



Awareness Raising and Training Measures for the Istanbul Protocol in Europe

**Curriculum
for
Istanbul Protocol Trainings
Handbook**

ART-IP Curriculum Handbook



PROJECT INFORMATION

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Author of this publication: Thomas Wenzel, Medical University of Vienna

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Setting up a training on the Istanbul protocol



Experiences with the implementation of the Istanbul Protocol

The Istanbul Protocol is an interdisciplinary document, reflecting the complex nature of an investigation of alleged torture. Experience accumulated in the last decade in the implementation especially by the International Rehabilitation Council for Torture survivors (IRCT) have shown, that setting and group compositions can vary substantially in trainings. In projects such as the FEAT and IPIP (see www.irct.org) training and implementation strategies have been explored in a number of countries and settings, focusing especially on countries with high prevalence of torture. The Dutch Pharos organization has with the numbers of partners developed and tested trainings with a special focus on the Istanbul Protocol in asylum settings in Europe (see also <http://www.pharos.nl/nl/kenniscentrum/algemeen/webshop/product/44/care-full>).

The following text gives a short overview of the wide range of implementation and training aspects.

Specific tools you can find on the ART-IP project website and in the curriculum/overview table can be selected by trainers to shaped an activity based on that practical framework of training activities.

You will find more tools, information and manuals on the websites listed above.

Implementation as a complex process

It should be considered that trainings are only part of a more comprehensive implementation strategy, that might include public awareness rising on human rights in general, torture and the protocol, negotiations with policymakers and local professional umbrella organizations, inclusion of universities and other professional training bodies including those responsible for advanced training such as medical associations. It is important to refer to the official standing of the protocol through its being recommended by those the United Nations and the World Medical Association -Judges and lawyers or special governmental institutions such as asylum courts must be informed and pledged to the protocol. It might be noted, that out of obvious reasons, governments might not or might be difficult to involve in the implementation of the protocol. Professional or non-governmental organizations might in this case be in the main implementation partners. Special models might have to be developed in the shaping of and implementation process, based on the political, legal, and practical situation and might involve different partners and stakeholders. A setting of on-going use of torture and insufficient persecution of perpetrators will require different strategies than a relatively stable country with good institutions preventing the use of torture, but the high number of asylum-seekers that require a different focus and implementation partners.

A special country adaptation, that consists of materials that do not replace the protocol, but offer tools and information to apply it in a specific country or setting (such as asylum procedures or international courts) might be required to offer an efficient base for the process. It should be developed by competent and independent experts, and reflect the agreement of all involved parties including especially independent NGOs. It might include for example a discussion of local legislation on the background of international standards such as the UN convention against torture or the Istanbul protocol, characteristic forms of torture applied commonly in the country and the typical sequelae encountered, or on the standing of medical expertise in the countries asylum procedures. This should also prevent the possible misinterpretation of some aspects by parties in a specific country.

The content of the Istanbul Protocol consisting of about 65 pages and several annexes, is structured into general, more legal, medical, psychological and interdisciplinary chapters. Especially the more complex details in these different chapters might be difficult to read for members of different professional groups. Still, it is a general aspect of the protocols strategy, that any training should be as interdisciplinary based as possible. A complete training in the Istanbul Protocol will therefore require trainers of different professional backgrounds, even if the group trained would consist only of members of one profession.

The Istanbul Protocol as part of a changing field

It should also be considered that the Istanbul Protocol cannot be a handbook of all professional, legal and scientific knowledge that could be relevant in the investigation and documentation of torture. The rapid development of the broad range of fields covered by and relevant to the issue cannot be covered by a single project or handbook. The protocol is therefore a guiding framework that cannot replace up to date manuals and literature. At least as to the present date, and to the knowledge of the team of ART-IP and IRCT, no revision is planned, as it is expected that the development in the different areas of the subject must be covered by additional materials or standard handbooks of their respective fields.

Especially major changes such as the at present pending new versions of the standard medical diagnostic systems, especially the international classification of diseases provided by the World Health Organization, and the increasing body of guidelines, treaties, and rulings in the legal field must be frequently updated as part of the practical use of the protocols guidelines and framework.

Trainers

Independent professional experts that at first also might include acknowledged specialists from third countries to underline the importance of the issue of torture and the protocol, should be a key element in the teaching process especially in the beginning of implementation efforts.

In an effective implementation strategy and sustainable use of the protocol, the embedding in standard University and training curricula of all professions is seen as the necessary long-term approach, that will enable a wider range of teachers and trainers to teach all aspects of the protocol and related to its subjects and make it a living tool.

