

Shedding light on a dark practice

Using the Istanbul Protocol to document torture



irct

International Rehabilitation Council for Torture Victims

The Istanbul Protocol

The Manual on the Effective Investigation and Documentation of Torture and other Cruel, Inhuman or Degrading Treatment and Punishment, commonly known as the Istanbul Protocol, contains the first international standards and procedures on how to recognise and document symptoms of torture in such a way that the findings may be used as evidence in court cases. Initiated and coordinated by the Human Rights Foundation of Turkey and Physicians for Human Rights USA, the Istanbul Protocol was developed by 75 experts from more than 40 organisations, including the IRCT. It was submitted to the UN High Commissioner for Human Rights on 9 August 1999 and has subsequently been annexed to various UN resolutions and been published by the Office of the High Commissioner for Human Rights (OHCHR) as part of its Professional Training Series.

The Istanbul Protocol is available in Arabic, Chinese, English, French, Russian and Spanish on the OHCHR's website: <http://www.ohchr.org/EN/PublicationsResources/Pages/TrainingEducation.aspx>
The IRCT has facilitated translations of the Istanbul Protocol into Georgian and Serbian. These translations are available from our website: <http://www.irct.org/Read-the-Protocol-2701.aspx>

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International Rehabilitation Council for Torture Victims (IRCT)

Borgergade 13
P.O. Box 9049
1022 Copenhagen K
Denmark

Phone +45 3376 0600
Fax +45 3376 0500
E-mail irct@irct.org
Website www.irct.org

Editors: Susanne Kjær, Asger Kjærum

Production manager: Sune Segal

Layout: Andreas Reventlow, ar@irct.org

Illustrations on page 29 and 39: Christopher Kaohu Jaeckle

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The basic definition of torture is that contained in the United Nations Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment:

“ *...‘torture’ means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.*”

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Foreword

The success of the Istanbul Protocol after its first ten years of existence is a matter of deep satisfaction to me.

First, as a matter of process, it is an example of the vital role played by non-governmental organisations in advancing the national and international protection of human rights. The draft of what was to become the Istanbul Protocol was initiated by a number of forensic doctors working in and with Physicians for Human Rights. It was they who, together with the all-too-experienced Turkish Human Rights Foundation, convened the meeting in Istanbul that finalised the text. The meeting also approved the text of general principles on investigation of torture allegations, drafted by a team of international lawyers and forensic medical specialists. The text was inspired by similar principles for investigating extra-legal killings that accompanied the Minnesota Protocol for the medical documentation of such killings, produced by the Minnesota Advocates for Human Rights (now The Advocates for Human Rights), who also contributed to the Istanbul Principles. It is notable that the sixth and longest of the Istanbul Principles summarises the key requirements for effective medical examination of possible torture. For me, it was a privilege to have been a part of this process, both before and at the Istanbul meeting.

Second, in my then capacity of UN Special Rapporteur on Torture, I was in a position to bring the Principles on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment to the attention of the UN General Assembly and UN Commission on Human Rights (replaced in 2006 by the Human Rights Council). Both bodies took cognizance of the Principles, annexing them to regular resolutions on the general subject of torture and other ill-treatment. The new Human Rights Council, in its first resolution on the topic in 2008, repeated the call on governments to attend to the Principles. Just yesterday, in a groundbreaking resolution on torture and the role and responsibility of medical and other health personnel, the Council again invoked the Prin-

ciples. I was also able to recommend that the Office of the High Commissioner for Human Rights publish the whole Istanbul product: it appeared as *Istanbul Protocol: Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*.

Third, the Istanbul Protocol inspired a project I directed at the University of Essex. My experience as Special Rapporteur had made it clear that forensic specialists, especially independent ones, were frequently not available when their skills were needed. So, it appeared necessary that other health professionals be given effective guidance without their being expected to be able to apply meticulously the “gold standard” of Istanbul. The result was our 2005 co-publication (with the UK Foreign and Commonwealth Office) *Medical Investigation and Documentation of Torture: A Handbook for Health Professionals*, by Michael Peel, Noam Lubell and Jonathon Beynon, which I am told has been helpful to organisations and individuals involved in training relevant health professionals.

I am very pleased that the IRCT has compiled this publication which reflects the essence of the Istanbul experience: that prevention of torture is an interdisciplinary exercise involving lawyers, doctors, civil society and governments – all branches: legislative, executive, judicial – at the national and international levels. The Istanbul Protocol is already cited in international and national court judgments. The more recognised it becomes, the greater will be the need for professional familiarity with it.

The IRCT’s work to promote the Istanbul Protocol represents recognition that effective documentation of torture, exposing the falsity of typical denials from those responsible for torture, can contribute mightily to reducing impunity and obtaining redress. This in turn can be expected to help prevent torture in the future. As well as giving background to and explaining the content of the Istanbul Protocol, the present book incorporates some of the experiences of these activities. The book is another step towards the goal of ending torture.

*Professor Sir Nigel Rodley KBE
Honorary Fellow, Faculty of Forensic and Legal Medicine,
Royal College of Physicians
Chair, Human Rights Centre, University of Essex*

28 March 2009

Introduction

Dear reader,

In the following pages a range of health and legal experts from around the world share their knowledge and experiences on documenting and reporting cases of alleged torture. Their insights are complex and many, but their message is clear and simple: torturers must be held accountable, and survivors must be given access to justice.

It is a message to be heeded. While torture has been consistently prohibited in international law for more than half a century, it continues to be practiced in at least 100 countries around the world. And though the United Nations Convention against Torture obliges states to fully investigate all torture allegations and prosecute those responsible, the majority of perpetrators go unpunished and most victims do not receive the support and compensation they are entitled to.

The *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* – commonly known as the Istanbul Protocol – was devised to address this problem. It provides a set of internationally recognised, practical guidelines for establishing medical evidence that can be used in court to prove allegations of torture. Such guidelines are crucial given that most torture methods are often designed to have maximum impact while leaving minimum detectable signs.

In essence, what the Istanbul Protocol does is to equip medical doctors, psychologists and psychiatrists with a tool to objectively determine whether a person's claim that he or she has been tortured can be medically verified. A major asset of this tool is that it enables the detection of physical and mental signs of torture even long after the abuse has occurred. Moreover, the Protocol provides legal professionals with clear guidelines on how to conduct torture-related proceedings, including how to present and consider forensic evidence.

2009 marks the 10th anniversary of the Istanbul Protocol. Since its inception it has gained increasing recognition and

The IRCT promotes torture documentation and the Istanbul Protocol through training, advocacy, university collaboration and facilitation of forensic exams and reports.

Visit www.preventingtorture.org for more information.

has been applied in legal proceedings in national and regional courts. The principles it contains have been endorsed and promoted by the UN and other key human rights bodies (please see Annex 1 on p. 78).

This book is primarily intended for health and legal professionals who work with or are likely to come into contact with torture survivors, but anyone with an interest in the question of torture will find useful insights. The relatively short articles provide an array of illuminating and readable perspectives on different aspects of a complicated subject. Together they comprise an excellent introduction to the many challenges and opportunities associated with the task of establishing medical evidence in cases of alleged torture.

The book is divided into two main sections. The first discusses the status and role of the Istanbul Protocol and outlines key observations and challenges that must be taken into account in the process of documenting cases of alleged torture. The authors emphasise the role that the medical and legal professions play in the investigation and documentation of torture cases as well as the crucial need for medical and legal professionals to collaborate closely in the process.

The second section comprises hands-on perspectives from nine countries where the IRCT has facilitated training of hundreds of health and legal professionals in the context of a multi-year project to further the documentation of torture cases according to the principles contained in the Istanbul Protocol. Each of these countries is characterised by different challenges and opportunities. But they all share the basic trait that courageous persons are working – often at great risk – to counter the scourges of torture and impunity and to ensure safety and justice for their fellow citizens.

Their efforts are invaluable. It is my hope that what you're about to read will motivate and aid you to join their quest for ending impunity and supporting torture survivors and their families to rebuild their lives. The challenges are great, but the goal is greater yet: each time a perpetrator is held accountable, each time a survivor's quest for reparations succeeds, we take another step toward a world without torture.

Brita Sydhoff
Secretary-General,
International Rehabilitation Council for Torture Victims

Part I

Recognition and usage

This section presents key observations related to practical usage of the Istanbul Protocol and the investigation and documentation of torture. The authors, representing both the medical and legal professions, emphasise that progress toward

prosecution of perpetrators – and ultimately, the complete eradication of torture – cannot be made without close collaboration between both professions in the investigation and documentation of torture allegations.

The normative value of the Istanbul Protocol

The *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (the Istanbul Protocol or Protocol) is the first comprehensive document to provide the medical and legal professions with tools for investigating, assessing and reporting allegations of torture, thereby making a vital contribution to addressing the inherent difficulties in proving claims of torture. Adopted in August 1999, the Protocol has since been applied by various United Nations supervisory bodies, regional organisations and practitioners before those organs, as well as in domestic proceedings.

Due to the application of classical international law, the Protocol has become an enforceable legal instrument, setting forth obligations that states must incorporate into the domestic legal realm, and that international supervisory organs must apply in their decision-making. The Protocol identifies the specific obligations of the prohibition of torture and elaborates on the steps necessary to meet those obligations. In addition, the Protocol increases access to justice by stipulating safeguards intended to protect citizens against torture. A state's non-compliance with these safeguards creates a presumption of validity of a plaintiff's claim, thus shifting the burden of proof from the plaintiff to the state.

The Protocol's framework for medical documentation

Proof of torture is highly elusive. Torture traces may disappear by the time a victim receives medical attention, medical personnel may not be properly trained to detect less obvious traces of torture, and torturers may employ methods that do not leave physical evidence.

By developing standards for examination and a blueprint for action regarding medical documentation of torture, the documentation aspect has key consequences: it increases

By Claudio Grossman

Chairman of the UN Committee
Against Torture and Dean of
American University Washington
College of Law

the likelihood of successful prosecution, while contributing to the assessment of integral reparations that include economic as well as moral and symbolic measures. The Protocol's procedures to achieve these goals are both therapeutic and forensic, since their application results in information of such quality that can be used persuasively in adjudication. These procedures reflect "best practices" developed by experienced members of the legal and medical professions to ensure proper investigation and punishment as well as integral reparations. For example, prompt medical examination upon incarceration – as required by the Protocol – is one of the most important safeguards against the torture of detained persons, and the health of such persons is the responsibility of states throughout the detention period. Examinations must be performed as promptly as possible upon detention, and the detained person has the right to request or petition a judicial authority for a second medical opinion. The medical examiner must be competent and independent of the detaining authority and both physical and psychological evidence must be taken in such a way as to be of use in legal proceedings. Non-compliance with these requirements creates the presumption of torture attributable to state authorities.

The legal value of the Istanbul Protocol

The Istanbul Protocol has acquired legal value in accordance with the operation of the classical rules of international law. Article 38 of the Statute of the International Court of Justice establishes as sources of international law, *inter alia*, treaties and customary law, as well as the writings of the "most highly qualified publicists" that serve as "subsidiary means for the determination of rules of law". The Istanbul Protocol was drafted through the collaboration of numerous renowned experts and organisations dedicated to the prevention of torture, has been adopted as authoritative by the UN Special Rapporteur on Torture, and even incorporated into domestic law in several countries. Accordingly, the Istanbul Protocol represents the work of the most highly qualified publicists, as envisioned by the Statute, and is available as a subsidiary means for determining the scope and content of the general prohibition. It may therefore be applied as a legitimate, norma-

tive source that identifies specific legal obligations stemming from the prohibition against torture.

In addition, the normative value of the Istanbul Protocol has been affirmed through its application by international bodies (universal and regional), as well as by domestic judiciaries interpreting the scope of the conventions against torture. Because these bodies possess the authority to interpret their respective conventional and legal obligations, their application of the Protocol confirms its nature as a normative and authoritative set of rules. As such, the Protocol's legal character is tantamount to a treaty obligation or a domestic norm.

Moreover, the comprehensive practice that has developed through states' and international organs' application of the Istanbul Protocol constitutes a solid foundation upon which to assert that the Protocol has become customary international law. Generally speaking, customary law results from state behaviour undertaken with the understanding that such behaviour is required as a matter of law. Again, the elements previously identified concerning interpretation and application by international organs and domestic judiciaries further supports this view.

Medical doctors: the key to prevent impunity

By Dr Michael Peel

GP Clinical Lead for Hammersmith
and Fulham PCT based at HM Prison
Wormwood Scrubs
Formerly Senior Medical Examiner,
Medical Foundation for the Care of
Victims of Torture, London

Medical doctors are often among the first persons to come into contact with a torture survivor after the incident. It is therefore crucial that doctors possess the skills to provide proper treatment and documentation of the mental or physical injuries. To be effective, doctors must know what questions to ask, which physical and psychological signs to look for, and how to present the findings in a format making them admissible as evidence in court cases. One of the purposes of the Istanbul Protocol is to advise doctors and other clinicians about their involvement in the prevention of torture, and particularly in documenting its consequences.

