

Exploratory study on the quality of forensic assessments using the Istanbul Protocol in a virtual versus face-to-face environment

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Abstract

Introduction. With the advent of the Covid-19 pandemic, most torture victim care centres had to adapt their forensic assessment methods and move to online methodologies. Therefore, it is essential to assess the advantages and disadvantages of this type of intervention, which seems to be here to stay.

Method. Structured administered surveys were conducted with professionals (n=21) and with torture survivors (SoT) (n=21) from a sample of 21 Istanbul Protocols (IP). Comparing face-to-face (n=10) and remote (n=11) interviews in relation to the evaluation process, satisfaction, difficulties encountered, and compliance with therapeutic aspects. All assessments were primarily psychological. Three remote and four face-to-face interviews included a medical assessment.

Results. No significant problems were found in relation to the ethical requirements of the IP. Satisfaction with the process was positive in both modalities. Regarding the online method, there were frequent connection problems and a lack of adequate material resources

in the remote assessments, requiring a significantly higher number of interviews in most cases. Survivors were more satisfied than evaluators. Overall, the forensic experts described problems in complex cases with an understanding of the person's emotional response, they established a bond, and they undertook psychotherapeutic interventions in the event of an emotional crisis during the assessment. In the face-to-face protocols, logistical and travel problems were frequent, which meant that forensic work times had to be adapted.

Discussion. The two methodologies are not directly comparable but have specific issues to be studied and addressed. More investment and adaptation in remote methodology is needed, especially given the poor economic situation of many SoT. Remote assessment is a valid alternative to face-to-face interviews in specific cases. However, there are very relevant human and therapeutic aspects that indicate that, whenever possible, face-to-face assessment should be preferred.

Keywords: Istanbul Protocol. Remote Assessment.

Introduction

The Covid-19 pandemic has affected models of care and forensic assessment of asylum seekers, which, after initially stalling, have shifted significantly to remote formats com-

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patible with the total or partial lockdown. Different studies have reported on these changes either in assessments conducted by telephone (Cohen et al., 2021), by video call (Mishori et al., 2021), or using a combination of both methodologies (Green et al., 2020; Pogue et al., 2021). While these studies have generally supported the use of remote assessments alone (Greenhalgh et al., 2020; Pogue et al., 2021), others have recommended a hybrid approach (Gruber et al., 2021). However, such assessments are not without problems, such as the lack of material means, resources to carry them out, problems related to rapport building (Mishori et al., 2021), and transference and psychotherapeutic aspects.

SiR[a] is a centre that provides therapeutic, legal, and psychosocial support in contexts of violence (www.psicosocial.net/sira) with teams in Madrid and Barcelona. Forensic assessments based on the Istanbul Protocol (IP) are part of the support provided in the asylum application process for survivors of torture (SoT). In this context, prior to Covid-19, SiR[a] already carried out a portion of assessments in remote format (7.4%). However, the pandemic and the period of lockdown, together with the severe mobility restrictions, meant that a substantial part of the SiR[a]'s IP interviews had to move to a remote format during 2020 and 2021, representing 46.5% of the total number of assessments.

This study aims to assess the quality of remote IP interview evaluations compared to face-to-face interviews by collecting feedback on the evaluation process from both expert evaluators and asylum seekers.

Method

Research design. In October 2020, the project “Conducting Istanbul Protocol in times of Pandemic” started with the design of a case-control protocol. The study was approved by SiR[a]'s

ethics and deontology committee. Between May and June 2021, SoT and professionals were contacted by email and an informed consent form for voluntary participation sheet was administered. Once the informed consent form was signed, they received structured self-administered questionnaires in their email and completed them remotely. The questionnaires were administered in Spanish, English, or French. All SoT had already completed their assessment process, and the organisation had submitted their report to authorities, so participation in the study would not influence the outcome of the IP assessment.