As long as no international standard certification process exists, databases of certified or acknowledged trainers by different umbrella organizations or independent projects should be preferred as the source of training resources. Such databases are for example maintained by the IRCT (see www.irct.org), but also by ART-IP (see the ART-IP website).

Examples for training settings and solutions

Groups consisting of participants from the same profession

The short, mainly awareness raising presentation for a group of legal counsellors or other professionals that might not participate in an investigation, but would only be expected to recognize a problem and refer the client to an expert might need only basic presentation of information on the relevance of torture, its documentation, and the need of proper standards as reflected in the protocol. Such events might also be offered to diverse groups such as policymakers.

In other settings, groups consisting of a group of participants with similar professional backgrounds as to vocation and level of expertise might be the main participants. In this case, basic aspects of the “other” parts of the protocol should be included to create a basic awareness and knowledge of these aspects, and improve the understanding of the possibilities and needs of the corresponding partners in an interdisciplinary setting. As noted, in a good training program “guest” experts from the relevant fields should present these materials on level fittings to the capacity and knowledge of the participants.

Based on the very diverse backgrounds as to practical work setting and background experience, it is not realistic to provide one universal standard program to teach the Istanbul Protocol even in a group of participants from the same profession.

Participants who are experienced in forensic documentation and work with trauma victims on a day-to-day base will require a different focus and selection of materials than the group who at times will examine a torture victim and provide documentation for a later more comprehensive examination, such as family physicians in countries with low numbers of torture survivors. For such participants basic information on the differences between the usual diagnostic procedures and forensic priorities need to be included in the training. For lawyers with no experience in joint preparation of a case using medical evidence, general rules and limitations of such evidence might be a key issue to be covered.

Groups consisting of participants from different professions

The best setting to develop knowledge and capacity in the actual use of the guidelines of the protocol are trainings bringing together professionals from the different backgrounds that have to collaborate efficiently in an effective investigation.

Besides general and technical knowledge about the different fields such as especially the ethical, legal medical and psychological aspects of the protocol, experience in at least simulated cases and the concrete collaboration with other professional fields (frequently described as “COLE”, collaborative learning approach) are the preferred settings of choice in the implementation of the

protocol. A special small guideline text covers this key element of training in the Istanbul protocol.

Short training formats

While usually trainings would consist of several hours or even days, short presentations can be useful either to introduce the protocol at a basic level, and generate interest in more detail trainings, or to present so far unknown aspects of documentation or investigation to experts who already have that substantial experience in most aspects covered by the protocol.

Interdisciplinary learning in the Istanbul Protocol

Why is interdisciplinary learning and collaboration necessary in the assessment of victims of torture ?

The Istanbul Protocol was developed as an interdisciplinary standard by an international team from a large number of professions. This approach was necessary, as investigation of torture consists of a number of legal steps, but usually also aims at eliciting evidence based on psychological and physical sequelae. This creates a situation where an unusually close collaboration is needed between especially the health care and legal professionals.

Understanding the respective work situations, belief and perception patterns, and expectations to the other profession therefore crucial aspect in the work of an interdisciplinary team.

Only an integrated strategy taking account of the special requirements of a forensic setting can provide good results in an investigation of torture.

Follow the example of a very typical case to understand the relevance of such an approach:

A 25-year-old civilian claims he has been beaten “to all parts of the body” by a group of soldiers. At times he had lost consciousness. He now suffers from headaches, concentration difficulties, irritability, and in his own words “loss of all energy”. His case has not been taken up by the prosecutor, because of the victims claim, that he could not remember details of the uniform of the perpetrators, and because he contradicted himself in some aspects of his description of events.

A forensic expert asked to provide the report in the discussion if the case should be taken up again one year after the events had passed, referred the client to a psychiatrist as he did not find any substantial traces of injuries. The mental health expert reported a diagnosis of posttraumatic stress disorder (PTSD) and possible diagnosis of “post concussional syndrome” (PCS) - a typical result of blunt brain injury. He noted that the last diagnosis might be validated by a special examination (a special form for X ray, “nuclear magnetic resonance (NMR)”) of the brain, that was not presently available in the region, but that the clinical symptoms were characteristic enough to warrant a preliminary diagnosis.

Being aware of the legal history of the case, he also explained, that both posttraumatic stress disorder and post concussional syndrome can interfere with memory, memory recall, and concentration and might lead to incomplete reporting or memories and possible contradictions. He also confirmed, that both disorders were in good accordance with the form of abuse described by the client, and are usually only caused by respectively severe life events, and physical abuse or accidents.

