Counseling is an inevitable part of our programme and we have qualified and trained counselors in our team to conduct counseling for victims and their family members. In the rehabilitation programmes, along with the physical & mental care and counseling, we provide physiotherapy for victims who have sustained physical trauma. For extending inpatient care we have a panel of hospitals where we admit our victims. We have developed positive professional relations and formal partnership with Indian Medical Association (IMA) Kerala State Branch, Qualified Private Medical Practitioners Association, (QPMPA) of Kerala State, Kerala Government Medical Officers Association (KGMOA) and many other local NGOs. This relations make our work more productive and meaningful.

3. **Department of Documentation, research and analysis (Dept of DRA)**

The process of registration of a victim with our center is done at two levels. We have developed one simple format which is taken

by the staff / volunteer to the feild. Relevant details of victims are regularly entered in this format and once they reach the office details are entered into the computerized detailed format.

Meeting the victim (House visit cum registration form)

This form contains only two pages, which has very basic socio demographic data of the alleged victim and minimum details of the event of torture and condition of the victim. The staff / volunteer who comes in contact with the victim for the first time in the field fill up this proforma. With the preliminary data we will provisionally register the case as a torture victim.

Full computerized case sheet

This is a special software designated as 'TOPPro' which was developed by our center during 2006.Since 2006 April all details are entered in this computerized format. To fill up and work with the software the staff has to be trained. For training the staff we have special induction module which used as a standard system to train the new staff. This case sheet contains all details of the 'event of torture' and about the 'torture victim'. The actions, works and treatment done for the victim is entered in this chart.

All the details recorded in the case sheet are arranged in order, so that it is easy to take statistics and conduct analysis. We have a group of NGO's in our network and their resources are being utilized to identify the cases of torture in the community and to extend care, treatment and rehabilitation services to them.

FOLLOWING TABLES SHOW THE DETAILS AND ANALYSIS OF THE CASES ATTENDED BY TOP INDIA TRUST FROM APRIL 2006 TO MARCH 2007

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 1**
Victims : Sex Wise : From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

SlNo	Sex:	No. of Victims	Percentage (%)
1	Female	18	16.22
2	Male	93	83.78
	Total	**111**	**100.00**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 2**
Age Wise From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

SlNo.	Age Group	Male	Female	Total	%
1	0-15	1	2	3	2.70
2	16-25	21	3	24	21.62
3	26-35	33	4	37	33.33
4	36-45	19	2	21	18.92
5	46-60	15	6	21	18.92
6	+60	4	1	5	4.50
	Total	**93**	**18**	**111**	**100.00**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 3**
Caste wise From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

SlNo	Torture Victim: Caste wise	No. of Victims	Percentage (%)
1	GEN	32	28.83
2	OBC	35	31.53
3	OTH	3	2.70
4	SC	35	31.53
5	ST	6	5.41
	Total	**111**	**100.00**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 4**
Religion wise From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

Sl. No	Torture Victim: Religion wise	No. of Victims	Percentage (%)
1	Christian	16	14.41
2	Hindu	72	64.86
3	Muslim	22	19.82
4	Others	1	0.90
	Total	**111**	**100.00**

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TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 5**
District wise From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

Sl. No	Torture Victim: District wise	No. of Victims	Percentage (%)
1	Thiruvanathapuram	15	13.51
2	Kollam	6	5.41
3	Alappuzha	2	1.80
4	Kottayam	2	1.80
5	Idukki	28	25.23
6	Ernakulam	31	27.93
7	Trichur	5	4.50
8	Pathanamthitta	4	3.60
9	Palakkad	2	1.80
10	Malappuram	5	4.50
11	Kozhikode	6	5.41
12	Wynadu	3	2.70
13	Kasargode	2	1.80
	Total	**111**	**100.00**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 6**
Occupation wise From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

Sl. No	Torture Victim: Occupation wise	No. of Victims	Percentage (%)
1	Daily Wages	67	60.36
2	Govt.Service	4	3.60
3	Others	9	8.11
4	Private Service	8	7.21
5	Professional	1	0.90
6	Self Employed	7	6.31
7	Student	7	6.31
8	Unemployed	8	7.21
	Total	**111**	**100.00**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 7**
Education wise From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

Sl. No	Torture Victim: Education wise	No. of Victims	Percentage (%)
1	Graduate	12	10.81
2	High School	56	50.45
3	Illiterate	5	4.50
4	Others	2	1.80
5	Primary	32	28.83
6	Professional	2	1.80
7	Technical	2	1.80
	Total	**111**	**100.00**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 8**
Type of Torture: From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

Sl. No	Type of torture	No. of Units	Percentage (%)
1	Psychological	42	25.93
2	Physical And Psychological	63	38.89
3	Human Rights Violations	28	17.28
4	Multiple Types	29	17.90
	Total	**162**	**100.00**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 9**
Purpose of Torture: From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

Sl.No	Purpose of torture	No. of Units
1	Abuse Of Power And Authority	62
2	Confession	33
3	Punishment	85
4	Revenge	110
	Total	**290**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 10**
Method of torture: From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

SlNo.	Method of torture	No.of Units
	Physical	
1	Beating On Face	30
2	Beating With Stick All Over Body	22
3	Blindfolding	1
4	Chilli Powder In Eyes And Genitalia	1
5	Deprivation Of Medical Care	5
6	Electric Torture	1
7	Falanga	5
8	Forced Standing	1
9	Hanging	1
10	Hitting And Kicking	37
11	Lifting By Hair	1
12	Sexual Torture	3
13	Sleep Deprivation	4
14	Starvation	5
15	Water Deprivation	7
Total Of Physical		**134**
Psychological		
1	Abuse And Obscene Language	40
2	Deprivation Techniques	13
3	Humiliation	24
4	Intimidation And Threats	31
5	Isolation	2
6	Others	46
Total Of Psychological		**156**
Grand Total		**290**

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TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 11**
Type of Perpetrator: From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

Sl. No	Type of Perpetrator:	No. of Victims	Percentage (%)
1	Police	62	55.86
2	Jail Officials	7	6.31
3	Forest Officials	22	19.82
4	Elected Representative	1	0.90
5	Other Govt.officials	15	13.51
6	Others	4	3.60
	Total	**111**	**100.00**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 12**
Location Of Death: From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

Sl. No	Location of Death:	No. of Victims	Percentage (%)
1	Death in custody	12	44.44
2	Death in Hospital	1	3.70
3	Other Places	11	40.74
4	Suicide after release	1	3.70
5	Suicide in custody	2	7.41
	Total	**27**	**100.00**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 13**
Service rendered: From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

Sl. No	Type of service provided	No. of Units	Percentage (%)
1	Casual visit	11	2.13
2	Communication with authorities	44	8.53
3	Family counseling	33	6.40
4	File review	2	0.39
5	Group counseling	6	1.16
6	Hospitalization	21	4.07
7	Legal guidance & counseling	113	21.90
8	Long term follow up required	19	3.68
9	Medical investigation	27	5.23
10	Medical treatment	58	11.24
11	Meeting the victim's relative	2	0.39
12	Physiotherapy	4	0.78
13	Psychological counseling	112	21.71
14	Short stay home	1	0.19
15	Transportation	10	1.94
16	Urgent assistance	42	8.14
17	Victims association	11	2.13
	Total	**516**	**100.00**

TORTURE PREVENTION CENTER- INDIA TRUST **Table No : 14**
Review-Location wise: From 01/04/2006 To 31/03/2007
Total No. of Victims : 111

Sl. No	Location of Review	No. of Units
1	Victim's home	48
2	TOP center	1157
3	Hospital	48
4	Detention place	9
5	Other locations	34
6	Relative House	1
7	Jail	1
8	Police Station	1
9	Court	9
10	Office of Victim	1
	Grand Total	**1309**

Activities in Pictures

Mrs. Leela Menon, Board of Trustee Welcomes RCT team Dr. Erik

Meeting of RCT team with TOP India Trust Secretary Dr. S.D. Singh, Acting Managing Trutee Mrs. Malini Menon

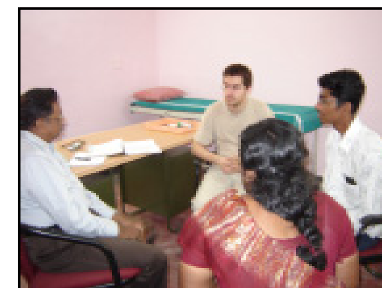
United Nations Human Rights officer Mr. Ennio Boati with Dr. S.D. Singh-Secretary, Dr. Jacob Thomas, Managing Trustee & Mr. Praveen, Volunteer

Inauguration of Doctors Training by Mr. Mohammed Hanish, Distric Collector, Ernakulam, Kerala State

Dr. Bidur Osti, from Nepal acting as Resoruce Person

Presidential address of Dr. T.K. Kuttamani, Director of Health Services, Kerala

Dr. S.D. Singh, Secretary and Mr. Ennio Boati, Human Rights officer of United Nations

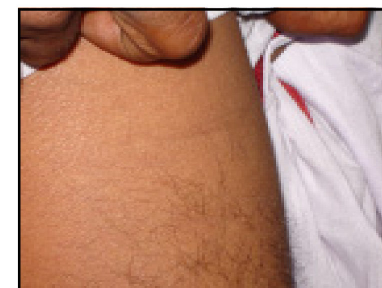


UN Human Rights Officer talks to one of the victims Mr. Joemon Joy with Dr. S.D. Singh, Secretary

Mr. Ennio Boati, Human Rights officer of United Nations with Dr. Jacob Thomas, Managing Trustee

Dr. S.D. Singh Secretary, Mrs. Malini Menon Acting Managing Trustee, Mrs. Aruna Nair - Counsellor take details from torture victim.

