

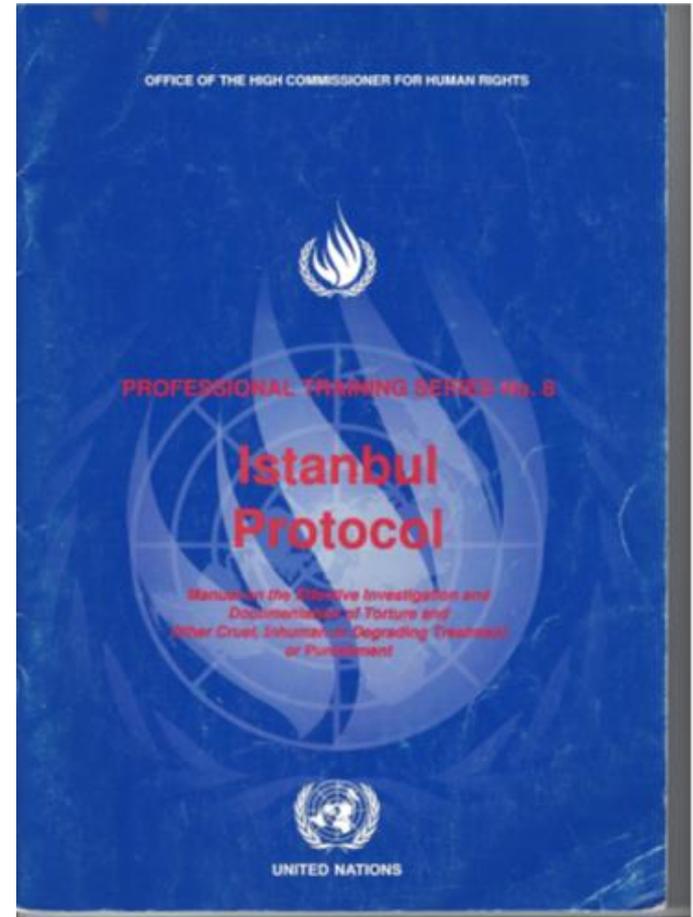


**First Global Conflict Medicine Congress:
Forensic Clinical Documentation of Torture Using the Istanbul Protocol**

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Guidelines: Istanbul Protocol

- UN Standards (best practices) for the effective investigation and documentation of torture and ill treatment
 - ◇ 3-year effort
 - ◇ 75 experts in law, health and human rights
 - ◇ 40 organizations from 15 countries
- Content
 - ◇ Legal Standards
 - ◇ Legal Investigations
 - ◇ Medical Evaluations



What is Documentation?

- Forensic evaluations of torture: Document evidence of past harm and/or legitimate fear of future harm
- Document critical pieces of evidence when human rights violations are alleged
- Corroborates the suffering described in the client's narrative

Role of Clinicians

- Medical/Psych treatment is first priority
- Consider documentation of torture IF patient is stable, informed consent can be obtained
- Elicit relevant information and injuries which patient may not have shared in clinical settings
- Refer for services

Primary Purpose of Medical Documentation

- To establish the history of alleged torture events; and
- To evaluate and document the level of consistency of these events and the physical and psychological evidence of torture and maltreatment.



Written Reports: Purpose

- Document evidence of torture and ill treatment
- Communicate evidence to adjudicators and courts
- Explain level of consistency of evidence
- Educate adjudicators about the nature and significance of the evidence
- Witness for the patient and add to evidence of mass crimes

Written Report Contexts

- Criminal cases in national or international courts
 - ◇ Evidence against alleged perpetrators (prosecution)
 - ◇ Evidence to demonstrate confessions extracted under torture or Habeas corpus (defense)
- Civil cases in national courts
 - ◇ Liability and reparation (monetary, health care needs)
 - ◇ Asylum/refugee applications
- Other contexts
 - ◇ Reports to international organizations
 - ◇ Truth and reconciliation commissions

Istanbul Protocol(IP) Guidelines

1. Relevant Case Information
2. Clinician's Qualifications
3. Background Information
4. Allegations of Torture and Ill Treatment
5. Physical Examination
6. Physical Symptoms and Disabilities
7. Psychological Evaluation
8. Photographs
9. Diagnostic Test Results
10. Consultations
11. Interpretation of Physical & Psychological Findings
12. Conclusions and Recommendations
13. Relevant Appendices

