



**NATIONAL COMMISSION
FOR HUMAN RIGHTS**

The Manual for Investigating

Torture

Complaints

National Commission for Human Rights

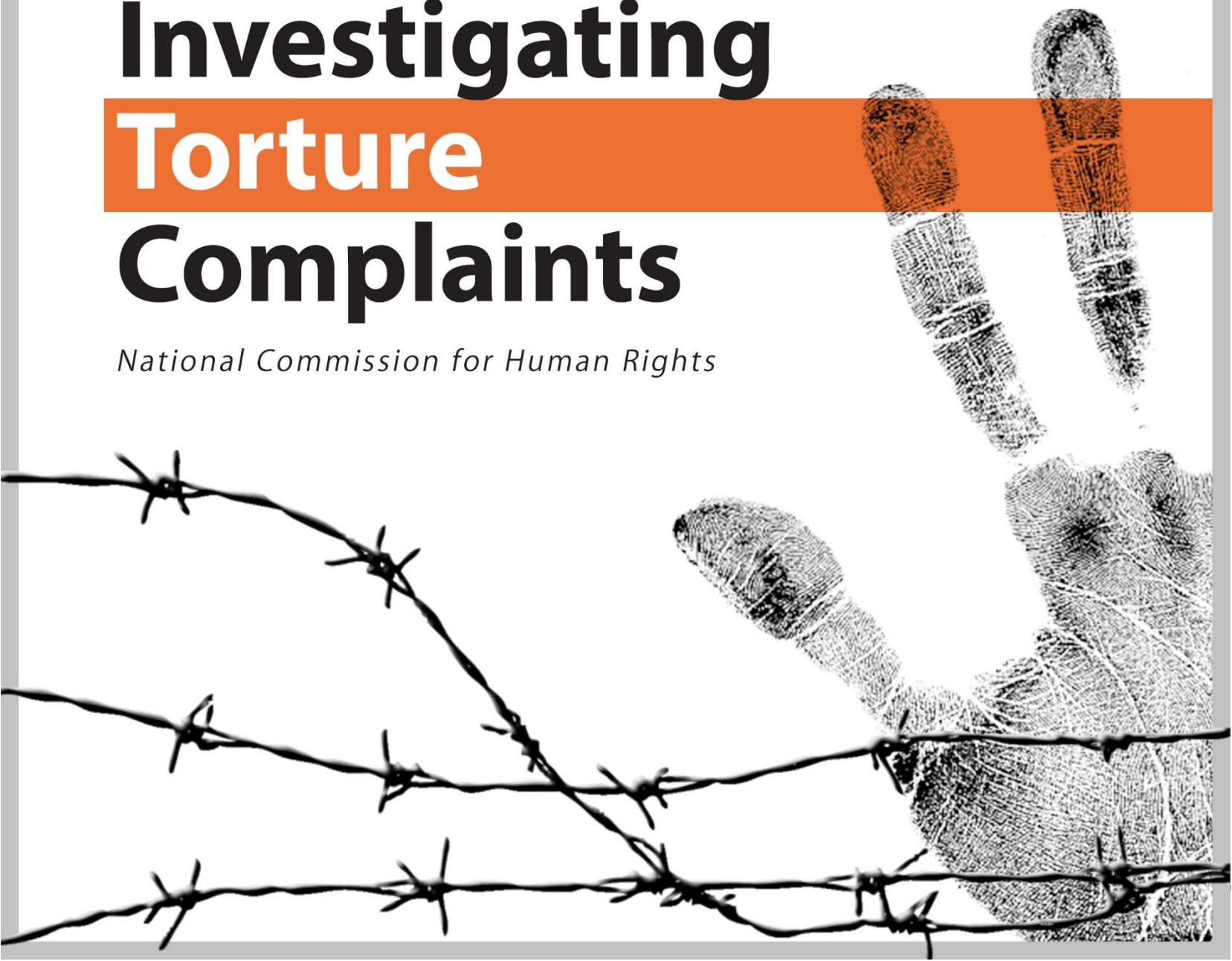


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The Manual for Investigating Torture Complaints

1. The Powers of the NCHR Vis-A-Vis Torture, and Key Principles Applicable at All Stages of the Investigation:

The establishment of the National Commission for Human Rights (“NCHR”), is a key step towards the promotion and protection of human rights enshrined in the Constitution of Islamic Republic of Pakistan, 1973.

Complying with its international obligations, Pakistan established a National Commission for Human Rights (NCHR) through *The National Commission of Human Rights Act, 2012* in accordance with the Paris Principles.

In its preamble, the Act provides its raison d'être as follows;

“WHEREAS it is expedient to provide for the creation of National Commission for Human Rights, for the purpose of promotion and protection of Human Rights as provided in the Constitution of Islamic Republic of Pakistan and various international instruments to which Pakistan is state party or shall become a state party.”

The **Act** stipulates a broad and overarching mandate for the promotion, protection and fulfilment of human rights, as provided for in Pakistan’s constitution and international treaties. As an impartial state body, the NCHR works independently of the Government and is directly accountable to the Parliament of Pakistan.

