

Interviewing Technique and Writing a Report

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The interviewing and examination of a torture victim by the method used in Denmark may take as long as 7 hours in difficult cases. The procedure makes heavy demands on the examiners and the interpreter and, not least, on the examinee, who often develops a headache or has to go out for a breath of fresh air during the examination. It is my belief that the surroundings in which the examination takes place are very important, and perhaps the medical group has not paid enough attention to this aspect. Higher priority should be given in our examinations to being seated comfortably in bright and pleasant surroundings, contrasting with the horrible torture situation which the victim is re-living. It is also important to provide coffee or tea, fruit or biscuits. Hence, it is recommended that the examiners arrive at the place of examination before the interpreter and the torture victim to make the necessary arrangements, and to consider where and how those present at the examination should sit, since this is also a matter of great importance. I believe that the best contact with the victim is achieved if the interviewer faces him. The interpreter should be seated to the right, i.e. between the victim and the interviewer, and the other doctor opposite the interpreter, also between the victim and the interviewer. This makes it possible - provided the interpreter is competent - to maintain eye contact with the victim during the interview, and the interpreter will then act as a bridge between the victim and the interviewer.

At the beginning of the interview, after a cup of coffee, the examiners should try to develop a relaxed atmosphere and inspire mutual trust. A torture victim will, naturally, be nervous about what is going to happen, and because of the presence of two doctors and a third person who are going to hear about everything he has endured. It is important for the examiners to take time in introducing both themselves and Amnesty International, and that the interpreter is given time to introduce himself. The examiners should also inform the examinee as to what prior knowledge they have of his case, and what relevant material they have in their possession. He should also be told that if questions are asked which he does not want to answer, he is completely free to refuse. Finally, it should be made clear that the report will only be forwarded to the person at whose request the examination is being made. Provided that the examination is being undertaken in connection with an asylum application, the identity of the torture victim should be established at the beginning of the interview. The examinee

should be offered anonymity if the examination is not undertaken with a view to obtaining asylum, as for instance if it was part of a mission in a foreign country or if it was of interest, for example to Amnesty International, in obtaining documentation on torture in a given country. Anonymity in these cases should entail not only omitting the victim's name, but also distorting the truth as to time of arrest, age, profession, etc.

Who should be present at the examination?

I have so far assumed that two doctors and an interpreter were present, together with the victim. This is ideal. The presence of friends or relatives of the examinee, whether compatriots or maybe Danish friends, should be discouraged, since it is often detrimental to the examination. If a researcher from the International Secretariat in London is part of a mission, my experience is that he should not be present throughout the entire interview, but that he should leave after the questions about the arrest, charge, and torture, i.e. before the more purely medical aspects of the case are discussed.

It is important to select an interpreter whom the examinee can trust, but on the other hand they should not be too intimately connected, i.e. the interpreter should not be a relative or close friend, such as a friend from a resistance group. In my experience, the best results are obtained when the interpreter has medical knowledge of some kind.

Where should the examination take place?

I have already mentioned the importance of a bright and pleasant examination room. To choose a neutral place is also important, and the best would be the Amnesty office. It is an advantage to have easy access to a telephone, for instance to tell relevant people that an examination was lasting longer than expected. Missions abroad create a security problem and it would be best if the examination was performed at a place where many people come and go, since this would make it more difficult to observe and identify the persons being examined. I have only little experience of examinations in prisons, but in such cases it is imperative to insist on being left alone with the prisoner.

The interview

The two examining doctors should divide the work between them so that one is responsible for the interviewing, the other for taking notes. The latter should also be responsible for the writing of the report. He should interrupt the interviewer as little as possible. This could be done by saving supplementary questions till later in the examination. The reporter should help to ensure that all relevant aspects are covered.

The interview should start with questions about the victim's health prior to the arrest, previous hospitalizations, if any, and any relevant traumas. By starting with these questions the interview will take on a medical character which may contribute to increased confidence.

After noting this information, together with an outline of arrests and periods in prison, questions should be put about the victim's education, profession, and family background.

The examinee should then be asked to give a brief account of his arrest, detention, and, if relevant, his leaving of the country of origin and arrival in Denmark. It may be useful if the interviewer himself records this information. This will enable him to revert to it later and explain to the examinee which period needs further elucidation. On research missions it has been very helpful to use a small questionnaire to record information on name, profession, age, family status, arrests and charges, together with various chronological facts about episodes in prison. It has also been useful to provide the interpreter with a short list of the questions to be dealt with during the interview.

