

The Istanbul Protocol: A global stakeholder survey on past experiences, current practices and additional norm setting

Rohini Haar*, James Lin**, Jens Modvig***, Julia Nee****, Vincent Iacopino*****

Key points of interest

- The Istanbul Protocol is deemed important to professionals from a diverse demographic background and is used for: public knowledge, capacity building, investigations, promoting laws, advocacy, documenting torture, and rehabilitating torture survivors.
- Updating the Istanbul Protocol may make it more accessible, practical, and inclusive of new and timely material. However, an update may also pose risks.

Abstract

Introduction: The Istanbul Protocol (IP) principles and guidelines have served as international norms for the effective

investigation and documentation of torture and ill-treatment since 1999. Given the widespread use of the IP and recent calls to update or enhance its norms, we conducted a large-scale study among stakeholders to understand current practices as well as opinions on additional IP norm setting.

Methods: Between February 20, 2017 and April 7, 2017, we conducted an online survey of IP users using a combination of criterion and chain sampling. The survey instrument included the following domains of inquiry: 1) respondent characteristics (demographics, anti-torture work, country conditions, and IP training); 2) IP use, importance and practices, and; 3) opinions on additional IP norm setting. *Results:* The survey was distributed to 177 individuals and 250 organizational representatives with response rates of 78% and 47% respectively. The respondents came from a variety of clinical, legal, academic, and advocacy disciplines from around the world. The respondents indicated that they use the IP for a wide range of anti-torture activities: investigation and documentation, advocacy, training and capacity building, policy reform, prevention, and treatment and rehabilitation of torture survivors. The vast majority (94% of individual respondents and 84% of organizations) reported that the IP is important to their anti-torture work. A majority of individual (60%) and

*) Lecturer, School of Public Health, Division of Epidemiology, University of California, Berkeley

**) Istanbul Protocol Programme Coordinator, International Rehabilitation Council for Torture Victims

***) Director, Health Department, DIGNITY – Danish Institute against Torture and Chair, UN Committee against Torture

****) Research Assistant, Human Rights Center, University of California, Berkeley

*****) Senior Medical Advisor, Physicians for Human Rights

Correspondence to: rohinihaar@berkeley.edu

organizational (59%) respondents reported that updating or adding clarifications to the IP would help to address the challenges they face and provided specific suggestions. However, 41% of individuals and 21% of organizational respondents also reported concerns that additional IP norm setting could have negative consequences.

Discussion: The IP provides critical guidance for a wide range of torture prevention, accountability, and redress activities and can be enhanced through the development of additional updates and clarifications to respond to the current needs of torture survivors and stakeholders.

Keywords: Istanbul Protocol, forensic documentation, torture, stakeholder survey

Introduction

In 1999, members of civil society, together with United Nations (UN) anti-torture bodies, developed international norms for effective investigation and documentation of torture and ill-treatment, *The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, commonly known as the Istanbul Protocol. The Istanbul Protocol serves to bridge the gap between the treaty-based duties of States to investigate and document torture and ill-treatment and the practical challenges to executing these functions by providing normative guidance, particularly on medico-legal investigation and documentation into torture allegations (UNHCHR, 1999).

The Istanbul Protocol (IP) outlines international legal standards on protection against torture and sets out specific guidelines on how effective legal and medico-legal investigations into allegations of torture and ill-treatment should be conducted. The IP also contains a series

of “Istanbul Principles,” which were adopted by the UN General Assembly and provide minimum standards for State adherence to ensure effective investigation and documentation of torture and ill-treatment. The IP was the result of three years of analysis, research, and drafting undertaken by more than 75 forensic doctors, physicians, psychologists, lawyers and other stakeholders who represented 40 organizations from 15 countries. The IP has been used for the documentation of torture among a broad spectrum of survivors, including detainees, asylum-seekers and refugees, as well as for survivors of other forms of ill-treatment and abuse for nearly twenty years (Haagensen, 2007; Kalt, Hossain, Kiss, & Zimmerman, 2013; Masmas et al., 2008; Moreno & Iacopino, 2008; Park & Oomen, 2010; Perera & Verghese, 2011; Piwowarczyk, Moreno, & Grodin, 2000; Visentin, Pelletti, Bajanowski, & Ferrara, 2017). It has also been utilized by a wide array of stakeholders, including civil society organizations, national and international government institutions, and regional and international bodies to develop guidelines on the prevention, accountability and redress of torture and to treat survivors (Furtmayr & Frewer, 2010; Kelly, 2016; Otter, Smit, Cruz, Özkalıpci, & Oral, 2013; Piwowarczyk et al., 2000; Ucpinar & Baykal, 2006).

While the IP provided critical norms for legal and medico-legal investigation and documentation of torture and ill-treatment, it did not provide guidance on how States should implement those norms (Ucpinar & Baykal, 2006). In 2012, four organizations with extensive IP implementation experience (Physicians for Human Rights, the International Rehabilitation Council for Torture Victims, the Human Rights Foundation of Turkey, and REDRESS)

developed a series of practical guidelines for State implementation of the IP (known as the “Istanbul Protocol Plan of Action”). The Istanbul Protocol Plan of Action was recognized and supported by the UN High Commissioner for Human Rights in 2012 and, since then, has been applied in a number of countries (Iacopino, 2017; Iacopino & Moreno, 2017).