Dr. S.D. Singh - Secretary, Mrs. Malini Menon Managing Trustee, Mrs. Aruna Nair Counselor collects details of torture of forest officials from local people

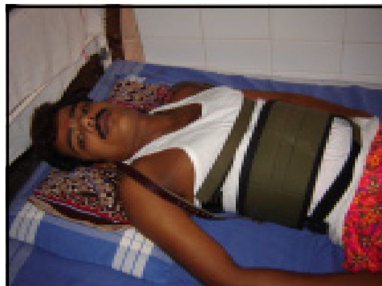


Scar of torture - victim Mr. Gandhi from Marayoor

Discussion meeting with RCT team

Torture victim Mr. Tomy Mathai

Relative of torture victims late Mr. Babu Thomas


Torture victim from Ernakulam District

RCT Team with TOP India Team

Team from Research and Rehabilitation council (RCT) of Denmark with TOP India Staff

Victims Association inaugurated by Mrs. Leela Menon, Trustee, TOP India Trust

Audience during victims association meeting

Audience during victims association meeting

Dr. Vasumathy, Mrs. Malini Menon, Dr. S.D. Singh with our legal advisor Mr. Chandrasenan

Team for Reasearch and Rehabilitation Council (RCT) of Denmark CT team with TOP India Staff

SPECIAL EVENTS DURING 2006

1. Visit of RCT team

During September 2006 a team consisting of Mr. Jan Ole Haagensen, Director, International Department, RCT, Dr. Inger Agger, Senior Consultant, RCT, Dr. Erik Wendt, Program Manager for Asia, RCT responded to our invitation and visited our center on 6th and 7th of September, 2006. We had two days discussions on our constitution of the organization, professional working style, project activities and our capacity building on fund raising and international relations. We feel happy and proud to state that they were impressed about our center and activities. We are in the look out to associate with RCT, Denmark for our future activities.

2. Visit of UNVFT official

During February, 2006 Mr. Ennic Boati Human Rights Officer from the office of United Nations Voluntary Fund for Victims of Torture visited our center. We had long discussions with him on our theme of the different projects, activities and method of functioning. He had one session of interaction with our Board of Trustees. Mr. Ennic Boati was impressed about our activities and he has recommended our center to be recognized by UNVFT for ongoing financial support. With this recommendation we were able to continue care, treatment and rehabilitation and training of medical professionals of Kerala during 2006. The present support of UNVFT is being continued till December, 2007.

3. Participation in the Regional training at Dhaka

Representing our center Dr. S.D. Singh, Secretary of the trust and Mr. Chandrasenan, Legal Advisor participated in the training programme organized by International Rehabilitation and Care of Torture Victims jointly with Bangladesh Rehabilitation Council for Torture Victims during August 2006.

4. Formation of 'victims association'

Acknowledging the fact that a collective approach and appeal to the authorities was found to be more effective and productive in the cases of torture victims, we decided to form an association for the victims of torture who are registered with our organization. The initiation and inauguration of this victims association was done by Mrs. Leela Menon one of our Trustee and an eminent journalist of India on 30th September, 2006. As an outcome of this activity few of our registered victims fully rehabilitated is acting as our councillors in the field.

5. Approval of major project by European Commission

During June 2006 we submitted an application for a project "Rehabilitation of Torture Victims in India" was approved and recommended for financial support Another regional project in which our center is a partner was also approved by European Commission. SORSAC from New Delhi, BRCT from Bangladesh, FRC from Srilanka and other partners. SORSAC from New Delhi is the leading partner.

6. Development of 'Software 'TOP Pro'

With our working experience we found that documentation of the torture victims are very important. In view making this easy and fast we appointed Mr. Thomas Mathew a software engineer to develop a special software for our project activities. The software he developed "Toppro" and now this software is being used for documenting the details of torture victims.

7. Meeting the Prime Minister of India

Knowing the fact that India has not ratified the convention against torture in 1984, we formed a delegation consisting of NGOs accredited of IRCT from India and met Mr. Manmohan Singh, Prime Minister of India on 4th December, 2006. We presented an appeal to him and he has given us an assurance that our appeal will be considered positively.

8. Initiation of training programme for medical professionals with approval from Ministry of Health

With the financial support from UNVFT we were able to join hands with Indian Medical Association – Kerala State Branch, Kerala Government Medical Officers Association, Qualified Private Medical Practitioners Association and Ministry of Health – Government of Kerala to initiate a Training Programme for 20,000 doctors working in the state. During 2006 we were able to train.

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a) 41 State Level Resource Persons

b) 20 specialist doctors at Cochin to work as panel doctors of TOP India Trust

c) Sensitization training on 'Torture Medicine' for 17 Junior doctors of General Hospital, Ernakulam

d) Multiple organizing committee meeting for the training programmes

In connection with this training programme we had multiple discussions with the officials of Ministry of Health, Kerala State and the State Minister Smt. P.K. Sreemathi who has given us formal approval to conduct a training programme. Dr. T.K. Kuttamani, Director of Health Services is the Patron of the training programme.

9. Partnership with Medical organizations

In view of initiating and identifying the torture victims we initiated to form core groups in all the 14 districts of Kerala. We joined with major NGO's & Medical organisation of the state to form this core group and our state level resource persons are taking active interest in our deliberations.

RCT Mission Report

Visit to

The Torture Prevention Centre (TOP)

7-9 September, 2006

Jan Ole Haagensen, Ph.D. Director, International Department, RCT

Inger Agger, Ph.D. Senior Consultant

Erik Wendt, Program manager for Asia, RCT

January 2007

Report of Torture Prevention Center India Trust, (Top India Trust). Cochin - 682 020. Year 2006 - 2007

1. Introduction

This report is based on a visit by an RCT mission to the Torture Prevention Centre (TOP) on September 7-9 2006. The report reflects the immediate impressions and views of the mission gained through this visit and through the materials received. Thus, it does not as such represent a full scale evaluation of the organisation, but rather preliminary observations. The mission would like to extent it's heartfelt thanks to Dr. Singh and the staff of TOP for making the visit a very positive experience. It is hoped this brief report may be useful to the organisation.

The Team received an overview of the TOP organisation, its historic formation of the Trust and the most recent developments. The Top-India Trust was formed in 1998 with a special focus on treating and preventing torture in Kerala State. As stated in TOP's presentation brochure, the main objective of the organisation is to: "*Prevent torture, resist torture and help victims of torture*".

2. Organisation

In general TOP Board Members are all high profile and busy people. The managing trustee of TOP, Dr. Thomas, is an Inspector General Police. A member of the Board is a former chairperson of the national human rights commission. The organisation has many supporters from the higher strata of the public administration (either acting or retired).

The staffs consist of 14 mostly part-time employees: 3 medical doctors, 4 counsellors/social workers, 1 legal consultant, 1 psychologist, 1 nurse, and 4 administrative staff. TOP is also using a panel of doctors and legal advisors to assist its efforts to rehabilitate the victims.

TOP has some challenges to overcome for the future development of the organisation. Permanent staffs have been reduced and the organisation has been slimmed; networking has not been as effective as one could wish; IT infrastructure needs upgrading; equipment needs to be updated; funding is irregular; there is a need to engage in a national coalition of Indian centres; and TOP has not issued any regular populations in the past.

3. Funding situation

TOP was in a difficult financial situation at time of visit, and activities were reduced due to lack of funding. TOP Centre faced a dramatic reduction in its core funding after three years of program expansion with an EU grant of 408.000 Euro. The finalisation of the project ultimo 2005 led to a scaling back of activities and staff reduction from 22 to 6 permanent staff members. TOP Centre procured with the EU funding a spacious office building located in a quiet neighbourhood. At the time of the RCT mission visit the activities were reduced due to lack of funding.

Funding for year 2006/07 activities related to care and treatment as well as training for medical professionals has been obtained from the UNVFVT, OAK foundation and some local donations. TOP has

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trained 48 state level and 85 district level health professionals in 2006/07. TOP cooperates with the medical association of India.

The Team learned that TOP had submitted a project proposal and were short listed by the EU for a second grant to further contribute towards reduced torture in Kerala.

4. IRCT cooperation and international networking

TOP centre benefits substantially from being accredited with the IRCT such as capacity building in terms of trainings, workshops and relevant professional materials. The secretary of TOP is a psychiatrist and also member of the IRCT council. The participation of TOP at the regional IRCT legal workshop held in Dhaka inspired TOP to seek closer interaction with the Asian Human Rights Commission and BRCT.

5. EU funding and future perspectives

The major needs of the state health sector are linked to limited awareness and professional capacity to deal with victims of torture. A second EU project proposal would enable TOP to embark on a massive training program for gnu's, government officials, lawyers of state, medical professionals and judicial officers. The training drive would be combined with continued care of torture victims at the TOP clinic. TOP is also participant in a regional EU project proposal covering India, Bangladesh and Sri Lanka. The TOP centre management is hopeful that the new EU application will be granted later this year.

6. Law enforcement and preventive tactics

The position of TOP concerning the law enforcement agencies as well as with other stakeholder is to keep the dialogue open or "going positively with all groups". TOP has implemented an impressive number of police-public and police-student interactive confidence building seminars. TOP has found that traditional classroom training of the police force is inefficient whereas to facilitate dialogue meetings between general public and police are more useful.

TOP has repeatedly joined other calls for the ratification of the CAT. Many other human rights organisations such as the Human Rights Lawyers Network are active in the legal field of prevention of torture. TOP would like see a better coordinated NGO sector as a mean to build a movement against torture in India. According to TOP there may be several thousand human rights organisations only in the state of Kerala.

Torture complaints can be forwarded to the Human Rights Commission; directly to the police superintendent and/or a complaint may be raised as a private litigation in court. The Human Rights Commission in Kerala State is widely criticized for being ineffective and without executive powers. Restructuring of the HRCT is being discussed. TOP in joint action with the other IRCT registered centres are planning to appeal directly to the Prime Minister for action to improve the situation.

7. Psychosocial Interventions

Beneficiaries are mostly "referred" to TOP through the media, i.e., when a person has been tortured by the police the press usually carry the story and in this way TOP finds their beneficiaries, which are frequently hospitalised due to the torture. Often TOP meets a group of other human rights NGOs when they arrive at the hospital bed of the victim and sometimes has problems reaching the victim "through this crowd" and providing their medical and psychosocial assistance. Other victims are referred by human rights NGOs.

7.1 Beneficiaries

The main beneficiary category consists of victims of police torture. From April 2005 – March 2006, TOP provided assistance to 85 victims, all adults of which about 85% were male and 15% female. About half of them had been exposed both to physical and psychological torture, and about 35% only to psychological torture. According to 2003-2005 statistics TOP were able to treat a total of 409 victims of torture and they report that 302 victims were 'fully rehabilitated'.