If prison conditions are being investigated in an interview, it is as well to find out how many places of detention the victim has been in. It would be a mistake to spend two hours detailing everything about the first place of detention, only to discover that the victim had been in ten others since.

In the description of the alleged torture it is best if the torture victim can speak freely about what happened from arrest to release. However, not everyone can give such a description without help from the interviewer. Some are extremely detailed in their testimony, but to interrupt on grounds of irrelevance may make the examinee lose the thread of his story, leading to further detailed time-consuming accounts. Some examinees give a thorough description of what others have been through, and in that case it is, of course important to stress that only self-experienced events are of interest. When the torture victim has completed his testimony, if necessary assisted by supplementary questions, it may be necessary to fill in some gaps. It is of particular importance to understand fully how the alleged torture was carried out. Some essential details must be established, for instance about clothing during the torture, including the wearing of shoes, blindfolding, handcuffing, etc. Occasionally, it may be necessary to ask the victim to demonstrate the position he is describing. After one has interviewed and examined several people who have been subjected to the same type of torture, perhaps from the same country or even the same prison, one may tend to deal superficially with a description of the torture. This should be avoided because it is this description which allows assessment of whether the examinee has in fact been exposed to the alleged torture.

During the collection of information about the types of torture it is important to include both the quality and the amount of the torture, how many times it occurred,

whether the examinee was subjected to this or that type of torture, for how many days, the strength of the blows, etc.

Questions should then be put systematically about symptoms from the different organ systems at and immediately after the torture. Several types of torture result in rather specific acute symptoms, and it is important to compare one's knowledge of these with the victim's statements. One must also find out whether the victim was subjected to any type of torture other than those mentioned. Doubtful statements, such as receiving no food or water for five days, must be challenged, though not necessarily immediately. They can be reverted to later by asking, in the instance cited, if there had been absolutely no access to water. The reply may be that there was a chance of getting a little water during visits to the toilet. Often it is the reporter who later asks such supplementary questions.

The symptoms at the time of examination, which may be several years after the torture, should then be described in the same systematic way. Sexual symptoms are often omitted in reports, probably because it may be difficult to ask the necessary questions. However, if such questions are introduced immediately after questions about urinary symptoms, they will often present little difficulty and embarrassment.

I shall not go into details about the physical examination, except to say that the interviewer should do it and the reporter should record it. If the examinee and the interpreter are of opposite sexes, it may be necessary to ask the interpreter to leave the room during the examination. Both positive and negative findings should be noted.

Writing the report

This should follow the guidelines laid out in the "Draft for Torture Report". Several of us have found it useful to stay on an hour or so after the examination in order to dictate the report. This is also a good time to go through any points of doubt.

The report should end with a conclusion, which should consider 1) whether there is consistency between the alleged torture form and the subsequent acute symptoms; 2) whether objective findings which can be related to the alleged torture are present; 3) whether the alleged torture is consistent with Amnesty International reports from the country in question.

Should there be inconsistencies, they should be recorded. My opinion is also that in such cases the examiners should conclude that the claims of torture put forward by the examinee cannot be substantiated by the findings of the examination.

Although it is beyond the scope of this paper, I should like to conclude by recommending that, during research missions, the examiners and the researcher agree each day on the torture to which the examinee has been subjected, the duration of detentions, etc. It would be useful to design a protocol for recording these aspects.

Draft for Torture Report

1. **Date of examination:**

Examiners:
Interpreter:
Report by:
Prisoner's name/No.: Sex:
Age:
Occupation:
Others present:

2. **Brief presentation of prisoner:**

A very brief summary of the course of events to give an immediate impression of the case and the length of time the prisoner has spent in this country.

3. **Background:**

Including social conditions, family.

4. **Previous diseases and state of health before the arrest:**

Ordinary history-taking as for a medical record.

5. **Arrest and charge:**

6. **Conditions in prison:**

In the event of different prisons or cells, describe each separately:

Size, number of prisoners, type of prisoners.

Conditions in cell: Size
 Number of prisoners in cell
 Lighting
 Temperature
 Sanitation
 Food
 Furnishing
 Sanitary conditions

Access to medical aid, visits, warders, informers

7. **Interrogation and torture:**

Itemized classification and detailed description of torture methods.

8. **Symptoms after torture:**

Detailed description of visible changes on the body as well as of subjective sensations. State, if possible, the duration of each symptom.

9. **Knowledge of other torture methods:**

10. **State of health in other respects during stay in prison:**

11. **Family Conditions:**

12. **Trial, sentence, further course:**

13. **Present symptoms and signs:**

14. **Brief summary and conclusion of physical examination:**

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