IP Levels of Consistency

- **Not Consistent With:** 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 With:** The lesion could have been caused by the trauma described, and there are few other possible causes
- **Virtually Diagnostic Of:** This lesion could not have been caused in virtually any way other than that described
- **Not Related To:** Not Related to Alleged Torture/Il Treatment

Considerations for Written Reports

- Clinicians should have specific training in forensic documentation of torture and other forms of physical and psychological abuse
- Conducted with objectivity and impartiality
- Risk of over-interpreting findings with primary focus on history/narrative
- Caution with conclusions
- Clinicians should have some knowledge of country conditions

Challenges

- Security
- Language and cultural barriers
- Balancing treatment and documentation
- Time constraints
- Limited access to victim and to health records
- Confidence to participate in legal proceedings
- Emotionally difficult nature of the work
- Working with attorneys

International Protocol on the Documentation and Investigation of **Sexual Violence in Conflict**



Best Practice on the Documentation of Sexual Violence
as a Crime or Violation of International Law

SECOND EDITION: MARCH 2017

Case study

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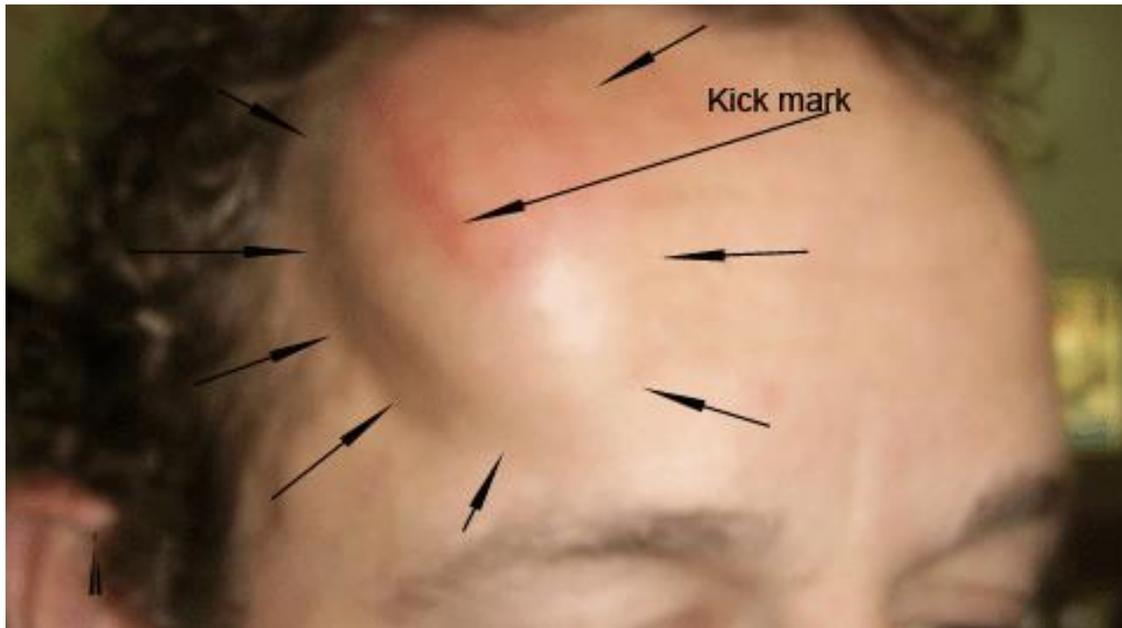