Under section 9 of the Act, one of the functions of the Commission, *inter alia*, is to inquire into the complaints of human rights violations, and negligence on part of public servants to prevent these violations, either on petition or *suo moto*. The section also entrusts the Commission with the function of visiting prisons, any place of detention or any other institution or place under the control of the Government or its agencies, where convicts, under trial prisoners, detainees or other persons are detained, in order to ascertain the legality of their detention as well as to find out whether the provisions of the applicable

laws or other provisions relating to the inmates living conditions and their other rights are being complied with.

The mandate and scope of functions of the NCHR has been broadened by the nascent **Torture and Custodial Death (Prevention and Punishment) Act, 2022**, which empowers the NCHR to supervise the investigations into allegations of torture being conducted by the Federal Investigation Agency (“FIA”).

In order to perform this function of supervision in accordance with the objects and purposes of the act and international best practices, the NCHR has adopted this manual which aims to consolidate the **Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (“The Istanbul Protocol”)**¹, an official UN document, along with **Preventing Torture: An Operational Guide for National Human Rights Institutions**², a joint publication of the Office of the United Nations High Commissioner for Human Rights (OHCHR), the Association for the Prevention of Torture (APT) and the Asia Pacific Forum of National Human Rights Institutions (APF). This document aims to lay the groundwork for guidelines on interviewing victims of torture and guidelines for the documentation of torture.

Key principles:

Protection:

When conducting interviews with victims or witnesses, it is important to consider their need for protection, and to empower the victim;

The following measures can be taken to ensure victims’ protection:

- interviewing a significant number of people to avoid focusing attention on the one person
- conducting the interview in a safe place where surveillance is minimal
- asking what security precautions, the person believes should be taken at the start and the end of the interview
- inviting the person to keep in contact with you after the interview
- in places of detention, conducting a follow-up visit shortly after the interview and meeting with the same detainees

¹ UN Office of the High Commissioner for Human Rights (OHCHR), Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (“Istanbul Protocol”), 2004, HR/P/PT/8/Rev.1, available at: <https://www.refworld.org/docid/4638aca62.html>

² 2 UN Office of the High Commissioner for Human Rights (OHCHR), Preventing Torture: An Operational Guide for National Human Rights Institutions, May 2011, HR/PUB/10/1, available at: <https://www.refworld.org/docid/4e71ceff2.html>

- never referring explicitly during the interview to statements made by other persons and never revealing the identity of witnesses.

Sensitivity:

The interviewee must be allowed to narrate his/her story candidly and they must be listened to attentively.

- Ask questions that respond to what the person is telling you. Do not simply move through a set list of questions and ignore what you are being told.
- Be sensitive to how the interviewee feels about the information they are sharing with you and be sensitive to non-verbal signs, such as body language.
- Allow moments of silence in the interview – do not rush the person.
- Be aware of your own body language.
- Maintain a friendly, polite, and sympathetic attitude towards the interviewee.
- Be sensitive to cultural differences in questioning and being questioned. Even if you want to probe for information – or if you do not believe the story you are being told – it is important to respect the interviewee and allow them to tell their story in their own words and at their own pace.

Professional ethics:

The Istanbul Principles dictate that the professional ethics of both medical and legal professions apply at all times throughout the duration of investigation and documentation

2. Key Definitions:

a. Torture:

Torture has been defined under Article 1(1) of the United Nations Convention on Torture, 1987 (UNCAT) as:

“For the purposes of this Convention, the term “torture” means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.”³

This definition contains three elements:

- the intentional infliction of severe mental or physical suffering
- by a public official, who is directly or indirectly involved
- for a specific purpose.

The definition of torture in the Inter-American Convention to Prevent and Punish Torture goes further by stating that the torture need not be severe, and includes the use of methods to diminish the personality or physical and mental capacity of a person, even if such harm does not occur.

The prohibition against torture under international law applies to many measures—e.g., beating on the soles of the feet; electric shock applied to genitals and nipples; rape; waterboarding/near drowning through submersion in water; near suffocation by plastic bags tied around the head; burning; whipping; needles inserted under fingernails; mutilation; hanging by feet or hands for prolonged periods.

³ UN General Assembly, Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 10 December 1984, United Nations, Treaty Series, vol. 1465, p. 85, available at: <https://www.refworld.org/docid/3ae6b3a94.html>

‘Torture’ as defined in the domestic law:

The **Torture and Custodial Death (Prevention and Punishment) Act, 2022** is the first statute in Pakistan that defines and criminalizes acts of torture as distinct offences. It defines torture as,

“An act committed by which severe physical pain or physical suffering, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.”

Types of Torture:

Torture can be categorized into two types:

- I. Psychological
- II. Physical

I. Psychological:

Research and clinical experience have shown that psychological sequelae of torture are often more persistent and protracted than physical sequelae and documentation of torture frequently takes place when the physical lesions have already disappeared.