In September 2016, more than 200 regional and international IP stakeholders participated in a meeting in Bishkek, Kyrgyzstan entitled, “Istanbul Protocol Implementation: Transforming Regional Experiences into International Norms for Effective Torture Investigation and Documentation.” Bishkek meeting participants, together with representatives of the four UN anti-torture bodies (the Committee Against Torture, the Special Rapporteur on Torture, the Subcommittee on the Prevention of Torture, and the UN Voluntary Fund for Victims of Torture) discussed how best to update and enhance IP norms, including to give guidance to States on implementation (Ludwig Boltzmann Institute of Human Rights, 2016).

Given the widespread and longstanding use of the IP, the organizations leading the IP plan of action agreed to conduct a large-scale stakeholder survey of individual IP users as well as civil society anti-torture organizations to gather their experiences using the IP and suggestions for ways to enhance the Protocol. This study presents the results of this survey in an effort to enhance IP norms for effective investigation and documentation of torture and ill-treatment.

Methods

Two surveys with parallel content, one for individual IP users and the other for representatives of organizations that use

the IP, were developed. Individuals were asked to respond with their own experience while organizational representatives were asked to consult with relevant personnel, including clinical evaluators and attorneys, within their institution in order to convey the collective IP experiences of their organization. The surveys included three primary inquiry domains including the following: 1) Respondent Characteristics; 2) IP Training Experience, Use and Challenges, and; 3) Opinions on enhancing the IP. The Respondent Characteristics included questions on demographics of the respondent and their experience with anti-torture work as well as general working conditions in their primary country location. The IP training experience, Use and Challenges section included questions on the individual or organization’s experience with the IP, how it is used and perceptions of its importance and utility in day-to-day functions as well as challenges to practical applications. The opinions on an additional norm setting section included questions on updating or revising the IP and potential positive and negative consequences. The surveys, written in English, were pilot-tested among an eight-member committee and clarifications incorporated into the final versions of the surveys before distribution.

We employed a combination of two purposeful sampling methods: criterion sampling and chain sampling. We chose these sampling methods to ensure the participation of a global cohort of IP users with a wide range of experiences in their respective fields. Our criteria for sampling included several types of IP use (investigation/documentation, advocacy, training and capacity building, policy reform, prevention, and treatment/rehabilitation) as well as geographical representation. PHR developed an

initial list of individual and institutional participants based on these criteria. The lists were then circulated to representatives of organizations conducting the survey for subsequent elaboration, including: the International Rehabilitation Council for Torture Victims (IRCT); the Human Rights Foundation of Turkey (HRFT); REDRESS; the UN Committee Against Torture (CAT); the UN Special Rapporteur on Torture (SRT); the UN Subcommittee for the Prevention of Torture (SPT); the UN Voluntary Fund for Victims of Torture (UNVFVT); and several consultants. We took additional steps to limit overrepresentation of large homogenous groups of potential participants such as the PHR Asylum Network of more than 400 clinicians who conduct clinical evaluations of US asylum applicants by utilizing the criterion of a minimum of 30 completed asylum evaluations.

From February 20, 2017 to April 7, 2017, investigators administered the survey to respondents using a secure online survey tool. Email messages with the survey link were sent and followed up at bi-weekly intervals to remind respondents to complete the survey.

All analyses were conducted using Stata v.14.2 and Excel v.15.33. Descriptive statistics is reported, side-by-side, for individuals and organizational representatives for all survey questions except in a few cases where the same question was only asked to one of the groups. Chi-squared testing was used to test possible correlates for questions on possible IP norm setting.

The study was administered by researchers at the University of California, Berkeley, PHR and the IRCT. All participants provided informed consent for participation in this study and publication of

de-identified data. The study was reviewed and approved by PHR's Ethics Review Board (ERB).

Results

Over a seven-week survey period, a total of 177 individuals and 270 organizational representatives were invited to complete the survey. We received 153 individual entries into the online survey of people that completed any part of the questionnaire of which 138 individuals (78% response rate) completed questions beyond the initial screening questions. Among the institutional responders, we received 192 entries of which 91 responses (34% response rate) had completed the survey beyond the initial screening questions. Some individuals received both versions of the survey and were asked to respond as both an individual and on behalf of their organization. Of note, the organizational respondents were asked to consult with relevant stakeholders in their organization to complete the survey. No participants indicated that language or fear of reprisals prevented them from completing the surveys.

We report response frequencies and/or percentages and note the total number of responses ("n" values) for each question since not all respondents answered all survey questions. Data is reported separately for the individual and organization surveys with the exception of several questions where pooled data were deemed more informative.

Respondent characteristics and conditions

Demographics

Of all respondents who answered (n=220), 49.5% were men and 50.5% were women. Respondents resided in 30 countries from all continents with the exception of Antarctica (Figure 1).

Of the 110 individual respondents, 32 were based in the United States of America, 15 from Turkey, nine from Denmark, and seven from Switzerland. Three respondents each were based in: Canada, France and Spain while two respondents each were from Australia, Austria, Georgia, Greece, Netherlands, Norway, Philippines and Portugal. There was one respondent from each of the following countries: Albania, Columbia, Finland, Germany, Hungary, Indonesia, Kenya, Mexico, Palestine, Peru, Serbia, Sri Lanka, Tunisia and Zimbabwe. Among the 90 organizational respondents, 20 were based in the United States of America. Four respondents were based in Israel and the Netherlands, three from the Democratic Republic of the Congo, India, Switzerland and the United Kingdom. There were two respondents each from Austria, Brazil, Canada, Denmark, Georgia, Germany, Kyrgyzstan, Nepal, Pakistan, Philippines, and South Korea. There was one respondent from each of the following countries: Afghanistan, Argentina, Armenia, Australia, Bolivia, Bosnia and Herzegovina,

Cameroon, Chad, Chile, Ecuador, Finland, Greece, Iran, Iraq, Ireland, Mexico, New Zealand, Palestine, Peru, Serbia, South Africa, Spain, Sri Lanka, Sweden, Turkey, and Ukraine.

