



A Society Free From Torture and Related Violations

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ISTANBUL PROTOCOL

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Manual on the Effective
Investigation and
Documentation of Torture
and Other Cruel, Inhuman
or Degrading Treatment
or Punishment



- Documenting Torture after abductions using the Istanbul protocol



Kenya Medical Association

Champion the Welfare of Doctors and Quality Healthcare in Kenya

Solid scientific and professional evidence base

- This serves as an international benchmark for evaluating the provision of legal and medical evidence in efforts to investigate and prevent torture.

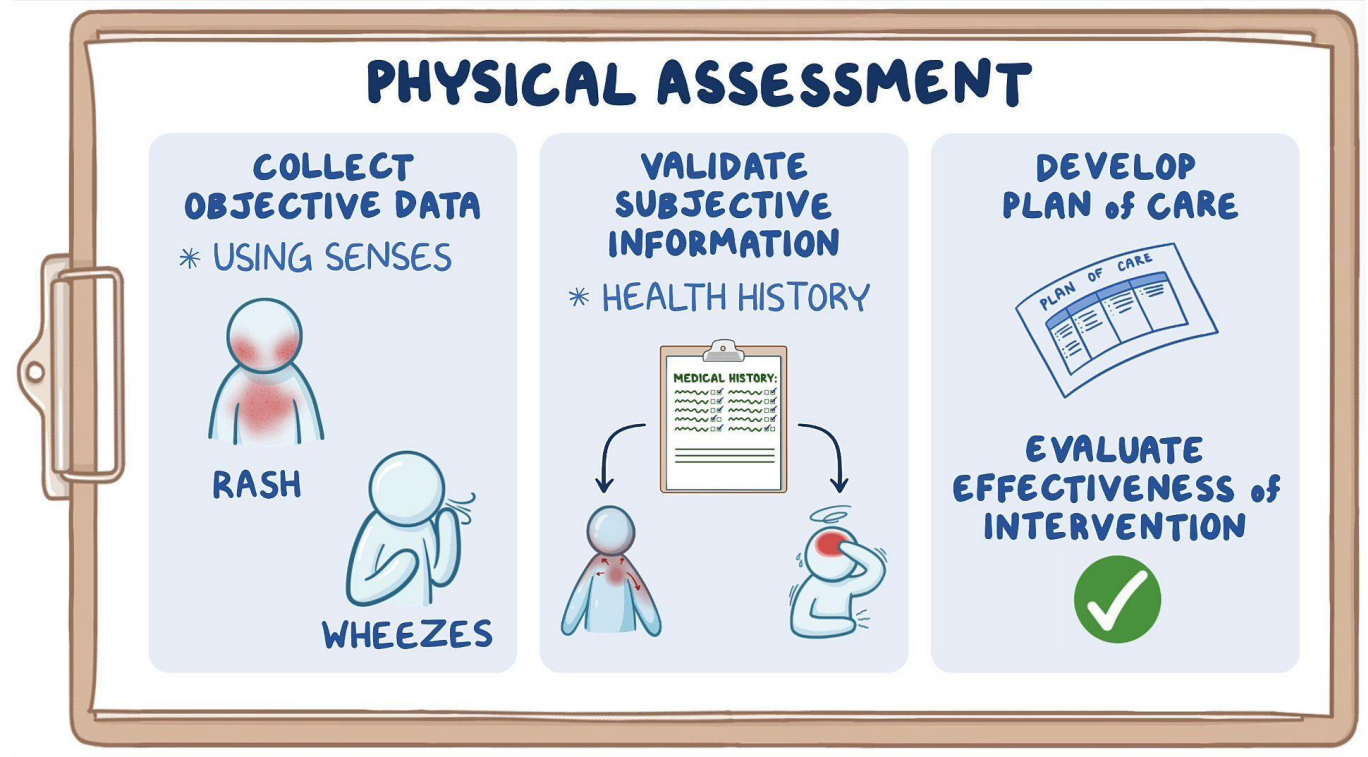


Based on international treaties and conventions eg UN Convention against Torture

And professional ethical standards eg

World Medical Association: Tokyo Guidelines for Physicians concerning torture and other cruel, inhuman or degrading treatment or punishment in detention and imprisonment

Setting and context



Skin: efforts are taken to avoid obvious injuries by using „low trace“ torture techniques.