The term “psychological torture” refers to methods of torture that do not involve direct physical pain. These methods can include threats of death, mock execution, or sensory deprivation. In these cases, there will be no physical evidence of torture and the psychological signs may be the only evidence available to you.

II. Physical:

To the extent that physical evidence of torture or ill-treatment exists, it provides important confirmatory evidence that a person has been tortured or ill-treated. However, the absence of such physical evidence should not be construed to suggest that

torture or ill-treatment did not occur, since such acts of violence against persons frequently leave no permanent marks

Specific forms of physical torture are listed in the table below. They include, but are not limited to:

Skin damage	The torture that results in skin damage may show as lesions, bruises, abrasions, lacerations, scars, wounds, and burns.
Fractures	Fractures produce a loss of bone integrity due to the effect of a blunt mechanical force on various vector planes.
Head trauma	Head trauma is one of the most common forms of torture.
Chest and abdominal trauma	Rib fractures are a frequent consequence of beatings to the chest.
Beating of the feet	The application of blunt trauma to the feet (or more rarely to the hands or hips).
Suspension or other positional torture	Suspension may include suspending or positioning of the body in an unnatural manner by tying, hanging, binding etc.
Electric shock torture	In electric shock torture, electric current is transmitted through electrodes placed on any part of the body. The most common areas are the hands, feet, fingers, toes, ears, nipples, mouth, lips and genital area.
Dental torture	Can include breaking or extracting teeth or through application of electrical current to the teeth.

Asphyxiation	The choking of a person.
Sexual torture, including rape	Can include forced nudity, verbal sexual threats, sexual assault by touching intimate parts of the body, digital penetration, forced masturbation, forced insertion of an object into the vagina or anus, oral rape, anal rape and vaginal rape, ejaculation or urination onto the victim, sexual slavery, forced pregnancy and enforced sterilization.

b. Cruel, inhuman and degrading treatment or punishment:

Article 16 of the Convention Against Torture addresses Cruel, Inhuman and Degrading Treatment or Punishment which does not amount to torture as defined in Article 1. The reason acts constituting CIDT are not strictly defined is that CIDT should be broadly interpreted to extend the widest possible protection against abuses, and include the residue of abuse/violence that does not meet the threshold of torture, *per se*, yet violates human dignity.⁴

The Torture and Custodial Death (Prevention and Punishment) Act, 2022 defines CIDT to “mean and include any deliberate or aggravated treatment by a public official or a person acting on his behalf against a person under their custody, causing suffering, gross humiliation or degradation of the person in custody.”

⁴ The Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, principle 6, footnote

3. Guidance On Conducting Interviews

- a. Who can make a complaint/be interviewed/take part in an investigation?
- b. Contents of the interview
- c. Special guidelines for interviewing persons deprived of liberty
- d. Note on interviewing women
- e. Note on interviewing children
- f. Recording Statements and Affidavits
- g. Record of information

a. Who can make a complaint/be interviewed/take part in an investigation?

According to the **Istanbul Protocol**, cases of torture may be brought to the NHRI's (i.e. NCHR) attention by individuals, their representatives, third parties, non-governmental organizations, or any other representative organizations.

The national institution shall hear any person and obtain any information and any documents necessary for assessing situations falling within its competence.

NHRIs should investigate and document any complaints they receive from victims of their relatives, as well as initiate their own investigations if they believe that torture or ill-treatment may be occurring in certain places of detention.

In Pakistan, the same principles have been adopted in The National Commission of Human Rights Act whereby NCHR has been empowered to take *suo moto* action, as well as to undertake an inquiry on the receipt of a petition by a victim or any other person. Moreover, Section 5 of the Torture and Custodial Death Act, 2012 empowers NCHR to supervise all investigations of torture undertaken by the Federal Investigation Agency.

Who should be interviewed

In addition to the victim and/or complainant, any witnesses who may be able to corroborate a victim's allegation of torture including:

- people who were present when the victim was taken into custody
- people who were detained with the victim.
- prison officials or law enforcement officers who may have been present

There are a number of different situations where representatives of NCHR will be required to conduct an interview, including:

- as part of a formal or official inquiry
- when a complaint is filed before the NCHR
- during a visit to a place of detention
- in the course of a torture investigation
- in a meeting with an official.

b. Content of interview:

All clinical evaluations of alleged or suspected cases of torture or ill-treatment in medico-legal settings must be conducted in accordance with the Istanbul Principles summarized as follows:

- a) Clinical evaluators should behave in conformity with the highest ethical standards and obtain informed consent before any examination is conducted;
- b) Clinical evaluations must:
 - I. Be conducted promptly and in private;
 - II. Conform to established standards of clinical practice;
 - III. Be under the control of experts, not security personnel;
- c) Written reports must be accurate and include the following:
 - I. Identification of the alleged victim; time and location of the interview, documentation of any physical restraint of the interviewee and/or presence of police or third parties during the evaluation;
 - II. A detailed record of the subject's allegations, including torture or ill-treatment methods and all complaints of physical and psychological symptoms;
 - III. A record of all physical and psychological findings on clinical examination, including appropriate diagnostic tests, body diagrams to record the location and nature of all injuries (see annex III) and, where possible, color photographs of all injuries;
 - IV. An interpretation as to the probable relationship of the physical and psychological findings to possible torture or ill-treatment;
 - V. A recommendation for any necessary medical and psychological treatment and/or further examination;
 - VI. Identification and signature of the evaluating clinician(s).