Respondents reported professions in health, law, human rights, administration and academia (Figure 2). Sixty-two percent of all respondents were health professionals. Among all those who noted they were health professionals, 84 (51%) were physicians; 32 (20%) were psychiatrists; 36 (22%) were psychologists; 4 (2%) were social workers and 2 (1%) were nurses. The remaining 14 held various roles such as student, department chair, and public health professionals.

Among the individual respondents (n=123), the most frequently cited affiliation was to a non-governmental organization (62%), but respondents were also affiliated with academic institutions (52%), health service providers (32%), professional associations (25%), UN or regional mechanisms (5%), and intergovernmental agencies (2%). Twelve percent had other affiliations such as private practice,

Figure 1: *Country location of individual and organizational respondents*

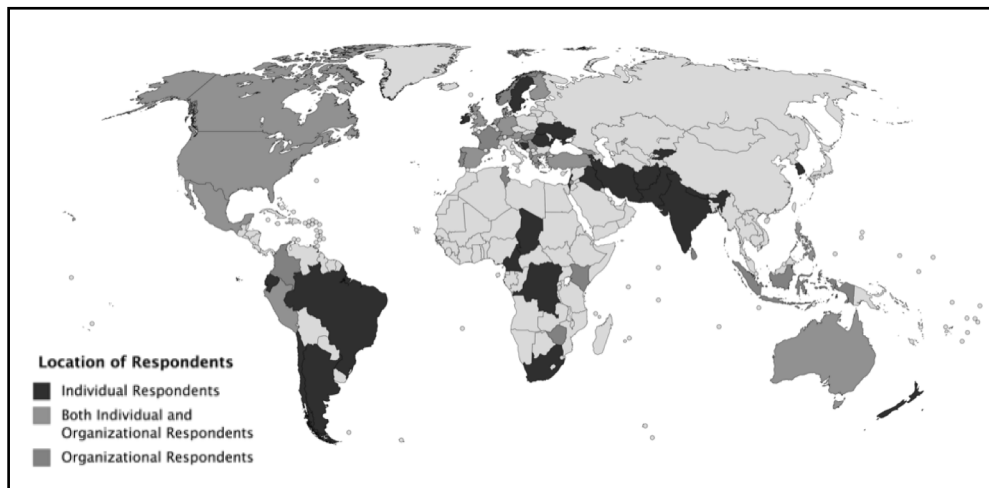
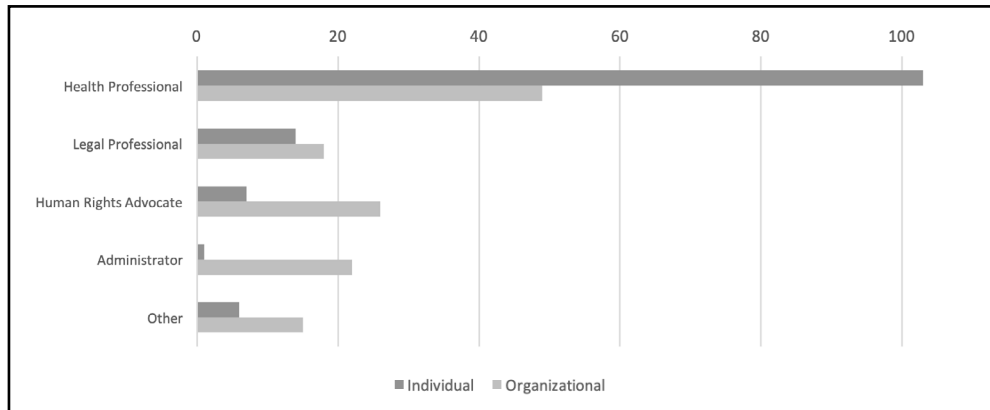


Figure 2: Respondents' professions for individuals (n=131) and organizations* (n=91)



* organizational respondents noted holding multiple roles simultaneously (130 total responses among 91 respondents).

humanitarian organizations and private companies. Among the organizations (n=90), 78% were non-governmental organizations, 6% were academic institutions, 6% were health service providers, 4% were professional associations, and 2% each were government agencies and UN/regional mechanisms. Two organizations (2% of respondents) noted other affiliations (civil association and student-clinic).

Anti-Torture Work

Respondents reported working in various settings including national settings (49% of individuals, 67% of organizations) but also in regional (19% of individual and 17% of organizations) and international settings (32% of individual and 17% of organizations). Respondents reported serving diverse populations. Of the 212 total respondents (both individual and organizational), they served: torture survivors (81%); asylum applicants (53%); refugees (51%); persons deprived of their liberty (pre-trial and administrative detention) (33%); adult prisoners (32%);

child prisoners (21%); domestic legal clients (27%); and patients in health and mental health institutions (25%). Other populations served included: prisoners of war; victims of sexual and gender-based violence; families of missing persons and victims of human rights abuses; and civilian survivors of war and conflict.

In serving these populations, respondents reported being engaged in a number of anti-torture activities (Figure 3). Among the other activities not listed in the table below, respondents noted they conduct psychosocial support, research, networking, and teaching.

Country Conditions

Respondents provided important contextual information on the conditions of the primary country location where they conduct their anti-torture activities (Figure 4). While the majority of respondents reported that the UN Convention against Torture (CAT) has been ratified in their country, the incorporation of the IP into national standards is far less prevalent.