Due to their expertise, doctors are essential facilitators in any campaign against torture. Doctors can write medico-legal reports (MLRs) based on examinations of survivors to be used as evidence of acts of torture for a number of purposes. Doctors can also provide therapeutic services to survivors for their immediate and long-term physical conditions, and inform people about these processes. Finally they can provide education on the ineffectiveness of torture and its moral and ethical consequences; also they can advocate for disciplinary processes and, if necessary, legal processes to be commenced against colleagues who have been involved in torture.

Medico-legal report writing

Clinicians can write MLRs for a number of purposes. These include supporting those claiming assault by state agents, those seeking redress from institutions and governments, those seeking asylum in safe countries, and those documenting allegations of widespread ill-treatment for national and international human rights monitors.

MLRs cannot in themselves prove torture since the definition of torture includes other elements of crime such as the requirement that it is performed by or with the acquiescence of a

state agent, and for a specific purpose. Therefore, the final determination as to whether torture has occurred must be made by a judicial body, which is capable of also assessing these additional elements of the incident. However, an MLR can corroborate an account of ill-treatment given by a survivor, and can sometimes provide a high level of proof that a particular technique has been used. Since ill-treatment is the essential element of the torture crime, the MLR takes a very important role in facilitating redress and reparation for torture survivors. To achieve this, doctors need to work closely with lawyers advising survivors of torture to demonstrate collectively that torture has occurred. Help can also be drawn from other sources such as NGOs and national and international bodies investigating allegations of torture.

The medical assessment and conclusions

The MLR must be based on both a physical and psychological evaluation of the survivor. This evaluation must be conducted according to the guidelines provided by the Istanbul Protocol. The account of events provided by the survivor can suggest parts of the body or mental state of the person where the examination should focus. This could be shoulder movements after suspension, damage after falanga (repeated beating of the feet) or specific behaviour associated with different forms of psychological torture. Further details on relevant symptoms can be found in the Istanbul Protocol. However, it is important to conduct a full medical examination of the survivor as there may be injuries of which he or she is unaware, perhaps because they are on a part of the body that he or she cannot see, or because they were caused towards the end of an episode in which the survivor lost consciousness.

When medical conclusions are drawn on the basis of the physical and psychological evaluation of the survivor it is very important that these are accurate and maintain a high level of objectivity. It is important to remember that the doctor is collecting evidence and does not function as a judicial body. This implies that any absence of medical evidence should not be construed as an indication that torture has not taken place. The Istanbul Protocol recommends the use of the following terms to give an opinion on individual lesions:

- Not consistent: the lesion could not have been caused by the trauma described.
- Consistent with: the lesion could have been caused by the trauma described, but it is non-specific and there are many other possible causes.
- Highly consistent: the lesion could have been caused by the trauma described, and there are few other possible causes.
- Typical of: this is an appearance that is usually found with this type of trauma, but there are other possible causes.
- Diagnostic of: this appearance could not have been caused other than in the way described.

In practice, these conclusions need to be developed in an MLR to ensure the highest possible level of accuracy. For example, the definition of the term “highly consistent” states that there are a few other possible causes for the lesion. Relevant alternatives must be listed, and reasons given for the preference of the other option. These alternatives need not be speculative. For example, scars on the elbows and knees could be the result of military training if the person is a man known to have been conscripted into the army, but need not be discussed as a differential for a female student who has never undergone military training.

The use of the term “not consistent” generally leads to the assumption that a person is fabricating or embellishing an account of torture. This may be appropriate, but there are circumstances in which an understandable mistake has been made, and this needs to be explained. For example, someone who suffers an acute rupture of the Achilles tendon when running will often feel that he or she has been hit in the ankle, although this is not the case. It should be emphasised that there is no causal link between the finding of “not consistent” and a possible fabrication of evidence.

After detailing individual physical signs and an analysis of the psychological state, the Istanbul Protocol also recommends utilising the terminology above when making a conclusion of opinions on the general consistency between the person’s account of ill-treatment and the overall pattern of physical and psychological findings.

Conclusion

Medical doctors play an essential role not only in providing rehabilitation services to torture survivors but also in preventing impunity by documenting torture. The contents and quality of the MLR may determine whether accounts of torture and ill-treatment can be proven in a court of law. Therefore, doctors and lawyers must collaborate closely to ensure that MLRs are available and that the conclusions of the MLR have the required accuracy and objectivity to be admissible as evidence. This should mainly be ensured by establishing clear categories for the level of consistency between the witness account and the physical and psychological findings and by avoiding the passing of judicial judgement in the MLR.

For further information, please see:

Peel M, Lubell N and Beynon J. Medical Investigation and Documentation of Torture. Available at: http://www.fco.gov.uk/resources/en/pdf/pdf19/fco_humanrights_medicaltorture

Bringing medical evidence of torture to international tribunals

By Renate Winter
President of the Special Court for
Sierra Leone

International law imposes the responsibility to take effective and appropriate measures to prevent and punish acts of torture and to proceed to a prompt and impartial investigation when confronting allegations of torture. The Istanbul Protocol, compiled by leading medical and other professionals, provides extensive guidelines for the effective investigation and documentation of torture. As stated in the Istanbul Protocol, the purpose of investigation and documentation is, in part, the facilitation of prosecutions or, as appropriate, disciplinary sanctions for those indicated by the investigation as being responsible. Medical experts can play a crucial role in generating evidence. They can support the work of the prosecution and the court by examining alleged victims of torture, compiling medico-legal reports and presenting their findings as expert witnesses during the legal proceedings.

In cases before the international criminal tribunals, evidence must meet basic requirements before it can be admitted and considered by the judge. The assessment is generally flexible and the touchstone for admissibility is the relevance and probative value of the evidence. Evidence may be excluded if its probative value is considered to be substantially outweighed by the need to ensure a fair trial. It may also be excluded if it was obtained in a way which raises substantial doubt about its reliability or if its admission would damage the integrity of the proceedings. As a matter of law, corroboration is not required generally nor in particular in relation to testimony of victims of sexual violence, which is significant to cases alleging acts of sexual violence that amount to torture.

Use of expert medical evidence

Additional rules apply to the admissibility of expert evidence at the international criminal tribunals. An expert is a person who by virtue of some specialised knowledge, skills or training

can assist the trier of fact to understand or determine an issue in dispute. Thus, while ordinary witnesses may only testify about matters which they have observed or experienced, the role of the medical expert witness is to give an objective, impartial opinion based upon medical and professional experience and his/her knowledge of the subject. An expert may draw inferences for the tribunal in order to enlighten the judges on specific issues of a technical nature, e.g. torture-specific types of lesions, psychological impact and consequences of torture, etc.

Because the expert opinion can have a significant effect on the outcome of the trial, international tribunals require that it is provided by reputable persons who derive their conclusions through scientific methods. The question of whether a person is an expert is one of law for the determination of the Trial Chamber.

Five principle admissibility considerations are applied in varying degree at the international tribunals. First, the tribunals seek to determine whether the witness has sufficient knowledge and experience to entitle him or her to be considered as an expert who can assist the court. For the purposes of determining whether a witness meets this requirement, the judge will examine the witness' former and present positions and professional experience and publication of scholarly articles.

Second, the tribunals may inquire whether the expert's knowledge is sufficiently recognised as credible by others in the field. The expert statement or report must meet the minimum standards of reliability, which involves proof or prima facie reliability. There must be sufficient information as to the sources used in support of the statements. The sources must be clearly indicated and accessible in order to allow the other party or the Trial Chamber to test or challenge the basis on which the expert witness reached his or her conclusions. In the absence of clear references or accessible sources, the Trial Chamber will not treat such a statement or report as an expert opinion, but as the personal opinion of the witness, and weigh the evidence accordingly.

Third, the tribunals may determine that the expert's testimony regards an inference that the judges are capable of drawing based on their general knowledge and common sense.

Fourth, the tribunals determine whether the expert's testimony has the effect of deciding the issue before the court. Termed the "ultimate issue" rule, this exclusionary rule limits the expert from offering his or her opinion on subjects such as the criminal responsibility of an accused. National and international tribunals are very strict in this matter. If an expert pronounces an opinion on the criminal liability of the accused in question, the expert risks that the entire opinion may be rejected.

Fifth, the tribunal will generally exclude those parts of an expert's opinion that are based on matters not directly within the expert's own observations. Reliance on material that cannot be directly evaluated by the tribunal can violate the accused's fair trial rights.

Once the expert's opinion is admitted into evidence, the tribunal must determine what weight it should be accorded. Bearing in mind that the opinion is intended to assist the trier of fact, expert reports should be short and simple, whilst providing sufficient reasoning for the opinions therein without excessive technical jargon.

It is of paramount importance that the expert maintains objectivity by avoiding argumentative statements or statements that demonstrate a lack of impartiality. However, the fact that a witness has been involved in the investigation and preparation of the prosecution or defence case or is employed or paid by one party does not disqualify him or her as an expert witness or make the expert statement or report unreliable. Challenges to the impartiality of a witness statement do not go to its admissibility but to the weight it should be given.

Conclusion

Investigations and documentation can give rise to critically important evidence of torture, thereby significantly enhancing prosecutions and accountability. However, before it can be accepted as evidence, the documentation must fulfil the general rules of admissibility. At the international tribunals, the rules of admissibility are flexible, and judges typically refrain from excluding evidence as long as it is relevant and probative. Therefore, the utility of the evidence to the judges is determined by the acceptance of the reporting professional as

an expert, the scientific reliability of the methods employed, and the clarity of and support for the expert's reasoning for the inferences and opinions asserted. It is up to the medical expert to describe facts and inferences as clearly as possible, thereby enlightening judges on technical issues. Expert evidence, if reliable and drawn from effective investigation and documentation, will greatly enhance a judge's ability to make legal determinations. As the Istanbul Protocol makes clear, however, the investigation and documentation are part of a system of accountability, and ultimately, it is the judge who must determine whether the asserted facts support legal findings that a crime was committed and by whom.

Doctors in prison: documenting torture in detention

By Dr Hernan Reyes
International Committee of
the Red Cross

Introduction

The documentation of torture inside a prison raises a number of issues specific to the fact that the people being interviewed are still in custody. Quite obviously there will be pitfalls to avoid and safeguards to ensure, which may not be relevant when documenting torture within the relative safety and calm of a centre for torture survivors. In a prison, the prisoners who have suffered ill-treatment and torture are potentially still at risk and this will condition the way doctors document ill-treatment and torture inside prisons and other places of custody. The two main issues to be addressed are how the doctor can establish trust with the prisoner and how the doctor should relate to potential risks posed to him/herself and/or the prisoner. The following analysis focuses on these two elements and the specific considerations that prison doctors must take into account when monitoring detainees.

Establishing the trust of the detainee

A prison doctor will often be a part of the custodial system, paid by the authorities and thus seen by the prisoner as being “on the other side of the bars”. Such a doctor is perceived very differently – and is indeed in a totally different situation – from a physician coming to the prison from the outside world, quite possibly even from another country. Prison doctors often will not have the trust of the prisoners in their care, all the more so if the prisoners have been tortured by the very authorities the prison system represents. This situation can be further exacerbated if (other) doctors have participated in torturing the prisoner. The prison doctors will be seen, at best, as having split loyalties. Thus, for a prison doctor the most important factor in documenting torture will be obtaining the trust of the prisoners, without which any objective documentation will be impossible.

From the prisoners' point of view, they may be reluctant to talk about their torture experience to the prison doctor for two different reasons. First of all, it is the overall context of the situation in the country, and fear not only for themselves but also for their families, which will often make prisoners hesitant to consult the prison doctor about any sequelae of torture. Rightly or wrongly, they will fear reprisals for having "complained" about it. Second, torture by its very nature is a subject that prisoners do not broach easily. It involves the infliction not only of pain and suffering, but also of humiliating and degrading practices, which prisoners understandably will have great difficulties speaking about. Therefore, it cannot be repeated enough that empathy – real and not merely formal and institutional – is a paramount condition for anyone working with victims of torture and aiming to earn their trust.

Physicians coming from the outside who document torture will normally not start with the handicap of mistrust that confronts even the most well-meaning prison doctor. This initial trust comes with a great deal of responsibility on the doctor, who will have to know exactly what his/her terms of reference are, and then only accept to interview prisoners if it is certain within reasonable doubt that no one will suffer reprisals or punishments for having spoken out. It is essential here that any prisoner interviewed is seen in private by the interviewing prison doctor.

Risk factors in documenting torture

Documentation of torture in a country where torture takes place may well put both documenter and those being documented at risk. There is a risk for the prison doctor to be seen as collecting information which might be used to incriminate perpetrators of torture or their superiors having authorised its use. Such a prison doctor must consequently be very objectively aware of the possible risk s/he may be taking. Even more important, the risk to the prisoners, whose trust s/he must obtain and who will provide information on torture, also needs to be assessed.

Documenting torture should never become an absolute objective in itself. The principle to keep constantly in mind is *primum non nocere* – "First, do no harm". Even in the general

interest of combating torture, apart from protecting themselves, prison doctors have to be absolutely sure that there will be no reprisals on those persons whom they speak to and who will have to give them not only their testimonies, but also their trust. Unless the prison doctor is certain s/he can guarantee the safety of any prisoner interviewed, documentation should not be pursued. It is paramount, when interviewing prisoners willing to talk about their ordeal, to clarify what and how any information obtained can be used. Any information, personal or otherwise, that the prisoner may request *not* be used, will be kept confidential, as within any normal doctor-patient relationship.