The expert further confirmed, that strong flashbacks of beatings and a strong fear response to all uniforms, even including the conductor in the train, indicated a specific causal link to the reported events.

The case consequently was taken up, and after several months, the compensation was granted to the victim. The judge ruled, that contradictions in earlier statements had been sufficiently explained by the medical experts.

To better understand the challenge and possible solutions indicated by the case example, we will in the following text analyse common aspects of the training and work situation of the most relevant disciplines.

Medical experts



While trained forensic experts are usually experienced in such a work situation, they are frequently not available because of the usually limited numbers of such experts in many countries, capacity, cannot be afforded by a claimant, or might be employed by a party such as a government that must be seen as involved in an alleged act of torture.

In many cases, examinations, documentation or physical and psychological assessment will therefore be performed by general health care personnel. As part of preservation of evidence, even a basic documentation of injuries such as a note in the file of the patient, or the picture of an injury can be part of the process to be used in a later more complete and systematic examination, before injuries have healed and traces have healed and disappeared.

The most common work situation and everyday approach in general health care personnel usually focuses on identifying problems that must be treated, giving priority to those that are most dangerous or can lead to complications, or even death. Older scars, that are not infected, for example, usually not receive as much attention and even might not be documented if the general workload is substantial and requires setting priorities.

For a case brought to court, on the other side, they might be crucial as the last remaining possible evidence of earlier torture.

Besides different focus and priorities, the format of reporting might not be sufficient as to details, and possible conclusions resulting from the results of the examination. The interpretation of findings, for example a statement of opinion on the consistency, is part of the examination that has a forensic focus but is usually not expected in everyday medical practice. Information on treatment

steps and additionally necessary examinations for other doctors or hospitals is in most cases the main aim of report or finding.

Healthcare experts who are not forensic experts therefore have to learn to provide the formats and information content needed and expected by the lawyer and the court. The Istanbul Protocol provides guidance in these issues.

Even very experienced forensic experts might not be well trained in the specific requirements of an investigation into torture, and should therefore also study the relevant parts of the protocol.

Different healthcare disciplines

Even between different healthcare professions, such as forensic examiners, psychologists, psychiatrists and general practitioners, focus, reporting format and priorities in an examination might differ substantially. Forensic examiners in many countries are more used to perform autopsies of dead bodies, and might not feel at ease with a psychological examination, and therefore need a mental health expert to perform a complete examination, even if he might not consider this aspect in his usual work flow.

In practical interaction, close communication is important to reduce stress for preventing stress for the client. If for example, the client was identified as a possible torture survivor by a general practitioner who refers her to a gynecologist, it might be preferable to choose a female doctor, and to inform her, that special care should be taken into examination to avoid undue stress or read traumatization.

Legal experts



While legal practice and the framework of procedures in legal systems differs between countries, lawyers or judges, at least those not frequently involved in extreme violence such as torture, might not have a clear understanding of the characteristic impact of torture, especially in the mental health area. Mental health problems are also frequently

stigmatized and therefore neglected, in spite of being of major importance and the probably most common consequence.

Identifying contradictions is a common standard strategy in criminology and court cases, and therefore might immediately lead to the assumption, that the claimant might be lying. Late reporting of parts of the event also might lead to the conclusion that additional information is a falsification based on second thought or the recommendation of lawyer with the intent of strengthening a case. This is for example very common problem in asylum procedures, where clients in her first interview felt to overwhelmed or ashamed to for example report sexual violence.

Identifying contradictions might therefore be a good strategy in general criminal cases and interviews with possible perpetrators, but will not yield good results in the examination of trauma victims.

A further problem is that -not the least because of the rapid development of medical knowledge and science, - many lawyers and judges are not informed, which type of information and in which degree of certainty medical assessment can yield necessary evidence or serve to clarify issues.

In legal procedures, feelings of witnesses or victims are very frequently not the main point of concern, as the main focus is on results, ruling or more general considerations such as the protection of the state's monopoly to use controlled violence. The European Union has implemented a framework system to protect victims of crime in such legal procedures (¹[Council Framework Decision on the standing of victims in criminal proceedings](#)). The principle concepts of respect for the emotional vulnerability and needs of victims of violence that have been realized in many European countries through special victim support organizations and trainings for all professional groups including police officers is a good model that could also be followed in the investigation of torture, at least if the political situation permits it.

The special but quite common challenge of such complex psychological mechanisms as “transference”, - strong feelings such as aversion or not fact based disbelief - that can arise in the interaction with the severely traumatized person is a problem described in the Istanbul protocol, but requires additional information or training for healthcare and legal experts not trained in the interaction with this groups. This mechanisms influence behavior in the interaction with the victim even if the professional is unaware of it, and might lead to unfair treatment or for example, avoidance of a case.