One week after shark attack



12 weeks after



2 hours
after kicked
by a boot

24 hours later









Hit by belt on left upper
back



Burn from
electrocution on
metal table

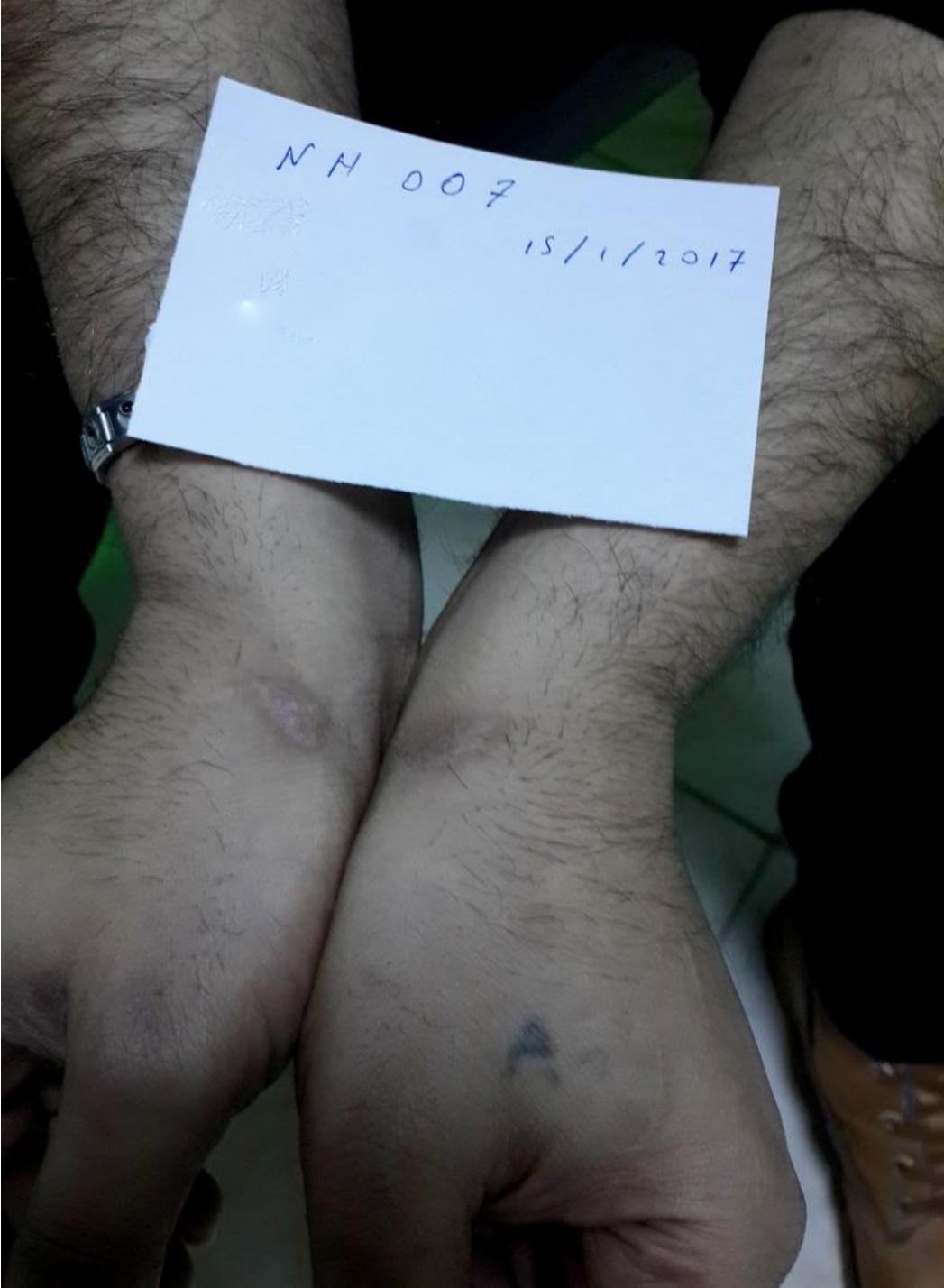
Same woman with electrocution on left abdomen and groin





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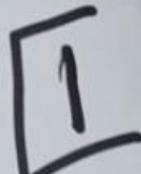
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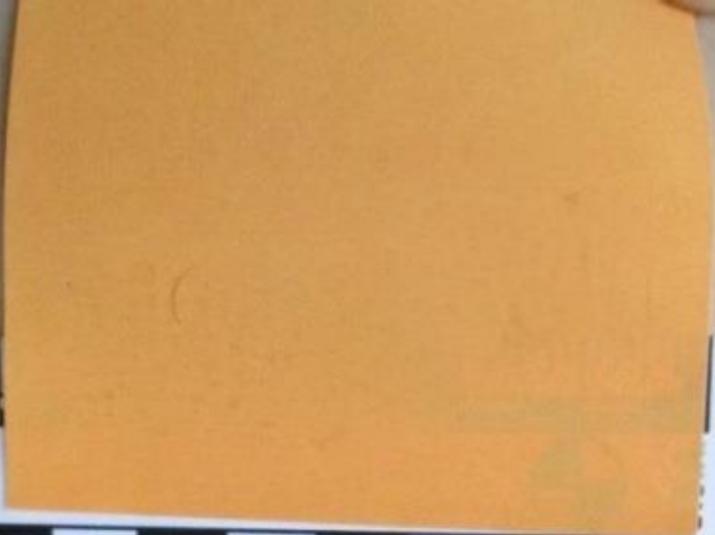




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Importance of Psychological Evaluation