Another risk that the doctor must consider at all times is the risk of re-traumatisation of the tortured prisoner. Therefore, the prisoner must never be forced to relive past events in the interest of documentation. In order to sufficiently protect the prisoners, informed consent should be a *sine qua non* condition for using any of the information about torture provided by prisoners during interviews.

Physicians coming from the outside might not have the same knowledge about the pertaining situation as the local prison doctor and must therefore be especially sensitive to the local conditions and the present risk factors. This relates both to psychological, cultural and religious specificities of the prisoners when conducting interviews and the need to conduct the interview without putting the prisoner at risk of retaliation.

Conclusion

The documentation of torture by prison doctors is not an easy task. Documentation of torture in prisons will be most relevant in countries where torture is in fact common practice. In all such places there is an inherent risk to prisoners who are interviewed, and this should be very seriously considered before any documentation is carried out.

A local prison doctor will have experienced many difficulties that an outside physician will not have, mainly in getting prisoners to trust him or her. Prison doctors are sometimes rightly, but very often wrongly, seen as part of the system of repression. It will be up to the prison doctor to obtain the merited trust of the prisoners s/he wishes to interview.

An outside physician may not be at risk when documenting torture, but the risks for the prisoners will be the same, if not worse, if precautions are not taken to avoid reprisals. Specific modalities ensuring a proper “doctor-patient relationship” should be required before starting documentation, and interviews in private with each prisoner guaranteed.

The full version of this article is available online: <http://www.irtc.org/Volume-18,-No.-3,-2008-3757.aspx>

Torture is never forgotten: documenting trauma of ex-detainees

“After years of disclosures by government investigations, media accounts, and reports from human rights organizations, there is no longer any doubt as to whether the current administration has committed war crimes. The only question is whether those who ordered the use of torture will be held to account.”

– Maj. General Antonio M. Taguba (USA-Ret)¹

By Dr Önder Özkalıpci
Medical Expert, IRCT

One of the key functions of effective torture documentation is to combat impunity. Allegations of torture by US authorities at detention facilities around the world are numerous. Very few of these allegations have been substantiated by concrete evidence, but a project lead by Physicians for Human Rights (PHR) in 2008 achieved precisely this. PHR co-ordinated a team of specialists, including several affiliated with the IRCT, who examined eleven former detainees from the US-controlled Guantánamo Bay, Abu Ghraib and Bagram Airbase detention facilities. These examinations were made possible due to effective collaboration between the medical specialist team and lawyers representing the former detainees. Thanks to the willingness of the former detainees to participate in the investigations and the extensive torture documentation expertise of the specialist teams, the public now has access to a reliable account of the torture of eleven persons at the hands of the US authorities.

Each ex-detainee was examined over two days by a physician and either a psychologist or a psychiatrist. To ensure the highest possible degree of reliability of the medical reports, the examination teams utilised the Istanbul Protocol standards for assessing physical and psychological evidence of torture and compared the findings with the specific allegations made by the individual ex-detainee.

Each medical team prepared reports according to the principles outlined in the Istanbul Protocol. Thus the reports on each individual ex-detainee included: an account of any history of medical and psychiatric needs prior to detention; a detailed record of their allegations of any torture and ill-treatment and its effect on the individual both at the time and in the subsequent days; the clinical examination results and documentation of physical and psychological sequelae; the use of diagnostic tests; and the consistency of the clinical and test findings with the individual's allegations of torture.

The examination teams identified a number of recurring practices in all three places of detention. Reported forms of torture included beatings, exposure to harsh stress positions, various forms of sensory deprivation, threats of harm to detainees and their families, use of electric shock, sexual and physical assaults, forced witnessing of torture, use of psychopharmacological drugs, sexual, religious and cultural humiliation and other forms of degrading treatment.

The physical evidence gathered during the examinations, such as scars and positive bone scan findings, strongly corroborated the patients' allegations of beatings. All survivors showed musculoskeletal system problems, which were consistent with long-term application of stress positions. In one case there was a scar highly consistent with the application of electric current. In two cases there were medical findings of rape.

Ten of the eleven survivors' clinical presentations, reported history, and the results of their psychological tests documented the presence of ongoing psychiatric disorders that can reasonably be attributed to their experiences while in detention at US facilities.

Ten of the patients showed symptoms that met the diagnostic standards of all three symptom clusters of Post Traumatic Stress Disorder, including intrusive recollections, hyper-arousal, and avoidance. These symptoms can be directly ascribed to the above forms of torture. Many of the former detainees described symptoms of severe anxiety, including panic attacks. Half of the survivors reported sexual dysfunction, which may be attributed to sexual torture. All of the eleven men reported forced administration of injections or medications and in at

least one case there was strong evidence consistent with use of psychopharmacological drugs as a form of torture.

The experts who examined the eleven ex-detainees, using the recommendations of the Istanbul Protocol, concluded that in view of the clinical history and examinations, and of the diagnostic test results, there was sufficient evidence to corroborate the claims that torture was used in US detention facilities.

The experience of the investigation is a model example of effective co-operation between human rights organisations and the different relevant professions as envisaged in the Istanbul Protocol. Based on the findings of the report, the eleven ex-detainees should be given immediate access to comprehensive medical and psychological care and legal redress.

The investigation also demonstrated the importance of independent medical experts with the capacity and expertise to collect and assess evidence of torture. These experts hold the key to bringing perpetrators to justice and ensuring reparation for survivors. For future investigations to be successful, it is important that proper judicial procedures are in place at the domestic, regional and international level. This includes the admissibility of independent medical reports and medical expert testimony in courts and the utilisation of such information by investigation authorities. These reports and testimonies should be assessed on the basis of their consistency with Istanbul Protocol recommendations and not according to whether they are presented by formally authorised persons.

The PHR-coordinated examinations are the first medical reports assessing and documenting allegations of torture in US custody during the Bush administration. It is essential for the full and effective rehabilitation of all survivors of US-inflicted torture that the evidence locker is opened to scrutiny by professionals qualified to assess the evidence and determine whether torture took place. Only then will the truth be told, which can form the basis of compensation and redress claims by the victims and of prosecution of perpetrators all along the chain of command.

¹ Physicians for Human Rights. 2008. Broken Laws, Broken Lives. Available at: <http://brokenlives.info>



Forms of sensory deprivation (e.g. hooding, blindfolding) may be used in combination with other physical and psychological torture techniques to stimulate fear and disorientation. The Istanbul Protocol notes that isolation and sensory deprivation often occur “in order

to prevent bonding and mutual identification and to encourage traumatic bonding with the torturer”. Sensory deprivation induces stress and anxiety, and at the extreme can lead to psychosis.

To foresee, see and remedy: state responsibilities for investigating torture

By Victor Madrigal-Borloz
Principal Human Rights Specialist,
Inter-American Commission
on Human Rights

Upon allegations of torture, states have an obligation to initiate a prompt and impartial investigation. This rule, enshrined in the UN Convention against Torture, is a general principle of international law binding at all times. To comply with this duty, states must put in place conditions conducive to efficient and effective investigations, punishing those responsible and providing redress to victims.

These conditions depend on a framework wherein a state considers torture improper by all legal standards, discourages its use by all means available and establishes the structure through which allegations of torture will be effectively documented:

- *Legislative action* must provide a legal frame of reference for identifying, prosecuting and curtailing the practice of torture. Compliance with this obligation imposes on states the duty to coherently implement international obligations by adopting domestic legislation that defines the crime of torture. Further, legislative action must help eliminate obstacles to prosecution, such as blanket amnesty, statutes of limitation or the establishment of exclusions of responsibility.

Time after time, prosecutors and judges dealing with cases of torture face hindrances due to the absence of detainee records in places of custody and detailed medical examinations documenting the physical state of detainees who are placed under the custody of the state. Hence, regulations must include the creation and maintenance of records to ensure that detainees are examined while in the custody of any state authority, whether in police offices, military facilities or penitentiary centres, be it in remand, under sentence or upon entry into such a centre.

- *Administrative action* must include monitoring those who guard inmates and detainees, and providing training and support for their functions. Such action must also include periodic implementation of training programmes to judicial, prosecutorial, policing and penitentiary personnel (including medical practitioners, psychiatrists and psychologists, and personnel of forensic entities).

Appropriate training in this context includes norms of human rights protection, rights of detainees and judicial guarantees to ensure these rights, minimum standards of treatment and state duties. Participation in the design, implementation and evaluation of these programmes is one of the most relevant opportunities for state institutions to collaborate with civil society and has in some instances been ordered by judicial institutions.

Further administrative action includes the development of protocols of detection of torture, and state policies towards detection in medical practices, health centres or hospitals, even those that do not pertain to police, penitentiary or military facilities.

The best protective measure is an efficient and effective investigation resulting from the design, installation and implementation of mechanisms which ensure that when torture occurs, it will be denounced, documented and brought to the attention of the competent authorities. Work in this respect is interdisciplinary in nature, and it necessarily includes combining the expertise of medical practitioners in documenting torture from an objective basis, and the legal profession's expertise in utilising medical documentation in criminal proceedings.

Certain obligations of the state in relation to justice could be described as follows:

- *Ensuring the means*: a basic requirement is that the state ensures that a judge is always informed of the detention of an individual. Justice institutions must be enabled to carry out their investigations and prosecution free from pressure. Further, the absence of specific, simple and accessible means of denunciation of torture is one of the main practical obstacles to its documentation and

investigation, and therefore detainees must be enabled to submit allegations of torture to the relevant authorities through simple means and free from fear of retaliation. In this respect, international tribunals have noted that difficulties in obtaining evidence regarding the occurrence of torture must not impair the alleged victim's access to justice and reparations.

- *Treating allegations with seriousness:* state officers must consider any allegation of torture as a serious matter. Allegations are often discarded without even an interview with the complainant; even when an interview occurs, it is common that relevant examinations are not carried out in a timely fashion. Complainants must be interviewed and medical personnel must carry out complete examinations, including photographic records and examinations of internal lesions and documentation of psychological symptoms. Administrative and judicial sanctions must be applied to justice/state agents who are found to have ignored torture allegations or to have dealt with them negligently.
- *Prosecuting perpetrators at all levels:* the investigation of those responsible for a violation has been permanently established as a natural consequence of all domestic and international obligations of the state in relation to torture, and is a necessary pre-requisite for the eradication of impunity (which is one of the most evident facilitating factors of torture). The obligation to prosecute includes pursuing action against material authors, intellectual authors, facilitators and anyone who covers up the violation. It is further essential that victims and their family members have full access and capacity to act in all stages of the investigation and prosecution.
- *Eliminating legal obstacles to prosecution:* states cannot excuse slow or negligent investigations by pointing to the lack of activity of the interested parties and must refrain from implementing blanket amnesty in cases of torture.
- *Voiding/excluding all evidence obtained through torture:* perpetration of torture in the context of a judicial process

is a particularly violent notion, since it is precisely the action of the judiciary that is supposed to prosecute and punish torture. Any evidence obtained under torture must be deemed as contaminated; any judicial process that relies on evidence obtained through torture must be revised, and declared null and void if appropriate.

An efficient investigation discharges some of the state's responsibilities, but its main purpose and outcome is to ensure redress for the violation which the state incurred, and non-repetition. The state obligation to provide redress for human rights violations is a principle of law and entails the duty to redress the consequences of the violation, ideally through *restitutio in integrum*. In most cases of human rights violations (and arguably in all torture cases), in which such integral restitution is not possible, other measures must come into play to ensure full reparation. Redress for torture acts must address physical, psychological and material damage. Redress measures include:

- *Cessation*, aimed at ensuring the end not only of the acts of torture but – just as essentially – of the denial of justice that is oftentimes created by the absence of an impartial and prompt investigation. Cessation measures also include measures of non-repetition (particularly measures conducive to install the legal, regulatory and practical framework necessary to ensure that the violation will not re-occur).
- *Restoration*, aimed at re-establishing the situation that existed prior to the violation. One example of particular relevance is the revision of judicial processes in which evidence obtained through torture was utilised; others are measures of legal, professional or medical rehabilitation.
- *Satisfaction*, which includes measures of determination and acknowledgement of responsibility, acts of contrition, publicity of the findings on an investigation on torture, or measures of commemoration and remembrance.

- *Compensation* aimed at providing material redress for material damage and for all manifestations of damage that cannot be remedied through other actions.

This is a depiction of the inter-relatedness of diverse principles, rules and actions. The dynamism between all these forces derives, however, from a single source of energy: the conviction that torture is intolerable and must be eradicated. In this respect, the first and principal obligation of the state, the foundation for prevention, protection and redress, is to underline the abhorrent nature of torture, and not to attempt to legitimise it by any means.