Sample. A purposive sampling was carried out, contacting all professionals and SoT who had participated in IP interviews between 2019 and 2021. These interviews were conducted according to the guidelines of the “Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment” (OHCHR, 2004). Finally, 21 IP interviews (10 face-to-face and 11 remote) conducted in SiR[a] with expert professional evaluators were analysed. 21 SoT and 21 professional evaluators were part of the sample. In the IP interviews conducted remotely, online meetings were used with Zoom (N=7) and Skype (N=4) as virtual platforms. All professionals were psychologists or psychiatrists with specific training in IP assessment and experience in conducting IP interviews. In necessary cases where a medical assessment was required, this professional was also interviewed.

Instruments. Two ad hoc questionnaires were developed, one version for SoT and the other for experts (Appendices 1 and 2). Both were composed of open-ended and closed-ended questions and included socio-demographic data and information on the type of assessment (face-to-face/distance). The questionnaire for the SoT included a section about

general satisfaction with the process, emotions during the interviews, information on the status immediately after the completion of the interviews as well as after some time has passed and the process has been closed, and aspects related to the medical examination (in those cases where it was necessary). In addition, a section on satisfaction with interpretation during the interviews was included, which was only completed in some cases (those where the use of an interpreter was necessary). The questionnaire for the professionals included aspects related to ethical elements, the interview and therapeutic process, preparation of the report, and feedback to the examinee. Again, an optional section about the satisfaction with the interpretation was included.

Data analysis. Descriptive analyses were carried out in relation to the answers obtained in the questionnaire. Qualitative responses were analysed in the pertinent cases by inspection and reading of each of the responses. Data was analysed using SPSS v24 software.

Results

Characteristics of the sample.

Most face-to-face interviews ($n=7$, 81%) took place at SiR[a]'s headquarters in Madrid. In four of those cases (19%), the person travelled from another city. Also, in four cases, the team travelled to the SoT's town of residence ($n=4$, 19%).

In the face-to-face IP, the assessment lasted an average of 2 to 3 sessions; however, in the remote evaluations, a much higher number of sessions were required (4 to 7; 63%). The average duration of the evaluations was longer in the face-to-face sessions. A medical evaluation was required in 4 face-to-face and 3 virtual IP (verbal and visual evaluation), and

in all cases, it went smoothly. Table 1 shows results in detail.

Information obtained from SoT

Characteristics. The majority were male ($N = 16$, 76.2%), from Latin American (Colombia, Mexico, Peru, and Venezuela) ($N = 6$, 28.6%), African (Guinea, Ivory Coast, Sahara, Somalia, and Uganda) ($N = 9$, 42.8%) and Eastern European or Central Asian countries (Belarus, Georgia, Russia, and Tajikistan) ($N = 6$, 28.6%) with a mean age of 31 years.

Overall satisfaction. In general, all SoT evaluated remotely were satisfied (100%) with the process, and the majority of those evaluated in person were also satisfied (80%). Some of the qualitative testimonies collected on this subject were as follows "*It was good to have this interview through video conferencing, otherwise I would feel confronted or uncomfortable*"; "*It was a very difficult time for me. The presence of people helped me to overcome my sorrows.*"

Interview process and report writing. All participants were satisfied with the process except for two people in the face-to-face format ($n=2$, 20%). In both of those cases, the interviews were conducted in a single session of around 5 hours due to the team's travel time from Madrid to their city of residence. Moreover, in one of them, the asylum application had been rejected at the time of the study. Regardless, all the people interviewed in both modalities perceived an attitude of empathy and listening on the part of the professionals and the interpreter when needed.