- 1) Localisation (use IP body diagram)
symmetrical, asymmetrical
- 2) Shape: round, oval, linear, etc.
- 3) Size: use ruler
- 4) Colour
- 5) Surface: scaly, crusty, ulcerative, bullous, necrotic
- 6) Periphery: regular or irregular, zone in the periphery
- 7) Demarcation: sharply, poorly
- 8) Level in relation to surrounding skin: atrophic, hypertrophic, plane



Cut/Laceration



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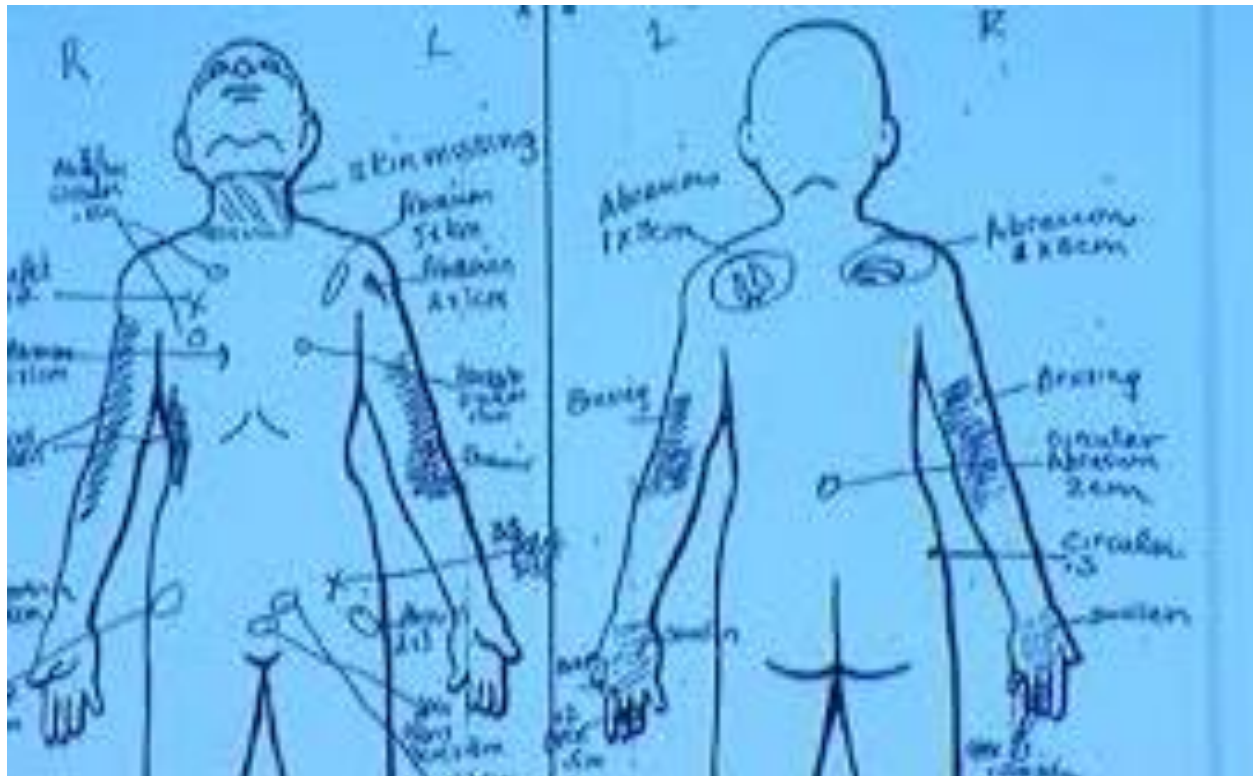
Bruises/Ecchymosis



