

Self-Assessment Quizzes

Addendum to the

Model Curriculum on the Effective Medical
Documentation of Torture and Ill-treatment

Educational Resources for Health Professional Students

Prevention through Documentation Project

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International Rehabilitation Council for Torture Victims

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Note: For each question, select the best answer. In some cases there may be more than one correct answer.

Module 1 Self-Assessment

1. Which of the following is/are included in the UN Convention Against Torture (CAT) definition of torture?
 - A. The intentional infliction of severe mental or physical pain or suffering
 - B. Perpetrated by or with the consent or acquiescence of the state authorities
 - C. Pain and suffering arising from lawful sanctions
 - D. For a specific purpose, such as gaining information, punishment or intimidation or for any other reason
 - E. All of the above

2. What distinguishes cruel, inhuman and degrading treatment or punishment (CID or ill-treatment) from torture?
 - A. The use of psychological methods of abuse only, but not physical methods
 - B. The degree of severity of mental or physical pain or suffering inflicted
 - C. Perpetrated by or with the consent or acquiescence of state authorities
 - D. Ill-treatment does not have to be inflicted for a specific purpose
 - E. All of the above

3. Which of the following is a reasonable estimate of the number of countries that practice in the world today?
 - A. Nearly all of the countries in the world
 - B. Nearly half the countries in the world
 - C. About one fourth of the countries in the world
 - D. None of the above

4. International Law prohibiting torture is nearly as old as the practice of torture itself
 - A. True
 - B. False

5. Which of the following accurately describes the purpose of torture?
 - A. To establish and maintain social control
 - B. To suppress and punish political opponents and criminals
 - C. To force individuals to "confess" to crimes
 - D. To instill a sense of terror within a population
 - E. All of the Above

6. According to the UN Convention Against Torture, which of the following conditions are exceptions for the prohibition against torture?
 - A. If an official "state of emergency" is declared
 - B. When domestic law allows for exceptions
 - C. If the infliction of severe physical and/or mental pain was not the intent of the alleged perpetrators

D. None of the above

7. The provision of non-*refoulement* in the Convention Against Torture refers to:
- A. Not allowing suspected torturers to emigrate to other countries
 - B. Not returning individuals to countries where they may be tortured
 - C. Not allowing individuals asylum on the basis of torture claims
 - D. Not returning suspected torturers to the country where the alleged crimes were committed
8. States have legal obligations to protect individuals from torture and ill-treatment by non-state actors?
- A. True
 - B. False
9. Perpetrators of torture and ill treatment are commonly officials involved in the criminal investigation process, and those responsible for the security of the state.
- A. True
 - B. False
10. States do not have a legal obligation to investigate acts of torture or ill-treatment unless there has been a formal complaint about it.
- A. True
 - B. False
11. Which of the following is *not* a condition of prison visits by the International Committee of the Red Cross (ICRC)?
- A. Access to all detainees
 - B. Access at any time
 - C. To interview detainees in private
 - D. To make ICRC investigation findings public
12. International law prohibiting torture and ill treatment does not apply to states that have not signed or ratified relevant declarations, covenants or conventions which prohibit torture and ill treatment.
- A. True
 - B. False
13. According to the Convention Against Torture, victims of torture have a right to redress and adequate compensation.
- A. True
 - B. False
14. Which of the following will likely decrease the risk of torture and/or ill treatment among persons deprived of their liberty?
- A. Access to legal counsel

- B. Access to a medical doctor
- C. Regular monitoring of detention facilities by UN and regional human rights bodies
- D. Judicial remand within 24 hours of detention
- E. All of the above

15. The December 2002 Optional Protocol to the UN Convention Against Torture creates a mechanism for regular inspection, by independent international and national bodies, of all places where people are deprived of liberty, within countries that agree to be bound by this Protocol.

- A. True
- B. False

16. According to international standards:

- A. Detainees should be afforded prompt and regular access to doctors
- B. Detainees should be offered a medical examination as soon as possible after being detained
- C. Care and treatment shall be provided free of charge
- D. Detainees have the right to request a second medical opinion by a doctor of their choice
- E. All of the above

17. The UN Standard Minimum Rules for the Treatment of Prisoners state that detainees or prisoners needing special treatment must be transferred to specialised institutions or civil hospitals for that treatment.

- A. True
- B. False

18. Measures to prevent torture and ill treatment include:

- A. Effective monitoring of places of detention
- B. Prohibiting confessions obtained through torture and ill treatment
- C. Unrestricted access to one's own lawyer and doctor
- D. Ensuring the right to legal challenge of detention before a judge
- E. All of the above

19. Measures for accountability of torture and ill treatment include:

- A. Effective investigations of allegations of torture and ill treatment
- B. Allowing torture to be prosecuted as an "abuse of police duty"
- C. Ensuring that alleged perpetrators are subject to criminal proceedings
- D. Ensuring adequate victim and witness protection
- E. All of the above

20. Because all detained people have the right to equal treatment without discrimination, differential treatment for special categories of detainees is not permitted.

- A. True
- B. False

Module 2 Self-Assessment

1. The Istanbul Protocol can best be described as:
 - A. The duties of states to ensure the effective investigation and documentation of torture and ill treatment
 - B. Guidelines for the effective investigation and documentation of torture and ill treatment
 - C. International Legal obligations of states to respect The intentional infliction of severe mental or physical pain or suffering
 - D. International standards that enable medical and legal experts to prove or disprove allegations of torture and ill treatment

2. The guidelines contained in the Istanbul Protocol are not designed to be fixed; rather, they represent an elaboration of the minimum standards contained in the Istanbul Principles and should be applied in accordance with a reasonable assessment of available resources.
 - A. True
 - B. False

3. The Istanbul Protocol has been recognised by UN and regional human rights bodies as the international standard for the effective investigation and documentation of torture and ill treatment.
 - A. True
 - B. False

4. A forensic medical evaluator should avoid conveying empathy during evaluations of alleged torture victims because it may compromise his or her objectivity in the collection of physical and psychological evidence.
 - A. True
 - B. False

5. Although there may be considerable variability in the psychological effects of torture and ill-treatment, the effects are often profound and result in long-term psychological disability.
 - A. True
 - B. False

6. According to the Istanbul Protocol, what are the most common psychological problems that torture victims suffer from?
 - A. There are no common psychological problems
 - B. Posttraumatic stress disorder (PTSD) and depression
 - C. Paranoia
 - D. Sexual dysfunction

7. Physical evidence of trauma is always of greater legal value than psychological evidence.
 - A. True

- B. False
8. In addition to providing medical evidence of torture and ill treatment, the Istanbul Protocol can be used to exonerate police who are accused of torture and ill treatment of detainees.
- A. True
B. False
9. Which of the following are procedural safeguards for detainees?
- A. Police may be in the presence of the detainee when s/he is being examined
B. The detainee's lawyer should be present during the request for examination
C. Prisoners should be examined at the most convenient location
D. A copy of the examination should not, under any circumstances, be transferred to law enforcement officials
E. Requests for medical evaluations by police should be considered valid
10. If the forensic medical examination supports allegations of torture, the detainee should not be returned to the place of detention.
- A. True
B. False
11. The presence of police, security forces, and/or other third parties during the examination may be grounds for disregarding a negative medical report.
- A. True
B. False
12. The term "medical ethics" refers to the moral framework that each health professional is bound to in their work.
- A. True
B. False
13. The use of hoods or blindfolds during any contact between a detainee and a health professional is absolutely unacceptable under any circumstances.
- A. True
B. False
14. Which of the following is *not* a provision under the World Medical Association's 1975 Tokyo Declaration?
- A. Doctors shall not be present during any procedure during which torture is used
B. The doctor shall not countenance, condone or participate in the practise of torture or other forms of cruel, inhuman or degrading procedures
C. The doctor's fundamental role is to alleviate the stress of his or her fellow man and no motive whether personal, collective, or political shall prevail against this higher purpose
D. None of the above

15. Which of the following is *not* an example of a role that a health professional may play in the participation of torture and ill treatment?
- A. A health professional might be asked to resuscitate a torture victim after he/she has become unconscious
 - B. A health professional might provide certain instruments to the torturers/perpetrators
 - C. A health professional might be asked to falsify or misrepresent a medical report
 - D. A health professional might perform a medical evaluation in order to assess that the victim will be able to withstand torture
 - E. A health professional might provide confidential medical information to interrogators
 - F. All of the above
16. Which of the following are essential elements of informed consent?
- A. Mental competence
 - B. Full disclosure regarding risks and benefits
 - C. The individual understands the information provided
 - D. Consent is voluntary and not coerced in any way
 - E. The individual provides verbal or written authorization of consent
 - F. All of the above
17. When health professionals are pressured or required by law to disclose information to third parties about patients without consent, they should make clear to any authority requesting information that they are bound by professional duties of confidentiality.
- A. True
 - B. False
18. Under which of the following circumstances would it be appropriate for a physician to feed a hunger striker?
- A. When the physician's moral beliefs compel him or her to do so
 - B. If the hunger striker is already in a comatose state and no prior directives have been established
 - C. Immediate family members insist on feeding after the hunger striker became comatose, even though the attending physician documented that the detainee was competent, rational and understood the risk of his actions
 - D. None of the above
19. The ethical duties of medical personnel do not apply in non-clinical encounters with detainees, such as interrogation.
- A. True
 - B. False
20. Effective medical and legal investigations of torture and ill treatment requires obtaining the following essential information?
- A. Identity of the victim
 - B. Identity of the perpetrators
 - C. Description of how the individual came into the hands of the perpetrators
 - D. Description of the location where the abuse took place
 - E. Description of the form of abuse

- F. Possible witnesses
- G. All of the above

Module 3 Self-Assessment

1. The primary purpose of a medical evaluation of torture and ill treatment is to assess the degree to which physical and psychological findings correlate with individual allegations of abuse.
 - A. True
 - B. False

2. Which of the following will aid clinicians in earning the trust of individuals who have experienced torture and ill treatment?
 - A. Active listening
 - B. Meticulous communication
 - C. Courtesy, genuine empathy and honesty
 - D. Explaining what to expect in the evaluation
 - E. Being mindful of the tone, phrasing and sequencing of questions (sensitive questions should be asked only after some degree of rapport has been developed)
 - F. All of the above

3. Clinicians planning to conduct a medical evaluation for physical or psychological evidence of torture and ill treatment should schedule adequate time:
 - A. About 30 minutes
 - B. About 1 hours
 - C. About 2 to 4 hours
 - D. More than 6 hours

4. Which of the following is *not* a procedural safeguard according to the Istanbul Protocol?
 - A. It is mandatory that detainees undergo a preliminary medical examination at the time of detention; a further examination and evaluation should be made upon their release.
 - B. The officials who supervise the transportation of the detainee should be responsible to the public prosecutors and not to other law enforcement officials.
 - C. The medical examination for detainees should be free of charge.
 - D. Forensic medical services should be under the authority of the police or prison system.
 - E. Detainees have the right to obtain a second or alternative medical evaluation by a qualified physician during his/her detention.

