

Marked by Violence: A Retrospective Study of Documented Police Torture Cases in Faisalabad

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Abstract

Objective: The objective of this study is to analyze the documented medico-legal certificates of police torture cases in Faisalabad, following the enactment of the anti-torture act.

Methodology: This retrospective cross-sectional study reviewed 181 medico-legal certificates issued by the District Standing Medical Board in 2024. Data extracted included demographic profiles, types and anatomical distribution of injuries, mechanisms of trauma, and the need for specialist referrals. Descriptive statistics were applied.

Results: The majority of victims were male (80%), with two-thirds aged 26–59 years. Laborers represented the most affected occupational group (47%). Injuries were predominantly inflicted to the limbs (58%), with blunt force trauma accounting for 85% of cases. Common lesions included bruises and abrasions. Notably, 72% of referred cases required radiological evaluation, with others requiring neurosurgical or ENT referrals.

Conclusions: Our findings reveal systematic and targeted use of non-lethal violence by law enforcement. The disconnect between legal reform and institutional practice underscores the urgent need for Istanbul Protocol-based documentation, improved medico-legal training, oversight of detention facilities, and stronger implementation of anti-torture legislation.

KEYWORDS: Anti-torture act, Forensic, Human Rights, Istanbul Protocol, Medico-legal Examination, Torture.

INTRODUCTION

Torture by law enforcement remains widespread in more than 140 countries despite global bans, highlighting a significant human rights issue.¹ The United Nations Convention Against Torture (UNCAT) was introduced in 1984, aiming to put a global stop to torture.² However, its enforcement has been inconsistent, especially in regions with weak institutions and poor accountability, where

such practices often continue with impunity.³ Overall, police violence is a serious concern in many countries. Thousands of victims worldwide struggle for justice, often with limited success.⁴ Pakistan is similarly affected.⁵ Despite international legal frameworks such as the UN Convention Against Torture, custodial torture remains a persistent and concealed human rights crisis in many countries. In Pakistan, the Torture and Custodial Death (Prevention and Punishment) Act 2022 criminalized torture for the first time.

Human rights organizations have consistently reported cases of police torture. These cases illustrate how torture is employed to extract confessions, intimidate individuals, and assert control.⁶ Faisalabad has long struggled with issues of police brutality. Several reports highlight a pattern of custodial abuse in the city. According to

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a study by International Human Rights Clinic, these incidents are not isolated. These are part of a deeper structural problem within law enforcement.⁷ Even though Pakistan ratified UNCAT in 2010, enforcement is still weak. Political interference, poor oversight, and a culture of impunity hinder meaningful change. As a result, victims have little hope of finding security or justice.⁸

To combat this, Pakistan's parliament passed the Anti-Torture Act in 2022, which criminalizes torture. It also sets punishment for public officials guilty of custodial torture.⁹ This legislation marks a significant step forward though its implementation remains a challenge. Victims still face obstacles in seeking justice due to fear of retaliation, corruption, and procedural delays.

This retrospective study examines documented cases of police torture in Faisalabad. By reviewing medico-legal certificates, this research aims to analyze the patterns of torture, the types of weapons used, and the socio-legal implications of custodial abuse. To our knowledge, this is the first study since the enactment of The Torture and Custodial Death Act, 2022.

METHODOLOGY

This retrospective cross-sectional study was conducted by analyzing all the medico-legal certificates of police torture cases available in the office of District Standing Medical Board (DSMB) Faisalabad for the year 2024 from January 1, 2024 to December 31, 2024. All cases of alleged police torture that were documented and medically evaluated by the DSMB at DHQ Hospital Faisalabad during 2024 were included. Cases in which injuries were determined to be unrelated to police torture such as those sustained in accidents, interpersonal fights, or other non-custodial incidents were excluded. Data were retrieved from official DSMB records. The information was anonymized before analysis to ensure confidentiality.

The DSMB is composed of four members: the Medical Superintendent of DHQ Hospital, the

District Medico-legal Officer (DMLO), the District Surgeon, and the District Officer of Health. The DSMB is responsible for conducting medico-legal examinations in all police torture cases. A total of 181 victims underwent medico-legal examination in the office of DSMB at District Headquarters (DHQ) Hospital Faisalabad, during the year 2024. By using non-probability convenience sampling technique this study reviewed 181 medico-legal certificates issued by the District Standing Medical Board in 2024.