79% of the perpetrators were police officials, while the remaining perpetrators were prison or forest officials, elected representatives or other government officials. The purpose of the torture was defined by TOP as "abuse of power and authority (most cases), revenge, confession or punishment".

The victims were provided with hospitalisation, medical investigation, medical treatment, counselling, legal guidance, and reporting to authorities.

7.2 Psychosocial Activities

TOP divides their psychosocial activities into: psychological counselling, medical treatment, legal counselling, group counselling and supporting victims associations.

The 85 victims treated last year were provided with a total number of 379 counselling (psychological, legal or group) sessions, which means that each victim on an average received 4.5 sessions. Half of all sessions took place at TOP's centre while the remaining sessions were provided at hospital or home, or in a detention centre.

The counselling activities are mostly "Western" or "modern" consisting in sympathetic and empathic listening and down-to-earth advice. Victims are encouraged to practise meditation or consult ayurvedic medicine, or – if they believe in other traditional approaches - they are encouraged to use these channels for psychosocial support.

During the psychological counselling sessions the victim tells his/her story, and expresses the feelings coming up. The counsellor analyses the story and the feelings of the victim, naturalises the reactions, and goes into the shame and guilt attempting to release the victim from these feelings. An important part of the counselling is also to try to get justice for the victim and to help give him/her some training, for example in tailoring and handicrafts.

During the next year, TOP also plans to train medical staff (if awarded funding).

7.3 Research

TOP has not been able to initiate research or studies in the past, due to lack of funding, however they have found a need for studies within the following areas: a) analytical works to understand culture bound generics of torture; b) lawful tactical method to prevent torture; c) culture bound special medical psychiatric symptoms of TOV and their treatment; d) newer counselling techniques; and e) systematic documentation.

7.4 Monitoring and Evaluation

TOP maintains an impressive recording system and presented statistics on methods of torture; perpetrator; gender and age composition and so forth. TOP is presently developing a database for reporting about the torture, which their beneficiaries have been submitted to. TOP also keeps fundamental statistics of its activities, but does not have any M&E system in place for the monitoring of the outcome of activities. Presently, TOP is using a modified version of the Quality of Life 5 as a self reporting tool to measure effect of psychosocial interventions: I am stable now, I feel well, and also looks at social parameters such as employment: is s/he back to society, back to work.

7.5 Gender Aspects

The organisation is not particularly focused on gender aspects, but does give special attention to female torture victims who have been submitted to police brutality and "kicked in areas that you don't show". The doctor and the female counsellor examine the woman to find out how deeply hurt she is and they then provide her with counselling assistance for 1-2 hours 4-5 times in her home. Most women are not willing to come to TOP's centre due to the stigma and shame associated with the torture.

8. Perspectives for RCT

RCT policy targets are based upon knowledge generation and applied research in the field of rehabilitation and prevention of torture. There does not seem to be any apparent new knowledge perspectives in collaborating with TOP at the moment. Although limited time was available for the dialogue with TOP it should be mentioned that the Team was impressed with a number of important issues:

- TOP has demonstrated its ability to come through with their EU application and they have been able to handle a major grant from the EU. This proves a certain level of organisational skills and maturity.

- TOP as an organisation is fortunate to benefit from the energy and hard work of Dr. Singh to manage its program. TOP benefits also from Dr. Singh as he is member of the IRCT council. This proves in itself his qualifications as an international leader and policy maker.

- Equally impressive is the fact that TOP has been able to pass to the second round of the present EU calls for proposals. The RCT would like to applaud TOP for this achievement and would hope that TOP will succeed in the next round.

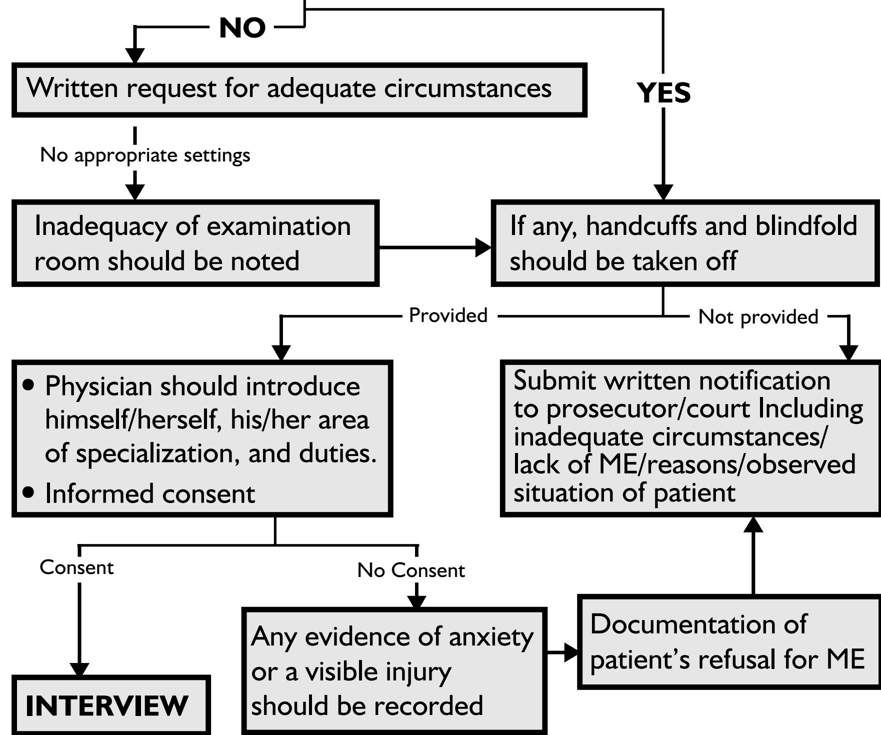
- TOP is fortunate to have a panel of resourceful people in its advisory committee including high ranking police officers

- TOP is taking a clear stand against torture using a non-confrontational approach to law enforcement. The dialogue meetings are interesting examples of building trust and better understanding between police and common people

- TOP is taking many initiatives such as setting up Victims Associations and they are quick to use tactical inspiration from other anti torture organisations such as the Asian Human Rights Commission and from BRCT in Bangladesh.

(With the permission of the presenter copied from the presentation during the symposium on torture at Beriln during 2006 december)
The Society of Forensic Medicine Specialists

HANDBOOK
MEDICAL EXAMINATION ROOM



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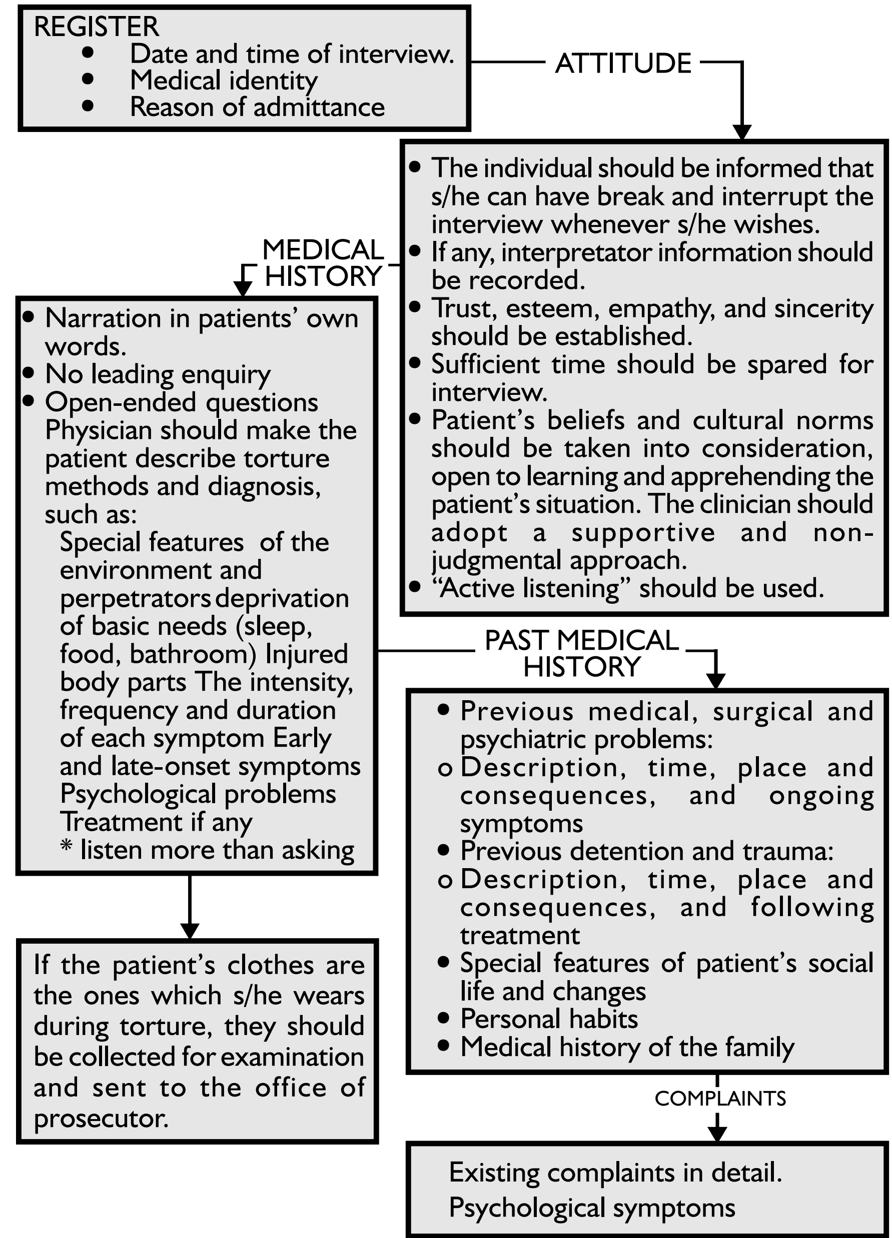
INTERVIEW



PSYCHIATRIC EVALUATION

REASONS FOR PSYCHIATRIC EVALUATION

- Torture may cause symptoms that are considerable, lasting, and affect the working capacity and social life of the survivor.
- Torture methods mostly do not leave any physical evidence or over the course of time existing findings can disappear. Some physical findings may not enable a torture diagnosis.
- Psychiatric evaluation is also one of the most important consultations to decide the need of treatment.