Figure 3: *Anti-torture activity for individuals (n=122) and organizations (n=91)*

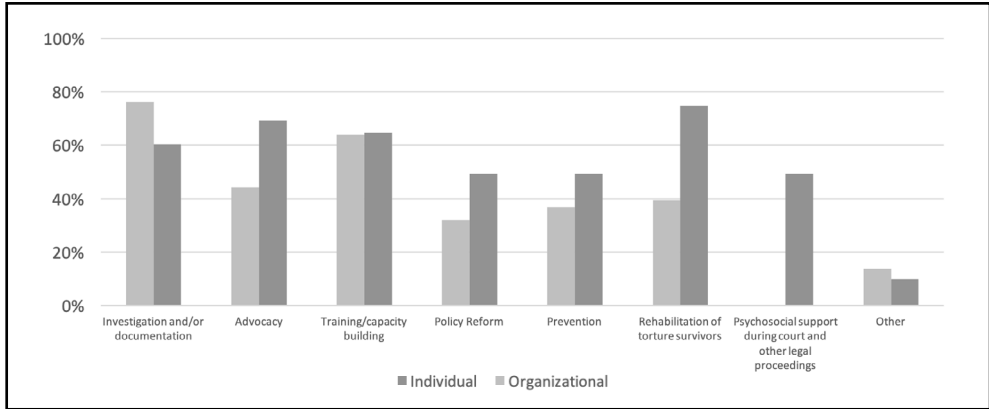
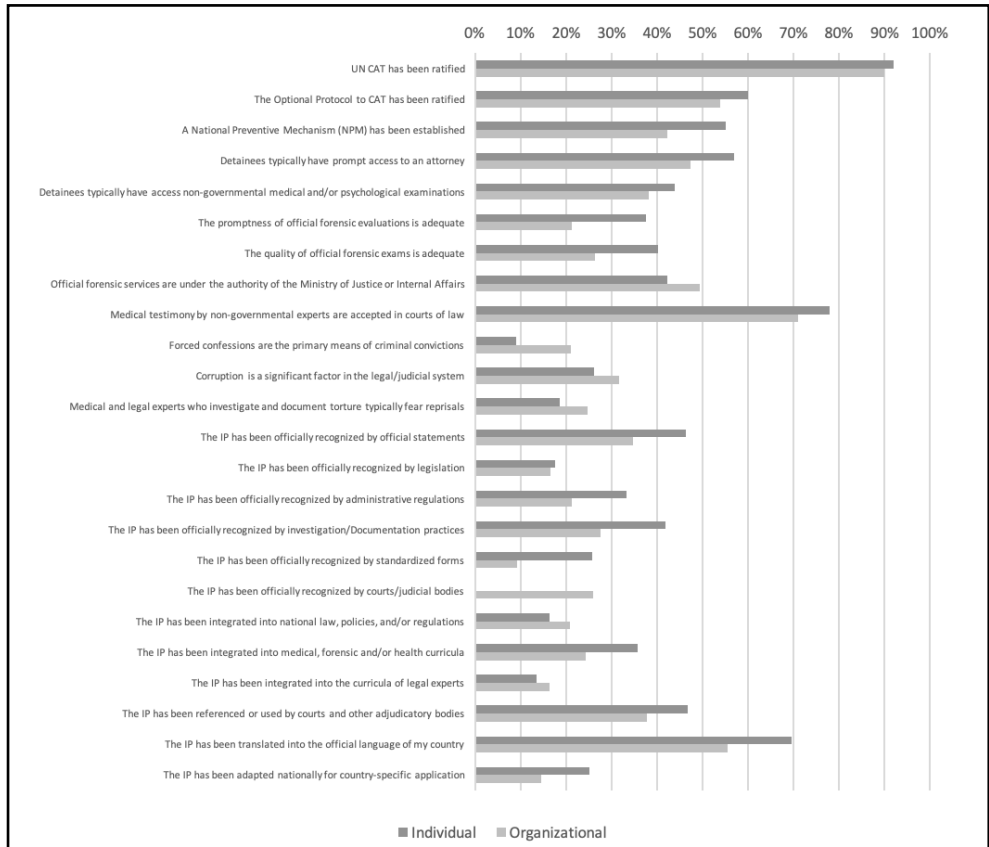


Figure 4: *Reported country conditions among individuals (n=113) and organizations (n=80)*

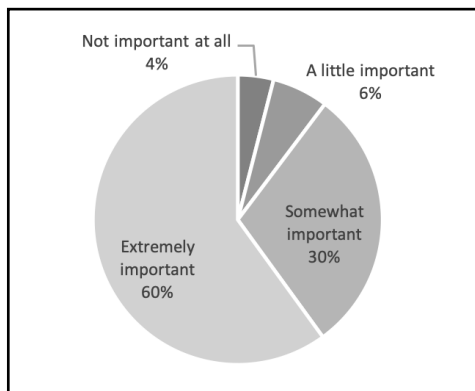


Istanbul Protocol relevance, experience, utility & challenges

IP Importance

Ninety percent of all respondents indicated that the IP is either extremely or somewhat important to their work or that of their organization (Figure 5).

Figure 5: Importance of IP in work (n=175)



IP Experience

Individual respondents reported having extensive experience using the *Istanbul Protocol*. There was an average of 16 years (range: 0 to 40 years) of anti-torture experience among the individual respondents. On average, those who provided clinical services estimated that they provided medical or mental health treatment or support to 234 torture survivors each (range: 0 to 2000) and conducted 22 trainings (range: 0 to 200 trainings) on IP norms and practices. Organizational representatives reported extensive trainings for their medical professionals (mean of 5.1 training days per year), mental health professionals (average 3.2 training days per year) and legal staff (average 4.2 training days per year) as well as trainings for social workers, researchers, field officers, students, and others.