Scars

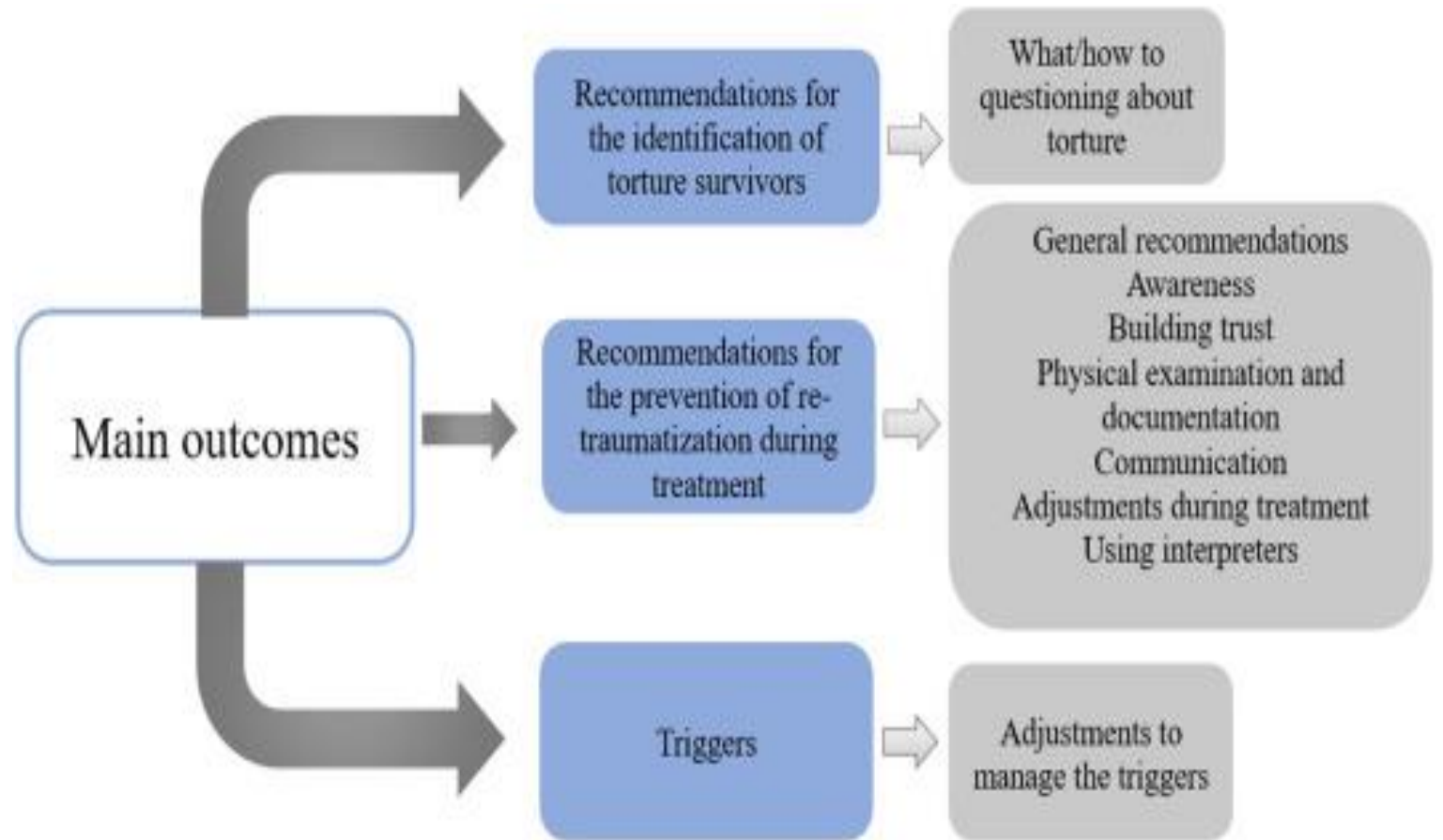


Documentation



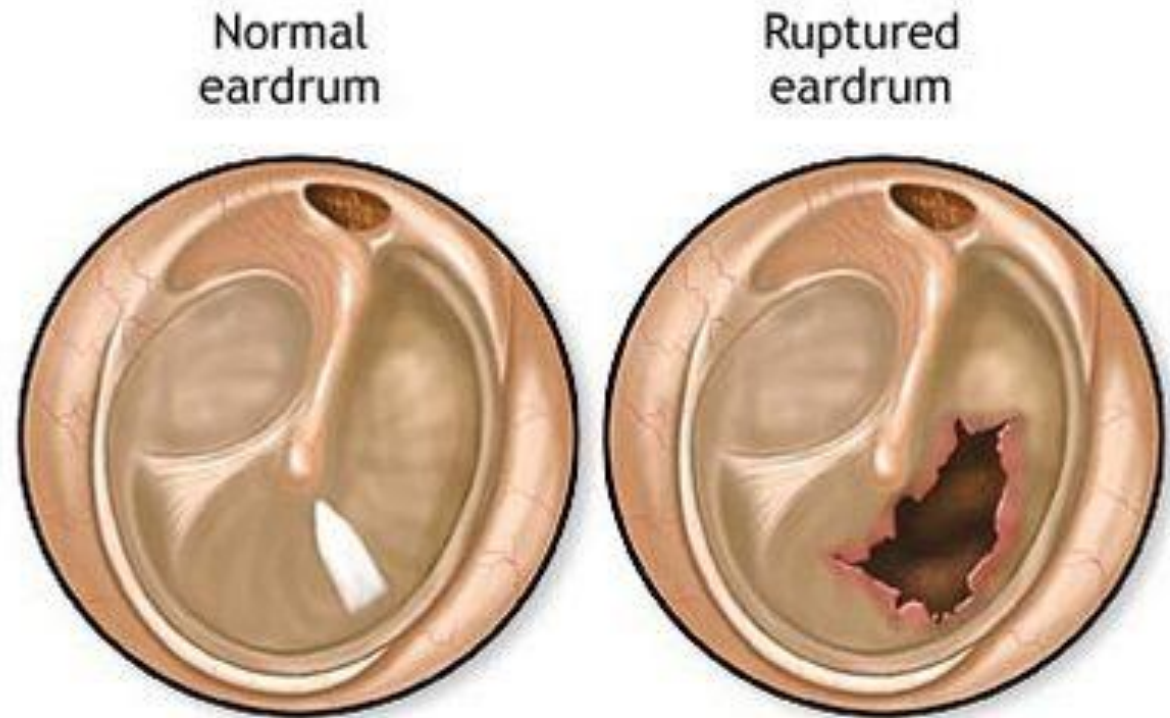
- An „as good as possible“ photo documentation is a key element in the documentation of injuries, especially as traces such as haematomas (blunt injury based discolorations) vanish quickly with time.