INTERVIEW PROCESS

The clinician should introduce the interview process in a manner that explains in detail the procedures to be followed. The clinician should be prepared for explosive personal reactions as a consequence of various questions. The patient may feel insecure and frightened. The individual needs to be given an opportunity to request break, interrupt or postpone the interview. Strong negative feelings towards the clinician may develop. The clinician should allow for the expression and explanation of such feelings and express understanding for the individual's various predicaments. The clinician thus should endeavor to prevent these negative feelings from degrading the interview.

FUNDAMENTAL COMPONENTS OF PSYCHIATRIC EVALUATION

document torture and other traumatic experiences. Record complaints (Appendix 1)A detailed record of personal experience considering torture and other mental traumas or other problems. (Appendix 2)document other complaints and record the experience in relation to any mental disorders and medical diseases. History of drug abuse and addictions if any.History of mental disorders and the overall picture of medical/psychiatric condition of family Mental condition should be evaluated.Psychological tests, checklists, questionnaires and advanced examination methods should be used in order to evaluate mental condition. Recommendations for treatment and the importance of treatment should be defined.

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Appendix 1. EXAMINATION OF FREQUENTLY MET SYMPTOMS AND DIAGNOSIS AFTER PSYCHOLOGICAL TRAUMA

Brief overview of the symptoms of Post-traumatic stress disorder (PTSD)

The following questions might be used to specify individual's mental condition. While evaluating symptoms, the extent of damage and its effects on the business life, family life, and his/her relationships with other people should also be determined.·

- Do you experience fear or anxiety due to thoughts, emotions, nightmares, places, and persons that remind you of the torture experience?·
- Do you make an effort not to think about these events, and to avoid objects that remind you of them?·
- Do you feel alert constantly?·
- Do you feel after the incidences as if you are emotionally numb, and remote from intimate relationships?

Examination of other possible post-trauma symptoms

These initial questions will be useful in the interview process. Subsequent to these questions, if the existence of various problems are still suspected, the following symptoms should be searched.

Reexperiencing traumatic events.

Failure to behave in pre-traumatic manner as a consequence of the fear of reexperiencing trauma.

Difficulty in memory and concentration.

Extreme physiological reactions to flashbacks, such as palpitation, sweating, and distress.

Feelings of guilt, unhedony, hopelessness, pessimism.Suicidal thoughts.

PSYCHIATRIC EVALUATION

Appendix2. INVESTIGATION OF CRUCIAL EVENTS AND FACTORS IN PRE - AND POST-TRAUMA PERIODS

In one sense, the aims of the evaluation are to forecast possible problems and to determine risk factors. Thus, investigation of trauma-related factors is a crucial part of the evaluation. Information obtained will enable us to identify individuals who are most likely to have been exposed to psychiatric problems.

Pre-traumatic factors: Demographical factors, history of mental disease, family history of mental illness, and other traumatic events, such as divorce, unemployment, legal problems, natural disasters, accidents, fire, flood, physical or sexual attack.

Post-traumatic factors: These should be evaluated taking into account factors such as: basic needs, initial stress level, stressful course of life, loss of material and mental resources (how s/he copes with these problems), social support.

EVALUATION GUIDE

To learn about trauma experience

↓

Brief screening for Post-trauma symptoms
Re-experiencing trauma
Avoidance and emotional numbness
Hyperarousal

↓

Searching for other possible post-trauma symptoms

↓

Explore for pre-trauma details, trauma, and post-trauma experience, and determination of risk factors
In the first step of the evaluation open-ended questions may be used. If needed, direct questions may be helpful
Characteristics of each symptom should also be examined, as well as the extent of discomfort, duration, functionality, and the extent of effects on daily life.

PHYSICAL EXAMINATION

The first step is to undress the patient.
Clothes that are not removed and unexamined parts of the body should be recorded accompanied with definitive reasons.
The individual should be informed of the importance of examination and its possible findings in a clear and comprehensible manner, and her/his consent should be obtained.
Lesions:
Should be described by their features, size, and location
Recorded on diagrams
Photographed
If no visible lesions are found during the examination, this should also be recorded.

GENERAL OVERVIEW

The following features of the individual should be recorded:
Mobilization
Expression
Self sanitation
Nutritional condition
Symptoms of suffering
Visible lesions or injury
Presence of eye contact
Speech and language use
Involuntary movements, sweating, shaking
Level of consciousness, orientation, memory
Emotional reactions:
Avoidance, numbness, nervousness, fear, shame, guilt, panic, anxiety, lack of self-confidence

MUSCULOSKELETAL SYSTEM

The following symptoms should be recorded:
Pain; difficulty in walking; tendon, joint, and muscle injuries; muscle atrophy; fractures and dislocations with or without deformity;
Mobility of joints, spine, and limbs
Contractures, stiffness, compartment syndrome.

SKIN

Injuries should be described by their location, symmetry, shape, size, colour, level from surface, demarcation.
Abrasions, contusions, lacerations, petechiae, swellings stab wounds,
Burns with cigarette or heated instruments,
Electric injuries,
skin diseases, hypo / hyper pigmented areas, atrophy, alopecia, nail removal, bite marks.

Special attention should be paid as to whether there is a linear zone extending circularly around the arm or leg usually at the wrist or ankle. This zone contains few hair and small hair follicles, and this is probably a form of cicatricial alopecia.

FACE/HEAD

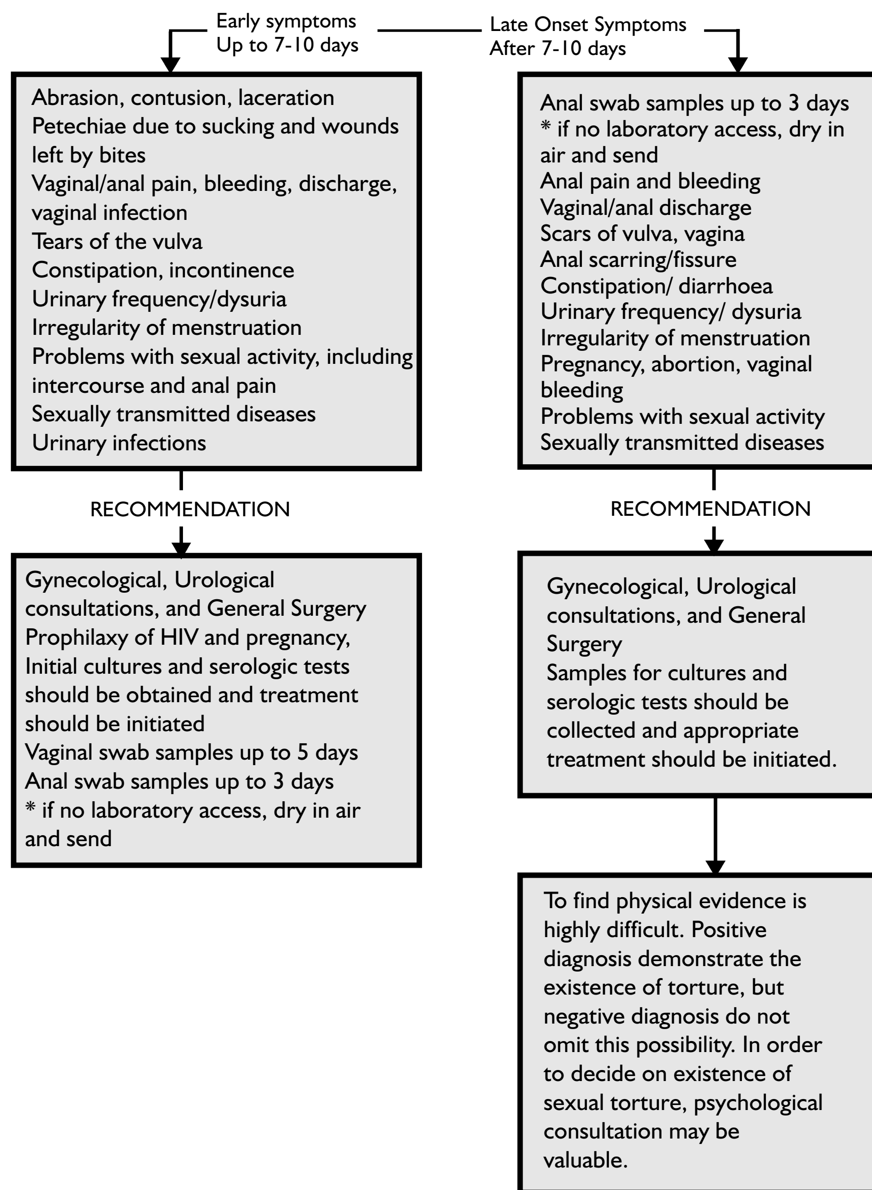
Pain, headache, congestion of face, adhesion of galea aponeurotica, crepitation, fracture, Eye injuries (conjunctival haemorrhage, lens dislocation, subhyeloid haemorrhage, retinal haemorrhage and visual field loss.
Oral cavity and teeth injury, tooth avulsions (fractures of the teeth, dislocated fillings and broken prostheses),
Injury to the ears (eardrum perforation, bleeding, loss of auditory functions)
Nose injuries (bleeding, septal deviation, fracture),
Chin injuries, (Mandibular fractures or dislocations, temporomandibular joint syndrome), fractures of the hyoid bone or laryngeal cartilage should also be searched.

↓

Special attention should be paid to cortical atrophy, diffuse axonal damage, contusion, subdural haematoma, cerebral oedema, failure of orientation, changes in mental condition.