IP Utility

The IP was utilized in a broad range of activities related to torture prevention, accountability, and redress as well as awareness raising and advocacy (Figure 6). Most respondents utilized the IP for advancing public knowledge, compelling investigations, promoting the IP in national laws and policy reform, for campaigning and awareness raising, and in legal, medical and mental health evaluations. The IP was used by about one third of respondents as an intake tool for medical and mental health treatment. Other purposes described by the respondents included research, education and to screen or document other traumatic experiences such as child abuse or domestic violence.

Respondents provided additional information on their IP use detailed in the Supplementary Materials.¹

IP Challenges

Respondents were asked to identify the most significant needs and challenges that they face in their use of the IP. They responded to this open-ended question with concerns about external factors such as lack of public knowledge and awareness of the IP, limited training of relevant health professionals, difficulties with official state adoption of the IP and political challenges in incorporating IP standards into their national and institutional policies. Respondents also identified challenges involving the content of the IP such as limited gender perspectives, complexity of IP guidance, especially in cross-cultural contexts or areas with limited resources for training, outdated text, limited specific

¹ See: <https://doi.org/10.7146/torture.v29i1.111428>

Figure 6: *Utility of the IP among individuals (n=107) and organizations (n=73)*

guidance on torture of children or through sexual violence, and the accuracy of IP translations.

Opinions on additional IP norm setting

Survey participants provided their opinions on the possibility of additional IP norm setting such as updates and clarifications and the possible risks that may be associated with undertaking such actions.

Updating or Revising the IP

Sixty percent of individual (54 of n=90) and 59% of organizational (38 of n=64) respondents believed that updating or revising the IP would help to address the challenges that they face. Of those who supported updating or revising the IP, several key themes emerged from the open-ended responses:

- (1) The majority of suggestions referred to clarifying and shortening the IP to making it more “user-friendly,” accessible or practical for regular use. Several respondents noted that additional

summaries or practical guideline documents may have great utility.

- (2) Many respondents requested additional or more thorough practical guidelines or training documents for better implementation including more translations, guidelines on advocacy and seeking accountability, human rights and legal texts and practical standard documentation forms.
- (3) Respondents wanted factual updates, particularly in the legal sections and in diagnostic tools (e.g., modified recommendations on laboratory and radiological procedures) and documentary photography. This also included better references and anatomical illustrations.
- (4) Respondents requested more thorough and updated content on the following topics: mental health; the torture of children; legal aspects of investigations; gender-related issues (particularly issues faced by sexual and gender minorities); sexual torture; crime scene investigation

and proper documentation; as well as, ethics and treatment recommendations. The great majority of respondents (60-85%) supported a broad range of specific additions and changes to the IP (Figure 7).

Potential Consequence of Revision

Among all respondents, a number of potential positive (Figure 8) and potential adverse consequences (Figure 9) were identified by individual and organizational respondents (these were not mutually exclusive questions). Sixty-six percent of individuals and 89% of organizations responded that there are positive consequences to revising or supplementing

the IP while 41% of individuals and 21% of organizations indicated that there could be adverse consequences.

Opinions on Benefits versus Risks

All respondents were asked to provide their opinion on whether “in the current political climate, do the potential benefits of changing the Istanbul Protocol outweigh the potential risks of changing the Protocol?”. Of the 145 respondents (both individual and organizational representatives) who answered this question, 97 (67%) indicated their belief that the potential benefits of changing the IP outweigh the potential risks of changing

Figure 7: Assessment of support for possible IP revisions among individuals (n=88) and organizations (n=66)