Following aspects of the medico-legal certificates of police torture victims were analyzed:

1. Age
2. Gender
3. Occupation
4. Nature of lesion
5. Weapon used for torture
6. Regional distribution of the injuries
7. Cases referred to other specialties

Descriptive statistics were run in which frequency and percentage were calculated for categorical variables using SPSS version 27. The study was conducted following ethical guidelines and approved by the institutional ethical review committee of Aziz Fatimah Medical and Dental College, Faisalabad (Ethical Approval No.: IEC/354-25).

RESULTS

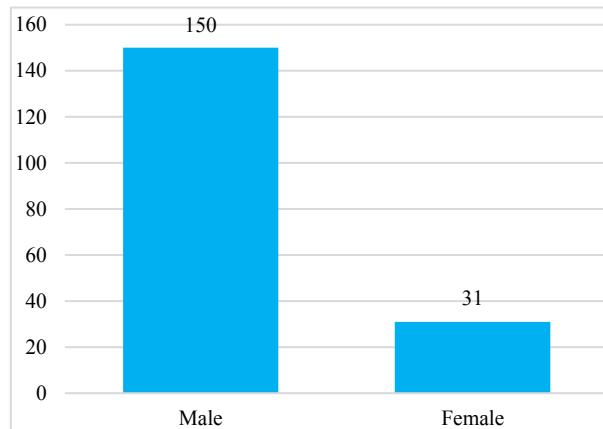
The majority of the victims of police torture were male, making up more than 80% of the sample (Fig.1), with the majority (approximately 66%) falling within the working-age group of 26 to 59 years. Extremes of age (<18 years and >60 years) represented only a minority of the sample (Fig.2). In terms of the distribution of injuries, majority of the injuries were seen in the limbs (approximately 57%), followed by the head and neck area (20%) (Fig.3). The most commonly reported type of lesion was bruise (35%), followed by abrasion (24%). Blunt force trauma was the main cause, accounting for over 85% of cases, while firearm injuries made up less than 10% of the overall injuries. Just under

half of the victims were laborers (47%), while students made up 5% of the sample (Table1).

Table1: Injury characteristics and victims' demographics.		
Variables	Categories	Frequency (%)
Type of lesion	Bruise	64 (35.4)
	Abrasion	43 (23.8)
	Laceration	16 (8.8)
	Fracture	29 (16.0)
	Swelling	29 (16.0)
Type of weapon	Blunt	155 (85.6)
	Sharp	4 (2.2)
	Pointed	4 (2.2)
	Firearm	18 (9.9)
Occupation	Laborer	85 (47.0)
	Farmer	22 (12.2)
	Shopkeeper	31 (17.1)
	Household help	29 (16.0)
	Student	9 (5.0)
	Unemployed	5 (2.8)

Fig.1: Bar chart demonstrating the distribution of victims based on gender.

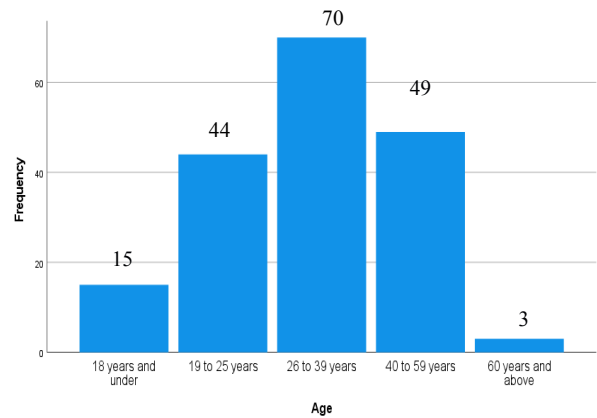
Distribution of victims based on gender.



A significant percentage of victims needed specialists' consultation. Approximately 72% of referrals were for radiology consultation; however, others were referred to neurosurgeons (7%) and doctors from Ear, Nose, and Throat (ENT) department (5%) (Fig.4).

