

**Prevention Through Documentation  
Workshop organized by El Nadim and IRCT  
Ain Sokhna – Egypt  
23-26 November 2007**

The workshop "Prevention through Documentation" mainstreaming the use of the Istanbul protocol was organized in collaboration between El Nadim center and IRCT in the city of Ain Sokhna – Egypt in the period between the 23<sup>rd</sup> and 26<sup>th</sup> of November 2007. The workshop was preceded by a three months preparation period which was coordinated by Dr. Ragia El Gerzawy, physician at El Nadim center in cooperation of a national training team consisting of Dr. Shawki El Akabawi, Professor of Psychiatry and former chairperson of the neuropsychiatric department at Al Azhar university, Dr. Hisham Farag, Director of Forensic medicine in Kafr El Sheikh governorate, Mr. Mahmoud Qandik, independent lawyer and human rights activist, Mr. Ahmed Seif human rights activist and lawyer and founder of Hisham Mubarak Law Center, Dr. Mona Hamed and Dr. Aida Seif El Dawla from Nadim center. The workshop was joined by an international training team consistent of Ms. Hulya Uspinar, lawyer and activist from Turkey and member of the team who developed the Istanbul protocol and Dr. Rusudan, Professor of Forensic medicine and ice Dean of the university of Georgia. Representing IRCT was Ms. Susanne Kjer.

**Identification cards and preliminary assessment of participants**

15 doctors and 22 lawyers participated in the workshop. A questionnaire addressing issues of professional identification and past experience in documentation of cases of torture was distributed to participants on the eve of the first day of the workshop.

**The following is the profile of the participants:**

**A. Lawyers**

- **Number:** 22 lawyers and legal experts, including 19 men and 3 women. The nature of their work ranged between working in private offices and human rights organizations. A number of the lawyers were members of the freedom committee of the Bar association.
- **Age:** Ranged between 26 and 56 years old, with the majority of legal participants in their thirties.
- **Responsibilities in their respective work places:** Defense lawyers (2), torture investigations (19), legal counseling (12), legal researchers (15), fact finding (14), other legal responsibilities (3).
- **Years of experience:** ranged between 4 and 17 years.
- **Setting of practice:** Human rights organization (12), Judiciary, Ministry of health, Ministry of Justice, Ministry of Interior (1), private office (13), non governmental organization (4).
- **Nature of contribution to anti torture activities:** Conferences, seminars (20), Academic courses (9), Training (11) in addition to defense of victims of torture.

- **Knowledge of Istanbul protocol standards:** No previous knowledge (4), little knowledge (15), good knowledge (3).
- **Personal experience in legal investigations, litigation, evaluations or preparing legal reports on torture/ill treatment allegations:** ranged between one and five years.
- **Experience of any reprisals in the form of threats or harm to oneself or family members because of legal investigation/litigation efforts:** 10 participants said they were subject to such reprisals.
- **Number of legal investigations on torture/ill treatment allegations participant has been personally involved in during the past 12 months:** Replies ranged between none and 54. The majority ranged between 3 and 5 cases.
- **Proportion of involvement conducted in places of detention or prison in the past 12 months:** None (about half of the group) to a few hours.
- **Proportion of cases of alleged torture and ill treatment within the past 12 months where a medical expert was consulted to evaluate client:** None (9 responses), 54 (one response), the rest ranging between once and three times.
- **How often did findings of official forensic medical reports fail to document evidence of torture or ill treatment documented by consulted medical expert:** No response (2), rarely (1), sometimes (7), often (8), does not apply (3).

**Problems that affect personal ability to effectively investigate and/or litigate torture and ill treatment in Egypt:**

	Not at all	A little	Very much
Inadequate legal framework to prohibit torture and/or to punish perpetrators	2	5	11
Insufficient knowledge of legal procedure	4	9	6
Lacking or ineffective complaints procedures	0	7	13
Clients/detainees do not have access to lawyers to pursue complaints	0	6	13
Absence of effective victims and witness protection	0	1	18
Intimidation of lawyers, victims and/or their family members	0	3	14
Prosecutors turn a "blind eye" to allegations of torture	0	8	11
Investigations are categorized as "police abuse" instead of "torture"	0	4	13
Ineffective investigations by law enforcement officials	0	4	15
Ineffective investigations by prosecutors	0	4	15
Lack of independence of investigating and/or prosecuting authority	0	5	14