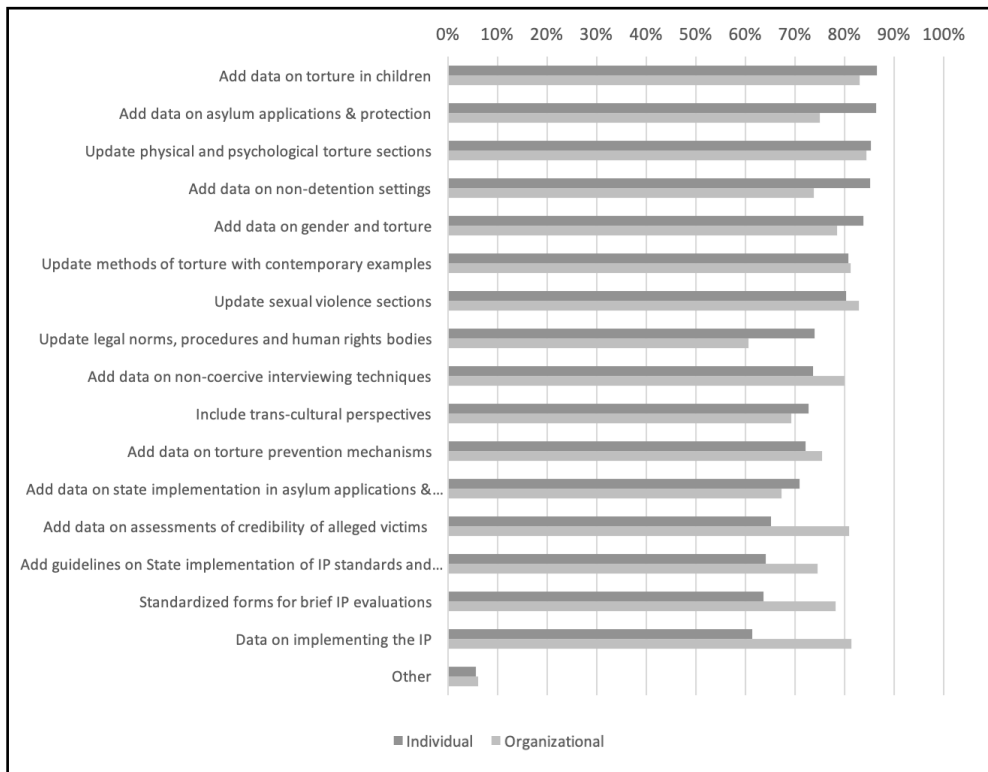
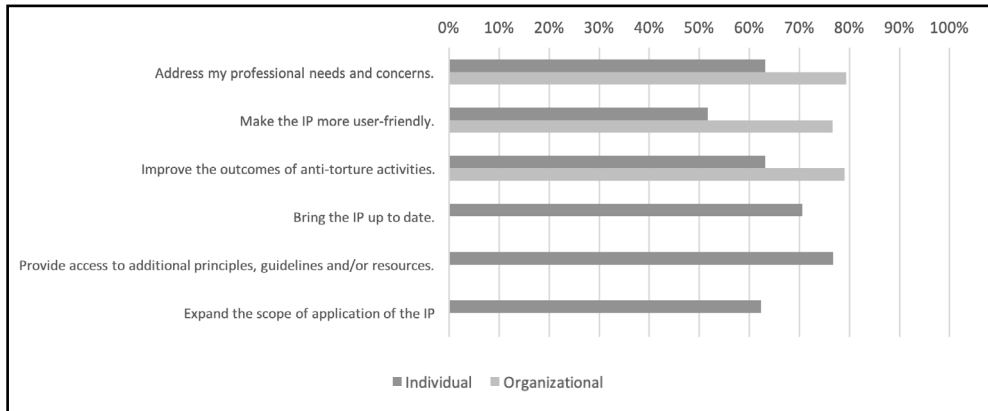
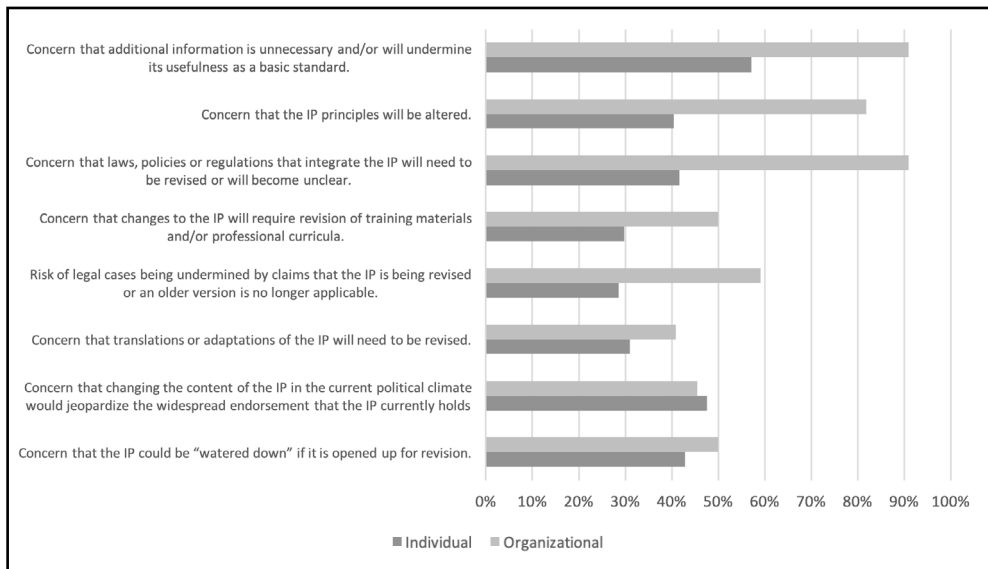


Figure 8: Potential positive consequences of IP revision among individuals* (n=87) and organizations (n=50)



* Some questions were not asked of organizational representatives

Figure 9: Potential negative consequences of IP revision (n=84 individuals and n=22 organizations)



the Protocol. There was no significant difference between the individual vs. institutional respondents ($p > .05$).

Discussion

To our knowledge, this is the first large-scale survey on IP experiences and practices since the IP became the UN standard for effective investigation and documentation of torture and ill-treatment nearly two decades ago.

Respondents were from nearly all parts of the world and had extensive IP knowledge and experience. They also came from a variety of clinical, legal, academic and advocacy disciplines and identified many specific country conditions and challenges that affect their anti-torture work. For example, more than half of the respondents indicated that: 1) the IP has not been officially recognized in official statements, national courts or judicial bodies, official investigation and documentation practices, or administrative regulations; 2) official forensic services lack independence from law enforcement or prosecution authorities, and; 3) detainees do not typically have access to non-governmental medical and/or psychological exams. In addition, many of the respondents reported that in their country: 1) the IP has not been officially recognized in legislation, national laws or polices; 2) forced confessions are the primary means of criminal convictions; and 3) clinical and legal experts who investigate and document torture typically fear reprisals.

Under these challenging circumstances, the respondents indicated that they use the IP for a wide range of anti-torture activities including: investigation and documentation; advocacy, training and capacity building; policy reform; and prevention and treatment and rehabilitation of torture survivors. They reported using the IP to serve diverse populations and work in regional, national,

and international settings. The populations served not only include alleged torture victims and survivors, but also asylum seekers and refugees, prisoners, victims of conflict, and survivors of trafficking and other abuses.