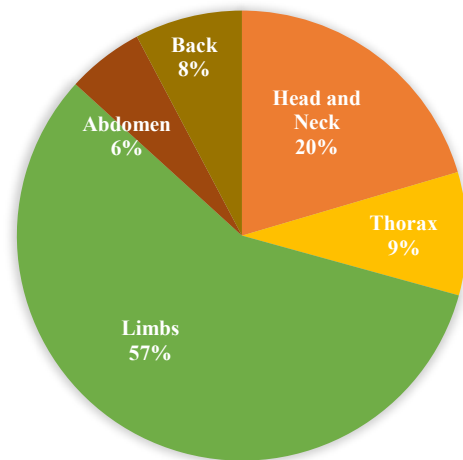
This widespread practice of police brutality highlights the urgent need for stronger implementation of legal measures for addressing such human rights violations.

Fig. 2: Bar graph demonstrating the age distribution among the victims.



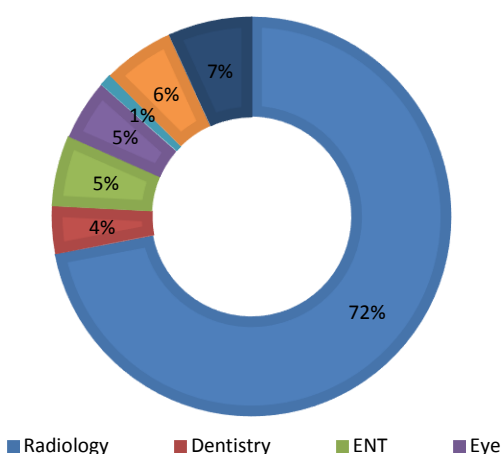
Age distribution among the victims.

Fig. 3: Pie chart demonstrating the distribution of site of injuries among the victims.



Site of injuries among the victims.

Fig.4: Pie chart demonstrating referrals among the victims.
Referrals among the victims.



DISCUSSION

This study on documented police torture cases in Faisalabad provides compelling evidence of systemic abuse, targeted violence, and inadequate institutional safeguards. Our findings are consistent with national and international patterns that identify custodial torture as a common yet underreported form of human rights violation in law enforcement systems.

The demographic analysis of the sample revealed that over 80% of the victims were male, with approximately 66% falling within the working-age range of 26 to 59 years. This mirrors previous studies in Pakistan and globally, which identify adult males particularly those from vulnerable or low-income backgrounds as the primary targets of custodial torture.¹⁰ A forensic study in Karachi similarly found that more than 90% of custodial death victims were men in their prime working years.¹¹ This overrepresentation is often attributed to the disproportionate policing and criminalization of economically marginalized communities.¹² Men are more frequently detained as suspects during street-level operations, theft investigations, or other low-level criminal inquiries.

The occupational background of victims in our sample reinforces this association with poverty and socioeconomic vulnerability. Laborers comprised

nearly half of all victims (47%), while other low-income groups such as domestic workers, shopkeepers, and the unemployed constituted a significant portion. Only 5% of the victims were students. These trends reflect broader societal power imbalances in which poor and working-class individuals are overexposed to law enforcement, yet underprotected by the legal system. As emphasized in multiple human rights reports, detainees from lower socioeconomic classes often lack the legal knowledge, resources, or connections to resist or challenge police misconduct, making them easy targets for coercive tactics like physical violence.^{13,14}

The nature and distribution of injuries in the study are indicative of systematic physical abuse designed to inflict pain while minimizing long-term visibility. The limbs were the most frequently injured sites (57%), followed by the head and neck (20%). Bruises and abrasions were the most common lesions, with blunt force trauma identified as the principal cause in more than 85% of cases. These findings are consistent with reports where similar techniques, beatings with rods, batons, and fists were used to cause soft-tissue damage, particularly to extremities.¹⁵ International medico-legal standards, particularly the Istanbul Protocol, describe this pattern of injury as typical of custodial torture intended to produce pain and fear without leaving conspicuous or permanent marks.