Closure and feedback. Overall, in the face-to-face format compared to remote, more people felt good immediately after the interview (50 vs 45.5%) and at the end of the process, when the report is already revised and closed (80 vs 55%). Some of the qualitative testimonies in relation to this were: "*Some days after the interview I was a bit more nervous. But*

Table 1. Remote versus face-to-face forensic assessments

	Remote (n=11) n (%)	Face-to-face (n=10) n (%)
Number of interviews		
2	0 (0)	7 (70)
3	4 (36.6)	3 (30)
Between 4 and 7	7 (63.6)	0 (0)
Average time of interview (min.)	173	258
Need of interpreter	9 (81)	5 (50)
Medical assessment	3 (27.2)	4 (40)
Professionals		
Ethical aspects		
Information and signature of informed consents	11 (100)	10 (100)
Security problems for the survivors	2 (18.1)	0 (0)
Interview process		
Inadequate interview location - privacy issues	5 (45.4)	0 (0)
Problems of connection/material resources	4 (36.3)	0 (0)
Timing problems	4 (36.3)	4 (40)
Difficulties with interpreter assistance	0 (0)	2 (20)
Difficulties understanding emotional response	6 (54.5)	2 (20)
Closure and feedback		
Difficulties giving feedback	0 (0)	2 (20)
Survivors of Torture (SoT)		
Positive overall satisfaction	11 (100)	8 (80)
Interview process		
Empathy and listening from interviewer	11 (100)	10 (100)
Right timing	9 (81.8)	10 (100)
Perception of good technical quality of the work	7 (63.6)	6 (60)
Emotional impact		
Feeling well immediately after interviews	5 (45.5)	4 (50)
Feeling well at the end of the process	6 (55.5)	8 (80)
Post-process resilience	7 (70)	9 (81)
No need for subsequent psychological support	5 (45.5)	4 (40)
Closure and feedback		
Feel satisfied - A good summary of the history	11 (100)	10 (100)
Empathy and listening	3 (100)	4 (100)
Well-reflected physical sequelae	3 (100)	3 (75)

a few weeks later I felt calmer". On the other hand, all respondents felt that the final report adequately reflected their personal history and the events of torture they experienced. 70% of the respondents evaluated face-to-face and 81% evaluated remotely felt that the process facilitated the construction of a more resilient narrative about their experience. However, around 60% in both formats stated that they would have needed psychological support after the interviews: *"I believe that after the interview, at least for a month and a half, there should be accompaniment by the same psychologist who participated in the interview so that the person does not have to be telling his or her story to a new professional"*.

It is worth noting that while 90% of those who were assessed face-to-face would not want to change the format, 27.3% of those assessed online would have preferred to conduct the interviews face-to-face: *"In this type of situation, physical contact and closeness are important."* *"It was a very difficult time for me. The presence of people helped me to overcome my sorrows"*.

Medical assessment. In all cases, the person reported that they felt comfortable and respected during the medical examination. Their physical complaints and discomfort were adequately reflected even if the medical assessment was conducted remotely.

Information obtained from professionals

Characteristics. All professionals were psychologists. The majority were female (N = 15; 71%) and reported that they had not received any training in online or remote forensic assessment (N = 17, 81%), with a small percentage reporting informal self-training (N = 4, 19%).

Ethical aspects. In no case were problems reported in completing the informed consent forms and in the provision of the necessary information about the evaluation process. In a small but relevant percentage of virtual IP

interviews (N = 2, 18%), the conditions of the interview did not guarantee confidentiality due to the location of the SoT, as they were either public spaces with other people present or because the platforms used were not considered secure (subjective perception of the evaluator). *"The SoT was in the room of the shelter where she lived. The space was not entirely comfortable, she was lying on her bed and sometimes sitting on it"*.

Interview process and reporting. In the remote evaluations, problems were identified in almost half of the cases related to the location of the evaluated (small, poorly lit, and poorly ventilated rooms) (N = 5, 45.5%) and internet connection problems during the evaluations (N = 4, 36.36%), which also caused alterations in the time dedicated to the interviews in 40% of the cases. At the face-to-face level, there were no problems related to material resources. However, difficulties were detected in terms of time (N = 4, 40%), as face-to-face interviews were considered either excessively long or short due to the need for travel by either party. Remote evaluations allow for both cost savings and a better adjustment of time needed due to the flexibility they offer, especially in cases of travel.