5. Clinicians must balance two important requirements in the course of interviewing individuals who allege torture and ill treatment: 1) the need to obtain a detailed accurate account of events, and 2) the importance of respecting the needs of the person being interviewed.
 - A. True

- B. False
6. The gender of the examining clinician should always be the same as the interviewee.
- A. True
 - B. False
7. Which of the following are not accurate statements about the use of interpreters for medical evaluations of torture and ill treatment?
- A. As a rule, family members should not be used
 - B. In cases of alleged sexual assault of a woman it is advisable to use a female interpreter if the interviewee does not express a gender preference
 - C. The age of the interviewer does not matter
 - D. Interviewers should make eye contact with and speak directly to the interviewee
 - E. There may be difficulties when the interviewee and the interpreter are from different, ethnic, religious, social, and/or political backgrounds
8. When a physician is involved in the torture of an individual, he or she may have difficulty trusting the examining clinician. This is an example of:
- A. Transference
 - B. Counter-transference
 - C. A reaction formation
 - D. Traumatic delusion
9. After listening to the audiotape of the 1996 National Public Radio interview with Sr. Diana Ortiz, consider which of the following emotional reactions that an interviewer is likely to have:
- A. Anger
 - B. Helplessness
 - C. Fear
 - D. Shame
 - E. Guilt
 - F. All of the above
10. After listening to the audiotape of the 1996 National Public Radio interview with Sr. Diana Ortiz, identify interview considerations that the interviewer did not adequately address:
- A. Comfort and privacy
 - B. Empathy
 - C. Appropriate use of open-ended and closed questioning
 - D. Allowing the interviewee to have some control over the interview process
 - E. All of the above
11. Before a forensic interview begins, the clinician must inform the interviewee of any limits on the confidentiality of the information he or she provides.
- A. True
 - B. False

12. As a clinician who provides care to survivors of torture and/or conducts medical evaluations of alleged victims of torture and ill treatment, what strategies do you consider to be effective in managing and limiting secondary trauma and “burn out?”
- A. Debriefing with colleagues and seeking counseling if needed
 - B. Discussing your emotional reactions with the survivor/alleged victim
 - C. Limiting your exposure to traumatic cases
 - D. Awareness to, reflection on and modulation of your emotional reactions to interviews with survivors of torture and ill treatment
 - E. All of the above
13. Initially, interview questions should be open-ended, allowing a narration of the trauma with minimal interruptions.
- A. True
 - B. False
14. The accuracy of information obtained in a medical evaluation can be improved by:
- A. Clarifying details
 - B. Summarising key points periodically
 - C. Scheduling a follow-up interview to address outstanding questions or any inconsistencies
 - D. Using cognitive techniques such as “You were telling me about being suspended; can you tell me what happened just before that?”
 - E. All of the above
15. Which of the following may affect an individual’s ability to recall and recount torture and ill treatment?
- A. Disorientation during torture, blindfolding, drugging, and lapses of consciousness
 - B. Neurological or psychological memory disturbances
 - C. Feelings of guilt or shame
 - D. Cultural differences in the perception of time
 - E. Lack of trust in the examining clinician and/or interpreter
 - F. Fear of reprisals
 - G. Lack of privacy during the interview
 - H. All of the above
16. Which of the following are appropriate steps for clinicians to take to assess inconsistencies?
- A. Ask the individual for further clarification
 - B. Identify other sources of corroborating information
 - C. Identify possible reasons for exaggeration or fabrication
 - D. Schedule an additional interview to discuss inconsistencies
 - E. Refer the individual to another clinician for a second opinion
 - F. All of the above
17. In medical evaluations of torture and ill treatment it is not appropriate to ask questions about prior political activities and/or social beliefs and attitudes?
- A. True
 - B. False

18. In obtaining information on specific methods of torture and ill-treatment, the clinician should note for each form of abuse: body position, methods of restraint, nature of contact, the duration, frequency, and anatomical location of the alleged abuse, and the subsequent effects of the alleged abuse, i.e. pain, bleeding, loss of consciousness, disabilities, etc.
- A. True
 - B. False
19. The ethical principles of beneficence and non-maleficence require that clinicians' conclusions regarding torture and ill treatment be consistent with the least harmful legal outcome.
- A. True
 - B. False
20. In the course of documenting medical evidence of torture and ill-treatment, physicians have an ethical duty of identifying and making appropriate referrals for medical and social needs.
- A. True
 - B. False

Module 4 Self-Assessment

1. In what ways do torturers try to conceal the consequences of their actions?
- A. Using narrow, sharp objects for beatings
 - B. The use of wet towels with the electric shocks
 - C. Detaining victims until obvious signs of abuse have resolved
 - D. Leaving the victim's shoes on during *falanga* (beating the soles of the feet)
 - E. All of the above
2. Torturers have been known to change their practices based on the effective documentation of torture by clinicians.
- A. True
 - B. False
3. Which of the following is true of *falanga*?
- A. It can cause acute pain, swelling and hematoma formation
 - B. It can be associated with chronic pain, sensory disturbances and impaired walking
 - C. A closed compartment syndrome may develop in the foot
 - D. The above findings are considered pathognomonic for *falanga*
4. Prompt examination is necessary to detect tympanic membrane ruptures less than 2 millimetres in diameter, which may heal within 10 days.
- A. True
 - B. False

5. "Palestinian" suspension results in posterior hyperextension of the arms and traction on the lower roots of the brachial plexus. This may result in damage to the long thoracic nerve and cause:
- A. Sensory deficit over the scapula
 - B. A "winged" scapula: diminished vertebral border when hands are pressed against a wall with outstretched arms
 - C. Sensory deficit in the deltoid region
 - D. A "winged" scapula: prominent vertebral border when hands are pressed against a wall with outstretched arms
 - E. Sensory deficit in the ulnar distribution
6. Positional forms of torture leave few, if any, external marks or radiological findings, despite subsequent, frequently severe chronic disability.
- A. True
 - B. False
7. Which of the following may be observed with crushing and stretch injuries?
- A. Contusions
 - B. Incisions
 - C. Abrasions
 - D. Chronic musculoskeletal pain and/or disabilities
 - E. Rhabdomyolysis and acute renal failure
 - F. All of the above
8. Regarding burn injuries, which of the following statements are accurate?
- A. The pattern of scarring gives a clue to the method used
 - B. Caustic or acid burns may leave a trail indicating the victim's posture
 - C. Heated metal rods, branding irons or electrically heated devices such as smoothing irons or soldering irons often leave scars of distinctive shape and, if in multiples, they make accidental injury most unlikely.
 - D. Cigarettes are a particularly common torture weapon. The scars they leave depend on the way the cigarettes were applied to the skin. If they were touched lightly or simply brushed against the skin they may leave no scar or something that is indistinguishable from a scar from acne, chicken pox or insect bite. On the other hand, if the cigarettes were deliberately stubbed out and held immobile on the skin, the scar is often characteristically circular about one centimetre in diameter, with a hyperpigmented periphery (usually with a relatively indistinct periphery) and an atrophic, hypopigmented, "tissue paper" centre.
 - E. All of the above
9. Electrical injuries can cause:
- A. Severe pain without subsequent physical signs
 - B. Dislocations of joints
 - C. Arrhythmias leading to sudden death
 - D. Urination and/or defecation
 - E. All of the Above

10. Electric shock torture may result in characteristic physical findings, but often do not.
- A. True
 - B. False
11. Various forms of asphyxiation may cause:
- A. No findings at all
 - B. Conjunctivitis or otitis media
 - C. Anoxic brain injury
 - D. Acute broncho-pulmonary infections
 - E. All of the above
12. Waterboarding may not be considered a method of torture because it has been used successfully in survival training of military personnel.
- A. True
 - B. False
13. Violent shaking can result in:
- A. Cerebral edema and subdural hematoma leading to death
 - B. Cognitive impairment
 - C. Chronic headaches, disorientation and mental status changes
 - D. Neck trauma including cervical spine fracture resulting in quadriplegia
 - E. All of the above
14. Which of the following are true statements about sexual assault?
- A. The term sexual assault should not be used unless an individual has been raped
 - B. Sexual assaults are often accompanied by direct or implied threats
 - C. Rape is always associated with the risk of developing sexually transmitted diseases, including human immunodeficiency virus (HIV)
 - D. Ideally, medical evaluations of alleged sexual assault should include a team of experienced clinical experts.
 - E. All of the above
15. Which of the following are considered torture by the UN Committee Against Torture and/or the Special *Rapporteur* on Torture?
- A. Prolonged isolation and/or sensory deprivation
 - B. Sleep deprivation
 - C. Temperature manipulation
 - D. Threats of harm
 - E. Sensory bombardment
 - F. Sexual humiliation
 - G. All of the above
16. Which of the following is/are true about the psychological sequelae of torture and ill treatment?
- A. Everyone who has been tortured develops at least some form of diagnosable mental illness

- B. Major Depression and PTSD are the most common diagnoses among survivors of torture and ill treatment
 - C. For many that have survived torture, the symptoms of Major Depression and PTSD may persist and fluctuate for many years
 - D. Torture and ill treatment can create a sense of complete confusion, powerlessness, and loss of control which can bring about a shattered understanding of one's self, of any meaningful existential system and of the predictability of the world
 - E. All of the above
17. An examining clinician should not assume that all forms of torture and ill treatment have the same or similar outcomes because the psychological consequences of torture and ill treatment develop in the context of personal meaning and personality development.
- A. True
 - B. False
18. Standardized instruments and quantitative measurement should be used in all medical evaluations of psychological evidence of torture and ill treatment as they are superior to descriptive methods in establishing correlations between allegations of abuse and the subsequent development of psychological symptoms.
- A. True
 - B. False
19. Psychological outcomes can be influenced by many interrelated factors that include but are not limited to the following:
- A. Circumstances, severity and duration of the torture
 - B. Age and developmental phase of the victim
 - C. Genetic and biological vulnerabilities of the victim
 - D. Perception and interpretation of torture by the victim
 - E. Community values and attitudes
 - F. Political factors
 - G. Prior history of trauma
 - H. Pre-existing personality
 - I. All of the above
20. Risk factors for developing mental illness among survivors of torture who are also refugees include:
- A. Migration factors (loss of home, loved ones, possessions, etc)
 - B. Acculturation
 - C. Poverty
 - D. Cultural and linguistic isolation
 - E. Absence of adequate support systems
 - F. Unemployment or underemployment
 - G. All of the above

**Module 5
Self-Assessment**

1. Most physical methods of torture result in characteristic, acute and chronic lesions.
 - A. True
 - B. False

2. Physicians who conduct medical evaluations of physical evidence of torture should:
 - A. Always conduct a complete physical examination
 - B. Always conduct a directed physical examination (pursuit of pertinent positive and negative findings)
 - C. Conduct a complete physical examination unless the allegations of torture are limited and there is no history of loss of consciousness or neurological or psychological symptoms that may affect recall of torture allegations.
 - D. Conduct an examination which focuses on positive physical findings since pertinent negative findings are not necessary in medico-legal cases

3. Which of the following forms of historical information may be useful in correlating practices of torture with individual allegations of abuse
 - A. Descriptions of torture devices
 - B. Body positions
 - C. Methods of restraint
 - D. Descriptions of acute or chronic wounds and disabilities
 - E. Identifying information about perpetrators and places of detention
 - F. All of the above

4. A 38 year-old man alleges that he was detained on suspicion of harboring terrorists. He explains that soon after being detained he was beaten, but does not elaborate further. Which of the following questions would be most appropriate at this time?
 - A. What kind of physical symptoms and injuries resulted?
 - B. What were your thoughts and emotional reactions at the time?
 - C. Can you tell me more about what happened?
 - D. Who did this to you?
 - E. Do you have any scars from the torture?

5. In addition to location, size, shape, and color, which of the following should be included in clinical descriptions of skin lesions?
 - A. Surface texture
 - B. Periphery of the lesion
 - C. Extent of demarcation
 - D. Level in relation to surrounding skin
 - E. All of the above

6. Lacerations are caused by sharp objects like a knife, bayonet, or broken glass that produce a more or less deep, sharp and well-demarcated skin wound.
 - A. True
 - B. False

7. A 32 year-old man alleges that he was beaten with a police baton. On physical examination, you observe the following:



[Courtesy of Amnesty International, The Netherlands.]

How would you describe the level of consistency between the allegation of abuse and the findings on physical examination?

- A. Not consistent
- B. Consistent
- C. Highly consistent
- D. Virtually diagnostic
- E. Proof of torture

8. Which of the following are true about contusions?

- A. The extent and severity of a contusion is related to the amount of force applied, and the vascular structures affected
- B. Deep contusions should be re-examined 1 to 2 days after the alleged injury
- C. The color of the bruise can be used to determine the age of the contusion
- D. Sometimes the shape of the bruise helps to identify the shape of the blunt instrument that caused the injury
- E. All of the above

9. Which of the following statements about scars are true?

- A. Wounds that heal by secondary intention are generally smaller than those that heal by primary intention
- B. Scars related to self-inflicted injuries are generally superficial and within easy reach of the dominant hand
- C. The location and presence of multiple scars may help to distinguish intentional vs. accidental injuries
- D. Post-inflammatory hyperpigmentation may result from contusions and abrasions
- E. All of the above

10. A 30 year-old man states that he lost consciousness while he was suspended. When he awoke some time later in his cell, he noted a painful, red blister on his left torso which took several weeks to heal. You conduct a medical evaluation for asylum 2 years after the alleged injury. Bases on the photographic information below, what is the most likely cause of the scar?



[Courtesy of Amnesty International, The Netherlands.]

- A. Electric shock
- B. Burn with a heated instrument
- C. Beating with a police baton
- D. Striae Distinsae
- E. None of the above

11. Which of the following is the most likely cause of the scars in the photograph below?



[Courtesy of Alejandro Moreno, MD, JD.]

- A. Abrasions
- B. Incisions
- C. Lacerations
- D. Burns

E. Electric shock

12. Which of the following is the most likely cause of the scar in the photograph below?



[Courtesy of Alejandro Moreno, MD, JD.]