Psychological examinations within asylum procedures

Many asylum seekers suffer from health problems arising from their flight and the violence that preceded it. Most often these are physical problems related to pain and experiences of violence and mental problems such as depression, anxiety and post-traumatic stress disorder (PTSD). Research on Iraqi asylum seekers, for example, showed a high incidence of psychiatric illness (42%) among asylum seekers that recently arrived in the Netherlands.¹ Of this group, one quarter suffered from depression and approximately another third from PTSD. Also, in some cases, asylum seekers will remain silent about what happened in order to protect themselves against painful memories, or they may find it indecent to talk about the events because it is culturally inappropriate to do so. It is clear that most of these problems existed during the asylum interviews and that they interfere with the outcomes of those hearings, resulting often in a questionable rejection of the application for asylum.

Medical and psychological research in the field of traumatisation indicates that trauma can cause interference with memory and incapacity to recall events. As a consequence, some asylum seekers are unable to give a complete and coherent account of their flight. The story the asylum seeker tells to the immigration authorities during the interview is pivotal, frequently making the difference between a residence permit and expulsion.

The accelerated asylum procedure (“fast track”) in The Netherlands has been criticised (i.e. by Human Rights Watch, the UN High Commissioner for Refugees and Committee against Torture) because of the lack of adequate guarantees for a fair consideration of asylum claims of vulnerable individuals, including asylum seekers with mental health problems. But also in the “regular” (non-accelerated) procedure, physical scars, medical and psychological complaints as well as accompanying behavioural and socio-cultural problems are not

By Erick Vloeberghs MSc, international affairs, Pharos; Evert Bloemen MD, senior advisor/trainer, Pharos; and Riëtte Mellink MA, psychologist/psychotherapist and one of the initiators of the MAPP project

fully taken into account. The Dutch Government is currently (autumn 2008) preparing a proposal on a general review of the Aliens Act 2000.

In 2006 a project was launched on psychological reporting of asylum seekers with mental health problems. This so-called “MAPP” project is supported by several Dutch NGOs and advocates for better treatment of asylum seekers within the accelerated asylum procedure.

The project devised an “early warning checklist”: a list of signs and symptoms of mental health problems frequently seen among asylum seekers. This tool is used to identify as early as possible asylum seekers with mental health problems. Lawyers and Dutch Council for Refugees volunteers are trained in using this checklist, because they usually meet newly arrived asylum seekers within the first days of arrival and are in the position to do this early identification. The MAPP project also developed a protocol for extended psychological examination, based on the Istanbul Protocol. The MAPP protocol includes a psychiatric interview, a non-verbal concentration test, a questionnaire on PTSD, and a widely used inventory on all psychopathology. In addition, if necessary, a non-verbal test that measures IQ can be included. These examinations are performed by highly qualified psychologists and psychiatrists who voluntarily do this work within the timeframe of the accelerated procedure (48 working hours). The professionals were trained on how to use the protocol and how to write the psychological report.

Everyday implementation of the MAPP project is as follows: when a lawyer or a volunteer of the Dutch Council for Refugees, using the early warning checklist, identifies signs of mental health problems that might interfere with the ability of the asylum seeker to deliver an account in a coherent and consistent way, he contacts a staff member of the MAPP. If a psychologist-volunteer is available, an examination is organised within 48 working hours at the reception centre where the asylum procedure starts. This examination usually lasts two hours and results in a report that is sent to the lawyer to be used in the asylum procedure. The examination focuses on the following question: “Are there mental health problems interfering with the applicant’s ability to render a coherent and consistent account in the asylum procedure?”

Since June 2006 almost 300 asylum seekers were examined in the MAPP project. Of this selected group, in 75% of the cases mental health problems have been diagnosed, which surely or most likely interfere with the applicant's ability to render a coherent and consistent account. These numbers show that in this selected group of vulnerable asylum seekers – well over one percent of the total amount of asylum requests in that period – the mental health problems are serious enough to take into account when interviewing and deciding on an asylum request. In most cases the psychological assessment resulted in these asylum seekers being sent to the “regular” asylum procedure, where there is more time for interview and decision-making.

In 2008, after a strong lobby of MAPP, the Dutch Council for Legal Aid, supported by the members of the Care Full initiative

The Care Full initiative

The Care Full initiative, launched in 2006, aims to improve refugee status determination procedures for victims of torture and ill-treatment by encouraging authorities to take better account of the psychological, socio-cultural and physical factors that inhibit asylum seekers from presenting a coherent and complete history of their experiences. The initiative stresses the need for a full examination, conducted in accordance with guidelines set out in the Istanbul Protocol. It argues that any medical or psychological conditions must be given proper weight within the process of refugee status determination.

In 2006 the Care Full Initiative published *Care Full: Medico-legal reports and the Istanbul Protocol in asylum procedures*, which included chap-

ters on the physical after-effects of torture and ill-treatment; psychological and psychiatric factors affecting the ability of asylum seekers to speak about their experiences during the asylum procedure; an assessment of the use of medical reports in the asylum procedures in ten European countries; the use of medical reports at the European Court on Human Rights and by the Committee Against Torture (CAT); and the use and impact of the Istanbul Protocol in asylum procedures. In early 2007 the initiative published a set of Principles and Recommendations – distributed to NGOs in Europe and endorsed by 35 organisations – to bring to the attention of politicians and policy makers, both nationally and internationally, the need for medical and psychological examination in the asylum procedure.

The documents on Care Full can be found at:
<http://www.pharos.nl/supernavigatie/english/383>

Organisations are welcome to sign up to the Care Full Principles and Recommendations. Please contact Erick Vloeberghs at e.vloeberghs@pharos.nl.

(the Dutch Council for Refugees, Pharos and Amnesty International Dutch section), and the Dutch immigration authority (IND) developed an instruction for officers on how to deal with asylum seekers with psychological problems in the asylum procedure. Among other things a different approach to interviewing the applicants has been developed. Examples of this approach are: interview at a place where the asylum seeker feels safe, split the interview into several parts, make use of a trusted intermediary, and use written statements, including statements from family members.

Moreover the IND is willing to take into account that even under these “tailor made” circumstances, the given statements should be interpreted in light of a restricted capability of declaring in a coherent and consistent manner.

This new instruction by the asylum authorities appears at the right moment because the Dutch government is developing plans to pay more attention to vulnerable asylum seekers and to make the asylum procedure more in line with the EU directives on asylum.

It is likely that some amendments will be made in both procedures with regard to medical aspects.

¹Laban C.J. et al (2005). Impact of a long asylum procedure on the prevalence of psychiatric disorders in Iraqi asylum seekers in The Netherlands. In: *Journal of Nervous & Mental Disease*, 193(12):825-832.



Forced nudity is often used by perpetrators of torture to humiliate their subjects. Other common methods of psychological torture include mock executions, threats to individuals or their loved ones, mock amputations and being forced to witness the torture of others.

Psychological torture methods are known to cause as much traumatic stress and long-term effects as physical forms of torture. The Istanbul Protocol includes guidelines to document evidence of both physical and psychological torture.

Part II

Challenges and opportunities

This section offers firsthand perspectives from nine countries where the IRCT has facilitated training of hundreds of health and legal professionals to further the documentation of torture cases according to the principles contained in the Istanbul Protocol. Each of these countries is

characterised by different challenges and opportunities but share the basic trait that while torture and impunity are prevalent, courageous persons are working to counter these scourges and ensure safety and justice for their fellow citizens.

Challenges to documentation of torture in Ecuador

Even though Ecuador has prohibited torture in its constitution, torture persists as a deep-rooted practice. It is commonly used as an investigation method by the police, and as a form of punishment and control in penitentiary centres. The victims are usually vulnerable persons who lack the resources to bring complaints before the Ecuadorean penal system. Furthermore, a number of specific deficiencies in the prison and legal systems are making it very difficult to prosecute torture cases.

Conditions in prisons and detention centres are generally poor. Pre-trial detainees are held with convicted prisoners, leading to overcrowding and other harsh prison conditions. From a total of 14,000 incarcerated persons, there are between 5,000 and 7,000 detainees waiting to receive a sentence. An investigation carried out in 1998 by Fundación PRIVA based on interviews with 2,405 prisoners in 12 prisons (28.3% of the total prison population) concluded that 70% of the detainees had been subjected to torture, 45% did not have access to a lawyer and 65.2% were held in pre-trial detention. Many persons are held in pre-trial detention for more than a year without having their case tried. In 2001-2003, Fundación PRIVA carried out a similar investigation, which revealed that 40% of the detainees had been tortured (38% physical torture and 42% psychological torture). The main reasons for this apparent improvement were identified as being: a change of the penal code, better knowledge of constitutional rights among detainees, state awareness of external monitoring and medical examinations carried out upon arrival in prisons.

There is a worrying discrepancy between the number of detainees on one side and the number of public prosecutors and medical doctors on the other – there are 55 medical doctors attending all prisoners in the country. This leads to inadequate medical care and a general lack of medical and legal monitoring of prisoners. The number of psychologists is also reduced; at the moment there are 51 psychologists to attend all lawsuits

By Fundación PRIVA

Fundación PRIVA (Foundation for Integral Rehabilitation of Victims of Violence) was established in Ecuador in 1996 to provide integral rehabilitation treatment for torture victims, especially those in conflict with the law, and their families.

by the penitentiary population and among them, clinical psychologists represent a very limited group. This has made it very difficult to obtain a unification of diagnostics criteria and adequate attention to prisoners in practice.

Another problem that influences the work of psychologists in the penitentiary system is the dual role accorded to them by law, where they both have to offer psychological attention to prisoners and form part of a committee that imposes sanctions for disciplinary mistakes by prisoners. This might lead to a general lack of trust in the independence of these psychologists.

Despite the widespread practice of torture, a culture of impunity still prevails in Ecuador. Even though 1,400 torture complaints were filed between 1980 and 2006 none have resulted in a sentence. In some cases, the state did initiate legal action but generally allegations of torture and ill-treatment are not investigated, legal proceedings are not initiated and most accusations continue pending in national courts. Cases brought before regional or international bodies are usually resolved through friendly settlement. The recommendations and judgments of most of these cases stipulate that Ecuador should investigate allegations of torture, punish those responsible, and provide reparations to victims. However, this is made difficult for a number of reasons. There is a general lack of independent medical experts accredited to appear before courts. Most experts are drawn from the medical-forensic and criminology departments, which are structurally placed under the national police and can therefore hardly be considered independent. At the same time, the victims and their families do not have sufficient economical resources to hire independent experts. Another element that has to be taken into consideration is that within the penal proceeding, the judge can evaluate expert evidence based on the principle of *sana critica* (sound judgement) of the judge.

Regarding the documentation of psychological torture there is a significant lack of capacity to identify this type of violation. Psychological documentation is normally not accepted as evidence in court and psychological torture is not prohibited in the penal code, only in the constitution. Due to the principle of legality, the constitution cannot be applied di-

rectly. Consequently, if the criminal code does not criminalise the act of torture, a criminal court cannot rule on the matter.

In November 2005, the UN Committee against Torture announced that the country's laws on torture do not meet standards set within the UN Convention against Torture (UNCAT) and regretted that the definition of the offence of torture in the Ecuadorean criminal code which criminalises "corporal torment" – but not psychological torture – does not correspond to the definition outlined in Article 1 of UNCAT. It is evident that there is still much room for improvement in this area. One action that has the potential to significantly improve the situation of torture in Ecuador would be to explicitly criminalise psychological torture and to provide prisoners with access to adequate independent medical, legal and psychological services.

Egyptian bloggers: a civilian voice against torture

By Dr Aida Seif El Dawla
El Nadim Center for the Management
and Rehabilitation of
Victims of Violence, Egypt

Freedom of expression of the press has always been an essential need of Egyptian civil society organisations and political groups and parties alike. In a country continuously ruled by emergency legislation for the past 27 years and where mass media is heavily controlled by state authorities, there is a strong need for an alternative and independent channel of information. This would facilitate free information sharing between the different actors involved in monitoring developments in the country and analysing government policies and the general public in a mutually beneficial relationship. While satellite channels have provided a breakthrough mainly for regional and international news, an array of young alternative media is slowly being delivered on the Egyptian scene, covering news and providing information which has until now been deemed classified. Central to this alternative trend is the phenomenon of blogging.

Dozens of young men and women in search of space for free expression have resorted to cyberspace to create their own “publishing firms”. Besides using their blogs as a space for spreading their reflections and ideas, their aspirations for their future and their criticism of the domestic state of affairs, several bloggers have dedicated their work to a thorough analysis of the human rights condition in the country. They publish statements and press releases by human rights organisations and develop their own comments and statements, and they organise their own initiatives and develop themselves as accountable and accurate references for information to national as well as international news agencies. Eventually, their passion for justice has taken them beyond mere documentation and towards an actual search for victims of human rights abuses, primarily victims of torture. These blogs have given voice to the stories of survivors and in some cases been pioneers in exposing crimes of torture taking place in the country.