The vast majority of respondents (80%) reported that the IP is important in their anti-torture work. This is not surprising given the widespread use of the IP by participants and the IP's international standing as normative guidance on the State obligation to investigate and document torture and ill-treatment. Based on nearly twenty years of practical experience of using the IP in their anti-torture work, a majority of individual (60%) and organizational (63%) respondents reported that updating or revising the IP would help to address the challenges that they face. Respondents identified content that would benefit from updates as well as additional information or clarifications in the IP. More than half of all respondents recommended updates on legal norms and procedures, methods of torture and investigation and documentation practices, including sexual violence. More than half of all respondents recommended additional information and/or clarifications on, *inter alia*: the role of the IP in torture prevention mechanisms, the relationship between gender and torture, the effects of torture on children, the role of health professionals in non-detention settings, guidance on State implementation of IP standards, assessments of credibility by clinical evaluators and the need to develop standardized documentation forms for alleged or suspected torture or ill-treatment in primary health care settings.

A majority of individual and organizational respondents also identified specific, potential benefits of updating and/or adding to the content of the IP including: bringing the IP up to date, addressing

specific stakeholder needs, and making the IP more user-friendly.

On the other hand, the primary potential risk that was supported by a majority of both individual and organizational respondents was that of undermining the legal standing of the IP in the current political climate. This concern was expressed primarily by organizational representatives, rather than individuals. Concerns about the adverse consequences to revising the IP, including the potential risk of undermining the legal status of the IP or jeopardizing current laws and policies that have incorporated the IP or current cases, were likely underestimated in this study as our sample populations included mostly health professionals (84% of individual respondents) who may not fully appreciate the potential legal and policy risks related to changing the IP in international or national contexts. While the study did not include many professionals working at or extensively with UN bodies, it included representatives from the four primary UN anti-torture bodies, who can appreciate the current climate and likelihood of UN endorsement of an enhanced IP.

While individual and organizational respondents identified a number of specific potential benefits and risks associated with updating and/or adding to the content of the IP, 66% of all respondents (53 (61%) of 87 individual and 46 (74%) of 62 organizational respondents) indicated that they believed the potential benefits outweigh the potential risks. Given that the survey was not representative, this finding does not indicate that there is global agreement for an update, but it does suggest that there are both benefits and risks and illustrates the range of opinions and possible outcomes of an update. This survey sets the stage for a deeper process of discussions on the current utility, strengths and weaknesses of the IP

and permitted a large swath of international stakeholders to express their experiences and opinions. Since the conclusion of the survey, a more thorough consideration of risks has been undertaken as a key part of the discussion around updating the IP, including interviews with a wide spectrum of stakeholders and consideration of the experience of other recently updated United Nations documents such as the Minnesota Protocol on the Investigation of Potentially Unlawful Death (UN Office of the High Commissioner for Human Rights, 2018).

This study had other important limitations. For example, the meaning of some of the responses was open to interpretation by the respondents in their unique contexts. For example, one of the “Utility” (Figure 6) responses was labeled “advancing public knowledge.” This term could refer to a variety of functions including campaigning, advocacy work and education depending on the context. To avoid overstating or summarizing incorrectly, we have chosen to present the responses as they were asked in the survey. We also note that because the study was not representative, disaggregating the data by country, region or other demographic factors would not be suitable and may be misinterpreted. As such, we present the aggregate data. Future surveys may consider randomizing for region, country, status of economic development or organizational function to better understand how these factors play a role in the experience and opinions of respondents. The findings of this study are not generalizable to all IP users as our sample populations were not randomly selected. The aim of this study was not to ascertain the prevalence of IP practices among all stakeholders, but rather to provide as many IP stakeholders as possible with the opportunity to share their IP experiences and contribute to the

ongoing process of enhancing IP norms and understand the range of experiences, opinions and concerns. We believe that this large-scale effort provides considerable insight into the ways in which the IP has been used and how it may be strengthened and/or enhanced.

In fact, the findings of this study have been used to inform current efforts to enhance IP norms in a project led by PHR, IRCT, Human Rights Foundation of Turkey, REDRESS, the UN CAT, UN SPT, UN SRT and UNVFVT, with substantial support from DIGNITY. The project includes more than 180 participants from 51 countries. The list of the participants for the IP survey was used as a foundation for the initial participants of the IPS project. On May 11, 2018, former UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein endorsed the project saying:

"I would like to express my support to the IPS Project, in particular because it is being set in motion at a time when there is a growing need for strengthening international norms and preventive tools in the face of the pervasive use of torture across the globe. It is without a doubt that efforts, such as yours, to prevent occurrence of acts of torture and ill-treatment, to identify and effectively investigate such acts and to assist the victims of torture and ill-treatment are essential."

Forensic medical and psychological documentation of torture is one of the most powerful forms of evidence in establishing the crimes of torture and ill-treatment.

In his annual report to the UN General Assembly in October 2014, the former UN SRT Juan Méndez recognized the critical role of forensic and medical sciences in the prevention, accountability, and redress of torture and other ill-treatment. He stated that, "The Istanbul Protocol serves as a standard for medical evidence given by experts, for benchmarking the effectiveness

of the evidence, and for establishing redress for victims" and that, "Quality forensic reports are revolutionizing investigations of torture" (*UN Meetings Coverage and Press Releases*, 2014).

One of the most important strengths of the IP is that it was developed by independent and civil society as a means to create normative guidance on the State obligation to investigate torture, as well as to empower non-state actors to end torture practices and hold perpetrators accountable. The legitimacy and authority of IP principles and guidelines lies in the consensus achieved across multiple disciplines between stakeholders in civil society and the UN and the wide endorsement of these principles and guidelines by States and international bodies. The present IP stakeholder assessment represents a critical step in the process of achieving broad stakeholder consensus on the process of enhancing IP norms.