General questions:

The investigator should attempt to obtain as much of the following information as possible through the testimony of the alleged victim:

- I. Describe the circumstances that lead to torture, including arrest or abduction and detention.
- II. What were the dates and times of the torture to your best recollection? When did the last instance of torture occur?
- III. Describe, to the best of your knowledge and memory, the persons involved in the arrest, detention, and torture, and whether or not you knew any of them prior to the events relating to the torture. Describe if you remember anything distinct about the perpetrator; for example, their clothing, scars, birthmarks, tattoos, height, weight, anything unusual about the perpetrator's anatomy, language and accent, and whether the perpetrators were intoxicated at any time.
- IV. Narrate the content of what you were told or asked.
- V. Describe the usual routine in the place of detention and the pattern of ill-treatment.
- VI. Describe the facts of the torture, including the methods of torture used.
- VII. Were you (or the victim) sexually assaulted. *(At this point, the interviewer must first explain the different forms of sexual assault like verbal assaults, disrobing, groping, lewd or humiliating acts or blows or electric shocks to the genitals as these forms of sexual violence are often not taken by the victim as constituting sexual assault).*
- VIII. What physical injuries were sustained in the course of, or as a result of, the torture?
- IX. Describe weapons or other physical objects used, if any.

A comprehensive questionnaire designed to obtain evidence from victims of torture is attached herewith as 'Annexure A'.

Questions regarding psychosocial history and pre-arrest

If an alleged torture victim is no longer in custody, the examiner should inquire into the person's:

- daily life
- relations with friends and family
- work or school
- occupation
- interests

- future plans
- post-detention psychosocial history
- prescription medication, and;
- political activities, beliefs, and opinions insofar as they help explain why a person may have been detained or tortured.

Questions regarding detention and abuse

Before obtaining a detailed account of events, summary information should be elicited, including

- dates
- places
- duration of detention, and;
- frequency and duration of torture sessions

In writing up the story it may often be useful to have “what happened where” documented as much as possible. Holding places are operated by different security, police, or armed forces, and what happened in different places may be useful for a full picture of the torture system.

Questions regarding the circumstances of detention

Consider the following questions:

- What time was it?
- Where were you?
- What were you doing?
- Who was there?
- Describe the appearance of those who detained you.
- Were they military or civilian, in uniform or in civilian clothes?
- What type of weapons were they carrying?
- What was said?
- Were there any witnesses?
- Was this a formal arrest, administrative detention, or disappearance?
- Was violence used, threats spoken? Was there any interaction with family members?
- Note the use of restraints or blindfold, means of transportation, destination, and names of officials, if known.

Questions regarding place and conditions of detention

The investigator should attempt to obtain as much of the following information as possible through the testimony of the alleged victim:

The conditions of detention play a key role in establishing torture and other cruel, inhuman or degrading treatment. The questions regarding conditions of detentions may include:

- access to, and descriptions of, food and drink
- toilet facilities
- lighting
- temperature, and;
- ventilation

The interviewee must be asked if they were allowed any contact with family, lawyers or health professionals, conditions of overcrowding or solitary confinement, dimensions of the detention place, and whether there are other people who can corroborate the detention. Consider the following questions:

- Was there an identification process (personal information recorded, fingerprints, photographs)?
- Were you asked to sign anything?
- Describe the conditions of the cell or room (note size, number of detainees in one space, light, ventilation, temperature, presence of insects and rodents, bedding, access to food, water, and toilet).
- What did you hear, see, and smell?
- Did you have any contact with people outside or access to medical care?
- What was the physical layout of the place where you were detained?

Questions regarding methods of torture and ill-treatment

Questions should be designed to elicit a coherent narrative account. Consider the following questions:

- Where did the abuse take place, when, and for how long?
- Were you blindfolded?
- Before discussing forms of abuse, note who was present (give names, positions). Describe the room or place.
- Which objects did you observe?
- If possible, describe each instrument of torture in detail; for electrical torture, the current, device, number and shape of electrodes.
- Ask about clothing, disrobing, and change of clothing.

- What was said during interrogation, including insults, questions, etc.
- What was said among the perpetrators?
- Was there any bleeding, head trauma, or loss of consciousness?
- Was the loss of consciousness due to head trauma, asphyxiation, or pain?