- A. Abrasion
- B. Incision
- C. Laceration
- D. Burn
- E. Electric shock

13. Which of the following is the most likely cause of the scars in the photograph below?



[Courtesy of Alejandro Moreno, MD, JD.]

- A. Abrasions
- B. Incisions
- C. Lacerations
- D. Burns
- E. Electric shock

14. Which of the following is the most likely cause of the scars in the photograph below?



[Courtesy of the Human Rights Foundation of Turkey.]

- A. Striae Distensae
- B. Contact dermatitis
- C. Whipping with an electrical wire
- D. Shock baton

15. What is the most likely cause of the findings in the following photograph?



[Courtesy of the Human Rights Foundation of Turkey.]

- A. Abrasions
- B. Incisions

- C. Lacerations
- D. Burns
- E. Electric shock

16. Which of the following statements are true about medical examinations of women alleging sexual assault?

- A. The examination should be performed by an expert in documenting sexual assault
- B. A thorough physical examination should be performed
- C. It is rare to find any physical evidence when examining female genitalia more than one week after an assault
- D. Refusal to consent to a genital examination is a strong indication of false allegations of rape
- E. All of the above

17. Which of the following statements are true about genital examination of men?

- A. Individuals who were subjected to scrotal torture may suffer from chronic urinary tract infection, erectile dysfunction or atrophy of the testes
- B. Symptoms of PTSD are not uncommon
- C. In the chronic phase, it may be impossible to distinguish between scrotal pathology caused by torture and that caused by other disease processes
- D. Failure to discover any physical abnormalities on full urological examination suggests that urinary symptoms, impotence or other sexual problems may be explained on psychological grounds
- E. Scars on the skin of the scrotum and penis may be very difficult to visualize. For this reason, the absence of scarring at these specific locations does not demonstrate the absence of torture. On the other hand, the presence of scarring usually indicates that substantial trauma was sustained
- F. All of the above

18. Perianal examinations findings are generally non-specific. When scars are observed out of the midline (i.e. not at 12 or 6 o'clock), they may be an indication of rectal tears associated with penetrating trauma.

- A. True
- B. False

19. If a camera is available, it is better to take poor quality photographs than to have no photographs at all.

- A. True
- B. False

20. In general, diagnostic tests should be obtained whenever possible for medical evaluations of torture and ill treatment because:

- A. They are generally inexpensive and readily available
- B. They often provide the evidence needed to prove torture allegations
- C. Their diagnostic value nearly always outweighs their cost
- D. Their reliability and specificity for specific torture is well documented
- E. None of the above

Module 6 Self-Assessment

1. All medical evaluations and documentation of torture and ill treatment should include a detailed psychological evaluation because:
 - A. One of the primary objectives of torture and ill treatment is destruction of the psychological and social integrity of victim
 - B. Torture and ill treatment often cause devastating psychological symptoms
 - C. Torture and ill treatment may leave no physical signs or symptoms
 - D. Psychological symptoms are often more persistent and troublesome than physical symptoms
 - E. All of the above

2. Which of the following is/are true about psychological sequelae of torture and ill treatment?
 - A. Not everyone who has been tortured develops a diagnosable mental illness
 - B. Distress and suffering associated with traumatic experiences are not in themselves pathological conditions
 - C. Clinical diagnoses of Major Depression, anxiety disorders and PTSD are not specific for torture and ill treatment
 - D. Fear, shame, mistrust, guilt and rage are common emotional reactions among survivors of torture and ill treatment
 - E. All of the above

3. Torture and ill treatment may have profound effects on individuals, but rarely affect families and society.
 - A. True
 - B. False

4. Which of the following reasons may explain why survivors of torture and ill treatment may not trust examining clinicians?
 - A. Clinicians may have participated in their torture and ill treatment
 - B. Survivor's fear of not being believed
 - C. Survivor's fear of being overwhelmed by psychological symptoms
 - D. Survivor's fear that information revealed in the context of an evaluation cannot be safely kept from being accessed by persecuting governments
 - E. All of the above

5. It is important for clinicians to be aware of potential countertransference reactions because such reactions may result in:
 - A. Underestimating the severity of consequences of torture and ill treatment
 - B. Forgetting details of the case
 - C. Leading to disbelief regarding the veracity of alleged torture and ill treatment
 - D. Failure to establish necessary empathic approach
 - E. Over-identification with survivor
 - F. Vicarious traumatization, burn-out
 - G. Difficulty in maintaining objectivity

- H. All of the above
6. Diagnostic criteria for PTSD include the following categories:
- A. Phobias
 - B. Re-experiencing symptoms
 - C. Hyperarousal symptoms
 - D. Psychosis
 - E. Avoidance/Numbing symptoms
 - F. All of the above
7. Symptoms of PTSD commonly increase or recur under which of the following circumstances?
- A. Anniversary of traumatic experiences
 - B. Prior to a medical evaluation for torture and ill treatment
 - C. After gaining asylum in another country
 - D. When individuals have any interactions with police or security forces
 - E. All of the above
8. Which of the following symptoms is/are characteristic of Major Depressive Disorder?
- A. Depressed mood
 - B. Anhedonia
 - C. Appetite disturbance
 - D. Sleep disturbance
 - E. Psychomotor retardation or agitation
 - F. Fatigue, poor energy
 - G. Feelings of worthlessness
 - H. Poor attention, concentration and memory
 - I. Thoughts of death
 - J. Suicidal ideation
 - K. Suicide attempts
 - L. All of the Above
9. Psychological effects of torture should not be oversimplified. In addition to PTSD and Major Depression, the following should be consider:
- A. Anxiety Disorders
 - B. Substance Abuse
 - C. Enduring Personality Change
 - D. Somatoform Disorders
 - E. Dissociation
 - F. Psychosis
 - G. All of the above
10. Repeated presentation of physical symptoms together with persistent requests for medical investigations, despite repeated negative findings and reassurances by doctors that the symptoms have no physical basis are characteristic of?
- A. Anxiety disorders
 - B. Somatiform disorders
 - C. Neurotic disorders
 - D. Affective disorders

11. Neuropsychological assessment may be useful in evaluating individuals suspected of having brain injury and in distinguishing brain injury from PTSD.
- A. True
 - B. False
12. Which of the following are *not* components of the mental status examination?
- A. General appearance
 - B. Motor activity
 - C. Speech
 - D. Mood and affect
 - E. Thought content
 - F. Thought process
 - G. Cranial nerve assessment
 - H. Suicidal and homicidal ideation
 - I. Cognitive exam
 - J. Insight and judgment
 - K. None of the above
13. Severe torture always results in significant psychological symptoms.
- A. True
 - B. False
14. In the course of your psychological evaluation of a 26 year-old women, you learn of several inconsistencies in her account of torture and ill treatment. What should you do next?
- A. Ask for further clarification
 - B. Document your suspicion and continue the interview
 - C. Refer to another clinician to ask for second opinion
 - D. Use a standardized psychological instrument to assess for possible malingering
15. Obtaining detailed pre-torture psycho-social information is often helpful in establishing trust during a medical evaluation, but such information should not be included in the interpretation of psychological evidence.
- A. True
 - B. False
16. According to Istanbul Protocol guidelines, which of the following types of psychological instruments should be routinely administered in medico-legal evaluations?
- A. Clinician-administered instruments such as CAPS (Clinician-Administered PTSD Scale)
 - B. Self-administered instruments that the alleged victim fills out
 - C. Both clinician-administered and self-administered instruments
 - D. None of the above
17. In conducting the psychological evaluation, the assessment and interpretation should always be made with awareness of cultural, political and social context as well as conditions of the interview and assessment.

- A. True
- B. False

18. According to the Istanbul Protocol, interpretations of psychological evidence of alleged torture and ill treatment should include:

- A. Consistency between psychological symptoms and allegations of alleged torture and ill treatment
- B. Consistency between expected reactions to extreme stress within the cultural and social context of the individual
- C. The temporal relationship between psychological symptoms and alleged torture and ill treatment
- D. Identification of coexisting stressors and their impacts on the individual
- E. Physical conditions complicating the clinical picture
- F. Comments on the possibility of false allegations of torture and ill treatment
- G. All of the above

19. Evaluation for documentation of torture for medico-legal reasons should be combined with an assessment for other needs of the individual. Those who appear to be in need of further medical or psychological care should be referred to the appropriate services.

- A. True
- B. False

20. Which of the following is true about the effects of torture on children?

- A. Children often express their thoughts and emotions regarding trauma behaviorally rather than verbally
- B. If a child has been physically or sexually assaulted it is important, if at all possible, for the child to be seen by an expert in child abuse
- C. A child's reactions to torture depends on age, developmental stage and cognitive skills
- D. The symptoms can be similar to those observed in adults but the clinician must rely more heavily on observations of the child's behavior than on verbal expression
- E. In order to preserve cohesion in the family, dysfunctional behaviors and delegation of roles may occur
- F. All of the above

Module 7 Self-Assessment

(Based, in part, on information contained in Case Narrative #01)

1. Which of the following do you consider to be important considerations before interviewing Mrs. Asha Ali Yousif?

- A. A safe and comfortable location
- B. Privacy during the interview
- C. Understanding that she must answer all of the questions asked
- D. Understanding that she can take breaks if she wishes

- E. All of the above
2. Which of the following must be addressed before beginning all interviews?
- A. Making sure that refreshments are available
 - B. Obtaining informed consent
 - C. Explaining the benefits and risks of the medical evaluation
 - D. Ensuring that the translator and alleged victim are the same gender
3. Who would you consider to be the most appropriate translator for your interview with Mrs. Yousif?
- A. Mrs. Yousif's daughter
 - B. A male village elder
 - C. A stranger in Kalma Camp
 - D. A stranger from outside Kalma Camp
4. In the process of eliciting the trauma history from Mrs. Yousif, which of the following interviewing techniques do you think is most appropriate?
- A. Asking simple questions that require brief answers to ensure a coherent and reproducible narrative
 - B. Asking questions about the most significant alleged trauma first
 - C. Asking open-ended questions and minimize interruptions
 - D. The evaluator should use whatever interviewing technique that he or she is most comfortable with
5. What psychosocial information elicited from Mrs. Yousif's is most likely to contribute to her to her psychological symptoms?
- A. The killing of her husband and burning of her home and village
 - B. That she was poor
 - C. Her occupation as a teacher
 - D. That she had no prior history of mental problems
6. Mrs. Yousif's feelings of guilt are most likely related to?
- A. Not being able to support her family
 - B. Failing to fight off her attackers
 - C. Failing to protect her daughter's sexual assault
 - D. Exposing herself to further abuse by reporting the torture to the police
7. In Mrs, Yousif's case, which of the following factors may interfere with an accurate recounting of past events:
- A. Blindfolding
 - B. Disorientation
 - C. Lapses in consciousness
 - D. Organic brain damage
 - E. Psychological sequelae of abuse
 - F. Fear of placing oneself or others at risk
 - G. Lack of trust in the examining clinician

8. It is important to document what the perpetrators reportedly said during the alleged abuse as it may help to establish the intent of their actions and provide insight into the meaning an individual assigns to his or her experience.
- A. True
 - B. False
9. If during the course of interviewing an alleged torture victim the individual acknowledges that he or she was sexually assaulted and does not feel comfortable discussing this further, which of the following would you consider appropriate?
- A. Move on with the interview
 - B. Explain how common sexual assault is among torture survivors (women and men)
 - C. Acknowledge relevant norms of social stigma associated sexual assault
 - D. Offer to limit reporting of sexual assault information according to the alleged victim's wishes, i.e. only to the judge
 - E. All of the above
10. Which of the following questions should you consider to indirectly assess allegations of sexual assault?
- A. What was said by the alleged perpetrators
 - B. Removal of clothing of the alleged victim and perpetrator(s)
 - C. Duration of the encounter/assault
 - D. The use of weapons
 - E. Any form of physical contact or touching
 - F. Subsequent vaginal pain or bleeding
 - G. The possibility of pregnancy or a sexually transmitted disease
 - H. All of the Above
11. Which of the following would you consider to be highly consistent with Mrs. Yousif's allegations of torture?
- A. History of a right-sided facial droop after being kicked on the right side of her face
 - B. Chronic headaches relieved by aspirin
 - C. Bruises shaped in parallel lines, but clear in the middle of the lines
 - D. No menstrual period since the assault
 - E. All of the above
12. If you examined Mrs. Yousif when she visited Nyala Hospital for medical care, what should have been done ideally?
- A. Conduct a thorough physical examination with particular attention to cutaneous lesions that could have resulted from an assault
 - B. Conduct a pelvic examination and document any evidence of sexual assault
 - C. Discuss the issues of pregnancy and emergency contraception
 - D. Assess for sexually transmitted diseases (i.e. gonorrhoea, chlamydia, syphilis and trichomoniasis, Hepatitis B and HIV) and consider post-exposure prophylaxis
 - E. Obtain wet vaginal swabs and dry them for subsequent DNA analysis
 - F. All of the above
13. Does Mrs. Yousif meet diagnostic criteria for PTSD?