CHEST AND ABDOMEN

Acute and chronic problems in the respiratory system, rib fractures, subcutaneous emphysema, pneumothorax, hemothorax, injuries to heart and lungs, fractures of the vertebral pedicles, acute abdomen, rupture of an internal organ, retroperitoneal and intraabdominal haematomas, renal failure due to crush syndrome, hypertension



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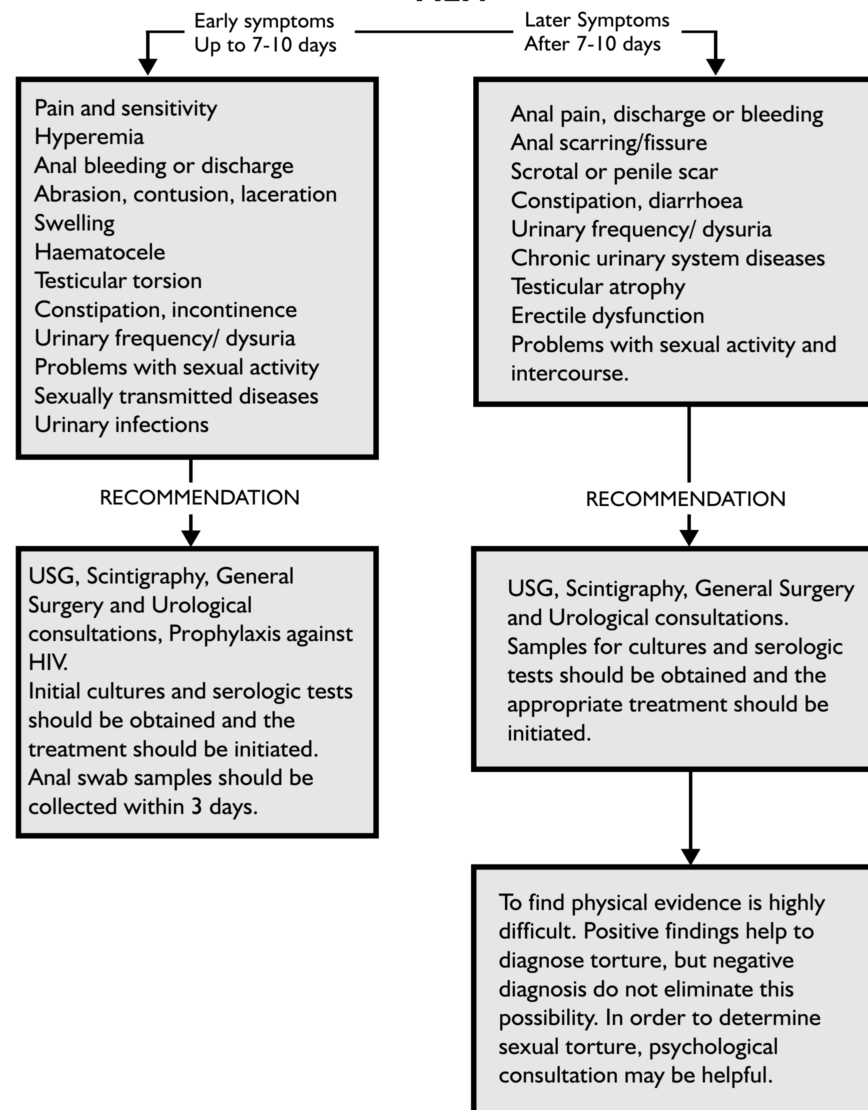
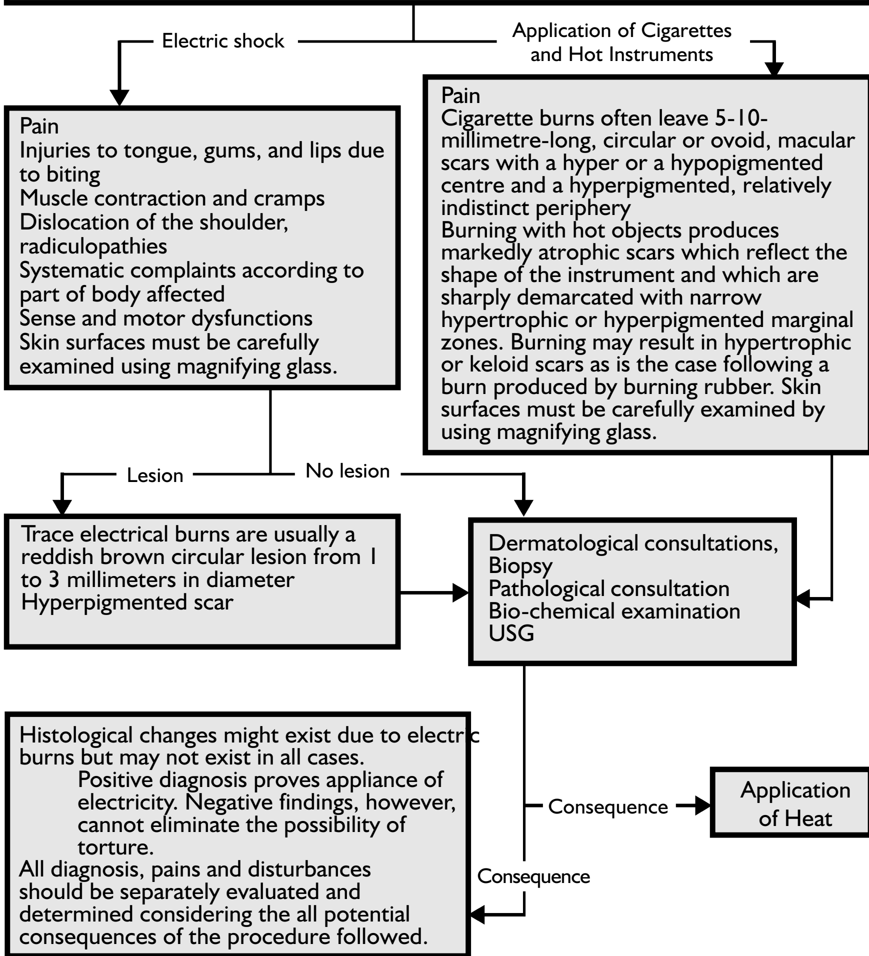
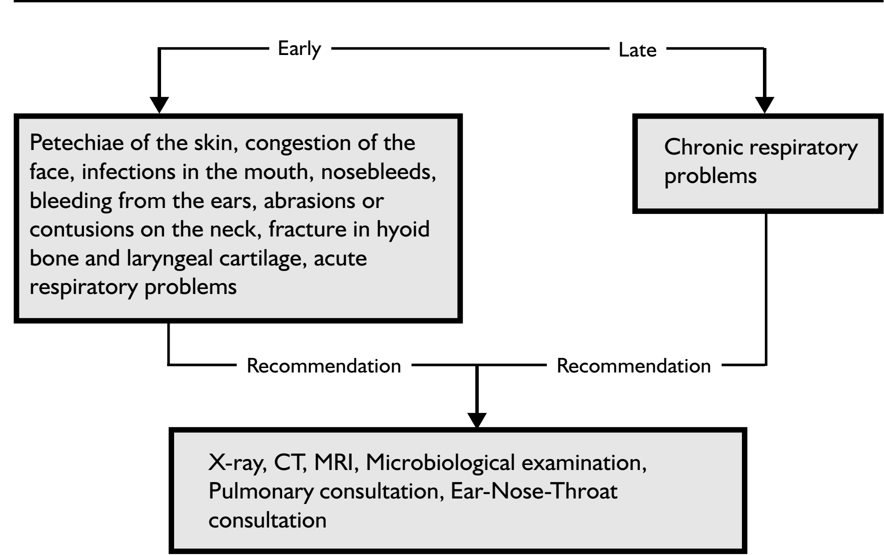
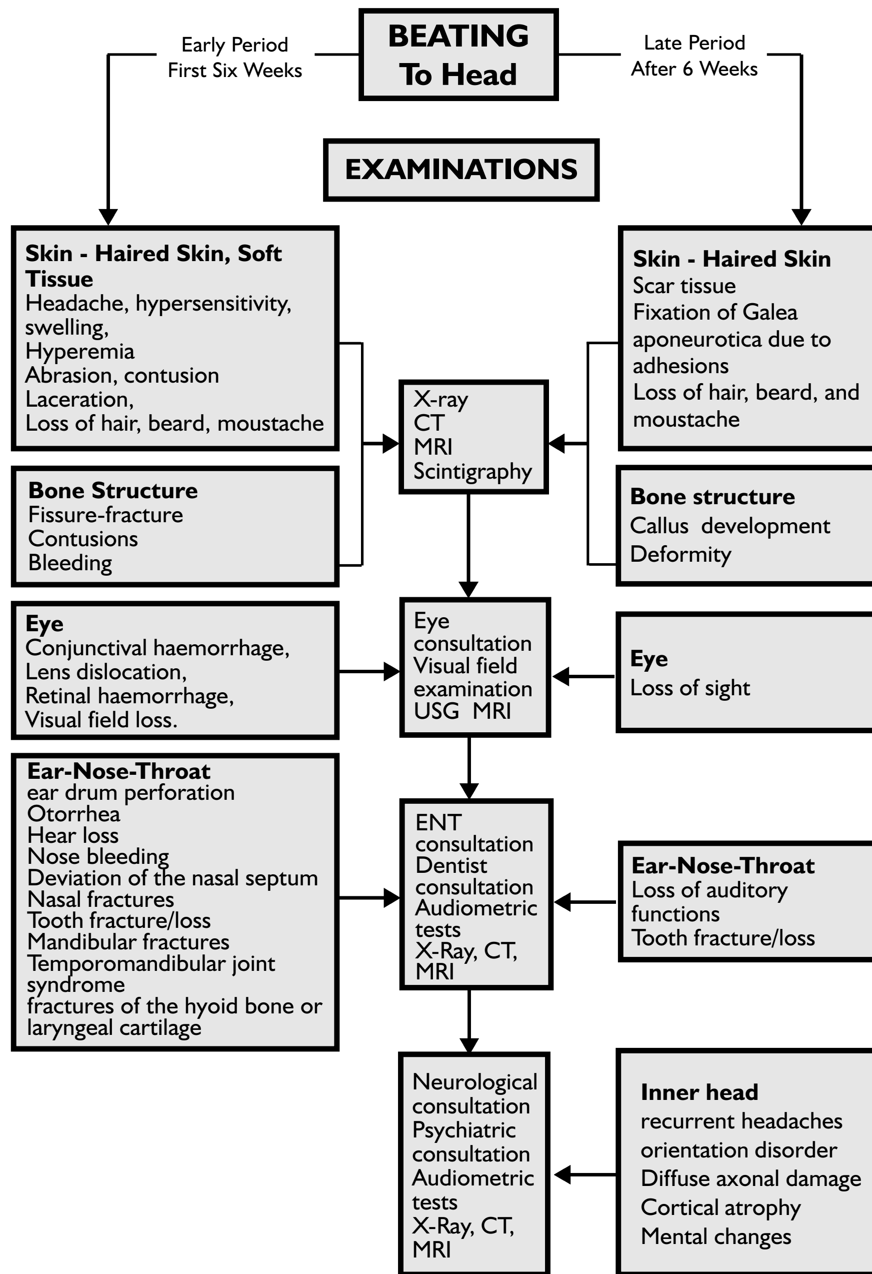