- Should be part of all evaluations
- Torture is designed to harm both the body and the mind
- Always relevant to opinions about consistency/story cohesion for all the scars that aren't visible
- The psychological symptoms are often more chronic and life-altering than physical ones

Psychological Evaluation (within medical evaluations)

- Objectives:
 - ✓ Goal of psychological evaluation
 - ✓ Approaching consent for evaluation in the context of treatment
 - ✓ Psychological consequences of torture - what's normal? What's not?
 - ✓ Inconsistencies
 - ✓ Understanding time-course of symptoms

Goals of the Psychological Evaluation

- Emotional support, education, referral
- Establish facts and psychological evidence relating to the alleged torture
- Put psychological symptoms in context with past psychological history
- Assess the congruence of psychological findings with expected or typical reactions within the cultural and social context
- Provide interpretation about how consistent the psychological findings are with the evidence of alleged torture

*Requires a knowledge of common psychological reactions, symptoms and diagnoses resulting from torture

Assuring an Ethical and Moral Consent

- Gaining consent (informed permission) for evaluation is the first step
- Special considerations:
 - If you are also treating the survivor, you are in a dual role
 - You already have more power
 - And there may be similarities between their torture experiences and being interviewed clinically by someone in power
- Trauma-Informed Care
 - Communicating safety
 - Transparency
 - Collaboration/mutuality
 - Empowerment, voice
 - Respecting cultural/gender/historical issues



Key Points in the Psychological Evaluation

- PTSD and Major Depressive Disorder are the MOST COMMON disorders
- A diagnosis of trauma-related mental disorder supports the claim of torture BUT not meeting criteria for a psychiatric diagnosis does not mean torture did not occur
- The presence of PTSD/Major Depressive Disorder may not be related to torture

Psychological Consequences of Torture

- Why is it important to understand what constitutes normal reactions to torture/trauma?
- What have you seen or what do you believe are the psychological consequences of torture?



Table CORE - 1 Common Signs & Symptoms Following Exposure to Trauma

Physical	Cognitive/Mental	Emotional	Behavioral
<ul style="list-style-type: none"> • Chills • Difficulty breathing • Dizziness • Elevated blood pressure • Fainting • Fatigue • Grinding teeth • Headaches • Muscle tremors • Nausea • Pain • Profuse sweating • Rapid heart rate • Twitches • Weakness 	<ul style="list-style-type: none"> • Blaming someone • Change in alertness • Confusion • Hyper-vigilance • Increased or decreased awareness of surroundings • Intrusive images • Memory problems • Nightmares • Poor abstract thinking • Poor attention • Poor concentration • Poor decision-making • Poor problem solving 	<ul style="list-style-type: none"> • Agitation • Anxiety • Apprehension • Denial • Depression • Emotional shock • Fear • Feeling overwhelmed • Grief • Guilt • Inappropriate emotional response • Irritability • Loss of emotional control 	<ul style="list-style-type: none"> • Increased alcohol consumption • Antisocial acts • Change in activity • Change in communication • Change in sexual functioning • Change in speech pattern • Emotional outbursts • Inability to rest • Change in appetite • Pacing • Startle reflex intensified • Suspiciousness • Social withdrawal

Table 2. Risk Factors Associated With Development of PTSD^{3,9,10}

Timeframe	Examples of Risk Factors
Pretrauma	<ul style="list-style-type: none">• History of depression or anxiety• Previous trauma exposure• Childhood adversity• Lower intelligence or education
Peritrauma	<ul style="list-style-type: none">• Severe trauma• Interpersonal trauma• High perceived threat to life of self and/or others• Dissociation (distorted awareness; unreal)
Posttrauma	<ul style="list-style-type: none">• Negative cognitions about self and world• Poor coping strategies• Ongoing life stress• Lack of social support

Highly Consistent Symptoms Psychological Consequences

- Psychological symptoms that are “highly consistent with” or “virtually diagnostic” of torture include...
 - Nightmares, flashbacks and intrusive thoughts with content directly or thematically related to the alleged torture
 - ✓ Describe examples
 - Avoidance of triggers that have been generalized from the alleged torture
 - ✓ Describe examples
 - A previous lack of mental health/substance use history prior to the alleged torture with new symptoms/disorder post-torture
 - Changes in beliefs that are clearly related to the alleged torture
 - ✓ Describe examples
 - Self- or other-oriented blame or anger related to the alleged torture