Most famous among those stories is that of Emad El Kabir. Emad El Kabir is a minibus driver from Cairo, who was sodomised with a wooden pole by a police sergeant acting on orders from an officer who filmed the assault on his mobile phone and promised to distribute the film to humiliate the victim. The video came into the possession of one of Egypt's most famous bloggers, Wael Abbas, who made it available to a global audience (online at <http://misrdigital.blogspot.com>), which created public outrage. The case of Emad El Kabir is one of very few cases of torture which found its way to the courts, bypassing the impunity filter provided by the Egyptian public prosecutor. Such an outcome would have been highly unlikely in the absence of the wide coverage initiated by that blog. Several such videos have followed this and other blogs, some of which focus specifically on the issue of torture (e.g., <http://www.tortureinegypt.net>). Many of those blogs post their material both in Arabic and English and have thereby become a precious source of information for international media and human rights organisations, as well as local ones. Their impact is so strong that lawyers and human rights activists paying visits to inmates in police stations and prisons are stripped of their mobile phones for fear of using them to film abuses and publish them on the internet.

The government has openly expressed its concern regarding the uncensored "abuse of free media" by bloggers on several occasions, especially those involving public protests and demonstrations. Egyptian bloggers have been subject to threats and harassment in addition to actual arrest, detention and torture. People using internet cafes are routinely asked for their IDs and several internet cafes have suffered police raids and arrests of some of their known users. Despite all restrictions and newly suggested legislation to curb freedom of internet use and dissemination of information, a trend has begun and continues to gain in size, skill and innovation. Egyptian bloggers are fulfilling a real need and, among other roles, constitute a credible bridge between various social sectors and organisations, which could use an inspiring channel of communication. Their activism has raised the fight against torture to a more visible level.

Independent forensic medical services in Georgia

By Professor Rusudan Beriashvili,
MD, PhD

Associate Professor of Forensic
Medicine, Department of Forensic
Medicine, Tbilisi State Medical
University, Tbilisi, Georgia

Until 2001, the forensic medical service in Georgia was represented by two official state organisations, the Department of Forensic Medicine of Tbilisi State Medical University (TSMU) and the Bureau of Forensic Medical Investigations of the Ministry of Health. In 2001, following changes to the Criminal Code of Georgia, the first independent forensic medical services began to appear and soon all institutional forensic services were abolished.

In 2004 the government formed the National Forensics Bureau (www.forensics.ge) under the Ministry of Justice. This meant that the state forensic medical service was almost completely separated from the health system.

During the last 4-5 years a few independent forensic medical institutions have appeared to growing popularity. The majority have a psychiatric profile; two are specifically focused on forensic medicine. Both have limited capacity due to lack of funding, laboratory access and practical equipment. They mostly focus on clinical forensic medical investigations, evaluation of forensic evidence and participation in the joint commissions for secondary forensic medical investigations.

There are two state institutions with a forensic medical profile in Georgia today: the Department of Forensic Medicine of TSMU is an academic institution with a leading teaching, scientific, methodological and theoretical profile. It is considered a non-specialized institution for forensic medical investigations, whose responsibilities, obligations and possibilities are not clearly determined by domestic legislation, which significantly restricts its practical work and opportunities to perform independent forensic investigations.

The Department of Forensic Medical Investigations of the National Forensics Bureau is the only “specialized” state institution and thus authorised to perform primary forensic medical investigations. It is a well equipped and well financed organisation with a strong legislative background. However, despite continuous efforts by the institution’s medical staff to

defend their professional independence, the medical professional regulations and safeguards are less prevalent.

In spite of the abovementioned restrictions and limitations the independent forensic medical service has gained the respect and trust of the Georgian population. Factors contributing to this increased popularity include the following:

- The monopolisation of forensic medical examinations in one specialised body under the Ministry of Justice has created a need for alternative independent forensic examinations.
- The expert conclusions of state forensic doctors contain less medical and more legislative information, caused by an increasing focus on legislative regulations, pushing medical professional considerations into the background.
- State forensic doctors are obliged to issue only absolute and strict conclusions in the form of answers to questions posed by legal bodies – judges, prosecutors, legal investigators. These conclusions are rarely based on modern forensic investigation standards such as the Istanbul Protocol and cannot give a comprehensive picture of the situation under investigation.
- The official methods of forensic medical documentation are required to be approved by the Ministry of Health; the flexibility of the approval procedure varies by case. This makes it difficult for state forensic doctors to adopt internationally approved standardised documentation methods.

As opposed to these shortcomings, independent forensic medical services:

- are free to use any internationally approved modern form of documentation, such as the Istanbul Protocol, as well as other professional guidelines and textbooks without limitation and can issue conclusions based on modern international standards and science.
- can have regular and reciprocal connections and free professional collaboration with doctors specialised in other fields, international colleagues and organisa-

tions to further improve the expert opinions submitted to the courts.

- can have external financial support through grants and special programmes which enable them to provide subsidised forensic examinations for those unable to pay.

These and many other political, financial and professional factors contribute to the positive attitude to independent forensic services in Georgia, even where these services are scarce and have extremely limited technical and financial possibilities.

The establishment of a strong independent forensic medical institution in the non-governmental sector, or unification and strengthening of existing independent services with adequate strong financial, legislative and technical support, has the potential to fundamentally change the forensic medical field in Georgia. This would create a positive competitive environment between governmental and non-governmental forensic medicine sectors and provide for highly qualified forensic medical investigations with clinical and laboratory examinations independent from the state system. In this system there would be room for utilising the internationally approved methods of medical documentation and thus fulfil the obligation of every doctor to provide effective forensic examinations.

Kenya: documenting counter-terrorism related violations

Since the 1998 bombing of the U.S. Embassy in Nairobi and the subsequent 2002 bombing of a hotel in Mombassa, the government of Kenya has stepped up measures to thwart terrorist attacks. Numerous human rights groups have accused Kenyan authorities of using the rhetoric of fighting terrorism to commit abuses against persons solely because of their ethnic, religious or racial background.

By Brandy Bauer

Senior Communications Officer, IRCT

One recent example of such abuse occurred in the Mt Elgon area of western Kenya. Since 2005, a guerrilla militia group called the Sabaot Land Defence Force (SLDF) – drawn from the ethnic Sabaot people – has committed numerous atrocities against the people in the area, including rape, murder, torture and theft or destruction of property.

In March 2008, the Kenyan military launched Operation Okoa Maisha, an effort to eradicate the SLDF and restore peace to the region. During the operation, police and military personnel sought to arrest SLDF members and recover illegal weapons. However, human rights organisations working in the area observed that instead of flushing out SLDF members, the police and military were conducting a broad campaign of torture and intimidation of civilians.

The Independent Medico-Legal Unit (IMLU) – a registered non-governmental organisation that seeks to promote the rights of torture victims and protect Kenyans from state-perpetrated violence – conducted a fact-finding mission to the region to interview and record the testimony of persons who claimed to have been tortured. IMLU also instructed a team of independent medical experts to carry out a subsequent forensic medical examination of these persons, utilising the Istanbul Protocol. In an investigative report¹ IMLU provided evidence that the allegations are truthful: the Kenyan military did perpetrate acts of torture against hundreds of civilians rounded up during Operation Okoa Maisha.

Some of the key findings from the IMLU team included the following:

- More than 400 torture survivors had been remanded at nearby Bungoma Prison after being charged at the local law courts. The prison's officer-in-charge noted that this represented an almost doubling in the number of prisoners since the operation began.
- Almost all of those interviewed claimed it was the military that carried out the torture, though a few also admitted to being tortured by the police during the time of arrest or transfer to stations/courts. All but one of the torture survivors interviewed were drawn from the Sabaot ethnic community.
- The forensic medical examination of 119 survivors revealed that 85% had severe soft tissue injuries with wounds, 10% had moderately severe soft tissue wounds and another 5% had minor soft tissue wounds.
- The examinations also revealed wounds concentrated on specific body parts, thus pointing to "a systematic way of torture".
- An IMLU team of psychologists documented the psychological after-effects of torture, including how 74% of the torture survivors interviewed exhibited signs of post-traumatic stress disorder.

IMLU's findings corresponded with testimonies and evidence gathered by other human rights groups, including Western Kenya Human Rights Watch, the Centre for Human Rights and Democracy and the Kenyan National Commission for Human Rights. IMLU submitted its documentation of the Mt Elgon abuses to numerous oversight bodies, including the Parliamentary Committee on Defence the UN Committee against Torture (CAT) and several other UN mechanisms.

In its November 2008 Kenya observation report, the CAT specifically condemned the Mt Elgon incidents, and cited the need for the Kenyan government to "further ensure that perpetrators are prosecuted and punished according to the grave nature of their acts, that the victims who lost their lives are

properly identified and that their families, as well as the other victims, are adequately compensated”. While there is no guarantee that the Kenyan authorities will act upon these recommendations, IMLU for its part will continue to utilise the Istanbul Protocol to investigate and document torture and to pursue legal action against alleged perpetrators.

¹ IMLU. 2008. Double tragedy: report on medico-legal documentation of torture and related violations in Mt Elgon. Available at: <http://tinyurl.com/baecdg>

Diploma course on prevention and documentation of torture in Mexico

By Felicitas Treue
Psychologist, Collective against
Torture and Impunity (CCTI), Mexico

Since the founding of Colectivo Contra la Tortura y la Impunidad (CCTI) in 2004, the training of health professionals in documenting torture has been a priority issue. These efforts have become particularly urgent since Mexico saw a significant increase in torture incidents across the country in late 2005.

There are two main reasons why these training efforts are essential to the future protection against torture in Mexico. Firstly, independent human rights organisations in the country have a general lack of medical personnel qualified in documenting torture. Only 2 out of 80 employ physicians, while some rely on psychologists who are generally unqualified in documenting physical torture. Secondly, the Mexican government has monopolised torture documentation using the Istanbul Protocol by not affording expert status to independent medical personnel and in certain cases by criminalising CCTI staff for using the Istanbul Protocol. The investigations are mainly carried out by the National Institute of Penal Science or professionals working for the police and investigating forces, which creates a situation where different government agencies are tasked with investigating each other, leaving no room for independently collected evidence.

Forensic psychiatry and medicine courses are already part of the regular curriculum at the faculties of medicine and psychology in Mexican universities. This has created the opportunity for developing a postgraduate course on documentation of torture. The Metropolitan Autonomous University has an interdisciplinary area for teaching human rights. Through its mediation, students have approached the CCTI with the purpose of writing their postgraduate thesis on torture. Through this collaboration the CCTI made an agreement with the university to establish a diploma course on documentation of torture (which equals an academic credit of 120 to 400 hours/class).

In 2005 and 2006, two attempts were made to establish the course, but none of the independent enrolled participants were

capable of covering the tuition fee (€633). The Prosecutor General's Office of Distrito Federal offered to fund the course but this offer was rejected to avoid the CCTI gaining a reputation as a prosecutor or police trainers. Instead the International Rehabilitation Council for Torture Victims financed the course.

Strong links between CCTI and other social organisations was an important factor in the success of the first diploma course. A significant number of the participants in the first course were either professionals from these organisations or sympathisers. This allowed the course to develop with wide and varied interventions despite the heterogeneous nature of the group.

A second diploma course (200 hours) started in November 2008 in the Faculty of Medicine of the Autonomous University of Guerrero, Campus Acapulco, where the CCTI maintains good relations with the university and has the support of a CCTI unit in the city.

Although the CCTI hopes that some of the graduates will join the organisation or will form other organisations working on eradicating torture, it is still too early to make credible impact assessments. Another positive outcome of the efforts to provide academic training in torture documentation was the tutorial training of a forensic physician from Bolivia, a colleague from the Latin American Network (Red Latinoamericana). This training has also provided a diploma from the Metropolitan Autonomous University based on the completion of a distance learning education combined with practical experience in Mexico.

One of the main future challenges is going beyond the basic level of the first course, aiming on educating truly qualified experts in torture documentation. It is thus necessary to supplement the teaching activity with practice, through a teaching tutorial programme. Another challenge is to obtain international academic validation, to be able to verify that the graduates are qualified experts, even if they are not recognised by the Mexican authorities. The CCTI also considers a challenge the inclusion of the torture topic into the curricular subjects of forensic medicine and psychiatry.

The threat of criminalization of the experts is permanent. Judicial proceedings have already been launched against the

diploma course coordinator for a report that displeased the Prosecutor General of the Republic. Recently, two official forensic experts lost their jobs in Veracruz and are facing a penal process for having certified that an indigenous woman suffered torture and extrajudicial execution (the well-known case of Ernestina Ascención), while the “ombudsman” and the President declared that the victim had died of “gastritis”. It is not isolated that some university activities are cancelled, with the excuse of incurring defamation of the government. One can only hope that with the emergence of an increased number of independent medical personnel qualified to document torture, the government can no longer neglect this group and will be forced to allow them to work on an equal level with those employed by the government.

In this way, offering postgraduate level courses becomes a pressure measure that should contribute to making the government allow independent and impartial reports for alleged torture cases, instead of the documentation depending solely on the perpetrators.

Promoting torture prevention and documentation in the Philippines

There are several reasons why torture survivors in the Philippines are not inclined to seek reparation through legal channels. A basic legal constraint is the lack of explicit prohibition or definition of torture in the statutory law. Certain crimes are punishable offences under the penal code but are not considered torture and carry a relatively light sentence. Long, costly litigation processes and ineffective witness protection also contribute to the lack of effective remedy. Thus prosecutors are reluctant to vigorously investigate torture allegations against the military and investigations against the police are often met with silence. There also is a need to raise awareness and professional capabilities in producing credible documentation of torture.