The investigator should also ask about how the person was at the end of the occurrence of torture/abuse. Could he or she walk? Did he or she have to be helped or carried back to the cell? Could he or she get up the next day? How long did the feet stay swollen? For each form of abuse, note: body position, restraint, nature of contact, including duration, frequency, anatomical location and the area of the body affected. The history should include the date of positional torture, how many times and for how many days the torture lasted, the period of each episode, and the style of the suspension. The examiner must remember that statements on the length of the torture session by the torture survivor are subjective and may not be correct since disorientation of time and place during torture is a generally observed finding.

c. Interviewing Women:

It might be difficult for a man to interview a woman, even when the subject matter of the interview is not sensitive. A woman is often more willing to talk to another woman. This consideration is especially important when discussing an experience of sexual assault. Therefore, it is very important to ask the interviewee about her preferences in this regard.

d. Interviewing Children:

Children perceive the world very differently from adults and this fact should be appreciated when preparing to interview a child. The issue of power relations should also be carefully considered, as a child will always feel inferior to an adult interviewer and is therefore more likely to provide compliant answers.

The age and developmental stage of the child must also be taken into account, as this will greatly influence the child's capacity to tell his or her story. For instance, can the child talk freely and uninterrupted? Or is s/he better able to respond to specific questions?

If the interview relates to an allegation of physical abuse, a child is likely to feel anxious and reticent to discuss the issue. It is important to be extremely patient. Often several interviews will be necessary before a child will trust you sufficiently to confide in you. It may also be helpful to consider using other methods of communication, such as drawing or using pictures or images (sad faces/smiley faces).

The child should be asked whether s/he has a preference regarding the gender of the interviewer. During an interview, attention must be paid to signs that the child is growing anxious or overwhelmed and, when necessary, the child should be offered a break.

e. Interviewing persons still in custody:

Section 9(c) of the National Commission of Human Rights Act, 2012 empowers NCHR to visit any jail, place of detention or any other institution or place under the control of the Government or its agencies to ascertain the legality of detention as well as whether prisoners' rights are being fulfilled in accordance with the law.

International best practices provide that monitoring visits, including by human rights investigators, national human rights institutions or national preventative mechanisms, should include qualified legal and clinical experts to ensure that interviews with detainees are consistent with the Istanbul Protocol and its Principles. Members of human rights mechanisms should be familiar with the standards and recommendations in the Istanbul Protocol and its Principles and international/regional standards for monitoring places of deprivation of liberty.

Interviews with persons who are still in custody, and possibly even in the hands of the perpetrators of torture or ill-treatment, will obviously be very different from interviews in the privacy and security of an outside medical facility. Visits to persons deprived of their liberty can be difficult to carry out because the persons who are still in detention or under custody of alleged perpetrators might be put in danger by giving testimony. A one-time visit, without follow-up to ensure the safety of the interviewees after the visit, may risk the well-being of detainees even further. Unannounced visits are recommended in order to circumvent the limitations of monitoring persons still in custody.

All precautions should be taken to ensure that detainees do not place themselves in danger. Interviewers, clinicians, and interpreters should not make promises to detainees that they are not able to fulfil. Persons deprived of their liberty who have suffered torture should be asked whether the information they provide can be used and, if so, in what way.

The location of the interview should be out of sight and hearing of security officers, to ensure confidentiality. The possible presence of cameras, microphones, and/or one-way mirrors should be ruled out. Interviews should typically take place with the informed consent of interviewees, in a comfortable room in which they do not feel intimidated.

f. Recording statements and affidavits:

A statement is simply a written account of an incident provided by a person and using their own words. An affidavit is a sworn statement, reduced to writing and notarized. This means that the person has sworn, in front of a lawyer or judicial officer, that the contents of the statement are true.

NCHR is empowered under Section 13 of the Act to both examine witnesses on oath and to receive evidence in the form of affidavits.

The question of whether information should be recorded in the form of a statement or on an affidavit depends on whether the information is to be included in an internal or external report or used in legal proceedings. If it is to be used in a report, then it may be sufficient to collect a statement from an interviewee. However, if the information is intended for use in legal proceedings, such as a criminal prosecution of the perpetrators of torture, or it is the basis of a formal complaint, then it may be necessary to obtain an affidavit or examine him/her under oath.

g. Record of information:

All the information gathered in relation to an allegation of torture should be properly recorded in a file, including:

- testimonies
- statements or complaints
- medical records
- photographs
- affidavits
- information and responses from the authorities
- other information (such as reports from on-site visits to places of detention).

In addition, NCHR should also keep reports of torture and ill-treatment from other sources, including:

- decisions in relevant court cases
- reports prepared by non-governmental organizations
- reports of international and regional bodies (such as the United Nations Special Rapporteur on Torture or the European Committee for the Prevention of Torture)
- media reports of torture.

This information is useful to help to cross-check allegations and identify patterns of abuses.

All information collected should be formally recorded using a standard format that allows others within NCHR to analyse and use it appropriately. A standard reporting format allows for cross-checking between different cases and establishing patterns of torture and ill-treatment.

NCHR should maintain a computer database or spreadsheet of complaints of torture they have received.

Records with confidential information should be kept in a secure location at all times. As an additional precaution, NHRIs can consider identifying files by numbers, rather than by names, with the corresponding list of names filed separately from the substantive records.