A final characteristic common problem can be professional language in itself.

A specific term, for example “dissociation” can describe different phenomena in legal and medical

¹ See for example (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:261:0015:0018:en:PDF>) or the Stockholm Program http://ec.europa.eu/wel/images/doc_icons/f_pdf_16.gif

languages. Dissociation in medicine describes the common reaction to very severe and usually long lasting stressors, that leads to a “switching off” out of the present situation. It is common in victims of torture who have been abused over a longer period of time, but also in victims of sexual violence or violence in childhood. It can lead to loss of access to memories of stressful events, but also to lack of concentration and the ability to follow interviews or the legal procedures.

Collaboration

Besides improving the quality of results in the court case, and avoidance of too severe stress or retraumatization, - both outcomes are aims of the Istanbul Protocol - better communication and understanding of the mutual work situations can be expected to lead to in general better collaboration and respect between the involved professions.



Most projects aiming at promoting or teaching the Istanbul Protocol therefore underlined the importance of collaborative learning (COLE) between the different professions involved.

Strategies developed to achieve this aim will be presented in part two of this module of the ART-IP materials.

Using the Results of the ART-IP Project

The ART-IP project supports all steps of the preparation and implementation of training programs. The material provided have been developed based on a decade of practical experience in teaching the protocol.

Who should provide trainings?

Only experts, that are independent, have a solid background in their own health care or legal profession, and in the application of the protocol in investigation and documentation should provide trainings. The project offers a database of certified experts that can be contacted for trainings over training of trainers. You can also contact the IRCT umbrella organisation of torture rehabilitation centres to ask for trainings or experienced and competent trainers.

Awareness

Many experts and professionals are not aware that the Istanbul Protocol exists, what would understand why it should be used and which benefits it can provide .

The awareness area gives tools such as short folders that can be used online or in printed form to create interest and explain the basic idea of documentation and investigation of torture and of the protocol. You can also use the new interviews provided on the website to create interest in the protocol and workshops.

Creating the training

As you have seen earlier in this Handbook, it is important to understand the setting and composition of the group of participants. Is it better to have a interdisciplinary COLE training, but do you have to focus on the specific questions such as legal aspects of that prison visit ?

While for example general practitioners in medicine and excellent overview of medicine, they might not be experienced in torture injuries or in how to present a case in court. It is therefore very important to understand the specific background and practical needs of your specific group.

Blended learning

Blended learning is a new trend in teaching that integrates online learning and physical (live) seminars.

Experience, not only in our project, has demonstrated that the complex subject of interaction with torture survivors should not be taught by a mere online course. While most materials on our Internet platform I intended to be used during teaching, it is to be the commended to offer participants a time and materials for preparation, and to continuously develop their knowledge after the seminars.

As this is an open platform, trainers can designate certain texts and especially the exercises or interviews to be studied before and after a workshop. Materials can also be sent out as e-mail, and can be combined with specific tasks. In this way, the usually too short time of the workshops can be used more effectively.

Reading additional materials after the workshop, either by the materials presented on the platform, or from the literature list and the website list provided by us, helps to keep up a continuous learning and implementation process. It is recommended to develop additional recommended reading lists in the local language based on the most recent state of the art in medicine or the law.

Practical aspects of the workshop and the materials provided in the platform

During the training, you can use especially the **PowerPoint slides** provided, they are organised by chapter of the Istanbul protocol, additional special subjects such as asylum procedures are in a separate folder.

Case examples and special tools such as timelines, photo documentation sheets, or video interviews should be used to create practical exercises and hands-on experience in small or large groups.

In addition a set of materials consisting of **longer texts on the complex legal aspects** of the protocol, supported by PowerPoint slides, are offered to be used especially in the workshops with legal focus, that frequently used more textual presentations.

Due to the rapid change in scientific knowledge in medical sciences, and forensic sciences, the most recent books should be used as text material for teaching that aspects in addition to focus on practical exercises, simulated interviews and examinations and the power points.

Follow-up

Besides blended learning, which would consist of the use of materials after the workshop, the experts in our database can also usually be contacted for concrete advice, supervision, or further trainings. This can be provided over the Internet using Skype or similar systems.

Conclusion

Through the implementation of the protocol by all professions and, in principle, everyone who comes in contact with a torture survivor who can support the process, victims can be offered justice, treatment and reparation, and future torture can be prevented contributing to our civil society and rule of law.