A bill has been pushed through Congress by the United Against Torture Coalition (UATC) and is now awaiting passage and approval of the president. If it becomes law, the proposed anti-torture measure may be a landmark piece of legislation. Some of the challenges described above might be remedied by the October 2008 Supreme Court ruling in the Manalo brothers case where the court afforded protection against torture as an integral part of the right to security of person. This is the first decision where the Supreme Court utilised the Writ of Amparo to grant the applicants extended procedural rights and protections in their case against the government for torture and enforced disappearance.

According to the chief magistrate, torture allegations must be substantiated by a reputable physician who provides proof that authorities used compulsion, duress or violence to extract confessions or as punishment. Meeting this standard of proof represents a significant challenge.

In the Philippines, detainees have the right to medical visits and the law requires medical examinations of detainees before they are incarcerated or released. Prison rules generally provide for medical professionals to do routine checks in

By Ernesto A. Anasarias and Edeliza Hernandez

Ernesto A. Anasarias is Executive Director of Balay Rehabilitation Center and Edeliza Hernandez is the Executive Director of Medical Action Group

jails. Despite this, investigations are often closed for lack of evidence. Contributing to this situation are a lack of thorough post-interrogation examinations, minimal physical traces from torture and intimidation of victims to waive their medical examination. The Philippine Medical Association (PMA) admits that few doctors are aware that torture is a gruesome reality among prisoners and suspected political dissidents, and most are unfamiliar with identifying torture and rehabilitating victims. Moreover, the Istanbul Protocol is not commonly used among medical professionals in the Philippines.

The Medical Action Group (MAG), a national health and human rights NGO, launched a 2004 campaign, National and Regional Training of Jail and Health Personnel on Recognition, Documentation and Reporting Cases of Torture, supported by the Commission on Human Rights (CHR) and the British Embassy in Manila. Its objectives were to:

1. Train jail and health personnel on human rights and international conventions;
2. Develop guidelines on torture prevention to be presented to national agencies for policy adoption;
3. Develop information, education and communication materials for advocacy against torture;
4. Develop a torture documentation and reporting manual and posters stipulating Article 1 of the United Nations Convention against Torture (UNCAT) in English, Filipino, and Cebuano, which were widely distributed to detention centres in the Philippines; and
5. Establish a network of jail and health professionals to help document torture.

Workshops were held for municipal and city health officers, doctors serving in detention centres, lawyers and prison authorities. At the project's end, MAG and the CHR produced the *Manual on the Recognition, Documentation, and Reporting of Torture*, which contains an adapted Istanbul Protocol documentation format, reporting flow-chart and basic guidelines on how to send communications to complaint mechanisms. In addition, guidelines on preventing torture in custody were

developed, which are currently awaiting signature by relevant national agencies. Unfortunately, the guidelines are still with the respective legal departments. MAG and the CHR also helped form the Philippine Network Against Torture (PNAT), which counts 200 government health personnel and NGO officers as individual members.

Meanwhile, the Balay Rehabilitation Center, a PNAT member and UATC co-convener, initiated seminars for prison officials and custodial officers in the National Capital Region, Luzon and Davao in 2007. The seminars addressed issues such as detainee rights, UNCAT, and international standards for prisons. Balay has been active in the campaign for ratification of the Optional Protocol to the UNCAT, gathering support from government departments, including the Presidential Committee on Human Rights. It also facilitated some Manila prison inspections by Congress Committee on Human Rights members.

The success of the training activities can be attributed to active participation of health professionals in development of the manual and the high interest shown by local government agencies and prison authorities who participated. Networking with media also contributed to wide campaign coverage and public awareness. Moreover, the seminars for prison officials have resulted in easier access of NGOs to prison facilities. For instance, prison officers in the Metro Manila District Jail have allowed Balay to conduct psychosocial activities and deliver assistance to suspects and dissidents who suffered from cruel treatment and deplorable prison conditions.

These achievements are encouraging but significant challenges remain. PNAT, MAG and CHR continue to push for government adoption of a standard system for torture documentation and reporting for all health professionals and for the PMA to endorse the Network's torture detection guidelines. Meanwhile, some NGOs require more training to upgrade their skills. And torture advocacy is focused on reforming the legal system by securing passage of the anti-torture law, ratifying OPCAT and subsequent creation of a national preventive mechanism.

Prompt and independent investigation: the Serbian experience

By Sandrina Speh Vujadinovic and
Marina Mijatovic

Sandrina Speh Vujadinovic is a
psychologist at the International
Aid Network and Marina Mijatovic is
a lawyer at the Belgrade Centre for
Human Rights

One of the main principles of the UN Convention against Torture is the obligation of states to ensure that complaints and reports of torture or ill-treatment are promptly and impartially investigated. This includes a requirement for investigators who are independent, competent and have access to credible legal, medical and psychological evidence. As in many other countries, Serbia is still far from achieving the full realisation of the standard necessary for ensuring full reparation for victims and future prevention of torture.

According to the latest Serbian Criminal Proceeding Code (CPC), investigations into any crime are to be instituted against a person when there is reason to believe that he or she has committed a criminal offence. The Public Prosecutor is required to prosecute allegations of crimes, including torture *ex officio* (on its own motion). The Public Prosecutor has the power to request the investigating judge to carry out investigations. If the investigating judge disagrees with the prosecutor's request to open an investigation, he or she can submit the matter to a chamber of three judges, which decides whether a prosecution should be instituted. Both the suspect and the prosecutor, but not the victim, may appeal the chamber's decision to a higher court. When deciding to institute an investigation, the investigating judge may entrust police officers with carrying out the investigation. There are no specific bodies or units charged with investigating complaints of torture.

In accordance with the PSEA (Penal Sanctions Enforcement Act), a medical examination is mandatory upon admission and release from prison. In case of the use of force there is an obligation to carry out two medical examinations within 24 hours. Medical reports produced in this way can constitute important evidence in the investigation of torture cases.

Medical evidence is used like any other evidence. The CPC only includes provisions related to expert witness testimony on injuries but does not contain a similar provision for torture

cases. Such a provision could for instance address issues related to conflicting evidence.

Concerning adequate and impartial medical investigation, challenges are related also to the fact that forensic medical experts usually provide their professional opinion based on existing medical records, without examining the potential torture victim. This leaves no option for assessing whether medical evidence is being properly collected. Furthermore, the importance of psychological evidence of torture is still undervalued in Serbia. Lots of experts, both legal and medical, are not aware of how significant psychological evidence could be when investigating torture allegations and psychological evidence is often dismissed as insufficient. As torture methods become more sophisticated every day, the problem of finding physical evidence of torture becomes more challenging and recognition of psychological evidence becomes more important.

Another main challenge to prompt, adequate and impartial investigation of torture cases is the lack of awareness and expertise among all actors. Health personnel do not have access to sufficient education and training in identifying signs of torture and in Istanbul Protocol principles or other standardised assessment instruments or these are not used in regular clinical practice. Lawyers and judges do not have adequate knowledge about torture, resulting in inadequate abilities to interview witnesses, forensic doctors or victims. Lastly, the victims are generally not aware of their rights and the need for prompt documentation, resulting in the loss of important evidence. In addition, there is a general lack of capacity within the very few independent organisations working to support torture victims in the areas of redress and rehabilitation.

As independent non-governmental organisations should be key players in ensuring prompt and, above all, impartial investigation of torture allegations, more centres/NGOs with trained and competent legal and medical staff must be established. Moreover, already existing centres should be supported to continue and improve their work related to rehabilitation of victims and prevention of further torture cases. Financial support as well as logistic and informational support from different donors is necessary to obtain this goal. In addition,

awareness should be increased among medical, psychological and legal experts regarding their responsibilities and obligations in the process of torture investigations.

From this analysis, it is obvious that the principle of prompt and independent investigation of torture allegations may be violated due to a number of factors. These include lack of independent investigating bodies; lack of promptness of investigation; and lack of effective, independent alternatives to a malfunctioning government system. It is therefore essential to strengthen the relevant legislation and procedures and at the same time increase the expertise and capacity of independent organisations working with torture victims.

Professionals under pressure in Sri Lanka: who protects the protectors?

Torture, despite an absolute prohibition under the Island's written law, is widespread in Sri Lanka. This violation is not only inflicted upon private persons but often also against persons protecting or defending victims of human rights violations, such as lawyers, activists, journalists and public officials seeking to enforce the law indiscriminately.

Several instances have been reported where such persons have been harassed, threatened or even killed. In 2002 police officers were accused of raping and torturing a female victim. Following these allegations, the victim was arrested and her family and lawyers were harassed, leading to the resignation of two of the lawyers. Furthermore, the examining doctor gave a clearance certificate to the police, which was only remedied when the victim's third lawyer managed to get the victim released on bail and produced her to a Judicial Medical Officer for a second medical examination. After two international email campaigns run by the lawyer and Amnesty International, the accused police officers were some of the first to be indicted under the domestic Convention against Torture Act. This led to further mental and physical intimidation of the victim and her family and harassment of the remaining lawyer.

In 2005 a High Court judge was killed while investigating army personnel accused of mass murder and a torture victim was shot dead. In 2008, the house of a human rights lawyer was attacked with grenades and a female doctor and another complainant in a torture case were assassinated. Every year many others are reported as threatened and/or harassed, including women and children.

Unfortunately, even though it is widely believed that medical professionals also frequently come under threat and influence, only the above-mentioned incident has been reported. Nonetheless, the indications that some doctors are working in connivance with the police in covering up incidents of torture by producing insufficient and flawed medical reports are even more alarming. This has led to a few cases of

By Priyantha Gamage, J.P.U.M.,
LL.M (King's college, London), BB.A
(Special), M.A.A.T.

Attorney-at-Law, Justice of the Peace
& Unofficial Magistrate

medical malpractice but these are generally viewed as isolated incidents and not as an institutional problem.

One of the professions that have been hit the hardest is journalism. A scourge of murders, kidnappings, threats and censorship has made Sri Lanka one of the most dangerous places in the world for the press. Two journalists were killed, two more kidnapped and at least three media personnel have been victims of direct attacks during 2008. Some journalists have fled the region, and others have chosen to abandon the profession altogether.

There are a number of factors contributing to this situation of insecurity for human rights defenders. These include the lack of a national witness protection act; an ineffective prosecutor's office; a lack of general accountability and command responsibility within the police and military; the absence of a competent, impartial, and effective investigation system; and a general lack of independence within key government institutions. Remedying these inadequacies is key to increasing the protection of human rights defenders in Sri Lanka. From the standpoint of the protectors this can mainly be done through advocacy and public promotion of policy change.

However, there are also a number of more practical and tangible initiatives, which can be taken by civil society actors to improve the situation. One remedy is to ensure the availability of competent, effective and independent medical examinations for victims. Such medical reports can often form a key part in proving the existence of a violation and thus might discourage perpetrators from committing violations in the future. Civil society also can promote new and support existing oversight bodies such as the Commission for Human Rights to be effective and maintain their independence. Another key protection mechanism is continuous engagement with relevant international actors. This includes liaising with global advocacy networks (e.g. Amnesty International), producing information to submit to various UN bodies and mechanisms, and submitting cases to the individual complaints mechanism under the Optional Protocol to the International Covenant on Civil and Political Rights.

In addition to the proposed remedies it is essential to keep a vibrant civil society based on strong networks to ensure awareness and a constant focus on protecting the protectors. Otherwise there will be no one left to protect the more vulnerable groups in society.

Using medical evidence: the experience of Uganda

Medical evidence usually falls into the category of expert evidence and while it has been noted that it is not a requirement that every allegation of assault or torture must be proved by medical evidence, its importance is particularly vital in assessing the gravity of the resultant damage, injury or harm.

The Uganda Human Rights Commission (UHRC) has relied heavily on medical evidence not so much to prove torture or cruel, inhuman or degrading treatment or punishment as such, but rather to help assess the gravity of the harm so that compensation can be computed accordingly. In a number of cases, the UHRC Tribunal has been faced with complaints of torture, cruel, inhuman or degrading treatment or punishment, but with no medical evidence. The Commission has nevertheless gone ahead to award compensation in some of these cases. Such compensation is mainly awarded where the physical evidence apparent on the victim or where witnesses as well as other circumstantial evidence are sufficient to prove on a balance of probabilities that the person was indeed tortured. This was clearly illustrated in the cases of *Twinomugisha Ronald-and-Attorney General* and *Okot Par-and-Attorney General*.¹

Where medical evidence has been relied upon, it has in most cases been found to corroborate the direct evidence of the victim or complainant. In most cases where torture is proved, the medical evidence tends to corroborate the complainant's testimony regarding the location of the injury or damage, the probable cause of the injury, as well as the short- and long-term effects of the torture or treatment suffered. Regarding the effects of the torture, the medical expert evidence is particularly vital in cases of physiological effects of torture, as was illustrated in the case of *Iwolit Dismass-and-Attorney General*, in which the doctor's evidence persuaded the tribunal that the complainant was suffering from post-traumatic stress, which was responsible for his impotence or sexual dysfunction.