- A. Yes
- B. No

14. The presence of diagnostic criteria for PTSD has greater value for the adjudication of legal cases than understanding the meaning that individuals attach to experiences of torture and ill treatment.

- A. True
- B. False

15. Which of the following factors may contribute to Mrs. Yousif's psychological symptoms?

- A. Home and village burned
- B. Husband and father killed in front of her
- C. Difficulty surviving in Kalma Camp
- D. Rape of her daughter
- E. All of the above

16. Which of the following can help to distinguish Mrs. Yousif psychological symptoms caused by sexual assault experiences versus other traumatic experiences or losses?

- A. The onset and trend in her psychological symptoms
- B. The content of her nightmares and intrusive recollections
- C. Triggers for intrusive recollection, reliving experiences, and avoidance reactions
- D. Feeling responsible for her daughter's rape
- E. All of the above

17. Mrs. Yousif should have a pelvic examination at the time of your evaluation to assess possible physical evidence of rape, even though the likelihood of such evidence decreases considerably after the first week of the assault.

- A. True
- B. False

18. Symptoms of sexual dysfunction following rape may be physical or psychological in origin or a combination of both and include:

- A. Aversion to members of the opposite sex or decreased interest in sexual activity
- B. Inability to trust a sexual partner
- C. Disturbance in sexual arousal and erectile dysfunction
- D. Dyspareunia (painful sexual intercourse in women) or infertility due to acquired sexually transmitted disease, direct trauma to reproductive organs or poorly performed abortions of pregnancies following rape
- E. All of the above

19. On physical examination (see PPT Module 7, Slides 16-18) Mrs. Yousif is noted to have: 1) a 1 cm hyperpigmented, linear scar above the left eyebrow; and 2) a complex, atrophic scar, approximately 4 x 6 cm over the dorsum of the left hand associated with hypopigmentation and subcutaneous fibrosis. How would you describe the level of consistency between, Mrs. Yousif's allegations of abuse and these physical examination findings?

- A. Not consistent
- B. Consistent with

- C. Highly consistent with
- D. Virtually diagnostic of

20. How would you describe the level of consistency between, Mrs. Yousif's allegations of abuse and psychological evaluation findings?

- A. Not consistent
- B. Consistent with
- C. Highly consistent with
- D. Virtually diagnostic of

Module 8 Self-Assessment

(Based, in part, on information contained in Case Narrative #02)

1. If you were called upon to evaluate Mr. Adam while in custody and one of the detaining police officers was present in the examination room, what should be your initial course of action?
 - A. Allow the police officer to remain to ensure your safety
 - B. Request the police officer to remain outside the examination room and/or out of earshot
 - C. Document the presence and identity of the police officer and continue your evaluation
 - D. Refuse to conduct the examination
2. After you complete your evaluation of Mr. Adam in custody, you must provide the attending police officer with a copy of your evaluation.
 - A. True
 - B. False
3. It is acceptable for clinicians to examine detainees in hand and leg shackles as long as it is the policy of the detention facility.
 - A. True
 - B. False
4. Obtaining information on Mr. Adam's past medical/psychiatric history is necessary to distinguish pre-existing physical and mental conditions from possible torture-related sequelae.
 - A. True
 - B. False
5. The information obtained for Mr. Adam's psychosocial history is not particularly relevant to the assessment of medical evidence of torture and ill treatment?
 - A. True
 - B. False

6. In Mr. Adam's case, which one of the following factors is most likely to interfere with an accurate recounting of past events:
- A. Blindfolding
 - B. Disorientation
 - C. Lapses in consciousness
 - D. Organic brain damage
 - E. Psychological sequelae of abuse
7. Mr. Adam's lapses in consciousness warrant which of the following?
- A. Neuropsychological testing
 - B. Diagnostic imaging of the brain (CT Scan or MRI)
 - C. A complete neurological examination including a mental status examination, cranial nerves, CNS and PNS
 - D. Electroencephalogram (EEG)
8. Mr. Adam spontaneously alleged that he was stripped naked and given electric shocks to his penis while suspended. There is no need, therefore, to inquire about additional forms of sexual assault.
- A. True
 - B. False
9. What is the most likely cause of Mr. Adam's difficulty having erections?
- A. Psychosomatic
 - B. Neurologic damage due to electric shocks
 - C. Peripheral vascular disease
 - D. None of the above
10. After you complete your medical evaluation of Mr. Adam, you should order an EMG (electromyogram) study to assess the possibility of a brachial plexus injury
- A. True
 - B. False
11. The absence of penile lesions on examination is inconsistent with Mr. Adam's allegations electric shock torture.
- A. True
 - B. False
12. What factors may account for the relative paucity of Mr. Adam's psychological symptoms?
- A. The meaning of his experience in relation to his political beliefs and activities
 - B. Fear of reprisals from police
 - C. Support from his family members
 - D. Lack of exposure to psychological methods of torture

13. How would you describe the level of consistency between, Mr. Adam's allegations of cigarette burns and physical examination findings of multiple hyperpigmented circular scars (about 1 cm in diameter) with indistinct margins and no central palor or atrophy?
- A. Not consistent
 - B. Consistent with
 - C. Highly consistent with
 - D. Virtually diagnostic of
14. It is not possible that Mr. Adam's cigarette burns were self-inflicted?
- A. True
 - B. False
15. How would you describe the level of consistency between, Mr. Adam's allegations of "rope burns" from suspension torture and his physical examination findings of hyperpigmented, circumferential scars above both wrists?
- A. Not consistent
 - B. Consistent with
 - C. Highly consistent with
 - D. Virtually diagnostic of
16. In the course of presenting the following photographic evidence of Mr. Adam in court, the cross examining attorney states that the alleged injuries were, instead, self-inflicted.



Which of the following may help to explain why the Mr. Adam's findings are not likely to be the result of self-inflicted?

- A. The "tram-track" marks are characteristic of blunt trauma from significant blows with a rectangular or cylindrical object such as a police baton
- B. The location of the lesions are not consistent with self-inflicted injuries which require considerable force
- C. The repetitive nature of the injuries suggest a common defensive position during beatings and intentional rather than incidental use of force

- D. While it is possible that the injuries could have been inflicted by another person following detention, this is unlikely given all of the physical and psychological evidence in Mr. Adam's case
- E. All of the above

17. If you were to note the findings illustrated below on Mr. Adam's physical examination, and Mr. Adam indicated that he hadn't noticed the axillary marks until after he was tortured, what would you consider the most likely cause of the findings to be?



- A. Subcutaneous fibrosis resulting from alleged suspension torture
 - B. Circumferential abrasions from ligatures
 - C. Scars from lacerations
 - D. *Striae distensae*
18. How would you describe the level of consistency between, Mr. Adam's allegations of abuse and his psychological evaluation findings?
- A. Not consistent
 - B. Consistent with
 - C. Highly consistent with
 - D. Virtually diagnostic of
19. Given Mr. Adam's minimal endorsement of psychological symptoms, the examining clinician should administer psychological instruments for anxiety, Major Depressive Disorder and PTSD.
- A. True
 - B. False
20. Which of the following considerations would support the clinical assessments of Mr. Adam's credibility and argue against the possibility of malingering or simulation?
- A. Lack of over-endorsement of physical and/or psychological symptoms
 - B. Lack of a suspiciousness or defensiveness
 - C. Consistency between Mr. Adam's observed affect and the content of the evaluation

- D. Consistency between Mr. Adam's pre-torture personality and the meaning he assigns to his torture/ill treatment experiences
- E. All of the above

Module 9
Self-Assessment

1. In which of the following contexts may expert medical reports and testimony be of value?
 - A. Prosecution of alleged perpetrators
 - B. Challenging the credibility of statements extracted by torture
 - C. Reparations and rehabilitation of alleged victims
 - D. Exonerating law enforcement officials accused of torture and ill treatment
 - E. Human rights investigations
 - F. Medical assessments of asylum applicants
 - G. All of the above
2. Regardless of the context of a medical evaluation, the purpose of written reports and oral testimony by medical experts is to assess the degree to which physical and psychological findings correlate with the individual allegations of abuse.
 - A. True
 - B. False
3. Which of the following may be relevant qualifications for medical expertise on physical and/or psychological evidence of torture?
 - A. Medical education and clinical training
 - B. Psychological/psychiatric training
 - C. Experience in documenting evidence of torture and ill-treatment
 - D. Relevant training courses and seminars
 - E. Relevant publications and presentations
 - F. All of the above
4. Physicians who are not psychiatrists may qualify as experts on psychological evidence of torture and ill treatment:
 - A. True
 - B. False
5. Clinicians should not review the alleged victim's affidavit as it may create a bias for the evaluating clinician.
 - A. True
 - B. False
6. Which of the following are true about written reports and oral testimony?
 - A. They require accurate and effective communication skills
 - B. They should be factual and carefully worded; jargon should be avoided

- C. They should not include any opinion(s) that cannot be defended under oath or during cross-examination
 - D. The quality can only be as good as the interview and examination conducted
 - E. All of the above
7. Which of the following sources of information should not be used as a reference to a medical evaluation or torture and ill treatment?
- A. Client affidavit of alleged torture and ill treatment
 - B. NGO (non-governmental organization) Human rights reports
 - C. Government reports on torture and ill treatment practices
 - D. Medical records following the alleged torture and ill treatment
 - E. None of the above
8. Written reports and oral testimony represent an opportunity for clinicians to educate adjudicators on physical and psychological evidence of torture and ill treatment.
- A. True
 - B. False
9. Clinicians who are conducting their first medical evaluation may enhance the accuracy and credibility of their evaluation by conducting the evaluation under the supervision of, or having it formally reviewed by, a more experienced clinician.
- A. True
 - B. False
10. Historical information such as descriptions of torture devices, body positions and methods of restraint, descriptions of acute and chronic wounds and disabilities, and identifying information about perpetrators and the place(s) of detention may be very useful in corroborating an individual's allegations of torture.
- A. True
 - B. False
11. The need for medical and/or psychological care should be noted in your medical evaluation only when the alleged torture victim's attorney requests it.
- A. True
 - B. False
12. The clinician's interpretation of findings and conclusions, should relate various categories of evidence, i.e., physical and psychological evidence of torture, and historical information as well.
- A. True
 - B. False
13. Which of the following considerations support the clinical assessments of credibility and argue against the possibility of malingering or simulation?
- A. Lack of over-endorsement of physical and/or psychological symptoms
 - B. Lack of a suspiciousness or defensiveness

- C. Consistency between the observed affect of the interviewee and the content of the evaluation.
 - D. Consistency between an individual's pre-torture personality and the meaning the individual assigns to his or her torture/ill treatment experiences
 - E. Inconsistencies that are attributable to an individual's torture experience
 - F. All of the above
14. Exaggeration of psychological symptoms usually indicates that the individual's allegation of torture and ill treatment are false.
- A. True
 - B. False
15. Which of the following may be helpful in explaining inconsistencies in the alleged victim's account of torture and ill treatment?
- A. Disorientation during torture, blindfolding, drugging, and lapses of consciousness
 - B. Neurological or psychological memory disturbances
 - C. Feelings of guilt or shame
 - D. Cultural differences in the perception of time
 - E. Lack of trust in the examining clinician and/or interpreter
 - F. Fear of reprisals
 - G. Lack of privacy during the interview
 - H. All of the above
16. It is often helpful to include a statement on the veracity of testimony in a written medical report, such as: "I personally know the facts recited below, except as to those stated on information and belief, which I believe to be true."
- A. True
 - B. False
17. The presence of diagnostic criteria for PTSD or Major Depressive Disorder (MDD) provides stronger evidence of torture and/or ill treatment than sub-threshold symptoms of these diagnoses.
- A. True
 - B. False
18. Which of the following are important considerations for clinicians who provide testimony on torture and ill treatment in court?
- A. Do not "react" to provocative statements.
 - B. Clarify questions that you do not understand before providing an answer.
 - C. Do not offer opinions on subjects about which you are not qualified to comment.
 - D. Speak clearly, slowly, and make eye contact with whomever you are speaking.
 - E. All of the above
19. Which of the following can help to distinguish psychological symptoms caused by torture and ill treatment versus other traumatic experiences or losses?
- A. Temporal relationships between the onset of psychological symptoms and the alleged torture and ill-treatment

- B. Trends in psychological symptoms in relation to external stressors
- C. Content of nightmares and intrusive recollections
- D. Triggers for intrusive recollection, reliving experiences, and avoidance reactions
- E. All of the above

20. Istanbul Protocol guidelines for medical evaluations of alleged torture and ill treatment include a formal assessment of the individual's credibility.