Highly Consistent Behavioral Observations

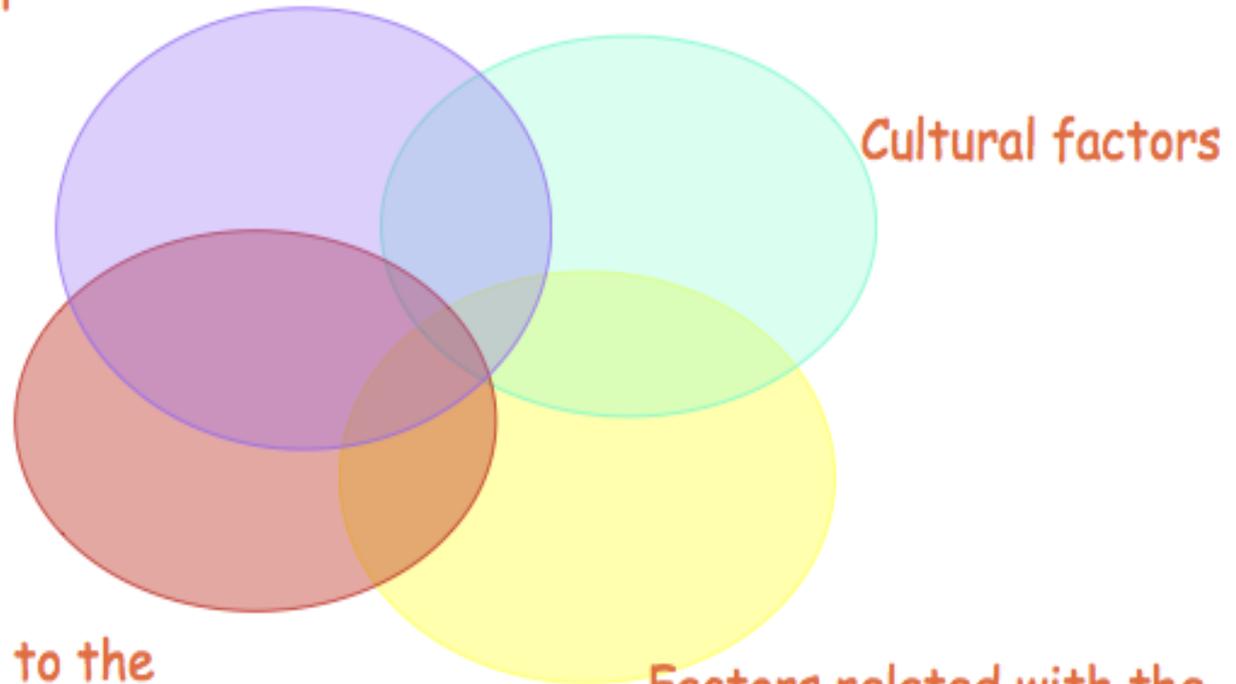
- Behavioral observations that are “highly consistent with” torture include
 - Affect/emotional difficulty while recounting torture experience with (1) more intense affect during the perceived worst parts of the torture OR (2) dissociation during the perceived worst parts of the torture
 - What does dissociation look like? how do people talk when they’re dissociating?
 - Lack of memory around the most painful parts of the trauma (e.g. SV)
 - A range of affect that correlates to the emotional difficulty of the conversation
 - A range of endorsement (i.e. not over-endorsement unless the affect or dissociation is equally intense)

Historical Inconsistencies...

- Problems recalling information may appear to be inconsistencies in history
- Inconsistencies do not mean that allegations of torture are false
- Identify the possible reasons for the inconsistencies, such as
 - Trauma
 - Culture
 - Brain injury
 - Anxiety/fear
- The investigator could
 - Ask for clarification
 - Have multiple interviews
 - Look for other sources of evidence