By Caroline Nalule

Director of Complaints, Investigations and Legal Services, Uganda Human Rights Commission

Medical evidence is all the more effective where it has been well documented. For instance, in the case of *Begumanya Bosco-and-Attorney General*, a doctor was not available to testify, but since he had left a well-documented medical record on file, the tribunal took it into consideration on deciding in favour of the complainant.

Furthermore, with regard to proper recording and documentation of records of torture victims, where this is done, any doctor working with the victim, other than the one who originally examined him or her, can testify to the gravity of the case. This was illustrated in a case where the victim was examined by three different doctors from the African Centre for Treatment and Rehabilitation of Torture Victims (ACTV). As the first two doctors who had initially worked with the victim were no longer available, the third doctor, relying on their well-documented evidence, testified before the tribunal and her evidence was accepted. In this case the doctor who testified was still treating the victim and her own evidence built upon what had been recorded earlier. The above two cases underscore the importance of properly documented medical evidence in tribunal hearings.

When it comes to computing general damages, the amount awarded is determined by the gravity of the harm or injury suffered, which can best be proved with medical evidence. The way in which a doctor describes or categorises the injury suffered is indicative of the gravity of the torture. For instance, where the injury was classified as “grievous harm”, the victim was awarded UGS 15,000,000/- (EUR 6,000) as general damages and where the doctor’s description of the injuries was “harm not causing permanent injury and superficial”, the victim was awarded UGS 5,000,000/- (EUR 2,000) as general damages.

One of the challenges that the Commission still faces is receiving well-documented medical reports on torture victims. Aside from the victims that are seen by ACTV doctors, who have received some training in this area, other doctors tend to submit generic reports that are not very informative, unless the doctor who wrote them testifies personally before the tribunal. Another challenge is to get doctors to come and testify, as some consider it a waste of time or even fear to appear before a

tribunal. As such, in Uganda, there is still a great need to train members of the medical profession on their role in the treatment and rehabilitation of torture victims as well as in assisting them in their pursuit of an effective legal remedy.

¹ For more information on the individual cases cited in this article, visit the Uganda Human Rights Commission's website at: <http://www.uhrc.ug>

Part III
Paths forward

Further promotion of the Istanbul Protocol and the documentation of torture

In the preceding pages a broad range of experts and practitioners from an equally broad range of countries have outlined the Istanbul Protocol's role as a unique guide enabling legal and medical professionals to methodically investigate, document and report cases of alleged torture. Crucially, the Protocol introduces internationally recognised common standards for the assessment of such cases – including methods to facilitate interviews with survivors – and enables a credible scientifically based interpretation of individual stories of torture and ill-treatment.

The Istanbul Protocol is neither a treaty nor a resolution, nor was it intended as such. However, as Claudio Grossmann argues in his article, the Protocol has developed into an enforceable legal instrument, setting forth obligations that states must incorporate into their domestic legislation, and which international supervisory organs must apply in their decision-making.

International law establishes a clear obligation to prosecute perpetrators of torture and grants survivors the right to reparation. For this to be realised, the act of torture must be proven beyond reasonable doubt. Here, the burden of proof initially falls on the victim. However, obtaining evidence to support legal action is often extremely challenging due to the simple fact that torture is a covert crime. Torture methods are often selected for maximum impact and minimum detectable physical signs, and victims are often detained until (most of) their injuries have healed. This poses a particular challenge since physical and psychological injuries typically constitute a survivor's only means of evidence, because he or she often will have no access to official files, no witnesses and a police force reluctant or unwilling to investigate. In addition, doctors and lawyers commonly lack the specialised knowledge and skills needed to document torture and to use the resulting evidence

By Susanne Kjær, Alice Verghese and Miriam Wernicke

Susanne Kjær is project manager at the IRCT, Alice Verghese is IRCT Programme Coordinator for Asia & Pacific, and Miriam Wernicke is IRCT Legal Adviser

in legal proceedings, and such proceedings often are insufficient and fall short of international standards.

The previous pages highlight the significant achievements resulting from the IRCT and its partners' work to promote the Istanbul Protocol. However, they also illustrate how effective documentation and legal pursuit encounter several dilemmas and challenges, among them the following:

- a. *The need to bring evidence forward versus the lack of protection.* The fear factor is probably the greatest stumbling block to preventing torture. Many countries lack sufficient safeguards and effective laws offering protection to survivors, witnesses and professionals involved in legal proceedings relating to torture, or these measures are not implemented in practice. Doctors, lawyers and other persons who involve themselves in torture-related proceedings thus have good reason to fear for their own safety, as well as that of their family and friends. This is not least because torture is by definition committed or tolerated by the state and is thus a politically highly charged subject. Too often, pressure is placed on doctors and lawyers to dismiss action in torture-related cases. Further, survivors and their families are often reluctant to take action for fear of retribution. Sometimes the official form to file a complaint must be collected at the local police station where the alleged perpetrator may be working. Or the official medical examination is carried out by doctors appointed by the police. And alleged perpetrators who are being prosecuted are only rarely subjected to disciplinary sanctions while the case is on-going and thus continue their work, free to harass victims and their families as well as the doctors and lawyers bringing the case forward. As outlined by Dr Hernan Reyes in his article, detainees face special risks.
- b. *Institutionalisation versus independence of documentation.* Ultimately, the objective of enhancing documentation of torture is to promote states' compliance with their human rights obligations. The necessity to develop the Istanbul Protocol derived from the need

to guide and support NGOs and independent doctors and lawyers in their work to investigate and document torture. In order to achieve tangible implementation of the Protocol, however, its principles must also be endorsed and applied by relevant authorities, including official forensic institutions. Governments are legally obliged to promptly and effectively investigate and document allegations of torture, for which the Istanbul Protocol can be a useful tool. This often requires systematic change. The independence of complaint and investigation bodies as well as internal oversight and monitoring is critical. Many states have a sincere aim to improve their legal procedures and set up adequate institutions. However, engaging with and training of government institutions that do not always have a positive will and real wish to change abhorrent practices may have counterproductive effects. As Felicitas Treue warns in her article, there is a risk that state institutions may misuse the Istanbul Protocol and bypass reports by independent experts outside the state.

- c. *The need to have more cases of torture brought to court versus the duty of care of medical professionals.* The work of medical and legal professionals entails different ethical allegiances. Lawyers, judges and prosecutors must essentially promote the rule of law. Medical professionals have a duty to ensure clinical independence and produce medical records. While they also have legal obligations, the primary responsibility of medical professionals is to ensure the best interest of their patients, which may not always be to pursue legal redress on their behalf and ensure to society that justice is done. Interviews can be highly stressful for survivors, especially if carried out by professionals who have not been taught specifically how to interact with a traumatised person. On the other hand, many survivors experience that access to justice and recognition of the harm done can have a healing effect. Medical and legal professionals should always observe the highest ethical standards and obtain informed consent before any examination or interview so that

harm is minimised while justice is maximised. The Istanbul Protocol entails special provisions on how to avoid retraumatisation of victims.

- d. *The need for comprehensive medical examinations versus constraints on time and resources.* A thorough history of a torture allegation coupled with a detailed physical and psychological evaluation naturally increases the value of a medical report as evidence for the allegation. The Istanbul Protocol provides comprehensive guidelines on how to develop these elements. However, in real-life situations where doctors may have limited resources and time with each patient, the standards in the Protocol cannot always be fully implemented. In such cases “best available practice” must be applied. The Istanbul Protocol emphasises that its guidelines are not fixed; rather they represent minimum standards that should be applied while taking into account available resources. In countries where torture is common practice, decision-makers and government officials often narrow the problem down to “a few rotten apples” in the system and/or excuse themselves with e.g. lack of laboratory capacity or forensic equipment to undertake proper documentation. However, states are obliged to give high priority to all cases of alleged torture regardless of the means at hand to document and pursue them, and excuses of this kind therefore cannot justify stalling or abandoning such cases.
- e. *The need for general knowledge and collaboration versus specialised expertise.* Government officials as well as health and legal professionals who meet torture survivors in their daily work must know their obligations and be adequately trained to address the needs of this specific group. But as mentioned, in many countries the skills and knowledge required to investigate and document torture are scarce. Moreover, ensuring effective training can be challenging. While different groups within the medical and legal professions should be brought together – and trainings should be multidisciplinary - to enhance mutual understanding and collaboration, hierarchical structures and adher-

ence to tradition may affect this aim adversely. Furthermore, training on documentation of torture should be differentiated so as to address the roles of different target groups. For example, generally speaking forensic doctors and psychiatrists will need more detailed insight into the Istanbul Protocol than general practitioners. Similarly, lawyers will have other needs than judges and prosecutors, while decision-makers and officials may benefit most from an introductory training stressing their particular obligations. Moreover, long-term sustainability and substantial changes in present practices can only be achieved if the issue of torture and the Istanbul Principles are taught at universities and other higher educational institutions and integrated in the relevant curricula.

Changing the picture in practice

The above challenges and dilemmas complicate the already highly challenging task of promoting the investigation and documentation of alleged torture cases. This is especially the case in societies where torture is perceived as, and is, a norm and where citizens feel lucky if they are “only beaten up a little” when arrested or in detention. But, as pointed out by the article on pg. 37, even developed countries, are slow to recognise the need for a full medical examination of asylum seekers conducted according to the standards in the Istanbul Protocol. Countries may also fail to grant sufficient weight to medical and psychological conditions in the process of refugee status determination. It is true for any context that several preconditions must be in place for the promotion of documentation of torture to have real impact, among them:

- *Presence of dedicated professionals who are ready to drive the issue forward despite personal risk.* Such individuals may work at independent rehabilitation centres for torture survivors, and the expertise and experience anchored in these centres will always be crucial. Human rights organisations also often have very dedicated staff – as do government institutions, where officials sometimes make impressive efforts regardless of

heavy bureaucracy and lack of interest or even suspicion from their superiors. On the other hand, there are unfortunately regular accounts of medical professionals compliant with or actively contributing to torture or knowingly producing poor or false reports because of fear or personal gain. There should be sanctions against those persons to hold them accountable.

- *A political environment conducive to the promotion of human rights.* International pressure is crucial to this, both to promote the required reforms and to ensure protection of persons involved in torture documentation. However, international pressure should always build upon and support national initiatives, e.g. through human rights networks and independent media. A key challenge is that governments often perceive human rights activists with mistrust, not least when torture is the issue in question. In this respect a clear advantage of the Istanbul Protocol is that it represents a practical tool which provides an excellent platform for a constructive dialogue with governments and for assisting them in fulfilling their obligations.
- *Full implementation of obligations under international law.* In order for any change to take place, a clear will to prioritise human rights issues must be present and the institutional framework created accordingly. Corruption amongst other factors remains a major impediment to such efforts. The value of documentation of torture is limited if torture is not criminalised in domestic law and/or if procedural regulations do not allow for independent medical evidence to be presented in court. For investigations to be effective, they must be carried out fully, promptly, impartially and thoroughly and the victims need to have access to information. Strategic advocacy and awareness raising efforts to promote the full implementation of the relevant international obligations into national law is therefore essential. To achieve real effect at the domestic level is a long-term process which requires constant follow-up and pressure and must address those underlying factors that lead to torture and ill-treatment. Further crucial ele-

ments in this regard include independence of the judiciary; improved access to and quality of legal process and the protection of witnesses.

- *Close collaboration between the medical and legal professions.* Effective investigation and documentation of torture requires collaboration, team work and frank dialogue between the involved groups. However, the medical and legal professions most often have limited knowledge and understanding of and insight into each other's work and may even view each other with scepticism. The Istanbul Protocol provides a useful framework for the relevant professions to collaborate on the application of international standards.
- *Continuous and long-term training programmes.* A crucial element in preventing torture is to provide training. Teaching doctors and lawyers to investigate and document torture is key to ensuring proper application of international standards. Sustainability is significantly enhanced when trainings include opinion leaders in the state bodies and when trainings are conducted continuously and in the long term.
- *Collaboration between all relevant stakeholders.* There must be co-ordination and joint efforts between initiatives and actors at the national level and the international community to achieve synergy and effective results. Donor agencies can play a crucial role by using human rights as a premise on which to engage in dialogue with recipient governments. National human rights commissions may be the vital bridge between governmental institutions and civil society, and professional legal and medical associations are essential actors for a broad outreach and the provision of training and awareness-raising among their members.