The fact that firearm injuries constituted less than 10% of the total injuries also supports the theory that police officers appear to rely predominantly on non-lethal but highly traumatic methods, possibly to avoid external scrutiny or legal consequences. The use of sharp or pointed objects was similarly rare. The emphasis on blunt trauma suggests that these acts are not incidental or spontaneous but reflect a calculated use of violence, often as a means to extract confessions or intimidate detainees into compliance.

An alarming finding was the extent of specialist referrals, with nearly 72% of the referred cases requiring radiological consultation. Additional

referrals to neurosurgery (7%) and ENT (5%) departments suggest that the inflicted injuries were not only widespread but medically significant. The high number of referrals for imaging, particularly for suspected fractures or internal injuries, indicates the severity of force applied. Several studies related with injuries highlight the necessity of radiographic evidence for accurate documentation.¹⁶ The large proportion of our sample undergoing radiological evaluation implies either serious injury or strong clinical suspicion of concealed trauma.

These clinical patterns of injuries and the high demand for specialist intervention support the conclusion that custodial torture in Faisalabad is both systemic and merciless. It cannot be dismissed as isolated misconduct by rogue officers but must be recognized as a widespread practice deeply embedded in police procedures and institutional culture. Numerous human rights organizations, including the National Commission for Human Rights (NCHR), have confirmed that torture is regularly used during interrogations, with police often acting with impunity.¹⁷

Legally, this practice violates Pakistan's constitution and international commitments. Article 14(2) of the Constitution forbids using torture to extract evidence, and the Pakistan Penal Code contains general "hurt" provisions, but no prior law specifically defined custodial torture as a standalone crime.¹⁸

The Torture and Custodial Death (Prevention and Punishment) Act, passed in 2022, was a milestone in Pakistan's legislative history. This marked the first instance in which torture was defined and criminalized under domestic law. The Act mandates that public officials found guilty of torture or custodial death can face serious legal consequences, including imprisonment. However, its implementation has been weak. Our study provides compelling evidence that custodial torture continues even after the Act's passage. This gap between law and practice is attributed to several contributing factors, such as a lack of awareness among law enforcement, the absence of

implementation rules, insufficient training for medical officers, and fear of reprisals among victims.^{19, 20}

Additionally, the law's failure to mention internationally recognized medico-legal documentation standards such as the Istanbul Protocol limits its effectiveness. Without proper medico-legal training and institutional support, medico-legal officers cannot fulfill their role as neutral observers in torture cases. Recent analyses emphasize the need for mandatory documentation protocols and independent medico-legal evaluations for all detainees alleging abuse.²¹

To effectively combat custodial torture, a multi-pronged institutional response is essential. First, independent oversight bodies such as the National Commission for Human Rights (NCHR) must be granted full investigative authority, free from political or police interference. Second, medico-legal professionals should be trained in internationally recognized documentation standards, including injury photography, forensic mapping, and psychological assessment. Third, internal police accountability mechanisms require reform to ensure timely and impartial investigation of torture allegations. Without systemic changes, impunity will persist.

Furthermore, all detention facilities should be regularly inspected by civilian and judicial bodies, with findings made publicly available to enhance transparency. The absence of oversight has enabled the continuation of torture in concealed locations such as lock-ups and unofficial detention sites. Lastly, access to justice must be strengthened through legal aid centers, complaint hotlines, and witness protection mechanisms, enabling victims to report abuse without fear of retaliation.

CONCLUSIONS

The passage of the Torture and Custodial Death (Prevention and Punishment) Act, 2022, was a long-awaited step forward, yet legislation alone is insufficient. Without implementation, oversight, medico-legal training of doctors and a culture shift

within law enforcement, many people will continue to be unable to access justice. This research calls for urgent and collective action to hold perpetrators accountable, to strengthen training of medico-legal officers and support survivors.

Limitations: This study has several limitations. Firstly, it is based solely on cases reported to the District Standing Medical Board in Faisalabad; therefore, unreported or undocumented cases are not reflected. Furthermore, as a single-center study, its findings may have limited generalizability. Secondly, the retrospective nature of the study limits control over variables and the documentation quality. Thirdly, psychological effects of torture were not assessed due to the lack of integrated mental health evaluations in the medico-legal examination process. These limitations should be considered when interpreting the results and designing future studies on the subject.

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