- If no proper equipment is available, a simple photograph or even a drawing is better than no documentation

Re-traumatisation of torture survivors



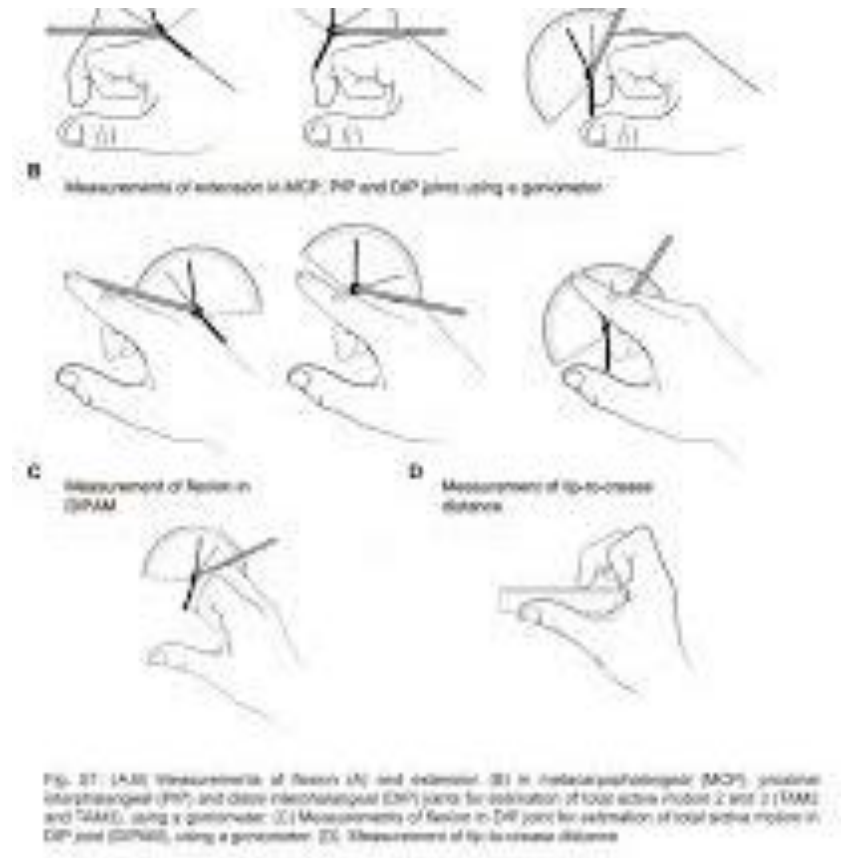
Ears

- Example: „telephono“ (slaps to the ear) leading to tympanic membrane rupture.
- Otoscopy, Hearing test :Laboratory tests, CT, MRI might be required.



