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Examination technique and reporting of the examination of torture victims

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In many countries torture is used as an instrument against individuals or groups of people, it is carried out by the authorities as well as by other groups, but with the accept of the authorities. Torture will always leave some kind of life-long after-effects, weak or strong, in the victim, and it can have a major impact on his state of health. Many refugees, who have been arrested or imprisoned in their country of origin, have been tortured, and therefore doctors in the country of exile

may well have to treat torture victims although torture is not practised in that country. Knowledge of the torture experienced by the particular victim is a necessary condition for being able to handle health problems in people with direct or indirect after-effects of torture. The following is a description of how to carry out a medical examination of suspected torture victims with a view to substantiating that torture has taken place.

Medical examinations of suspected torture victims may be carried out for different purposes. Examples could be examination of an individual in order to initiate treatment of after-effects of torture, or it could be examination of a whole group of people in order to demonstrate the use of systematic torture. Therefore the examination may take place under highly different conditions, which means that both the examination method and the report may vary greatly. In this

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way the conditions depend on whether the examination is performed in the doctor's home country, where there is the time and framework for a longer and more thorough examination than during a mission to the victim's home country or to a third country, where several victims often have to be examined every day, and this under very primitive conditions. The doctors involved will have to evaluate the situation and adapt to the available conditions and possibilities.

In principle the examination of torture victims is not different from other medical examinations, i.e. history taking, examination, evaluation, and conclusion. What is special, however, is the combination of physical and psychological elements; these are normally met separately, rarely in this combination. So the examination must be able to show assaults on the examinee, assaults which the examinee often tries to suppress, but which may suddenly come to the surface and cause very unpleasant feelings and thus influence the examination situation. Furthermore, the interval between the trauma and the examination varies from days to years, and thus the examinee's memory of events may be very poor. Evaluation is often difficult because the examinee may be living under stressful conditions as a refugee, something which may in itself cause various symptoms. The doctor must therefore be prepared for considerable variation in the victims' reactions, and be ready to vary his examination technique accordingly. The examiner must prepare the interview beforehand to make sure that all the necessary facets of a conclusion are included. This may be in the form of an outline or a questionnaire possibly designed specially for the examination.

The examining doctors

Torture victims should preferably be examined by two doctors together: one as examiner, the other as observer. The former can concentrate on the interview, the latter can take notes and ask additional questions. Afterwards, based on his notes, the observer can write the report. The examining doctors are often not specialists in the examination of torture victims, so it is a great advantage to be two for the evaluation. This is also the best way of training new doctors, using them as observers a few times before they are put in charge of an examination. It is an advantage for at least one of the examiners to be of the same sex as the examinee.

Interpretation

Examination of torture victims usually requires an interpreter, whose work requires considerable skill. The interpreter should be professional, familiar with torture and the examination of torture victims, so that he knows the terminology and is not unduly influenced by the situation. Furthermore, the interpreter must be impartial and observe professional secrecy, something which the examinee must know and trust.

Good interpretation also demands special skills from the examiner, who must involve the interpreter and control the interpretation so that the questions asked and the answers given are in harmony with each other. It is important that each word is translated, all nuances included, preferably in short passages, and without the interpreter giving his own evaluation of the answers. Only the examiner should evaluate the examinee's statements. It is an advantage for the examiner and the interpreter to know each other, or for there to have been a briefing beforehand. Furthermore, the interpreter and examinee should preferably understand each

other completely, i.e. speak the same dialect, and the interpreter should understand the examinee's social and cultural background so that nuances are not missed. It is important for the interpreter to be impartial and to observe professional secrecy. Preferably, the interpreter should be of the same sex as the examinee. Family members, friends, or other non-professionals should be used as interpreters only exceptionally, partly because they are not sufficiently impartial, partly because it may be uncomfortable for the examinee.

The ideal examination situation thus comprises the examinee, two doctors, and an interpreter. In some cases, a fifth person may be present, e.g. an assessor for the examinee or a representative from a non-governmental organization. However, this should only be an exception, as this is a *medical* examination, and it is important that no stress is put on any of the participants.