- A. True
- B. False

Answers to Self Assessment Quizzes

Module 1 Answers

1. Answer: A, B, D
Torture as defined by CAT, involves the intentional infliction of severe mental or physical pain or suffering, by or with the consent or acquiescence of the state authorities, for a specific purpose, such as gaining information, punishment or intimidation or for any other reason. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.
2. Answer: B, C, D
Ill-treatment does not have to be inflicted for a specific purpose, but there does have to be an *intent* to expose individuals to the conditions which amount to or result in the ill-treatment. Like torture, ill-treatment is perpetrated by or with the consent or acquiescence of the state authorities.
3. Answer: C
Amnesty International documented cases of torture and other cruel, inhuman or degrading treatment in 81 countries in 2007.
4. Answer: B
Torture has been practiced throughout history, but universal prohibition against torture was codified in international law only in the aftermath of WWII in 1948. The UN Convention on Torture Against Torture was adopted by the UN General Assembly considerably later in 1984.
5. Answer: E
Torture commonly serves the purpose of suppressing and punishing political opponents and alleged criminals and to achieve social control by inducing a sense of terror in a population, but it is also frequently used in interrogations to force confessions. Moreover, torture can occur where there is no obvious purpose.
6. Answer: D
The prohibition of torture and ill-treatment is absolute; such acts cannot be justified under any circumstances including, national security, states of emergency, the need to counter terrorism, or following orders from one's superiors.
7. Answer: B
Non-*refoulement* in the Convention against Torture refers to the forcible return or extradition of a person to another country where he or she is at risk of torture.
8. Answer: True.
States are responsible for safeguarding the rights of everyone within their jurisdiction and may under some circumstances be held accountable for acts carried out by private individuals if it supports or tolerates them, or fails in other ways to provide effective protection in law and in practice against them.
9. Answer: True

Torture and ill treatment are often perpetrated in the process of criminal investigations in order to obtain false confessions to alleged crimes and in the context of claims of national security.

10. Answer: False

The prohibition of torture is not limited to a negative obligation to refrain from causing suffering, but also contains wider obligations: including the obligation to investigate allegations, even if there has not been a formal complaint about it, and to bring the perpetrators to justice. The UN Convention Against Torture states clearly in article 12: "Each State Party shall ensure that its competent authorities proceed to a prompt and impartial investigation, wherever there is reasonable ground to believe that an act of torture has been committed in any territory under its jurisdiction."

11. Answer: D

The ICRC's findings are communicated and discussed on a confidential basis with the concerned authorities and are not made available to the public. The ICRC undertakes visits under nonnegotiable modalities which include: access to all places of detention and all people detained and to make a register of all those who wish to have their details recorded; the possibility to select individual detainees to talk with in private, and the possibility to repeat the visits as often as is deemed necessary. During visits, the ICRC takes the humane treatment of detainees to encompass not only freedom from torture and other ill-treatment, but also general conditions of detention that maintain both the physical and mental integrity of the individuals.

12. Answer: False

The prohibition of torture is the concern not only of those countries which have ratified particular treaties, but is also a rule of general or customary international law, which binds all states even in the absence of treaty ratification. In fact, the prohibition of torture is generally regarded as having the special status of a 'peremptory norm' of international law, and states cannot choose to disregard or derogate from it.

13. Answer: True

The Convention Against Torture (Article 14) indicates that victims of torture have a right to redress and adequate compensation.

14. Answer: E

People are particularly at risk when they are deprived of their liberty, held in pre-trial detention or subject to interrogation. The greatest risk is in the first phase of arrest and detention, before the person has access to a lawyer or court. People being held in incommunicado detention – without access to anyone in the outside world – are particularly vulnerable.

15. Answer: True.

Optional Protocol to the UN Convention Against Torture established a complementary dual system of regular visits by independent international and national bodies to places of detention in order to prevent torture and ill-treatment.

16. Answer: E

The Human Rights Committee has stated that the protection of detainees requires that each person detained be afforded prompt and regular access to doctors. The Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment state that 'a proper medical examination shall be offered to a detained or imprisoned person as promptly as possible after his admission to the place of detention or imprisonment, and thereafter

medical care and treatment shall be provided whenever necessary. This care and treatment shall be provided free of charge. Detainees have the right to request a second medical opinion by a doctor of their choice, and to have access to their medical records.

17. Answer: True

Rule 22(2) of the UN Standard Minimum Rules for the Treatment of Prisoners states that detainees or prisoners needing special treatment must be transferred to specialised institutions or civil hospitals for that treatment.

18. Answer: E

All of the measures listed above are important in the prevention of torture and ill treatment. Additional prevention measures include *non-refoulement* or no transfer to a country where torture is likely, providing detainees access to family members and friends, and the training of state officials, including medical personnel, on torture prohibition.

19. Answer: A, C, D

Effective investigation of alleged torture and ill treatment and criminal prosecution of alleged perpetrators are essential for accountability. Adequate victim and witness protection is a critical component of such prosecutions. Allowing torture to be prosecuted as a lesser crime such as "abuse of police duty" would likely have a permissive effect on torture and ill treatment practices.

20. Answer: False

All detained people have the right to equal treatment without discrimination on the grounds of race, colour, sex, sexual orientation, language, religion, political or other opinion, national or social origin, property, birth or other status. Particular allowances should, however, be made for the rights and needs of special categories of detainees including women, juveniles, elderly people, foreigners, ethnic minorities, people with different sexual orientation, people who are sick, people with mental health problems or learning disabilities, and other groups or individuals who may be particularly vulnerable during detention.

Module 2 Answers

1. Answer: B

The Istanbul Protocol outlines international, legal standards on protection against torture and establishes specific guidelines for the effective investigation and documentation of torture and ill treatment. The Istanbul Protocol is a non-binding document. However, international law obliges governments to investigate and document incidents of torture and other forms of ill-treatment and to punish those responsible in a comprehensive, effective, prompt and impartial manner. The Istanbul Protocol is a tool for doing this.

2. Answer: True

The Istanbul Protocol outlines minimum standards for state adherence to ensure the effective documentation of torture in its Principles on the Effective Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, or "Istanbul Principles." The Istanbul Protocol represents an elaboration of the minimum standards contained in the Istanbul Principles and should be applied in accordance with a reasonable assessment of available resources.

3. Answer: A

The Istanbul Protocol and its related Principles have been recognised as international standards for the effective investigation and documentation of torture and ill treatment by the UN General Assembly and the then UN Commission on Human Rights (since 2006, the UN Human Rights Council), the UN Special *Rapporteur* on Torture, the African Commission on Human and Peoples' Rights, the European Union and other institutions and organizations.

4. Answer: B

Conducting an objective and impartial evaluation should not preclude the evaluator from being empathic. It is essential for clinicians to maintain professional boundaries and at the same time to acknowledge the pain and distress that they observe. The clinician should communicate his or her understanding of the individual's pain and suffering and adopt a supportive, non-judgmental approach. Clinicians need to be sensitive and empathic in their questioning while remaining objective in their clinical assessment.

5. Answer: A

It is important to realize that the severity of psychological reactions depends on the unique cultural, social, and political meanings that torture and ill-treatment have for each individual, and significant ill effects do not require extreme physical harm. Seemingly benign forms of ill-treatment can and do have marked, long-term psychological effects. Although some survivors of torture may have few or no psychological sequelae, most individuals experience profound, long-term psychological symptoms and disabilities.

6. Answer: B.

Although there are a myriad of psychological issues that torture victims might have including C and D, PTSD and major depression are the two most common problems.

7. Answer: B.

Unfortunately, it is a common misconception among evaluators, attorneys and adjudicators that psychological evidence is of lesser legal value than "objective" physical findings. The aim and effect of torture is largely psychological. The psychological evaluation is critical in assessing the level of consistency between the alleged trauma and individual psychological responses. In some cases, the symptoms may be either attenuated or exacerbated depending on the meaning assigned to individual experiences.

8. Answer: B

As the Istanbul Protocol makes clear, the absence of physical and/or psychological evidence in a medical evaluation does not rule-out the possibility that torture or ill-treatment was inflicted. The Istanbul Protocol was developed to prevent torture and ill-treatment and to promote accountability. Governments must ensure that its official representatives do not engage in misuse or misrepresentation of the Istanbul Protocol to exonerate police who are accused of abuses or for any other purpose.

9. Answer: B, D

Each detainee must be examined in private. Police or other law enforcement officials should never be present in the examination room. This procedural safeguard may be precluded only when, in the opinion of the examining doctor, there is compelling evidence that the detainee poses a serious safety risk to health personnel. Under such circumstances, security personnel of the health facility, not the police or other law enforcement officials, should be available upon the medical examiner's request. In such cases, security personnel should still remain out of earshot (i.e. be only within visual contact) of the patient. Prisoners should feel comfortable with where they are evaluated. In some cases, it may be best to insist on evaluation at official medical facilities and not at the place of detention. In other cases, detainees may prefer to be examined in the relative safety of their cell, if they feel the

medical premises may be under surveillance, for example. The best place will be dictated by many factors, but in all cases, investigators should ensure that prisoners are not forced into accepting a place they are not comfortable with. Requests for medical evaluations by law enforcement officials are to be considered invalid unless they are requested by written orders of a public prosecutor.

10. Answer: A

If the forensic medical examination supports allegations of torture, the detainee should not be returned to the place of detention, but rather should appear before the prosecutor or judge to determine the detainee's legal disposition.

11. Answer: A

The presence of police, soldier, warden, or other law enforcement officers in the examination room, for whatever reason, should be noted in the physician's official medical report. Notation of police, soldier, prison officer, or other law enforcement official's presence during the examination may be grounds for disregarding a "negative" medical report.

12. Answer: A.

Many of the rules and principles of medical ethics have been adopted as professional codes of conduct. While ethics must guide every action of health professionals in their work, in the process of investigating and documenting allegations of torture, there are three areas in which the health professional must be particularly cognizant of specific ethical considerations. The first is the duty to the patient, the second is the clinical independence of the health professional and the third is in the production of medical records, reports and testimony.

13. Answer: A

The use of hoods or blindfolds has in itself been found to be a form of ill-treatment. In the health setting hoods or blindfolds not only impair any meaningful contact with the patient; they also prevent the identification of any health professionals and may thus add to a perception of impunity in cases of ill-treatment.

14. Answer: D

A, B, and C are all provision under the World Medical Association's 1975 Tokyo Declaration.

15. Answer: F

All of the answers represent either passive or active complicity of health professionals in torture and ill treatment. Physicians and other medical personnel have the obligation not to condone or participate in torture in any way.

16. Answer: F

All of the elements listed are essential to informed consent.

17. Answer: A

The health professional must contemplate the risks to the patient, and indeed to themselves, in disclosing such information, and the potential benefits to society as a whole (e.g. potentially avoiding further harm to others), before acting. Whatever decision is reached, the health professional should endeavour to gain consent. In such cases, the fundamental ethical obligations to respect autonomy and to act in the best interests of the patient are more important than other considerations.

18. Answer: B

In an ideal situation, an independent doctor will have explained the risks of a prolonged hunger strike, and taken instructions on what the person wants to happen if he or she ceases to be capable of rational thought. This should happen in an environment where the patient's confidentiality can be respected, and where he or she can be protected from undue pressure from political colleagues. In cases where prison doctors have been following hunger strikers before and during the fast, and know what the patients' positions and convictions are, physicians should respect the principles stated in the Declaration of Malta. If a physician is called upon to take care of a hunger striker already in a comatose state, he or she will have no choice and will have to provide reanimation. A physician should not rely on what amounts to "hearsay" in such cases. The opinions of the immediate family should be taken into consideration, but are not paramount. Neither the opinions of the authorities nor those of the patient's political colleagues should be given any weight.

19. Answer: B

The Declaration of Tokyo was revised in 2006 to include the following provision: "The physician shall not use nor allow to be used, as far as he or she can, medical knowledge or skills, or health information specific to individuals, to facilitate or otherwise aid any interrogation, legal or illegal, of those individuals."