Concerning emotional and psychotherapeutic aspects, in the remote IP interviews, the forensic experts reported difficulties in understanding the emotional response of the examinee in more than half of the cases (N = 6, 60%), identifying specific empathic barriers. For example: *"On this occasion, as the person was emotionally affected and the aggression was of a sexual nature, it was important to be present in person. In addition, the fact of having to contrast their story, in the face-to-face format, allows us to take more care of the process and obtain non-verbal information...etc."* Also, problems were found in discerning speaking rhythms, choices of words, and in understanding the

emotions transmitted by the examinee when he/she could not connect the camera. Finally, in the face-to-face protocols, problems with interpreter attendance due to lockdown or COVID-related reasons were reported in two cases (20%). Conversely, no problems were reported with interpretations in remote evaluations. The possibility of conducting the interviews online made it easier to find an interpreter, since there were no geographical limitations.

Closure and feedback of the results to the SoT. No difficulties were encountered in the virtual IP interviews. In contrast, in the face-to-face ones, problems were reported in a couple of cases (20%). The feedback process could not be appropriately completed in full because the intensive interview format, used in some of the face-to-face interviews, did not allow enough time for it. In online assessments, this could be solved by extending the time of the interview.

Some qualitative information that complements the results obtained: *“The examinee was very reluctant and distrustful to be able to share his story, so I think that being able to generate a link in person was essential. At the same time, as he was outside Madrid, SIRA had to travel and because of this, the evaluation was condensed into a very short time and I think this generated a certain fatigue on the part of the appraiser.”; “In this case, I believe that the virtual format was an absolute advantage. The expert witness had a fairly elaborated story to tell and there were no traumatic elements that triggered overflowing emotional responses. From this point of view, the virtual format was a light and clear process”*

Discussion

The data show that, on the whole, forensic evaluators are not as satisfied with the remote evaluation system as they are with the face-to-face system. They consider that in a significant minority of remote cases (25-30%),

there are problems ensuring security and confidentiality, the interviewee is in an unsuitable location for a good interview, there are connection problems (poor image quality, Wi-Fi, or other), and, as assessors, they have difficulties in understanding the emotional response of the victim at specific points in the story. Overall, forensic experts consider remote assessment a somewhat worse option.

On the other hand, survivors show an overall positive evaluation for both formats. In both environments, they similarly perceive the empathy of the interviewer, find the length of the interview adequate, and perceive a good technical quality of the forensic team.

It is worth noting that while a similar number of survivors report feeling emotionally impaired immediately after the interview, at the end of the process, those who have had face-to-face interviews report being comparatively somewhat better off emotionally than those who had a remote interview. This finding is attributed to two factors: (a) Virtual interviews go into less detail about the painful aspects of the experience. Therefore, the interviews are shorter and more focused on the strict subject of sustaining asylum claims. (b) In face-to-face interviews, it is easier to detect when the interviewee is going through an emotionally difficult situation and make a therapeutic intervention. It is common that during long and intense IP interviews people experience discomfort when reliving their traumatic experiences, however, it is important to understand that the IP is a process, where the person is accompanied as much as possible, and a return and recollection is made with a closure. Thus, it is common that although the experience is hard, in the end the person can rescue positive elements and feel better than after the initial interviews. Non-verbal communication is positioned in this sense as a central element for the achievement of a greater emotional rapport

and therefore a greater emotional depth in the evaluations. Hence, the virtual format, while generating difficulties in the understanding of this non-verbal communication, also presents difficulties in this emotional deepening. These proprieties may mean that face-to-face protocols have a greater restorative effect.