Supplementary information

Useful links

Organisations	Amnesty International	www.amnesty.org
	APT – Association for the Prevention of Torture	www.apr.ch
	Center for Human Rights and Humanitarian Law, American University (Washington, DC)	www.wcl.american.edu/humright/center
	Essex University Human Rights Centre	www.essex.ac.uk/human_rights_centre
	FIACAT – International Federation of Action by Christians for the Abolition of Torture	www.fiacat.org
	HRFT – Human Rights Foundation of Turkey	www.tihv.org.tr
	ICJ – International Commission of Jurists	www.icj.org
	ICRC – International Committee for the Red Cross	www.icrc.org
	OMCT – World Organisation Against Torture	www.omct.org
	Pharos: knowledge and advisory centre on refugees, migrants and health	www.pharos.nl
	PHR – Physicians for Human Rights	www.physiciansforhumanrights.org
	Preventing Torture through investigation and documentation	www.preventingtorture.org
	REDRESS	www.redress.org
WMA – World Medical Association	www.wma.net	
WPA – World Psychiatric Association	www.wpanet.org	
Courts	African Commission on Human and Peoples’ Rights	www.achpr.org
	European Court of Human Rights	www.echr.coe.int
	ICC – International Criminal Court	www.icc-cpi.int
	ICTR – International Criminal Tribunal for Rwanda	www.icttr.org
	ICTY – International Criminal Tribunal for the former Yugoslavia	www.icty.org
	Inter-American Commission on Human Rights	www.cidh.oas.org
	Inter-American Court of Human Rights	www.corteidh.or.cr
	SCSL – The Special Court for Sierra Leone	www.sc-sl.org
UN	UN Committee Against Torture	www.ohchr.org/english/bodies/cat
	UN Human Rights Council	www.ohchr.org/english/bodies/hrcouncil
	UN Office of the High Commissioner for Human Rights	www.ohchr.org
	UN Special Rapporteur on Torture	www.ohchr.org/english/issues/torture/rapporteur

Additional resources

Online

Amnesty International	Combating torture: a manual for action	www.tinyurl.com/d872hs
Association for the Prevention of Torture (APT)	Torture in international law – A guide to jurisprudence	www.tinyurl.com/daqavh
Association for the Prevention of Torture (APT)	The role of lawyers in the prevention of torture	www.tinyurl.com/d86o8g
Association for the Prevention of Torture (APT)	Visiting places of detention: what role for physicians and other health professionals?	www.tinyurl.com/ccxd6x
Essex University Human Rights Centre	Medical investigation and documentation of torture: a handbook for health professionals	www.tinyurl.com/dbbzou
Essex University Human Rights Centre	The torture reporting handbook	www.essex.ac.uk/Torture-handbook
Essex University Human Rights Centre	Combating torture - A manual for judges and prosecutors	www.essex.ac.uk/combatingtorturehandbook
Interights	Prohibition of torture and inhuman or degrading treatment or punishment under the European Convention on Human Rights	www.interights.org/lawyers-manuals/index.htm
Office for Democratic Institutions and Human Rights (OSCE)	Preventing torture: a handbook for OSCE field staff	www.tinyurl.com/dmfzw7
REDRESS	Ending torture – a handbook for public officials	www.tinyurl.com/c7nge3
REDRESS	Waiting for justice	www.tinyurl.com/cbstk7
REDRESS	Bringing the international prohibition of torture home	www.tinyurl.com/d93e22
REDRESS	Taking complaints of torture seriously	www.tinyurl.com/dyz8w3
Rehabilitation and Research Centre for Torture Victims (RCT)	Implementing the Istanbul Protocol	www.tinyurl.com/dl8vx2
James Welsh; Amnesty International	Documenting human rights violations: the example of torture	www.tinyurl.com/cgwoe9
World Organisation Against Torture (OMCT)	OMCT handbook series on torture prevention and redress	www.tinyurl.com/dm2bm5

Almerindo E. Ojeda (ed.).	The trauma of psychological torture	Praeger, 2008	ISBN: 0313345147
René Bruin, Marcelle Reneman, Evert Bloemen (eds.).	Care Full: medico-legal reports and the Istanbul Protocol in asylum procedures	Pharos, 2006	ISBN: 90-75955-58-8
Council of Europe	Procedural protective measures for witnesses: training manual for law-enforcement agencies and the judiciary	Council of Europe, 2006	ISBN: 978-9287160300
Manfred Nowak and Elizabeth McArthur	The United Nations Convention Against Torture: a commentary	Oxford University Press, 2008	ISBN: 0199280002
Michael Peel, Vincent Iacopino (eds.).	The medical documentation of torture	Greenwich Medical Media, 2002	ISBN: 1-841110-068-4

Preventing torture through investigation and documentation

The IRCT promotes torture documentation and the Istanbul Protocol through training, advocacy, university collaboration and facilitation of forensic exams and reports.

On www.preventingtorture.org you can find more information and guidance on the investigation and documentation of torture as a means to combat impunity, ensure reparation for survivors and prevent torture.

The following practical guides to the Istanbul Protocol for medical doctors, lawyers and psychologists are available from the IRCT: *Medical physical examination of alleged torture victims*, *Action against Torture*, and *Psychological evaluation of torture allegations*. All three guides are available in English, French and Spanish. Please refer to www.irct.org for more information.

Annex 1

Principles on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment¹

Annex 1, Istanbul Protocol

The purposes of effective investigation and documentation of torture and other cruel, inhuman or degrading treatment (hereafter referred to as torture or other ill-treatment) include the following: clarification of the facts and establishment and acknowledgement of individual and State responsibility for victims and their families, identification of measures needed to prevent recurrence and facilitation of prosecution or, as appropriate, disciplinary sanctions for those indicated by the investigation as being responsible and demonstration of the need for full reparation and redress from the State, including fair and adequate financial compensation and provision of the means for medical care and rehabilitation.

States shall ensure that complaints and reports of torture or ill-treatment shall be promptly and effectively investigated. Even in the absence of an express complaint, an investigation should be undertaken if there are other indications that torture or ill-treatment might have occurred. The investigators, who shall be independent of the suspected perpetrators and the agency they serve, shall be competent and impartial. They shall have access to, or be empowered to commission, investigations by impartial medical or other experts. The methods used to carry out such investigations shall meet the highest professional standards, and the findings shall be made public.

The investigative authority shall have the power and obligation to obtain all the information necessary to the inquiry.² Those persons conducting the investigation shall have at their disposal all the necessary budgetary and technical resources for effective investigation. They shall also have the authority to oblige all those acting in an official capacity allegedly involved in torture or ill-treatment to appear and testify. The same shall apply to any witness. To this end, the investigative authority shall be entitled

to issue summonses to witnesses, including any officials allegedly involved, and to demand the production of evidence. Alleged victims of torture or ill-treatment, witnesses, those conducting the investigation and their families shall be protected from violence, threats of violence or any other form of intimidation that may arise pursuant to the investigation. Those potentially implicated in torture or ill-treatment shall be removed from any position of control or power, whether direct or indirect, over complainants, witnesses and their families, as well as those conducting the investigation.

Alleged victims of torture or ill-treatment and their legal representatives shall be informed of, and have access to, any hearing as well as to all information relevant to the investigation and shall be entitled to present other evidence.

In cases in which the established investigative procedures are inadequate because of insufficient expertise or suspected bias or because of the apparent existence of a pattern of abuse, or for other substantial reasons, States shall ensure that investigations are undertaken through an independent commission of inquiry or similar procedure. Members of such a commission shall be chosen for their recognized impartiality, competence and independence as individuals. In particular, they shall be independent of any suspected perpetrators and the institutions or agencies they may serve. The commission shall have the authority to obtain all information necessary to the inquiry and shall conduct the inquiry as provided for under these Principles.³

A written report, made within a reasonable time, shall include the scope of the inquiry, procedures and methods used to evaluate evidence as well as conclusions and recommendations based on findings of fact and on applicable law. On completion, this report shall be made public. It shall also describe in detail

specific events that were found to have occurred and the evidence upon which such findings were based, and list the names of witnesses who testified with the exception of those whose identities have been withheld for their own protection. The State shall, within a reasonable period of time, reply to the report of the investigation, and, as appropriate, indicate steps to be taken in response.

Medical experts involved in the investigation of torture or ill-treatment should behave at all times in conformity with the highest ethical standards and in particular shall obtain informed consent before any examination is undertaken. The examination must follow established standards of medical practice. In particular, examinations shall be conducted in private under the control of the medical expert and outside the presence of security agents and other government officials.

The medical expert should promptly prepare an accurate written report. This report should include at least the following:

- a. The name of the subject and the name and affiliation of those present at the examination; the exact time and date, location, nature and address of the institution (including, where appropriate, the room) where the examination is being conducted (e.g. detention centre, clinic, house); and the circumstances of the subject at the time of the examination (e.g. nature of any restraints on arrival or during the examination, presence of security forces during the examination, demeanour of those accompanying the prisoner, threatening statements to the examiner) and any other relevant factors;
- b. A detailed record of the subject's story as given during the interview, including alleged methods of torture or ill-treatment, the time when torture or ill-treatment is alleged to have occurred and all complaints of physical and psychological symptoms;
- c. A record of all physical and psychological findings on clinical examination, including appropriate diagnostic tests and, where possible, colour photographs of all injuries;
- d. An interpretation as to the probable relationship of the physical and psychological findings to possible torture or ill-treatment. A recommendation for any necessary medical

and psychological treatment and further examination should be given;

- e. The report should clearly identify those carrying out the examination and should be signed. The report should be confidential and communicated to the subject or a nominated representative. The views of the subject and his or her representative about the examination process should be solicited and recorded in the report. It should also be provided in writing, where appropriate, to the authority responsible for investigating the allegation of torture or ill-treatment. It is the responsibility of the State to ensure that it is delivered securely to these persons. The report should not be made available to any other person, except with the consent of the subject or on the authorization of a court empowered to enforce such transfer.

¹ The Commission on Human Rights, in its resolution 2000/43, and the General Assembly, in its resolution 55/89, drew the attention of Governments to the Principles and strongly encouraged Governments to reflect up on the Principles as a useful tool in efforts to combat torture.

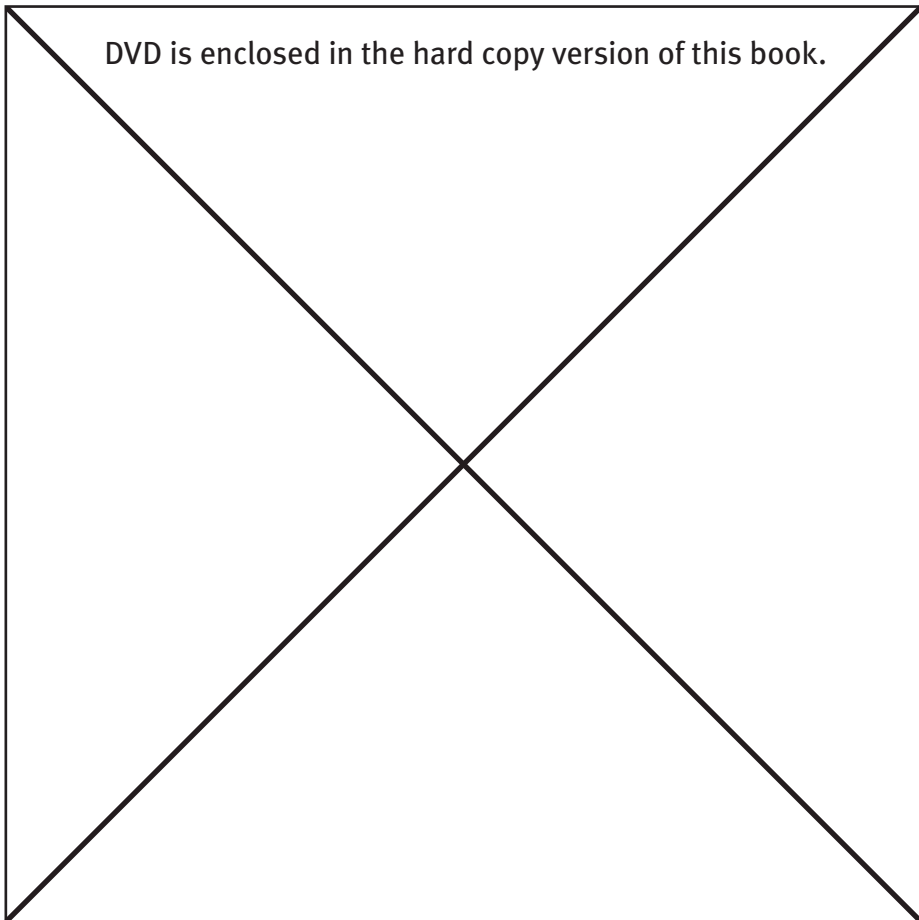
² Under certain circumstances professional ethics may require information to be kept confidential. These requirements should be respected.

³ See footnote above.

The case of the Miguel Castro Castro Prison v. Peru

In Peru in May 1992 inmates at the Castro Castro Prison in Lima were subjected to torturous acts during and after a massacre that led to the injury and death of both male and female prisoners. The case was subsequently brought before the Inter-American Court of Human Rights. In June 2006, following 14 years of struggle against the State of Peru, the court ruled that torture had oc-

curred at the prison and awarded reparations to approximately 300 survivors and their relatives. This short documentary film features interviews with the lawyer who brought the case to court, the doctor who examined the survivors, and the psychiatrist who acted as expert witness before the court. All three discuss the instrumental value of the Istanbul Protocol in the case.



Support the IRCT

The International Rehabilitation Council for Torture Victims (IRCT) is an independent international health professional organisation which promotes and supports the rehabilitation of torture survivors and works for the prevention of torture worldwide.

We need your support to fight torture and to help torture survivors rebuild their lives. By donating even a small sum, you can assist us to put an end to torture and to ensure that torture survivors and their families receive much-needed treatment and other services.

Visit us at www.irct.org to learn more about the IRCT and the worldwide struggle against torture.

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