4. Guidance for Medical Professionals

Medical history

The clinician should obtain a complete medical history, including information about prior medical, surgical, or psychiatric problems and be sure to document any history of injuries before each period of alleged torture or other ill-treatment and any possible after-effects.

A medical evaluation form for collecting information to be used by medical examiners is annexed herewith as 'Annexure B'.

Specific historical information may be useful in correlating regional practices of torture with individual allegations of torture or ill-treatment. Examples of useful information include descriptions of torture devices, body positions, methods of restraint, descriptions of acute or chronic wounds and disabilities and identifying information about perpetrators and places of detention.

All complaints made by an alleged torture victim are significant. Although there may be no direct correlation with the physical findings, they should be reported. Acute and chronic symptoms and disabilities associated with specific forms of abuse and the subsequent healing processes should be documented.

Medical evidence:

The clinician should arrange for a medical examination of the alleged victim. The timeliness of such medical examinations is particularly important. A medical examination should be undertaken regardless of the length of time since the torture, but if it is alleged to have happened within the past six weeks, such an examination should be arranged urgently before acute signs fade. The examination should include an assessment of the need for treatment of injuries and illnesses, psychological help, advice, and follow-up. A psychological appraisal of the alleged torture victim is always necessary and may be part of the physical examination, or where there are no physical signs, may be performed by itself.

In formulating a clinical impression for the purpose of reporting physical and psychological evidence of torture, there are six important questions to ask:

- a. Are the physical and psychological findings consistent with the alleged report of torture?
- b. What physical conditions contribute to the clinical picture?
- c. Are the psychological findings expected or typical reactions to extreme stress within the cultural and social context of the individual?
- d. Given the fluctuating course of trauma-related mental disorders over time, what is the time frame in relation to the torture events? Where in the course of recovery is the individual?
- e. What other stressful factors are affecting the individual (e.g. ongoing persecution, forced migration, exile, loss of family, and social role, etc.)? What impact do these issues have on the victim?
- f. Does the clinical picture suggest a false allegation of torture?

Acute symptoms

Individuals should be asked to describe any symptoms and signs of injuries that may have resulted from the specific methods of alleged torture or ill-treatment. These can be, for example, bleeding, bruising, swelling, open wounds, lacerations, fractures, dislocations, joint pain, paralysis, haemoptysis, pneumothorax, visual disturbances, tympanic membrane perforation, genito-urinary system injuries as associated with red or dark urine, dysuria, incontinence, vaginal discharge and bleeding, burns (color, bulla or necrosis according to the degree of burn), electrical injuries (their color and surface characteristics), injuries from exposure to chemicals (color and signs of necrosis), pain, numbness, constipation, incontinence of feces or flatus, nausea and vomiting, impaired consciousness, seizures, or gaps in their memory.

The intensity, chronology, frequency, and duration of each symptom should be noted.

The development of any subsequent skin lesions should be described, indicating whether they left scars.

Clinicians should ask about the health of individuals following the traumatic events:

- Were they able to walk or were they confined to bed?
- If they were confined, for how long?
- How long did the wounds take to heal?
- Were they infected?
- What treatment was received?
- Was it a physician or a traditional healer?
- Clinicians should be aware that the alleged victim's ability to make such observations may have been compromised by the torture itself or its after-effects and should be documented.

Chronic symptoms

The clinician should elicit information on all of the physical ailments that the individual believes were associated with torture or ill-treatment and note the severity, frequency, and duration of each symptom and any associated disability or need for medical or psychological care, or treatment received.

Importance of medical history

Torture victims may have injuries that are substantially different from other forms of trauma. Although acute lesions may be characteristic of the injuries described, most lesions heal within weeks of torture, leaving no scars or, at the most, non-specific scars. This is often the case when torturers use techniques that prevent or limit detectable signs of injury. Blunt trauma is one of the most common modes of injury in torture and tends to cause mainly bruising and abrasions, which may heal without lasting physical evidence. Under such circumstances, the physical examination may be within normal limits, but this in no way negates allegations of torture.

Physical examination

Typically, the physical examination is conducted by a qualified physician at the end of the clinical evaluation and only with the alleged victim's consent. Whenever possible, the alleged victim should be able to choose the gender of the physician and, where used, of the interpreter. If the physician is not of the same gender as the patient, a chaperone who is of the same gender as the alleged victim should be offered. Alleged victims must understand that they are in control and have the right to limit the examination or to stop it at any time. While it is important to examine the whole body, it should be done in sections, keeping as much of the body covered as possible at any one time. Exposing the body can be retraumatizing for the victim, since forced nakedness is a common form of torture. A complete examination should be made, as there may be findings of which victims are unaware (e.g. on their back) or which they forgot to mention when the history was taken.

In cases of alleged recent torture or ill-treatment and when the clothes worn during torture or ill-treatment are still being worn by the alleged victim, they should be taken for examination without having been washed and a fresh set of clothes should be provided.