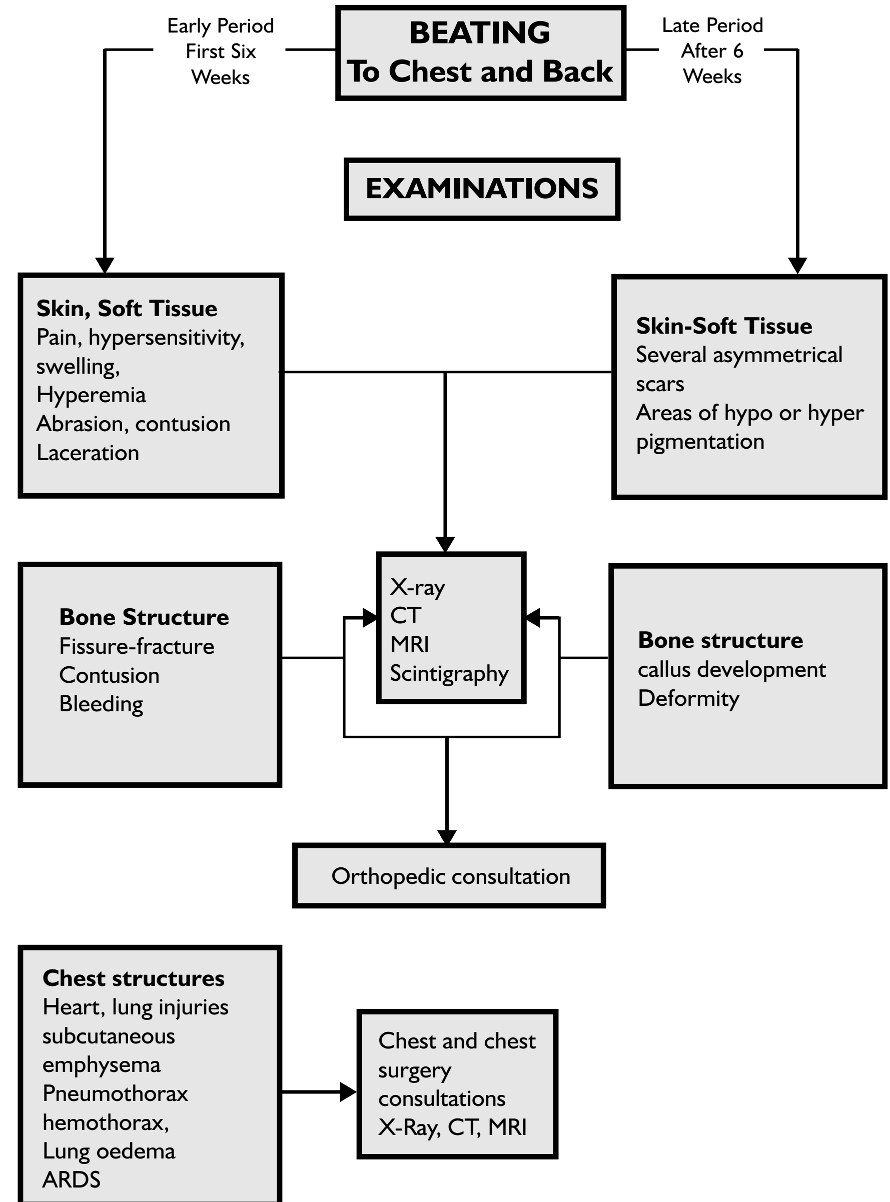
ELECTRIC-HEAT APPLIANCE

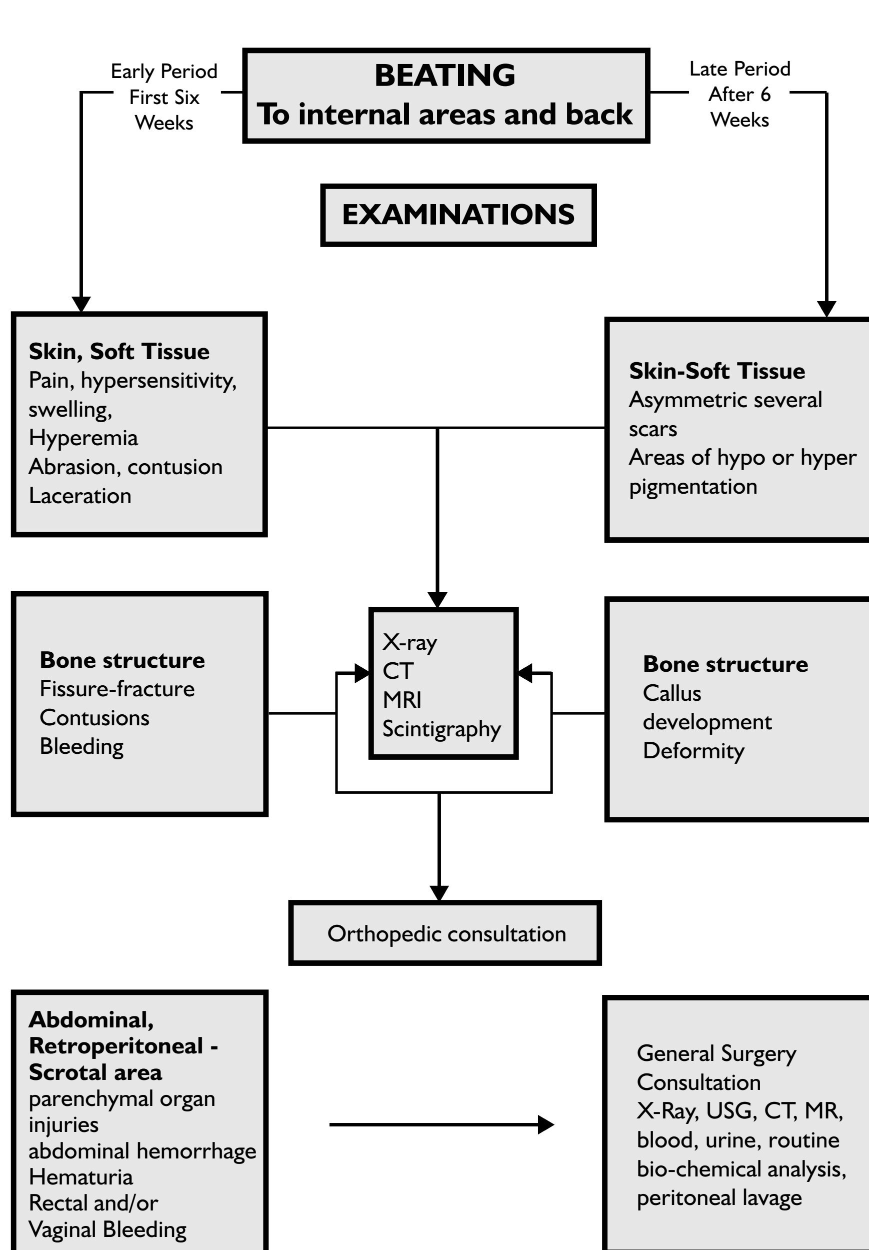


ASPHYXIATION




BEATING
To Head
Early Period
First Six Weeks
Late Period
After 6 Weeks
EXAMINATIONS
Skin - Haired Skin, Soft Tissue
Headache, hypersensitivity, swelling,
Hyperemia
Abrasion, contusion
Laceration,
Loss of hair, beard, moustache
Bone Structure
Fissure-fracture
Contusions
Bleeding
Eye
Conjunctival haemorrhage,
Lens dislocation,
Retinal haemorrhage,
Visual field loss.
Ear-Nose-Throat
ear drum perforation
Otorrhea
Hear loss
Nose bleeding
Deviation of the nasal septum
Nasal fractures
Tooth fracture/loss
Mandibular fractures
Temporomandibular joint syndrome
fractures of the hyoid bone or laryngeal cartilage
X-ray
CT
MRI
Scintigraphy
Eye consultation
Visual field examination
USG MRI
ENT consultation
Dentist consultation
Audiometric tests
X-Ray, CT, MRI
Neurological consultation
Psychiatric consultation
Audiometric tests
X-Ray, CT, MRI
Skin - Haired Skin
Scar tissue
Fixation of Galea aponeurotica due to adhesions
Loss of hair, beard, and moustache
Bone structure
Callus development
Deformity
Eye
Loss of sight
Ear-Nose-Throat
Loss of auditory functions
Tooth fracture/loss
Inner head
recurrent headaches
orientation disorder
Diffuse axonal damage
Cortical atrophy
Mental changes


BEATING
To Chest and Back
Early Period
First Six Weeks
Late Period
After 6 Weeks
EXAMINATIONS
Skin, Soft Tissue
Pain, hypersensitivity, swelling,
Hyperemia
Abrasion, contusion
Laceration
Skin-Soft Tissue
Several asymmetrical scars
Areas of hypo or hyper pigmentation
Bone Structure
Fissure-fracture
Contusion
Bleeding
X-ray
CT
MRI
Scintigraphy
Bone structure
callus development
Deformity
Orthopedic consultation
Chest structures
Heart, lung injuries
subcutaneous emphysema
Pneumothorax
hemothorax,
Lung oedema
ARDS
Chest and chest surgery consultations
X-Ray, CT, MRI