Full physical exam

- Jaw, oropharynx and neck
- Mandibular fractures/ dislocation, temporomandibular joint syndrom common. Crepitation of hyoid bone, laryngeal cartilage. Electricity traces/burns.
- Oral cavity and teeth
- General status, Broken/extracted/loosened teeth, possible injuries from electricity (burns, bitten tongue or lips). X-ray, CT, MRI might be required
- Chest and abdomen
- General condition, haematomas, lacerations and internal damage (kidney !). X-ray, CCT, MRI ultrasound or radioscinigraphy might be required.
- Musculoskeletal system
- Include pain in rest and movement, distention. X-ray, CCT, MRI, radioscinigraphy might be required. Consider osteomyelitis, denervated
- muscles, chronic compartment syndrome – MRI.
- Genito-urinary system
- Cave: sexual trauma. Ultrasound (sonography) might be required.
- General condition, haematomas, lacerations and internal damage (kidney !). X-ray, CCT, MRI ultrasound or radioscinigraphy might be required.



Look under feet

- “Falanga”, (beatings to the soles of the feet) may leave contusions in the arch of the feet and swelling of the feet extending from the arch to the medial aspects of the feet and ankles 1.
- Additional injuries such as scars can result if victims are forced to walk on stones or glass sherds after falanga.
- ultrasound imaging (sonography) can demonstrate tissue damage, neurological examination (loss of sensation or more rarely function).
- Observe gait for compensatory gait patterns.



Electric shocks

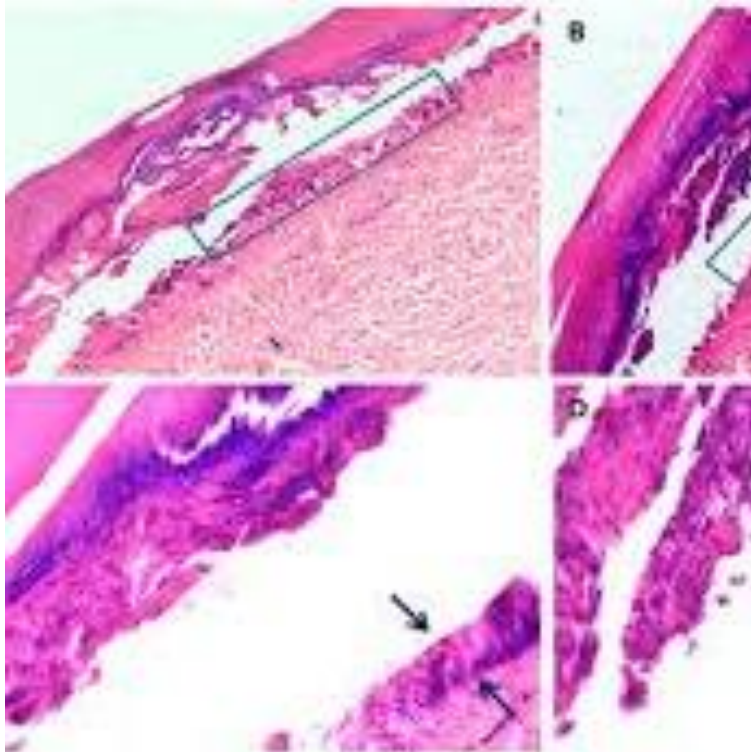


Table 1. Physical Effects at Selected Currents^{14,15}

Current (mA)	Response
0.2-2	"Electrical" sensation
2-2+	Painful shock
5	Let-go threshold for children
10	Minimum let-go threshold for adults
20	99% of adults cannot let go
0-20	Tetany (contact area)
0-50	Tetany (respiratory muscles)
0-100	Ventricular fibrillation

Central and peripheral nervous system

- Brachial Plexopathy (asymmetrical hand strength, wrist drop, arm weakness). Check for Radiculopathy.
- CT, MRI, EEG and Nerve Conduction Velocity (NCV) tests might be required.
- Blunt brain injury (due to beatings or fall) and intracerebral bleeding are common and frequently overlooked problems that can challenge assessment.
- Traumatic brain injury – even as mild traumatic brain injury (TBI) - can lead to a number of long term and chronic problems such as impaired sleep, memory problems and irritability (postconcussional syndrome (PCS)).
- Symptoms can overlap with, but also „mimick“ posttraumatic stress disorder as the most common psychological reaction to torture.



Evaluation of findings in written report

In the report, the following qualifications are commonly used:

Not consistent with ... (could not have been caused by..)

Consistent with ...(unspecific, could be caused by ..or other factors)

Highly consistent with ... (few other possibilities)

Typical for ...(usually found after ...,other causes possible)

Diagnostic of .. (only can be caused by...).

A negative finding does not exclude torture