Interpretation of findings

The Istanbul Principles require clinicians to provide an “interpretation as to the probable relationship of the physical and psychological findings to possible torture or ill-treatment.”. In this sense, “physical and psychological findings” can include symptoms, signs, historical information, diagnostic test results, photographs, and prior medical evaluations.

The clinician should correlate the following:

- a. To what extent is the history of acute and chronic physical symptoms and disabilities consistent with the allegations of torture and/or ill-treatment?
- b. To what extent are the findings of the physical examination consistent with the allegations of torture and/or ill-treatment? (Note: the absence of physical findings does not exclude the possibility that torture, or ill-treatment was inflicted.)
- c. To what extent are the findings of the examination consistent with known torture methods and their common after-effects used in a particular region?

Conclusions and recommendations

Clinicians should formulate a clinical opinion on the possibility of torture or ill-treatment based on all relevant clinical evidence, including physical and psychological findings, historical information, photographic findings, diagnostic test results, knowledge of regional practices of torture, consultation reports, etc.

5. Annexures

Annexure A

Questionnaire: Investigation into Torture

Questionnaire: Investigation into Torture

1. *Time and Date of Interview:*
2. *Interviewers present:*
3. *Duration of interview:*
4. *Presence of other authorities:*
5. *Conclusion on external pressure*

Part I. Identity of the Person(s) Subjected to Torture

1. *Family Name:*
2. *First and other names:*
3. *Sex:*
4. *Birth date or age:*
5. *Nationality:*
6. *Occupation:*
7. *Identity card number (if applicable):*
8. *Activities (trade union, political, religious, and humanitarian/solidarity, press, etc.):*

Part II. Circumstances Surrounding Torture

a. Can you tell us what happened to you?

Let the interviewee tell the story in their own words, freely and openly. At this point do not ask leading questions, and make them feel at ease. Do not make statements like “I understand”. Have a rapport established before you get to this point, and make sure they know why this is being done and how it would benefit them. Tell them they can stop talking at any point they want. Do not interrupt.

Part III. Follow Up

Ask only if this has not been covered in the above section and try to reduce the number of leading questions. Tell them this is being asked only to make sure the story is told fully and with complete details, that it would help their case.

1. When were you captured/taken in custody? Date and place of arrest and subsequent torture.
2. Where were you taken from (public place/home/friends or relatives house)
3. Identity of force(s) carrying out the initial detention and/or torture (police, intelligence services, armed forces, paramilitary, prison officials, other)

1. *How old were you at that time?*
2. *Chain of custody*
3. *For how long*
4. *When released*
5. *What did you have on you at the time (evidence/property etc.)*
6. *How many people were present to torture you?*
7. *Was there another prisoner there with you? Potential witness to the torture?*
8. *How were you transported there?*
9. *How did they behave at the point of capture/arrest?*
10. *What kind of questions did they ask?*
11. *How did you react?*

4. Contact with the outside world

1. *Did you ask to be placed in touch with your family, friends, or a lawyer?*
2. *If yes, what response did you get?*
3. *Were you in touch with anyone at all during detention? Lawyer, relatives, friends. If so, how long after the arrest?*
4. *If yes, how were you in touch with them?*
5. *If you weren't in touch, when and how did your loved ones find out that you were tortured?*
6. *Have you had to talk about your ordeal with anyone? Did you share your story or unburden yourself at any point?*

5. Describe the methods of torture used/any materials and instruments used

1. *Psychological trauma*
2. *Physical torture*

6. Injuries were sustained as a result of the torture

1. *Do you still suffer long term side effects or permanent injuries?*
2. *If you healed, how long did it take for you to recover?*
3. *Do you have nightmares or suffer from flashbacks of the torture?*

7. What was believed to be the purpose of the torture?

8. Examination of the torture victim by doctor

1. *If yes, when?*
2. *Was the examination performed by a prison or government doctor?*
3. *If yes, what kind of medical examination was conducted? Could it detect evidence of injuries sustained as a result of the torture?*
4. *Were any medical reports or certificates issued?*

Part IV. Remedial Action

9. Were any domestic remedies pursued by the victim or his/her family or representatives (complaints with the forces responsible, the judiciary, political organs, etc.)?

1. *If so, what was the result?*
2. *Did your family suffer any socio-economic problems? Harassment, exclusion, psychological effects?*
3. *Quality and frequency of food given to you?*
4. *Hygiene and sanitation standard?*
5. *What are your feelings about law enforcement in Pakistan as a result of your experience?*
6. *Have you been tortured or humiliated recently?*
7. *If yes, please give as many details as you feel comfortable with providing.*

Annexure B

Guidelines for the medical evaluation of torture and ill-treatment

The following guidelines are based on the Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. These guidelines are not intended to be a fixed prescription but should be applied taking into account the purpose of the evaluation and after an assessment of available resources. Evaluation of physical and psychological evidence of torture and ill-treatment may be conducted by one or more clinicians, depending on their qualifications.