20. Answer: G

The primary goal of documenting allegations of human rights violations is to create an accurate, reliable and precise record of events. All of the forms of information listed are essential to the effective medical and legal investigations of torture and ill treatment.

Module 3 Answers

1. Answer: A

The primary purpose of a medical evaluation of torture and ill treatment is to assess the degree to which physical and psychological findings correlate with the individual allegations of abuse and to communicate effectively the clinician's medical findings and interpretations to the judiciary or other appropriate authorities.

2. Answer: F

Clinicians must have the capacity to create a climate of trust in which disclosure of crucial, though perhaps very painful or shameful, facts can occur. All of the considerations listed will aid clinicians in earning the trust of survivors of torture.

3. Answer: C

Medical evaluations, whether for physical or psychological evidence, usually require considerable time, about 2 to 4 hours. If more time is required, it is advisable to schedule a second interview. Interviews lasting 6 hours or more may be particularly difficult for the individual being interviewed.

4. Answer: D

Forensic medical services should be under judicial or an independent authority and not under the same governmental authority as the police or prison system.

5. Answer: A

Physical and psychological examinations by their very nature may re-traumatise an individual by provoking and/or exacerbating psychological distress and symptoms by

eliciting painful memories. The interview must be structured to minimise the risk of re-traumatisation by balancing the need to obtain detailed accurate account of events and the importance of respecting the needs of the person being interviewed.

6. Answer: B

The preferred gender of the examining clinician should not be presumed. Ideally, an investigation team should contain specialists of both genders, permitting the alleged torture victim to choose the gender of the investigator and, where necessary, the interpreter.

7. Answer: C

All of the statements about the use of interpreters are accurate with the exception of C. The age of the interpreter may be relevant. A young male individual may be able to discuss sexual torture with an older woman to whom he may relate as to an aunt, but not to a woman of his own age. Similarly, a young female individual may find an older man easier to talk to than one who is of a similar age to her torturer.

8. Answer: A

Transference refers to the feelings a survivor has towards the clinician that relate to past experiences but which are misunderstood as directed towards the clinician personally. Fear and mistrust may be particularly strong in cases where physicians or other health workers were participants in the torture.

9. Answer: F

All of the emotional reactions listed are common counter-transference reactions that an interviewer is likely experience while listening to the interview with Sr. Diana Ortiz.

10. Answer: A, B

The interviewer did not attempt to relocate the interview to a more comfortable and private location; Sr. Diana suggested that they move out of the cold weather into a nearby hotel. While the interviewer was empathetic to some extent, he maintained a somewhat detached demeanor and did not acknowledge the difficulty of recounting highly traumatic experiences.

11. Answer: A

Before beginning any medical evaluation, forensic clinicians must explain their role to the individual and make clear any limits on medical confidentiality.

12. Answer: A, C, D

All of the strategies listed may help to manage and limit secondary trauma with the exception of B. Discussing your emotional reactions with the survivor/alleged victim would be inappropriate and likely harmful to the individual.

13. Answer: A

Inquiries should be structured to elicit an open-ended, chronological account of events experienced during detention with minimal interruptions. Closed questions are often used to add clarity to a narrative account or to carefully redirect the interview if the individual wanders off the subject. Leading questions are avoided wherever possible, because individuals may answer with what they think the health professional wants to hear.

14. Answer: E

All of the techniques listed may help to improve the accuracy of information obtained in a medical evaluation.

15. Answer: H

Inconsistencies may result from a number of factors that may be directly related to the torture and ill treatment or to the psychological and/or neurological symptoms that result from torture and ill treatment. Interview conditions and cross cultural factors may be significant as well. Clinicians should be familiar with such factors to effectively explain any inconsistencies observed.

16. Answer: F

All of the steps listed may help clinicians to assess inconsistencies that may be identified in the course of a medical evaluation of torture and ill treatment.

17. Answer: B

Inquiries into prior political activities and beliefs and opinions are relevant insofar as they help to explain why the person was detained and/or tortured, but such inquiries are best made indirectly by asking the person what accusations were made, or why they think they were detained and tortured. The psychosocial history is particularly important in understanding the meaning that individuals assign to traumatic experiences.

18. Answer: A

Correlations between specific allegations of abuse and subsequent physical evidence require clinicians to obtain detailed information for each form of abuse alleged as stated in the question.

19. Answer: B

A medico-legal report should not be falsified under any circumstance. The ethical obligation of beneficence demands uncompromising accuracy and impartiality in order to establish and maintain professional credibility which, in turn, benefits survivors of torture. A medico-legal report should not be falsified under any circumstance.

20. Answer: A

Wherever possible, examinations to document torture for medico-legal purposes should be combined with an assessment for other needs, whether referral to specialist physicians, psychologists, physiotherapists or those who can offer social advice and support. Investigators should be aware of local rehabilitation and support services. Those who appear to be in need of further medical or psychological care should be referred to the appropriate services.

Module 4 Answers

1. Answer: B, C, D

It is important to realize that torturers often attempt to conceal their deeds. For example, physical evidence of beating may be limited when wide, blunt objects are used for beatings. Similarly, victims are sometimes covered by a rug, or shoes in the case of *falanga*, to distribute the force of individual blows. For the same reason, wet towels may be used with electric shocks. Also, torture victims may be intentionally detained until obvious signs of abuse have resolved.

2. Answer: A

The improvement in the methods of detecting and providing evidence of physical torture has paradoxically led to more sophisticated methods of torture that do not leave visible evidence on the victim's body.

3. Answer: A, B, C

While the symptoms and conditions listed in A, B and C may be associated with falanga, they are not considered pathognomonic.

4. Answer: A

Small tympanic membrane ruptures (less than 2 mm in diameter) usually heal within 10 days.

5. Answer: D, E

"Palestinian" suspension results in traction on the lower roots of the brachial plexus and is therefore most likely to result in a sensory deficit in the ulnar distribution. A "winged" scapula can be observed on physical examination as a prominent vertebral border when hands are pressed against a wall with outstretched arms.

6. Answer: A

Various forms of positional torture are commonly associated with musculoskeletal symptoms and disabilities, but usually do not result in specific or permanent dermatologic or radiographic findings.

7. Answer: A, C, D E

Crushing and stretch injuries commonly cause contusions and may cause abrasions depending on the nature of the objects used and the forces applied. Rough objects and tangential forces may result in abrasions. Incisions are unlikely as they result from sharp, penetrating objects. Extensive muscle necrosis can result in the release of myoglobin which can cause acute renal failure and death unless dialysis is initiated.

8. Answer: E

All of the statements regarding burn injuries are accurate.

9. Answer: E

Electric shocks have been commonly used by torturers for many years because they cause exquisite pain, but rarely leave identifiable physical signs. Depending on the path of the current, electric shocks can result in dislocation of joints, arrhythmias, urination and defecation.

10. Answer: A

Occasionally the electrodes can leave small burns, probably from sparking. Lesions tend to be circular, hyperpigmented and less than 0.5 cm in diameter. Although non-specific, they can corroborate allegations of electric shock torture, especially if they are in certain parts of the body.

11. Answer: E

Hypoxia can cause permanent brain injury and exposure to contaminated water or other caustic liquids may result in acute broncho-pulmonary infections, conjunctivitis and otitis media.

12. Answer: B

Waterboarding is a form of asphyxiation torture that dates back to the Middle Ages and, recently, has been practised by the United States. Victims are strapped to a board or made

to lie in a supine position with their heads lower than the rest of their bodies. The face is covered with cloth, and water is poured over the victim's mouth to create the sensation of drowning. This deliberate infliction of severe physical and mental pain constitutes torture.

13. Answer: E

Violent shaking can result in all of the problems listed.

14. Answer: B, C, D

Rape is only one of many forms of sexual assault including forced nudity, groping, molestation and forced sexual acts. Often, sexual assaults will be accompanied by direct or implied threats. In the case of women, the threat may be one of becoming pregnant. For men, those inflicting the torture may also threaten (incorrectly but usually deliberately) that the victim will become impotent or sterile. For men or women there may be the threat of contracting HIV or other sexually transmitted infections (STIs) and often the threat or fear that sexual humiliation, assault or rape will lead to ostracism from the community and being prevented from ever marrying or starting a family. Rape is always associated with the risk of developing sexually transmitted diseases, including HIV. Ideally, medical evaluations of alleged sexual assault should include a team of experienced clinical experts.

15. Answer: G

All of the methods listed have been determined to constitute torture by the UN Committee Against Torture and/or the Special Rapporteur on Torture.

16. Answer: B, C, D

Despite the fact that torture is an extraordinary life experience capable of causing a wide range of psychological suffering, extreme trauma such as torture does not *always* produce psychological problems. Therefore, if an individual does not have mental problems, it does not mean that he/she was not tortured. When there are no physical or psychological findings, this does not refute or support whether torture had actually occurred. Major Depression and PTSD are the most common diagnoses among survivors of torture and ill treatment. The course of Major Depression and PTSD varies over time. There can be asymptomatic intervals, recurrent episodes, and episodes during which an individual is extremely symptomatic.

17. Answer: A

The psychological consequences of torture and ill treatment develop in the context of personal meaning and personality development. They also may vary over time and can be shaped by cultural, social, political, interpersonal, biological and intrapsychic factors that are unique to each individual.

18. Answer: B

Descriptive methods of evaluating psychological evidence of torture are best when attempting to evaluate psychological or psychiatric reactions and disorders because what is considered disordered behaviour or a disease in one culture may not be viewed as pathological in another. While some psychological symptoms may be present across differing cultures, they may not be the symptoms that concern the individual the most. Therefore, the clinician's inquiry has to include the individual's beliefs about their experiences and meanings of their symptoms, as well as an evaluating the presence or absence of symptoms of trauma-related mental disorders.

19. Answer: I

All of the factors listed can affect psychological outcomes following torture and ill treatment.

20. Answer: G

All of the risk factors listed can contribute to the possibility of developing mental illness among refugee survivors of torture.

Module 5 Answers

1. Answer: B

Although acute lesions may be characteristic of the alleged injuries, most lesions heal within about six weeks of torture, leaving no scars or, at the most, non-specific scars.

2. Answer: C

A complete physical examination is recommended unless the allegations of torture are limited and there is no history of loss of consciousness or neurological or psychological symptoms that may affect recall of torture allegations. Under such circumstances, a directed examination may be appropriate in which only pertinent positive and negative evidence is pursued on examination.

3. Answer: F

All of the forms of historical information listed may be useful in correlating regional practices of torture with individual allegations of abuse.

4. Answer: C

Inquiries should be structured to elicit an open-ended, chronological account of events experienced during detention.

5. Answer: E

In addition to location, size, shape and color, each of the factors listed above should be included in clinical descriptions of skin lesions.

6. Answer: B

Lacerations are caused by a tangential force such as a blow or a fall and produce tears of the skin. The wound edges tend to be irregular, and often may be bruised and/or abraded. Tissue bridges may be present. Incisions are caused by sharp objects like a knife, bayonet, or broken glass that produce a more or less deep, sharp and well-demarcated skin wound.

7. Answer: C or D

The photograph shows a large 4 cm x 6 cm contusion with underlying edema and/or hematoma formation. There are a series of parallel linear abrasions that correspond to the ridges of a police baton (see photo below). These physical findings should be considered "highly consistent" with or "virtually diagnostic" of the alleged injury since it is very unlikely they were caused by any other mode of injury or pathophysiological process. "Proof" of torture implies 100% certainty and should be avoided unless it can be supported by the evidence. In this case the injury may have been inflicted in the context of "resisting arrest."



[Courtesy of Amnesty International, The Netherlands.]

8. Answer: A, B, D

Contusions cause blood to leak from small vessels. If the skin and subcutaneous tissues are thin, the bruise becomes apparent relatively quickly and may take the shape of the weapon used. The extent and severity of a contusion are related to the amount of force applied, but more importantly vascular structures affected. Elderly people and children who have loosely supported vascular structure will bruise more easily than young adults. Many medical conditions are associated with easy bruising. As the extravasated red cells are destroyed, the aging bruise goes through variable colour changes. Speculative judgments should be avoided in the evaluation of the nature and age of blunt traumatic lesions.

9. Answer: B, C, D

Full thickness wounds heal in one of two ways. When the wound is small and the edges are opposed, it heals from the top down (by primary intention). This tends to leave a small, tidy scar. If this process cannot occur, especially if the wound gapes, it heals from below (by secondary intention). This is a slow process and prone to infection, and will leave a wide scar. Scars related to self-inflicted injuries are generally superficial and within easy reach of the dominant hand. Contusions and abrasions may cause hyperpigmented scars, especially in darker skins, due to post-inflammatory hyperpigmentation. Also scars of distinctive shape and if in multiples suggest intentional injuries rather than those caused accidentally.