Difficulties in Recalling and Recounting

Factors directly related to the torture experience

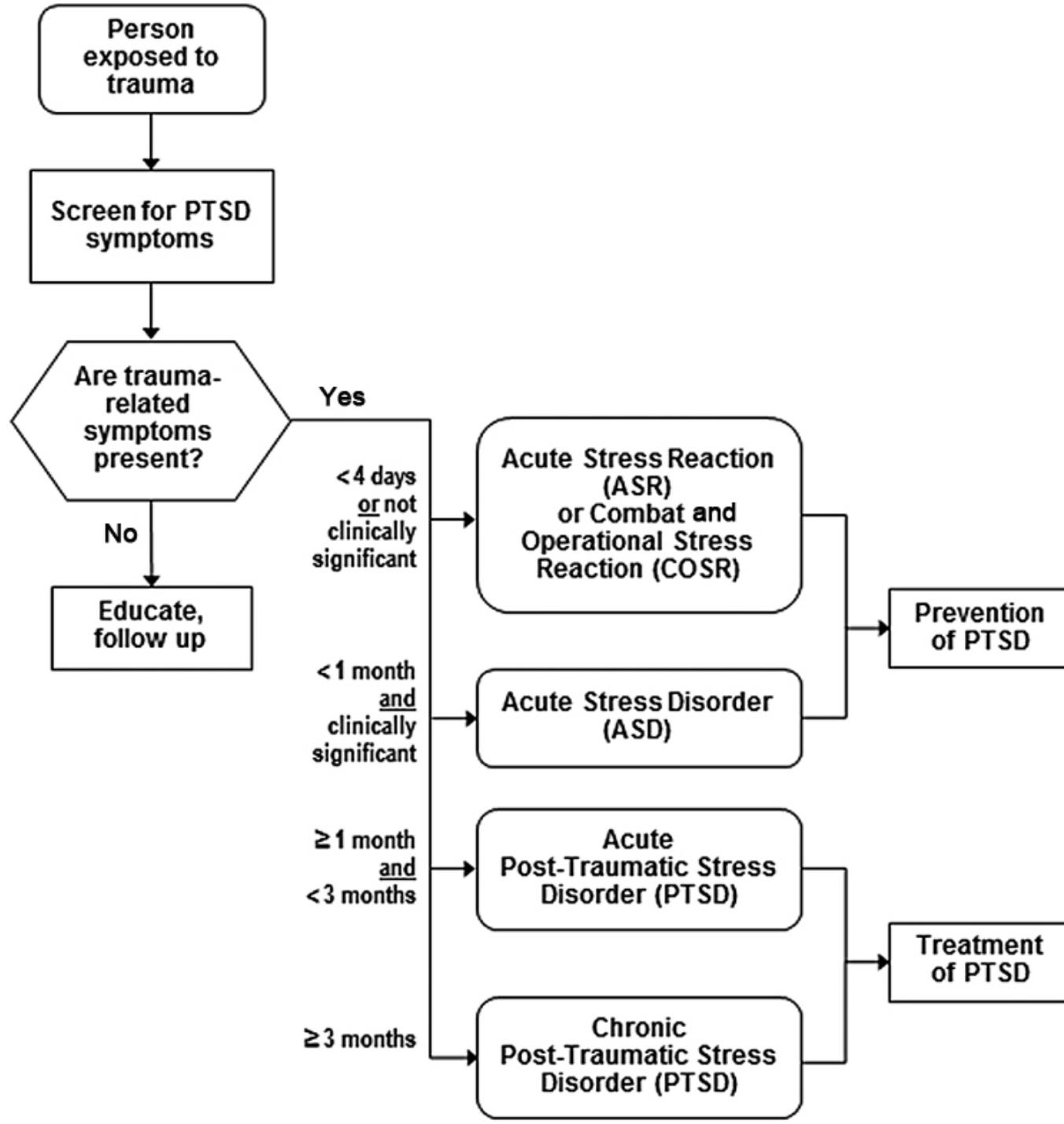


Factors related to the psychological impact of torture

Factors related with the interview conditions or communication barriers

Acute vs. Chronic Timecourse of Depression and PTSD after Torture

- Immediately after torture, survivors often experience shock, dissociation, insomnia, hypervigilance, hyperarousal and a focus on immediate needs and safety
 - PTSD may not develop for months or even years (often from re-exposure to other traumas), but post-traumatic symptoms are often present within days
 - Post-traumatic symptoms that have been present for over 6 months to 1 year indicate chronic PTSD
- Depression often does not occur immediately post-trauma; depression develops as beliefs about trust of others, safety and self-worth develop as a result of the torture
 - ✓ What are some reasons someone may or may not develop depression after torture?



Going Beyond the Basics

- Using psychological assessments to bolster your case for the psychological evidence consistent with torture
 - Patient Health Questionnaire (PHQ)
 - Standard measure of depressive severity
 - PTSD Check List (PCL)
 - PTSD severity
 - Clinician-Administered PTSD Scale (CAPS)
 - Structured, gold-standard in PTSD diagnosis
 - Harvard Trauma Questionnaire (HTQ)
 - Includes trauma items and a list of torture experiences, brain injury questions, qualitative information
 - Validated in numerous cultures
 - Hopkins Symptom Checklist (HSCL)
 - Anxiety and depression measure
 - Validated in numerous cultures
- Getting training in psychological evaluation of torture survivors

Open Discussion