Seating arrangements

The examiner should sit opposite the examinee, face to face and with good eye contact. It may be an advantage to have a desk in between, to create a distance so that the examinee can keep his dignity and own space, and to make it easier for the doctor to write notes, etc. The interpreter should sit at the side of the desk for close contact with both, and to be able to take an active role without being physically between the doctor and the examinee. The observer ideally sits opposite the interpreter, possibly slightly further back, but sufficiently close to take an active part if needed. Any fifth person/assessor should sit behind the examinee or the observer, situated so as not to take an active part.

Surroundings

The physical surroundings should be pleasant, preferably light rooms with comfortable chairs and access to fresh air. Many torture survivors are anxious and do not feel safe in small dark rooms, which remind them of their imprisonment and torture. Furthermore, an examination may last from half an hour to several hours, depending on the circumstances, and can be very tiring, both physically and mentally, for all involved. It should therefore be possible to take a break and to move around, possibly also to eat and/or drink.

Interview

It is crucial for the examination to be performed with respect and mutual confidence. It must be pointed out to the examinee that the examination can be stopped at any time should it be too stressful. All relevant details are sometimes not revealed because of poor memory, suppression, and/or because the examinee feels uncomfortable. It may be necessary to ask questions about the same subject several times in different ways, which may give the impression of a cross-examination, and it is therefore important for examiners and interpreters to be open and forthcoming with respect to body language, to be patient, to create confidence.

It is best to start with neutral subjects such as identification of the person to be examined and a presentation of the participants, at the same time stressing their professional secrecy and the purpose of the examination. Then questions about family situation and family members, education, and possibly about politics, religion, membership of organizations, and the examinee's health status before the arrest/torture. These subjects are often easy for the examinee to answer and they form a good basis for the following interview.

A cup of coffee, tea, sweet biscuits or the like all help to create a good atmosphere.

Next follow questions about arrests, imprisonments, including the conditions of the cell, sanitation, and nutrition, the possibilities for out-door exercises, the interrogations, torture, and the conditions under which the examinee was set free, as well as his state of health throughout. This part of the examination may be extremely stressful for a torture victim, who is reminded of his experiences, and perhaps even re-lives some of them. He may therefore react strongly, and it may be necessary to interrupt the examination for a period to give everyone time to simmer down and find themselves again. Then follow questions about the state of health after the imprisonment and torture, and about present health, especially after a long interval. It is often less stressful to talk about these subjects, but if the examinee lives in a foreign country as a refugee, this situation in itself may be traumatic and cause mental stress, poor memory, and suppression.

Ideally it should be possible to give the examinee a referral to relevant treatment if the examination reveals the need for it.

Objective examination

When carrying out the objective examination of the suspected torture victim it is very important to explain the purpose of the examination and to carry it out with suitable respect for the victim's background; exactly as is the case when taking the history. Many see the objective examination as the "real" medical examination, but for some the examination may remind them of their interrogations and torture, so the doctor must be conscious of his use of instruments, etc.

All objective findings must be registered, also if they are unspecific or may have been caused by other things than torture. The significance of the individual findings and their relation to possible torture should appear in the conclusion.

Report

The report, like the examination, depends on the purpose and the circumstances. If it is a question of documenting torture in a larger population, the individual cases can be relatively short, whereas an examination of a single individual to be used in connection with an application for asylum must be more thorough. However, all reports should ideally contain the elements listed below.

INTRODUCTION

- Circumstances
 - Time, place, participants – may be anonymous for security reasons
 - Conditions
 - Aim
 - Possibly a note about the examinee's general condition/memory
 - The quality of the interpretation

HISTORY

- Background
 - Family, school/education, civil status, political/religious activities and membership of organizations
- Previous health
 - Hospital admissions, traumas, serious diseases
- Imprisonment/torture
 - Isolation, cell, nutrition, sanitary conditions, physical activities
 - Interrogations, frequency, methods, regular use of torture?
 - Torture methods, frequency
 - Other inhuman, humiliating treatment
 - Health during or immediately after torture/during imprisonment (unconsciousness, wounds, treatment in the prison)
- Health after release
 - Medical treatment, ability to work
- Interval since imprisonment
 - Is it long?
 - Does the examinee live as a refugee?
 - What is his and his family's conditions?
- Present health
 - Physical
 - Mental

OBJECTIVE EXAMINATION

- Physical
 - General condition, scars, functional level
- Psychological
 - Concentration, memory, mood confidence, cooperation

CONCLUSION

- Short resume
- Evaluation
 - Likely torture victim? Current state of health, need for treatment.



TORTURE



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