However, this does not determine the final quality of the account of events, which in both cases is considered to have been correct. It should be considered that it could influence a loss of information in psychological and psychosocial impact assessment, something that could not be verified in this study due to its characteristics. Finally, it is worth highlighting the perception that a good rapport was developed during the remote medical examinations, despite the a priori difficulty they could entail for online assessments. This may be due to the fact that in this case, nonverbal communication may be less important for the evaluation.

Limitations

Among the elements that may explain the discrepancies between experts and survivors is that experts are mostly middle-aged women from European ancestry. In contrast, survivors are primarily young men from multiple non-European cultural backgrounds. These differences may imply different levels of importance being attached to emotional and transference aspects during the assessment process. It would also be necessary to carry out a study to increase the sample size, as well as to equalize the number of men and women, in order to be able to generalize the results obtained, as well as to carry out a gender-based analysis.

It must be taken into account that, although a level of emotional stability is always required to start an evaluation of this type, in the case of virtual evaluations, the team made sure that the person had greater emotional stability, which

guaranteed that they would not be a great emotional overflow, or failing that, there would be professionals close to the person to be able to carry out emotional support if this were necessary. Therefore, there may be a bias in the selection of the people who have carried out the virtual evaluations, and in general they may be people who present less emotional impact at the time of the interview.

Conclusions

The present study shows differences in the assessment made by torture survivors and forensic experts regarding face-to-face versus virtual IP interviews. In virtual IP interviews, difficulties are observed in the lack of material resources (inadequate equipment, Internet connection, and suitable places in the survivor's environment to conduct the interviews). Consistent with previous similar studies (Pogue et al., 2021), these difficulties affect the time of the process, involving more sessions than in face-to-face cases. In addition, due to the difficulties that the virtual format generates in the understanding of non-verbal communication, in a few cases problems have been detected in collecting information and establishing the transference bond with the examinee, where specific difficulties might appear in terms of warmth, empathy, and rapport in the process. These results are also consistent with previous studies, both in telephone and video call interviews (Cohen et al., 2021; Mishori et al., 2021). In contrast, in face-to-face interviews, the study shows problems related to travel logistics, including time allocated to the interview, the process's financial costs, and the organisation with interpreters, which sometimes limit the duration and number of interviews.

Overall, survivors' feedback is positive in all areas, with no major differences according to the evaluation format. However, many of those

evaluated virtually would have preferred to be interviewed in person. There are also slight differences in the level of emotional distress generated after the interviews, being slightly higher in the remote sessions with a higher perceived need for psychological support afterwards. These differences are probably related to the difficulties in establishing an adequate transfer and therapeutic connection, also referred to by the experts in this study and existing literature (Mishori et al., 2021).

The Covid-19 pandemic has meant a significant change in our forensic documentation practices, forcing the adaptation and implementation of virtual methodologies, which in many cases have been carried out without prior preparation of professionals and a lack of specific training. Nor has there been an adequate adaptation of spaces and investment in technological resources. On the other hand, the results show that remote interviews expand access to corroborating evidence for asylum applicants (Raker & Niyogi, 2022) and have positive aspects concerning organisational ease and accessibility, avoiding long journeys, and allowing more flexible interviews to be carried out in familiar environments for the person being assessed. However, the results seem to reflect that remote methodology is not comparable to face-to-face methodology in relation to the human and, above all, therapeutic aspects. These elements related to good practice are a priority when we want the forensic assessment to be therapeutic by itself. We do not focus only on the outcome but also the process.

Both methodologies allow the evaluation process to be carried out in a successful and accurate way. Based on the results obtained, we consider that the remote methodology can be used in specific cases to avoid large displacements or costs, as well as in cases where a great need for therapeutic work is not expected. In

these cases, being face-to-face would seem to guarantee a better alliance. Perhaps a future perspective might be the possibility of working with mixed methodologies, which would allow both methodologies to be combined according to the needs of each case. However, this decision must be made carefully, as the human and therapeutic aspects of the forensic process must always take precedence over the logistical and functional aspects to ensure that the person being assessed is treated appropriately and with due care.

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