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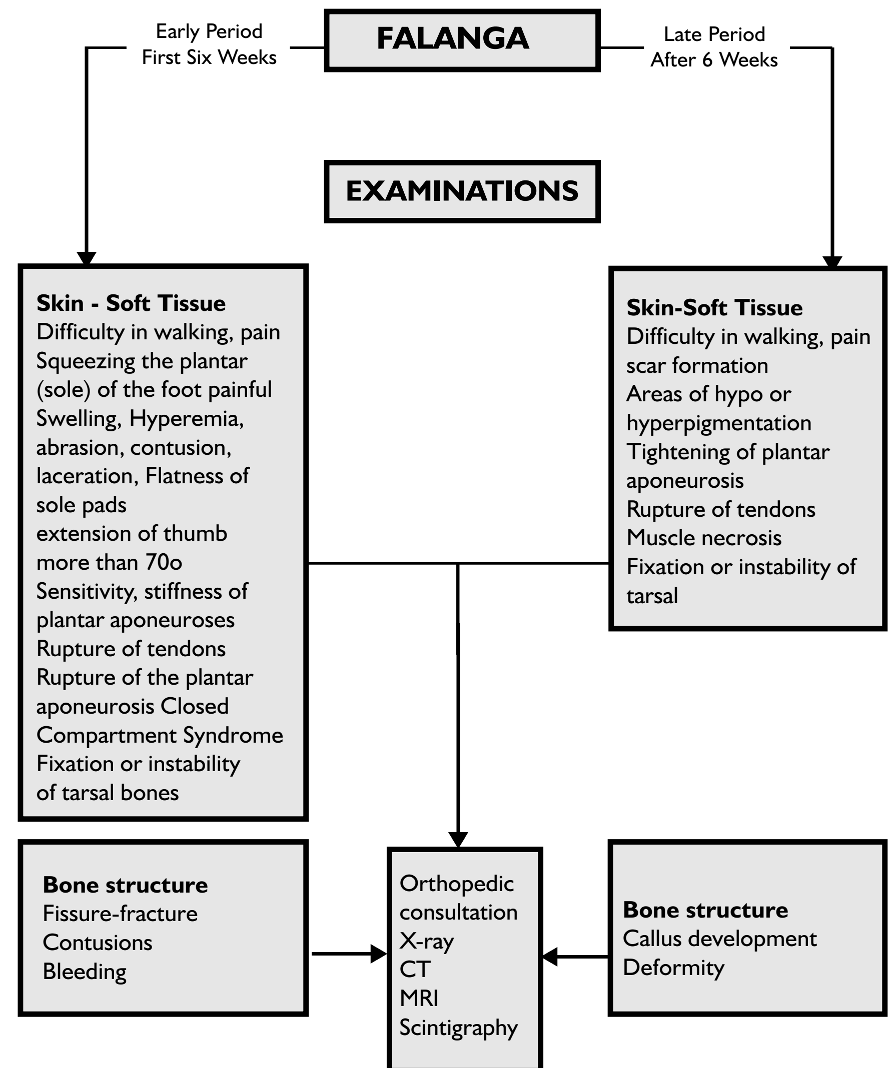

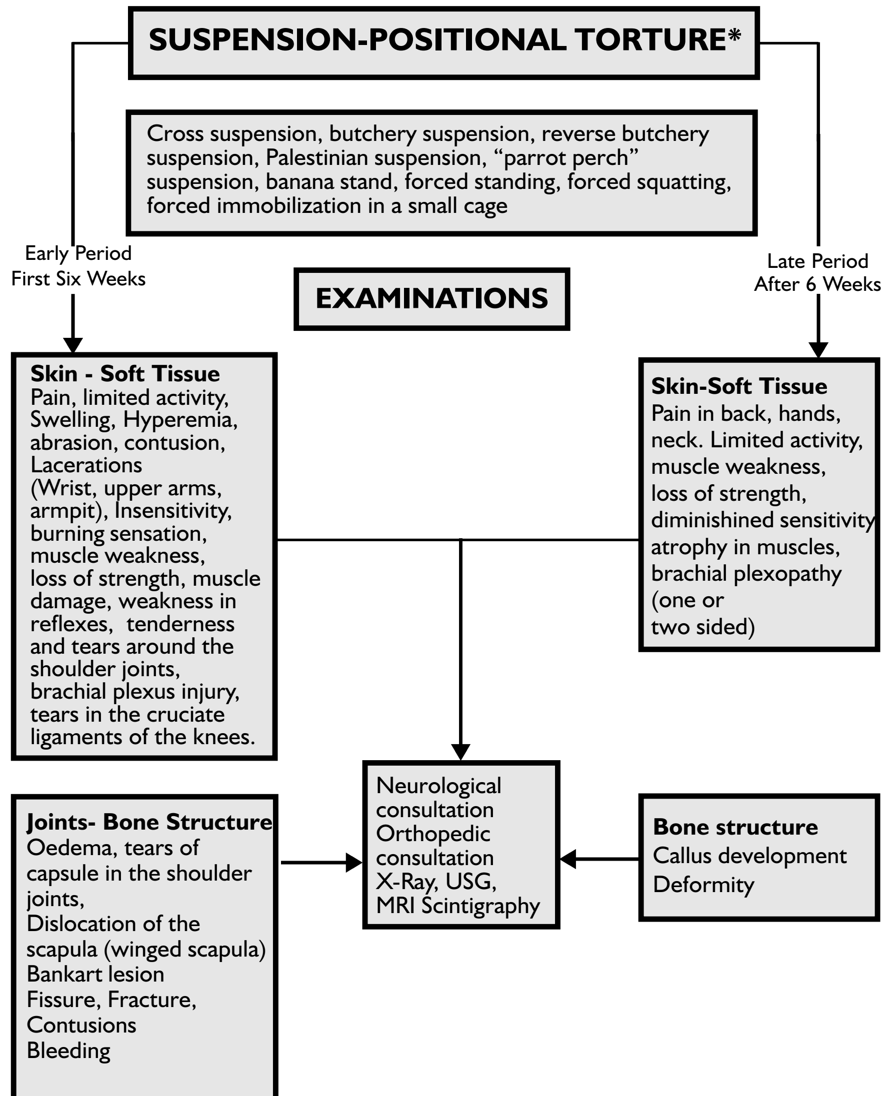

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AN APPEAL

To

Shri Manmohan Singh

Honourable Prime Minister of India

ON BEHALF OF

THE PEOPLE OF INDIA

Appeal to Prime Minister Dr. Manmohan Singh on 04.12.2006
Dr. Sebastian Paul, Dr. S.D. Singh, Ms. Malini Menon, Mr. Jayjit singh Ganguly

> “ ***If the guarantee that deprivation of life and personal liberty cannot be made except in accordance with law, is to be real the enforcement of the right in every case of contravention must be possible in the Constitutional Schemes, the mode of redress being that which is appropriate in the facts of each case....”***

Respected Shri Manmohan Singh,

The Hon’ble Supreme Court has thus regarded the sanctity of the “Right to Life” enshrined in the Indian Constitution in Article 21 which has even been interpreted to include the right to live with human dignity.

The occurrences of torture, custodial violence, degrading and inhuman punishment, and the cruel treatment of detainees are not stray incidents in India, and we have been accused of condoning impunity in this regard. Policing in the entire subcontinent mostly depends on exertion of excessive force upon the detainee to get confession or to break the detainee. Sadly, India is no exception. Using law enforcement and other security apparatus forces to weed out opposition or to strike fear in the hearts of specific target groups are common occurrences. Those below the poverty line, women, youth, indigenous and tribal peoples, ethnic minorities, displaced persons and migrants, foreign nationals and other minorities, unfortunately, bear the brunt of this criminal onslaught in the hands of law enforcement agents of the State. National statistics and innumerable petitions brought

before the judiciary, the National Human Rights Commissions, the State Human Rights Commissions where they have been instituted, and other statutory Commissions for the Scheduled Cates, Scheduled Tribes, Minorities, and Women bear grim witness to this reality pervading in our country today. The Hon’ble Supreme Court had concluded that in this environment impunity thrives in India.

Yet the State as envisaged by the Constitution has the bounden obligation to provide to every person in its territory a life with human dignity.

The State has recognised the human rights and fundamental freedoms of the citizens and non-citizen by enacting and implementing the Protection of Human Rights Act 1993. India has proclaimed the Universal Declaration of Human Rights, and also acceded to the International Covenant on Civil and Political Rights (ICCPR) as early as in 1979. Articles 7 and 10 of the ICCPR provide that it is the State’s duty to prevent torture and cruel inhuman treatment of all persons whose civil liberties are being curbed by law. ICCPR also provides that States shall ensure that detainees are treated with human dignity.

By acceding in 1992 to the UN Convention on the Rights of the Child (UNCRC) 1989, the government had already recognised its international obligation to prevent torture or other cruel, inhuman or degrading treatment or punishment of all citizens below the age of 18 years in strict accordance with law, and to prevent any assault on the child’s honour and dignity (Articles 16 and 37).

In 1968, India had already ratified the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) 1965. As a State Party, India is obliged to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment the right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution (Article 5b read in conjunction with Article 2).

The protection of detainees and ensuring that they do not fall prey to custodial violence has thus formed part of the Indian jurisprudence as an integral part of the "Right to Life" as envisaged in Article 21 of the Constitution of India. The State has thus assumed the duty to ensure redressal of each individual case of contravention of right to life enshrined in Article 21.

Since 1997, India is a signatory to the United Nations Convention Against Torture and Other Cruel and Degrading forms of Punishment, 1984 (UNCAT). Yet, a decade after signing the Convention, India has failed to enforce the Convention. The Convention provides for accountability and reparation steps, which State is required to take to redress grievances of a person falling prey to custodial violence including torture.

Yet, India is in a peculiarly unenviable position where, legally, the heinous crime of torture is not defined in the Constitution or in any penal laws. However, our Hon'ble Supreme Court has acknowledged its wide prevalence explicitly [SHRI D.K. BASU v State of West Bengal], and

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concluded that the award of monetary or pecuniary reparation for victims/ survivors of custodial violence or torture is legally established. Such a legal acknowledgement of such acts establishes custodial torture as a "wrong", and therefore, a crime. Nevertheless, the crime itself goes unpunished. Of the 511 sections in the Indian Penal Code (IPC), not a single provision exists to punish a law- enforcing officer for engaging in custodial torture.

As citizens of democratic India we stand today in shame as our government prescribes the reprehensible crime of torture of our children and citizens as international legal obligations but continues to condone the practice domestically in actual fact.

India is now a member of the new UN organisation, the Human Rights Council (HRC). This is indeed an extremely honourable recognition of India by the international community, a recognition that comes with equally lofty responsibility. As a member of the HRC, it has an international commitment to abide by Paragraphs 8 and 9 of the UN General Assembly Resolution 60/251 creating the Human Rights Council, which calls upon candidates to make pledges and commitments to improve their Human rights record and abide by the highest international standards while sitting on the body.

