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# 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 a to 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 where 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 where 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 analyze 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.

# The legal expert

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]](#footnote-1)[Council Framework Decision on the standing of victims in criminal proceedings](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2001:082:0001:0004:en:PDF)). 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 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 ARTIP materials.

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> [↑](#footnote-ref-1)