10. Answer: B

The photograph shows an oval scar above the left hip that is approximately 7 cm x 4 cm. It is a macular lesion with a depigmented, atrophic center, lacking normal skin accessories (hair). The periphery shows a hyperpigmented zone about 1 cm. wide. This scar is most consistent with a 2nd degree burn from a heated instrument.

11. Answer: A

This scar is the result of an abrasion injury as the individual was dragged across a rough surface.

12. Answer: C

This man sustained blunt trauma to the right supraorbital region which resulted in a typical laceration scar. The appearance of the scar is the result of the healing of irregular wound edges and tissue bridges.

13. Answer: B

The photograph shows 2 linear incisions resulting from slashes with a knife. The biconvex appearance of the scars suggest that they healed by secondary intention. These scars are most consistent with incisions because of the sharp, well-demarcated appearance of the scars.

14. Answer: C

The multiple linear, scars are most consistent with lacerations from whipping with an electrical wire.

15. Answer: D

The photograph shows evidence of multiple cigarette burns 7 days following the injury.

16. Answer: A, B, C

Whenever possible, the examination of women alleging rape should be performed by an expert in documenting sexual assault. Otherwise, the examining physician should speak to an expert or consult a standard text on clinical forensic medicine. A thorough physical examination should be performed, including meticulous documentation of all physical findings. It is rare to find any physical evidence when examining female genitalia more than one week after an assault. Even during examination of the female genitalia immediately after rape, there is identifiable damage in less than 50 per cent of the cases. It is unwise to draw conclusions about a refusal to consent to genital examination. If the alleged victim refuses consent, the doctor should record any relevant observations on the alleged victim's demeanour, such as embarrassment or fear, or cultural considerations.

17. Answer: F

All of the statements listed are true.

18. Answer: A

Rectal tears with or without bleeding may be noted. Disruption of the rugal pattern may manifest as smooth fan-shaped scarring. When these scars are seen out of midline (i.e. not at 12 or 6 o'clock), they can be an indication of penetrating trauma.

19. Answer: A

Poor quality photographs are better than none, but they should be followed up with professional photographs as soon as possible.

20. Answer: E

In some cases, the use of diagnostic tests may aid in corroborating allegations of torture. Before obtaining such tests, however, clinicians should carefully consider the potential value of such tests and their inherent limitations in light of the level of "proof" needed in a particular case, the potential adverse consequences for the individual, and any resource limitations. Generally, diagnostic tests are not warranted unless they are likely to make a significant difference to a medico-legal case.

Module 6 Answers

1. Answer: E
Detailed psychological evaluations should be included in all medical evaluations for all of the reasons listed.
2. Answer: E
All of the items listed are true about psychological sequelae of torture and ill treatment.
3. Answer: B
Torture may not only have profound effects on individuals, but on families and society as well. It can terrorize entire populations and create an atmosphere of pervasive fear, terror, inhibition, and hopelessness. It can break or damage the will and coherence of entire communities. It often results in disruptions in family dynamics and may be associated with considerable family dysfunction.
4. Answer: E
All of the items listed may explain why survivors of torture and ill treatment may not trust examining clinicians.
5. Answer: H
When listening to individuals speak of their torture, clinicians should expect to have personal reactions and emotional responses themselves including avoidance and defensive indifference in reaction to being exposed to disturbing material, disillusionment, helplessness, hopelessness that may lead to symptoms of depression or "vicarious traumatization," grandiosity or feeling that one is the last hope for the survivor's recovery and well-being, feelings of insecurity in one's professional skills in the face of extreme suffering, guilt over not sharing the torture survivor's experience, or even anger when the clinician experiences doubt about the truth of the alleged torture history and the individual stands to benefit from an evaluation.
6. Answer: B, C, E
According to DSM IV criteria, the diagnosis of PTSD requires that:
A) A person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and the person's response involved intense fear, helplessness, or horror.
B) One or more re-experiencing symptoms are present following the trauma.
C) Three or more avoidance symptoms are present following the trauma.
D) Two or more hyperarousal symptoms are present following the trauma.
E) The duration of symptoms in Criteria B, C, and D) is more than 1 month.
F) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
7. Answer: E
PTSD symptoms commonly occur under all of the circumstances listed above. Anniversary dates and interactions with police or security forces often serve as direct reminders of past traumatic experiences. Recalling traumatic experiences prior to, during, and following a medical evaluation often results in re-traumatization. In gaining asylum, survivors of torture are often reminded of the loss of family, friends, job, language, etc. and/or may experience feelings of guilt in "abandoning" others who may still be detained.
8. Answer: L

Symptoms of Major Depression include all of the symptoms listed above. Depressive states are very common among survivors of torture. Depressive disorders may occur as a single episode or be recurrent. They can be present with or without psychotic features.

9. Answer: G

In addition to all of the items listed, other possible diagnoses include: generalized anxiety disorder, panic disorder, acute stress disorder, bipolar disorder, delusional disorder, disorders due to a general medical condition, (possibly in the form of brain impairment with resultant fluctuations or deficits in level of consciousness, orientation, attention, concentration, memory and executive functioning), and phobias such as social phobia and agoraphobia.

10. Answer: B

Somatiform disorders manifest as repeated presentations of physical symptoms in the absence of physical findings. If any physical disorders are present, they do not explain the nature and extent of the symptoms or the distress and preoccupation of the patient.

11. Answer: A

Neuropsychology has long been recognised as useful in discriminating between neurological and psychological conditions and in guiding treatment and rehabilitation of patients suffering from the consequences of various levels of brain damage. Neuropsychological evaluations of torture survivors are performed infrequently, but may be useful in evaluating individuals suspected of having brain injury and in distinguishing brain injury from PTSD. Neuropsychological assessment may also be used to evaluate specific symptoms, such as problems with memory that occur in PTSD and related disorders.

12. Answer: G

All topics listed are components of the mental status examination with the exception of G, cranial nerve assessment.

13. Answer: B

Significant psychological symptoms may not be present among survivors of torture for a number of reasons. Clinicians may fail to consider diagnostic possibilities especially if they simply focus on the most common psychological diagnoses. Survivors may not have significant psychological symptoms due to effective coping strategies, social supports and/or a positive meaning assigned to their experiences (i.e. suffering for an important cause). Under such circumstances the reasons for symptom mitigation can and should be explained in the clinician's medical evaluation.

14. Answer: A

The first step in addressing inconsistencies is to ask the individual for further clarification.

15. Answer: B

Pre-torture psycho-social information is highly relevant to the interpretation of psychological evidence as it provides a context for understanding individual behaviour and the meaning assigned to torture experiences.

16. Answer: D

The administration of psychological instruments is up to the discretion of the examining clinician. There are numerous questionnaires available. Though they may add complementary value to a clinical evaluation, routine use is not recommended. Caution must be exercised in the interpretation of responses and scores because established norms

do not exist for many countries. The Istanbul Protocol makes clear that psychological instruments should not be given more weight than the clinical evaluation.

17. Answer: A

The clinician should attempt to understand mental suffering in the context of the survivor's circumstances, beliefs, and cultural norms rather than rush to diagnose and classify. Awareness of culture specific syndromes and native language-bound idioms of distress is of paramount importance for conducting the interview and formulating the clinical impression and conclusion. When the interviewer has little or no knowledge about the alleged victim's language and culture, the assistance of an interpreter is essential.

18. Answer: G

Interpretation of the clinical findings is a complex task. According to the Istanbul Protocol, all of the concerns listed should be included in clinical interpretations of psychological evidence of torture and ill treatment.

19. Answer: A

In the course of documenting psychological evidence of torture clinicians are not absolved of their ethical obligations. Those who appear to be in need of further medical and/or psychological care should be referred to appropriate services. Clinicians should be aware of local rehabilitation and support services.

20. Answer: F

All of the considerations listed are true about the effects of torture on children.

Module 7 Answers

(Based, in part, on information contained in Case Narrative #01)

1. Answer: A, B, D

All of the considerations listed are important for effective interviews with the exception of C. All individuals alleging torture, including those in custody, should be informed that they are not required to answer any question that they choose not to.

2. Answer: B, C

Informed consent is required before all medical evaluations and explaining the potential benefits and risks of the evaluation is part of the consent process.

3. Answer: D

Given the possibility of intense shame and ongoing fear, it would be prudent to select a translator who is not related to Mrs. Yousif and is not a member of the refugee community. The clinician should reassure Mrs. Yousif of the measures you will take to ensure confidentiality of the information she provides.

4. Answer: C

Initially, questions should be open-ended, allowing a narration of the trauma with minimal interruptions. Closed questions are often used to add clarity to a narrative account or to carefully redirect the interview if the individual wanders off the subject.

5. Answer: A

Other traumatic experiences may contribute to the psychological symptoms of survivors of torture. In Mrs. Yousif's case, the killing of her husband and burning of her home and village likely contributed to her psychological symptoms.

6. Answer: C

Inability to protect the ones we love from extreme harm often results in severe and prolonged emotional reactions such as guilt, shame and rage. Mrs. Yousif indicated that she has a profound sense of guilt over what happened to her daughter and is often preoccupied with thoughts of what she should have done differently.

7. Answer: E, F, G

Mrs. Yousif's trauma history did not include allegations of blindfolding. Although she reported being struck in the head with the butt of a handgun and kicked in the side of her face, she did not have any lapses in consciousness. The abuses that she described do not suggest significant disorientation that is often associated with prolonged isolation and sleep deprivation. She does have marked symptoms of PTSD, however, and both fear of reprisals and lack of trust in the examining clinician should be anticipated given her previous interactions with police and medical personnel.

8. Answer: A

The content of perpetrators' verbal remarks often refers to the intent of the abuse and is often relevant to the individual meaning assigned to the torture experience.

9. Answer: E

Moving on with the interview would certainly be appropriate, but the other options listed (B, C and D) also may help to inform the alleged victim's decision on whether to discuss the allegation of sexual assault further. The option of offering to limit reporting to a judge, only, may depend on the acceptability of this option within the domestic legal system and/or the extent to which absolute confidentiality can be maintained.

10. Answer: H

All of the indirect questions listed may be helpful in assessing the possibility of rape and other forms of sexual assault.

11. Answer: A, C

Mrs. Yousif's history is highly consistent with a Bell's Palsy after being kicked on the right side of her face with subsequent swelling, temporarily affecting the right Facial Nerve. Her observation of "tram-track" lines following beating with a hose is also highly consistent with the alleged abuse as it indicates first-hand knowledge of the alleged experience.

12. Answer: F

Mrs. Yousif presented to Nyala Hospital 2 days after the alleged assault. In the acute setting for rape allegations, all of the measures listed should be taken. For CDC recommendations on antiretroviral postexposure prophylaxis after sexual exposure to HIV, see: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm>.

13. Answer: A

Mrs. Yousif meets diagnostic criteria for PTSD: She was exposed to multiple traumatic events or experiences involving intense fear, horror, or helplessness and the events or experiences involved threats of death, serious injury, or physical integrity. She has at least one re-experiencing symptom, at least 3 avoidance symptoms, and at least 2 persistent indicators of increased arousal. Since her symptoms have persisted for longer than 3 months, her PTSD should be considered "chronic."

14. Answer: B
While the content of PTSD symptoms may be consistent or highly consistent with allegations of torture and ill treatment, the diagnosis of PTSD, in and of itself, is not specific for torture and/or ill treatment. On the other hand, there is often a strong relationship between an individual's psychological symptoms and the individual meaning of torture experiences.
15. Answer: E
All of the traumatic experiences listed likely contribute to Mrs. Yousif's psychological symptoms.
16. Answer: E
All of the factors listed may help to distinguish cause-specific psychological symptoms.
17. Answer: B
It is rare to find any physical evidence when examining female genitalia more than one week after an assault. For this reason, and the risk re-traumatizing Mrs. Yousif unnecessarily, a pelvic examination is not recommended. The most significant component of a medical evaluation in the chronic phase of rape allegations is the psychological assessment and other, non-gynecologic, physical findings.
18. Answer: E
All of the symptoms of sexual dysfunction listed may be observed following rape.
19. Answer: B
While Mrs. Yousif's physical findings are consistent with the alleged trauma, they may be the result of other injuries. [Note, the description of the complex, atrophic scar over the dorsum of the left hand is consistent with the history of a laceration that healed by secondary intention; it apparently became infected, formed an abscess and required incision and drainage.]
20. Answer: C
Mrs. Yousif's psychological symptoms are highly consistent with the torture and ill treatment that she alleged. The severity of her symptoms is consistent with the multiple traumas she reported. In addition to meeting diagnostic criteria for PTSD and Major Depressive Disorder, the content of some of her psychological symptoms refer specifically to the alleged abuse. Her intense feelings of guilt over her daughter's rape and the consistency between her observed affect during the interview and the content of the evaluation are also highly consistent with the torture and ill treatment she alleged.