The emergent role of India as a world leader in international governance, a champion of human rights within and outside its territories, sitting as a member of the HRC provides for us all an opportunity to ratify the UNCAT and extend a standing invitation to all UN Special Procedures on human rights. Setting a high peer standard for all Asian states and the world can only enhance our country's profile and role, facilitate India's rising credibility,

and affirm our commitment to transparency and accountability to all Indian citizens and the world.

The undersigned Non-Governmental organisations have been formed with the avowed purpose of ensuring that victims of torture and any form of custodial torture or violence do receive appropriate redress. We strongly believe that as a welfare State India, firmly founded on the principles of democracy, equality and sovereignty has an obligation to ensure security and the rule of law that is free from custodial violence and torture, and where a victim of such can receive adequate redress in accordance with law.

As a premier democracy of the World, increasingly playing a renascent role of international leadership and demonstrating a firm commitment to the human rights and fundamental freedoms of every Indian citizen, we feel that the time has come when India must lead by example and show the World Community that while a bullet begets only a bullet and violence breeds hatred and contempt, a humanitarian approach can change even the hardest of the misguided multitudes.

It is our ardent request to you to take necessary steps to comprehensively implement the provisions of UNCAT by:

1. Taking urgent steps, including its ratification, to make the United Nations Convention Against Torture and Other Cruel and Degrading

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forms of Punishment, 1984 enforceable throughout the entire territory of India.

2. Ensure Acceptance of Individual Complaints Procedure by introducing an appropriate Bill amending the Protection of Human Rights Act, 1993 during the winter session of Parliament in 2006.

3. Adoption of the Optional Protocol to the International Covenant for the Civil and Political Rights.

4. Review the Amnesty clauses in several Penal Statutes and form proper guidelines declaring actions, which can be held to be not "bonafide", or not in "good faith".

5. Extending a standing invitation to all UN Special Reporters.

6. Implementation, in letter and spirit, of Hon'ble Supreme Court's verdict on SHRI D.K. BASU v State of West Bengal through the appropriate criminal justice reform by issuing of appropriate notifications and promulgation of amendment to the Code of Criminal Procedure and the Indian Penal Code.

Thanking you,

Yours sincerely

Dr. Sebastian Paul

Member of Parliament (Lok Sabha)

Dr. Debabrata Roy Laifungbam

General Secretary

Community Programme for Support of Young Survivors of

Torture (CORE]

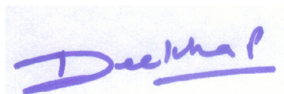
Manipur

Dr. Pradeep Agrawal

President

Shubhodaya Center for Rehabilitation of Victims of Torture and Violence

Society for Social Research Art and Culture (SOSRAC) ,New Delhi



Dr. Pillarisetty Deeksha

Medical Director

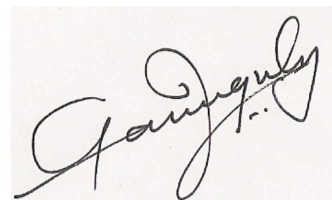
Vasavya Rehabilitation Center for Torture Victims (VRCT)

Vijayawada, Andra Pradesh

Dr. S. D. Singh

Secretary, Torture Prevention Centre India Trust (TOP India Trust)

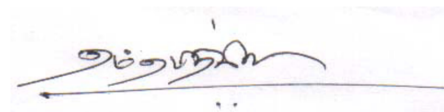
Cochin, Kerala



Jayjit Ganguly

Secretary, Center for Care of Torture Victims (CCTV)

Kolkota, West Bengal



M. A. Britto, Managing Trustee

Vaan Muhil, D-7, 27th Cross Street

Maharaja Nagar, Tirunelveli - 1

GENERAL GUIDELINES AND STANDING INSTRUCTIONS FOR CASE WORK/VOLUNTEERS FOR THE STAFF WORKING WITH TOP INDIA TRUST

To act and work as an independent and impartial NGO, we have adopted the following terms of reference as the guidelines for case work. At the time of joining we train the staff, associating NGOs and volunteers to work on an unbiased level, with no personal motives and always to look for the truth. Following are our general guidelines and standing instructions issued to all members of Staff and medical personals at the time of joining.

1. Self Introduction

When we go to strange places and meet new people and victims we have to introduce ourselves or some one else may have to introduce us to the victim and his / her family members. For the on going, continued and sustained work to help torture victims we believe that a proper self introduction is very important. Doctors should introduce themselves and inform the victims about their training and experience with torture victims

2. Use the ID Card

Always show the ID card of TOP India Trust signed and issued by the Secretary of the trust to the victim and his /her relatives. This is to gain the confidence and trust of the victims and members of the society in that area. The ID card with photo also affirms your authenticity.

3. Confirm the event

On many occasions what we hear may be one version. It may be a true / false / exaggerated or cooked up story. This can happen in the social - political conditions of Kerala State. So we strongly advise our team members to enquire and understand what had really happened before they interview / examine the alleged victims. Seeking the truth helps us to work in the correct direction and also keeps up the reputation of our organization.

4. First attend to pain

Helping a victim in mental or physical pain and agony is our most important objective. Our primary aim is to alleviate the pain and agony of the individual in anguish. The work & service to the victims are initiated immediately. Any delay is considered as cruelty to the victims.

5. Collect the perfect & full address with pin

Full name with initials and fathers name with correct address of the victim and first degree relatives are required for correspondence and future visits – Staff of TOP India trust may change and new staff of the organization may require the correct full name with initials with address to extend continued support to the victims. Similarly many agencies like human rights commission / police department may require the correct address from us to conduct enquiries in future. So we insist that the address must be perfect and complete in our documentation.

6. Land phone and mobile Numbers

We may require the telephone numbers to contact the victim or his / her relative for matters related to treatment, counseling and legal support. So collect the phone numbers of all people connected with the victim and the event. Example : telephone number of Police station, lawyer, relative of the victim, the doctor who treated the victim.

7. Voters card ID

We encourage our staff to collect the photocopy of the voters ID card of the victim. This is to impress and convince any agency or department. We can present this as the proof of reliability of the identity of the victim and our work. A signature or thumb impression of the victim in the case sheet is an additional proof.

8. Address of first-degree relative

We require the details of the first degree relatives of the victims. In case of emergency we may need to contact the relative.

9. Consent signed by the victim and statement of relative and the witness

The victims may change their views / attitude. If the victims with draw from the allegation for their own reasons after we proceed with lodging complaints later we will be held responsible for initiating the action. On such occasions, to prove our role in initiating such an

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action, the consent statement with name, date and signature of the victim, relative and witnesses is of significance. So get the signature of the victims, relatives and witnesses in the prescribed consent format with dates. Always write the full name in capitals with initials. The pet names / nick names / calling names may be also written in the consent form.

10. Statement of eyewitness

This is essential to prove the circumstances. Take down the correct name with initials, address and ID of the witnesses. To impress the higher authorities we require the statement of the witness to be attached to the complaints we lodge on behalf of the victim.

11. Name, address and phone number of Lawyer

If the victim has a private advocate, collect the name, address and phone number of the Lawyer. Always meet or communicate with the Lawyer before proceeding, because the action taken must not contradict the previous action taken by the Lawyer.

12. Medical services and evidences

Our primary objective is to extend care, treatment and rehabilitation to the torture victims. So if the victim is found to be in a state of distress see that, first the victims are taken to the nearest medical facility for treatment. Medical testimonial from the doctor who attended the case, post mortem report if the victim is dead, copy of FIR to know the charges framed against the victim are essential

requirements for us to lodge a complaint against the perpetrator So always collect these documents Just a copy of the out patient card of a hospital or in patient papers of the hospital or discharge summary is not an adequate record to prove torture.

13. **Copies of the complaints lodged by the victim**

The victim might have already lodged some complaint to the authorities. We require the copies of those documents to structure and frame our complaint /report to the authorities and also for a follow up of the original complaint

14. **Past verdict from the court or orders / communication from Authorities**

The victims may have obtained some verdict /communication from higher authorities before we reach them. To go for an appeal before the higher authorities, we require the certified copy of the past verdicts/ orders.

15. **Visit the perpetrator**

The role played by alleged perpetrator has to be very clear. For this purpose, we encourage our staff has to meet the alleged perpetrator(s) and listen to what they have to say about the event. A detailed recording of the narrations of the alleged perpetrator in the case file is significant for later reference.

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We believe in basic humanitarian and democratic approach at all situations. So, We encourage our staff to visit the alleged perpetrator, his office or the location of the event of torture. Listen carefully to the stories and versions of the perpetrator and his / her colleagues. Before arriving at a decision consider the physical and emotional trauma of the perpetrators also. If they require medical or Psychological attention we encourage our staff to arrange for medical or Psychological care for the alleged perpetrator also.

Always give a clear picture about the organization and what exactly we can do for the victim. Give the brochure of the organization to the victim and all concerned

Reaching the office of TOP India Trust after field work

1. **Enter all details collected in the electronic case sheet in 48 hours (two days) and dispatch the first report/complaint to the authority on the third day. One may have to prepare the first report independently.**

2. **Remember as the member of Top India Trust, one might have given promise to the victim that you will do the needful to support the victim immediately. If you are delayed to send the report /complaint you are doing something which can not be presented to the victim and you will loose your credibility and the organization will have to bear the blame**

3. **The governing body of the organization will look up on such 'delay' as your lack of interest to support the victim or going against the spirit and theme of the organization**

4. **To prepare the electronic case sheet staff has to be conversant with the programme. All are directed to learn the computerized programme in three days of joining**

5. **If the staff has any queries with regard to the case you are working you are welcome to contact the general duty doctor in charge of the victims care, treatment Rehabilitation or secretary of the organization**

6. **All the legal and legitimate action of the staff to support the torture victim will be supported by the organization**

CONCLUSION

In the previous chapters, we hope that we were able to deliver all details and information about our activities during 2006-2007 period. We take this opportunity to invite comments, opinions, remarks, criticisms and analysis of the content of our report. All communications from our well wishers, associates, partners and other readers will be taken in a positive spirit.

We are aware that one can conclude a report for the specified period but the activities related with pain and agony of human beings are ongoing and can not be concluded or stopped. Knowing the significance and relevance of the task we have under taken, our team reaffirms our commitment to the suffering people, and will continue the activities of supporting the torture victims during the forthcoming years.

We conclude

Dr.S.D.Singh
(Secretary)
For and on behalf of
Governing Body Members and Staff of TOP India Trust
25th Aug 2007