I. Case information

Date of exam:

Exam requested by (name/position):

Case or report No.:

Duration of evaluation: Hours, Minutes

Subject's given name:

Birth date: Birth place:

Subject's family name: Gender: male/female:

Reason for exam: Subject's ID No.:

Clinician's name: Interpreter (yes/no), Name:

Informed consent: yes/no If no informed consent, why?:

Subject accompanied by (name/position):

Persons present during exam (name/position):.....

Subject restrained during exam: yes/no; If “yes”, how/why?.....

Medical report transferred to (name/position/ID No.):.....

Transfer date:..... Transfer time:.....

Medical evaluation/investigation conducted without restriction (for subjects in custody):
yes/no

Provide details of any restrictions.....

II. Clinician’s qualifications (for judicial testimony)

1. Medical education and clinical training
2. Psychological/psychiatric training
3. Experience in documenting evidence of torture and ill-treatment
4. Regional human rights expertise relevant to the investigation
5. Relevant publications, presentations, and training courses
6. Curriculum vitae

III. Statement regarding veracity of testimony (for judicial testimony)

For example: “I personally know the facts stated below, except those stated on information and belief, which I believe to be true. I would be prepared to testify to the above statements based on my personal knowledge and belief.”

IV. Background information

1. General information (age, occupation, education, family composition, etc.)
2. Past medical history
3. Review of prior medical evaluations of torture and ill-treatment
4. Psychosocial history pre-arrest.

V. Allegations of torture and ill-treatment

1. Summary of detention and abuse
2. Circumstances of arrest and detention
3. Initial and subsequent places of detention (chronology, transportation and detention conditions)
4. Narrative account of ill-treatment or torture (in each place of detention)
5. Review of torture methods.

VI. Physical symptoms and disabilities

Describe the development of acute and chronic symptoms and disabilities and the subsequent healing processes.

1. Acute symptoms and disabilities
2. Chronic symptoms and disabilities.

VII. Physical examination

1. General appearance
2. Skin
3. Face and head
4. Eyes, ears, nose and throat
5. Oral cavity and teeth
6. Chest and abdomen (including vital signs)
7. Genito-urinary system
8. Musculoskeletal system
9. Central and peripheral nervous system.

VIII. Psychological history/examination

1. Methods of assessment
2. Current psychological complaints
3. Post-torture history
4. Pre-torture history
5. Past psychological/psychiatric history
6. Substance use and abuse history
7. Mental status examination
8. Assessment of social functioning
9. Psychological testing: (see chapter VI, sect. C.1, for indications and limitations)
10. Neuropsychological testing (see chapter VI, sect. C.4, for indications and limitations).

IX. Photographs

X. Diagnostic test results (see annex II for indications and limitations)

XI. Consultations

XII. Interpretation of findings

1. Physical evidence

- a. Correlate the degree of consistency between the history of acute and chronic physical symptoms and disabilities with allegations of abuse.
- b. Correlate the degree of consistency between physical examination findings and allegations of abuse. (Note: The absence of physical findings does not exclude the possibility that torture, or ill-treatment was inflicted.)
- c. Correlate the degree of consistency between examination findings of the individual with knowledge of torture methods and their common after-effects used in a particular region.

2. Psychological evidence

- a. Correlate the degree of consistency between the psychological findings and the report of alleged torture.
- b. Provide an assessment of whether the psychological findings are expected or typical reactions to extreme stress within the cultural and social context of the individual.
- c. Indicate the status of the individual in the fluctuating course of trauma-related mental disorders over time, i.e. What is the time frame in relation to the torture events and where in the course of recovery is the individual?
- d. Identify any coexisting stressors impinging on the individual (e.g. ongoing persecution, forced migration, exile, loss of family and social role, etc.) and the impact these may have on the individual.
- e. Mention physical conditions that may contribute to the clinical picture, especially with regard to possible evidence of head injury sustained during torture or detention.

XIII. Conclusions and recommendations

1. Statement of opinion on the consistency between all sources of evidence cited above (physical and psychological findings, historical information, photographic findings,

- diagnostic test results, knowledge of regional practices of torture, consultation reports, etc.) and allegations of torture and ill-treatment.
2. Reiterate the symptoms and disabilities from which the individual continues to suffer as a result of the alleged abuse.
 3. Provide any recommendations for further evaluation and care for the individual.

XIV. Statement of truthfulness (for judicial testimony)

For example: *“I declare under penalty of perjury, pursuant to the laws of (country), that the foregoing is true and correct and that this affidavit was executed on(date) at(city), (State or province).”*

XV. Statement of restrictions on the medical evaluation/investigation (for subjects in custody)

For example: *“The undersigned clinicians personally certify that they were allowed to work freely and independently and permitted to speak with and examine (the subject) in private, without any restriction or reservation, and without any form of coercion being used by the detaining authorities”; or “The undersigned clinician(s) had to carry out his/her/their evaluation with the following restrictions:”*

XVI. Clinician’s signature, date, place

XVII. Relevant annexes

A copy of the clinician’s curriculum vitae, anatomical drawings for identification of torture and ill-treatment, photographs, consultations and diagnostic test results, among others.