Module 8 Answers

(Based, in part, on information contained in Case Narrative #02)

1. Answer: B
Police or other law enforcement officials should never be present in the examination room. This procedural safeguard may be precluded only when, in the opinion of the examining doctor, there is compelling evidence that the detainee poses a serious safety risk to health personnel. Under such circumstances, security personnel of the health

facility, not the police or other law enforcement officials, should be available upon the medical examiner's request. In such cases, security personnel should still remain out of earshot (i.e. be only within visual contact) of the patient. The presence of police officers, soldiers, prison officers or other law enforcement officials in the examination room, for whatever reason, should be noted in the physician's official medical report. The presence of police officers, soldiers, prison officials or other law enforcement officials during the examination may be grounds for disregarding a negative medical report. The identity and titles of others who are present in the examination room during the medical evaluations should be indicated in the report.

2. Answer: B
Under no circumstances should a copy of the medical report be transferred to law enforcement officials or security personnel.
3. Answer: B
The routine use of restraints during medical consultation or treatment is contrary to medical ethics and international standards on treatment of prisoners. Health professionals must not accept such practices. Restraints not only interfere with the proper diagnosis, management and treatment of patients, but they also run contrary to the inherent dignity of all human beings. The only possible acceptable justification for use of restraints is as a last resort when there is substantiated reason to believe that this particular detainee presents an immediate and current violent threat to himself or others. Health professionals can and should question the use of restraints if they have reason to doubt such a risk exists. In the exceptional circumstances that restraints are used, they should be as minimal as possible.
4. Answer: A
It is important to obtain a complete medical history, including prior medical, surgical and/or psychiatric problems. Clinicians should document any history of injuries before the period of detention and any possible after-effects. Knowledge of prior injuries may help to differentiate physical findings related to torture from those that are not.
5. Answer: B
Mr. Adam's psychosocial history contains information relevant to his psychological symptoms, or lack thereof, following the alleged torture and ill treatment. Mr. Adam's political beliefs and activities have likely mitigated more severe psychological symptoms. His predominant reaction of anger is, in part, likely due to the killing of one of his brothers by security forces.
6. Answer: C
Mr. Adam's history is significant for multiple lapses in consciousness. He was not blindfolded during the alleged torture, only during transport to the place where he was detained. Also, he does not demonstrate evidence of organic brain impairment or significant psychological sequelae.
7. Answer: C
Mr. Adam indicated that his multiple episodes of loss of consciousness were associated with asphyxia and electric shocks to his penis. Diagnostic imaging of the brain and EEG studies are not indicated in the absence of significant head trauma, seizure activity or a focal neurological deficit. Given minimal psychological symptoms and normal cognitive functioning, neuropsychological testing would not be indicated. A complete neurological examination would be adequate under the circumstances.
8. Answer: B

Sexual assault, including rape, is common among male detainees. Given the intense shame that is usually associated with sexual assault, additional information may not be spontaneously reported. It is important, therefore, to ask Mr. Adam something like: "Many men who are detained by police and security forces are assaulted sexually, including rape. Did anything like this happen to you?"

9. Answer: A

Mr. Adam's difficulty having erections is most likely psychosomatic in origin since he indicated that he has noted normal erections upon waking from sleep.

10. Answer: B

Although Mr. Adam's alleges being suspended from his hands tied behind his back, his acute symptoms of arm pain when lifting heavy objects and right arm numbness subsequently resolved. In the absence of any current complaint and/or numbness or weakness on physical examination, an EMG is not indicated.

11. Answer: B

Electric shock often does not result in acute lesions. When present, electric burns usually consist of a red brown circular lesion, 1 - 3 mm in diameter, usually without inflammation, and may result in a hyperpigmented scar. The absence of such changes should not be construed as an inconsistency.

12. Answer: A, possibly C

Survivors of torture who ascribe positive meaning to their suffering (e.g. World War II veterans and political activists) often have fewer and less severe psychological symptoms. Fear of police reprisals would likely increase Mr. Adam's psychological symptoms. Although support from family member also may mitigate psychological symptoms, Mr. Adam's parents expressed strong disapproval of his political activity and consider his action to be "foolish and dangerous." This has resulted in considerable discord between them. He and his father have not spoken to one another in the past several weeks. Nonetheless, his parents' concern may represent a longstanding source of support.

13. Answer: C

Cigarette burns typically result in 5 to 10 mm, circular, macular scars with a depigmented centre and a hyperpigmented, relatively indistinct periphery. The lack of a depigmented centre in Mr. Adam's case may be related to the relative degree of heat applied. The characteristics of the lesions and location on one arm only, are highly consistent with his allegations of cigarette burns.

14. Answer: B

Mr. Adam was examined months after he was released from detention. The possibility of self-inflicted injuries cannot be fully excluded.

15. Answer: C

Mr. Adam's physical examination findings of hyperpigmented, circumferential scars above both wrists are highly consistent with his allegations of "rope burns" from suspension torture.

16. Answer: E

All of the explanations listed indicate why these physical findings are not likely to be the result of self-inflicted injuries.

17. Answer: D

Striae distensae (stretch marks) are most common on the abdomen (especially after pregnancy), the lower back, the upper thighs, and around the axillae. They are hypopigmented lines in which the skin might be folded. They must not be confused with scars from whipping. In *striae*, the skin is intact. Axillary *striae* may not be noticed by individuals until after suspension torture.

18. Answer: B

Mr. Adam's psychological findings may not be as extensive or severe as some might expect, but this can be adequately explained by symptom mitigation from his political beliefs and activities and possibly by support from family and friends. Effective coping mechanism also may help to explain his resilience, but this was not thoroughly assessed in Case Example #02. Mr. Adam's allegations of abuse appear to be at least "consistent with" his psychological evaluation findings.

19. Answer: B

Psychological instruments may serve as a useful adjunct to the qualitative, psychological evaluation and may be particularly helpful if an individual has trouble expressing in words his or her experiences and symptoms. This is not the case for Mr. Adam, however. In addition, caution must be exercised in the interpretation of responses and scores of psychological instruments because established norms do not exist for many populations.

20. Answer: E

All of the considerations listed would support the credibility of Mr. Adam's allegations of torture and ill treatment and, if relevant, may be included in the clinician's written reports and oral testimony. Note that inconsistencies that are attributable to an individual's torture experience may, in fact, support an individual's allegations of abuse, rather than undermine it.

Module 9 Answers

1. Answer: A, B, C, E, F

Expert medical reports and testimony can be of value in all of the contexts listed with the exception of D. As the Istanbul Protocol makes clear, a medical evaluation does not exclude the possibility that the alleged torture took place. Medical evaluations should not be used to "prove" that law enforcement officials, or any other alleged perpetrator, is innocent of alleged acts or torture and ill treatment.

2. Answer: A

The purpose of written reports and oral testimony is to assess claims, document evidence of torture and ill-treatment, and effectively communicate this evidence to adjudicators. Clinical evaluations are often critical in enabling adjudicators to make accurate and just decisions in medico-legal cases by providing an assessment of the degree of consistency between allegations of torture and ill treatment and physical and psychological evidence.

3. Answer: F

All of the items listed may represent relevant qualifications.

4. Answer: A

Qualifying as a medical expert depends on relevant knowledge and skills for both physical and psychological evidence of torture. Physicians who are not psychiatrists may qualify as

experts on psychological evidence of torture and ill treatment as symptoms of depression and anxiety are common in general populations and many primary care physicians can acquire the knowledge and skills to diagnose these conditions and initiate appropriate care. The diagnosis of trauma-related disorders such as PTSD requires more specific training and experience for all clinicians, including psychiatrists, psychologists and clinical social workers.

5. Answer: B
The evaluating clinician should review the alleged victim's affidavit (declaration) and any relevant medical or legal materials that the alleged torture victim has presented to the court, as it generally includes information that may be compared with the clinician's evaluation. Any discrepancies that may arise should be pursued with the individual and/or the individual's attorney to a point of clarity. Adjudicators often interpret inconsistent testimony as a lack of credibility on behalf of the alleged torture victim, when, in fact, such inconsistencies are often related to the presence of psychological, cultural, linguistic or other factors.
6. Answer: E
All of the items listed are true.
7. Answer: E
All sources of information listed above can and should be used to corroborate allegations of torture and ill treatment as long as the medical evaluator deems them to be relevant and credible.
8. Answer: A
Adjudicators are often unaware of the complexities of effective documentation of torture and ill treatment and their decisions may be influenced by pre-existing prejudice. Clinicians can and should take the opportunity to educate adjudicators on physical and psychological evidence of torture and ill treatment, i.e. explaining likely causes of inconsistencies, the sensitivity and specificity of physical findings and diagnostic tests, the utility and limitations of psychological instruments and diagnoses, the significance of historical evidence, etc.
9. Answer: A
First evaluations may be less convincing in a court of law than those conducted by clinicians with extensive experience. It is therefore advisable to conduct one's first evaluation(s) under the supervision of a more experienced evaluator.
10. Answer: A
Historical information may be very useful in corroborating an individual's allegations of torture because it indicates first-hand knowledge of the alleged experience.
11. Answer: B
Istanbul Protocol guidelines include recommendations for care when they are clinically indicated. This is a professional duty independent of the immediate objectives of the legal team.
12. Answer: A
The clinician's interpretation of findings and conclusions on the possibility of torture and ill treatment should be based on all categories of corroborating evidence, including physical and psychological evidence, historical information, and any other relevant resource materials.
13. Answer: F

All of the considerations listed support the credibility of an individual's allegations of torture and ill treatment and, if relevant, may be included in the clinician's written reports and oral testimony. Note that inconsistencies that are attributable to an individual's torture experience may, in fact, support an individual's allegations of abuse, rather than undermine it.

14. Answer: B

Credibility is not an all-or-nothing concept - there is a continuum between the absolute truth and the complete fabrication of events, with at least three points in-between: a) a mixture of falsehood and truth; b) conscious or subconscious exaggeration - saying that the ill-treatment was more frequent and more severe than actually happened; and c) genuine errors arising from mistakes and misunderstandings. Clinicians should try to identify potential reasons for exaggeration or fabrication, keeping in mind that fabrications may require detailed knowledge about trauma-related symptoms and findings that individuals rarely possess.

15. Answer: H

Inconsistencies may result from a number of factors that may be directly related to the torture and ill treatment or to the psychological and/or neurological symptoms that result from torture and ill treatment. Interview conditions and cross cultural factors may be significant factors as well. Clinicians should be familiar with such factors to effectively explain any inconsistencies observed.

16. Answer: A

Adjudicators and cross-examining attorneys may dismiss the medical expert's findings on the basis of "hear-say" evidence, i.e. that the medical expert is stating a fact that was simply reported to him or her. A statement qualifying the veracity of testimony is therefore advisable.

17. Answer: B

While PTSD and MDD are common among survivors of torture, the diagnosis of either one is not cause-specific. Experiences other than torture and ill treatment also may be the cause of these diagnoses or sub-threshold symptoms.

18. Answer: E

All of the guidelines listed are relevant considerations for oral testimony by medical experts.

19. Answer: E

It is common in medico-legal contexts for the clinician to be asked whether psychological symptoms were caused by the alleged torture and ill-treatment or other traumatic experiences that may have occurred before or after the alleged events. Clinicians should note temporal relationships between the onset of symptoms and the alleged torture and ill-treatment and subsequent trends in psychological symptoms in relation to external stressors. They should also consider content-specific symptoms that may relate to the alleged torture and ill-treatment such as: the content of nightmares, triggers for intrusive recollection, reliving experiences, and avoidance reactions.

20. Answer: B

In court, the finding of credibility is a legal matter that is the responsibility of the judge. The expert witness is one resource that the judge draws upon to make that determination. The clinician need not feel the compulsion to make that determination for the judge, and, indeed, judges may resent an expert who tries to do so. What the clinician can do is address any observed inconsistencies and answer the questions of the attorneys and the judge as

thoroughly and professionally as possible, along with his/her opinion about credibility, and let the judge arrive at his/her own conclusion.