Conclusion

The findings of this study indicate that the IP is an important tool in the struggle to end torture and to hold perpetrators accountable, and has continued to be used for a wide range of purposes for over 20 years. In addition, IP stakeholders support efforts to enhance IP norms, although there may be risks in doing so, and provide specific recommendations for updates and clarifications to the IP to better address the needs of the torture victims they serve.

Acknowledgments

This research was supported by general funding within several organizations, Physicians for Human Rights, DIGNITY—Danish Institute against Torture, the International Rehabilitation Council for Torture Victims, and the Human Rights Center, University of California Berkeley.

References

- Forensic Proof, Medical Records Key in Halting Torture, Special Rapporteur Tells Third Committee as Human Rights Debate Begins.* (2014, October 21). Retrieved from <https://www.un.org/press/en/2014/gashc4107.doc.htm>
- Furtmayr, H., & Frewer, A. (2010). Documentation of torture and the Istanbul Protocol: applied medical ethics. *Medicine, Health Care and Philosophy*, 3(13), 279–286. <https://doi.org/10.1007/s11019-010-9248-1>
- Haagensen, J. O. (2007). The role of the Istanbul Protocol in the uphill battle for torture survivors being granted asylum in Europe and ensuring the perpetrators pay. *Torture Journal*, 17(3), 236–239.
- Iacopino, V. (2017). The Istanbul Protocol: development, practical applications and future directions. In J. Payne-James, J. Beynon, R. Byard, & V. Duarte (Eds.), *Monitoring Detention, Custody, Torture and Ill Treatment: A Practical Approach to Prevention and Documentation*. CRC Press.
- Kalt, A., Hossain, M., Kiss, L., & Zimmerman, C. (2013). Asylum Seekers, Violence and Health: A Systematic Review of Research in High-Income Host Countries. *American Journal of Public Health*, 103(3), e30–e42. <https://doi.org/10.2105/AJPH.2012.301136>
- Kelly, T. (2016). A Comparative Study of the Use of the Istanbul Protocol among Civil Society Organizations in Low-income Countries. *Torture Journal*, 26(3), 60–73.
- Ludwig Boltzmann Institute of Human Rights. (2016, October 12). More than 200 experts discussed how to improve torture investigation and documentation in Bishkek, Kyrgyzstan. *Ludwig Boltzmann Institute of Human Rights*. Retrieved from <http://bim.lbg.ac.at/en/story/news/more-200-experts-discussed-how-improve-torture-investigation-and-documentation-bishkek-kyrgyzstan>
- Masmas, T. N., Møller, E., Buhmann, C., Bunch, V., Jensen, J. H., Hansen, T. N., ... Ekström, M. (2008). Asylum seekers in Denmark—a study of health status and grade of traumatization of newly arrived asylum seekers. *Torture Journal*, 18(2), 77–86.
- Moreno, A., & Iacopino, V. (2008). Forensic investigations of torture and ill-treatment in Mexico. A follow-up study after the implementation of the Istanbul Protocol. *Journal of Legal Medicine (TF)*, 29(4), 443–478. <https://doi.org/10.1080/01947640802494820>
- Otter, J. J. den, Smit, Y., Cruz, L. B. dela, Özkalipci, Ö., & Oral, R. (2013). Documentation of torture and cruel, inhuman or degrading treatment of children: A review of existing guidelines and tools. *Forensic Science International*, 1–3(224), 27–32. <https://doi.org/10.1016/j.forsci-int.2012.11.003>
- Park, R., & Oomen, J. (2010). Context, evidence and attitude: the case for photography in medical examinations of asylum seekers in the Netherlands. *Social Science & Medicine (1982)*, 71(2), 228–235. <https://doi.org/10.1016/j.socsci-med.2010.01.049>
- Perera, C., & Verghese, A. (2011). Implementation of Istanbul Protocol for effective documentation of torture—review of Sri Lankan perspectives. *Journal of Forensic and Legal Medicine*, 18(1), 1–5. <https://doi.org/10.1016/j.jflm.2010.09.010>
- Piwowarczyk, L., Moreno, A., & Grodin, M. (2000). Health Care of Torture Survivors. *JAMA*, 284(5), 539–541. <https://doi.org/10.1001/jama.284.5.539>
- Ucpcinar, H., & Baykal, T. (2006). An important step for prevention of torture. The Istanbul protocol and challenges. *Torture Journal*, 16(3), 252–267.
- UN Press Release. “Forensic Proof, Medical Records Key in Halting Torture, Special Rapporteur Tells Third Committee as Human Rights Debate Begins.” October 21, 2014. <https://www.un.org/press/en/2014/gashc4107.doc.htm>.
- UNHCHR. (1999). *Istanbul Protocol. Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (2nd ed.). Retrieved from <http://www.ohchr.org/Documents/Publications/trainin-g8Rev1en.pdf>
- United Nations Office of the High Commissioner for Human Rights. (2018). *The Minnesota Protocol on the Investigation of Potentially Unlawful Death 2016: The Revised United Nations Manual on the Effective Prevention and Investigation of Extra-Legal, Arbitrary and Summary Executions*. <https://doi.org/10.18356/0389ae17-en>
- Visentin, S., Pelletti, G., Bajanowski, T., & Ferrara, S. D. (2017). Methodology for the identification of vulnerable asylum seekers. *International Journal of Legal Medicine*, 131(6), 1719–1730. <https://doi.org/10.1007/s00414-017-1645-z>