Inadequate monitoring of police practices, including by internal mechanisms or oversight bodies	1	3	13
Lack of effectiveness of national human rights institutions and/or oversight bodies	2	14	3
Judges allow confessions obtained using torture	9	7	2
Corruption among law enforcement agents	0	4	15
Corruption among judges or magistrates	2	12	4
Lack of punitive sanctions for those who commit torture and/or ill treatment	2	5	11
Inadequate legal defence of detainees by appointed public defenders	1	7	9
Police agents continue refining torture methods to minimize signs of injuries	0	6	13

***Problems affecting the quality and accuracy of the documentation of torture and ill treatment:***

	Not at all	A little	Very much
Inadequate knowledge and capacity of legal professionals	0	10	10
Insufficient evidence collection	0	6	14
Legals professionals lean only on medical reports	0	9	11
Legal professionals' intimidation from security forces	0	6	14
Inadequate lack of expertise in medical documentation by official forensic physicians	0	8	12
Inadequate lack of expertise in medical documentation by private sector medical experts	0	9	11
Police officers or superiors coerce forensic physicians to omit evidence of torture, in particular by being present during official medical examinations	0	7	13
Forensic physicians fear future reprisals in the form of threats and/or acts of harm	0	10	10
Inadequate monitoring of the quality and accuracy of official medical evaluations	0	8	12
The presence of forensic evidence is limited in most cases	1	6	13
Judges/adjudicators do not permit medical evaluations from non-state officials	1	5	14
Lack of access to the alleged/suspected victim	1	7	12

**How do the following specific factors contribute to inadequate medical evaluations of torture and ill treatment?**

	Not at all	A little	Very much
The absence or unavailability of forensic doctors in the private sector	3	5	12
Inadequate time to conduct medical evaluations	2	8	8
Inadequate interview skills	1	9	11
Inadequate account of the trauma history	0	8	11
Inadequate skills among forensic doctors to evaluate physical evidence of torture and ill treatment	0	9	12
Inadequate skills among forensic doctors to evaluate psychological evidence of torture and ill treatment	0	7	14
Inadequate Interpretation of evidence and/or conclusions regarding torture and ill treatment	0	7	14
Poorly written medical evaluations	0	4	17
Poor quality of verbal testimony in court	0	11	10

**Personal Views**

Statement	Agree	Disagree
1. The primary purpose of a medical evaluation of torture and ill treatment is to prove whether torture and/or ill treatment did or did not occur.	17	5
2. Psychological evidence of torture and ill treatment is not as valuable as physical evidence of torture and ill treatment	12	10
3. Psychological evidence of torture and ill treatment should be conducted in all cases of alleged torture and ill treatment	15	7
4. Medical doctors who are not psychiatrists should not be trained to conduct psychological assessments of torture and ill treatment.	6	16
5. Coercive interrogation techniques may be justified to elicit information from suspected criminals to protect the rights and security of others.	2	20
6. If international standards of medical documentation of torture are strictly applied and no evidence of torture or ill treatment is found, it is appropriate to conclude that torture and ill treatment did not occur.	9	12
7. Most accounts of alleged torture and ill treatment (the trauma history) can be gathered in about 10 to 15 minutes	4	16
8. Police should be present during evaluations if the detainee is considered violent and may jeopardize the safety of the examining clinician.	7	12

9. In their efforts to effectively document medical evidence of torture and ill treatment, clinicians should not be expected to take any risk of reprisals by law enforcement officials	9	8
10. A medical evaluation must include an assessment of the extent to which physical and/or psychological evidence is consistent with the specific allegations of torture and ill treatment.	13	7
11. It is usually not possible to distinguish self-inflicted wounds or the simulation of symptoms from those resulting from torture/ill treatment.	8	11
12. Medical and psychological professional associations have a responsibility to investigate and discipline clinicians who intentionally or unintentionally misrepresent or falsify evidence of torture or ill treatment.	18	2
13. Clinicians who evaluate torture and ill treatment need greater legal protections and support from their medical and psychological professional associations.	18	0

***Need for training in the following components of the legal and medical investigations into torture and ill-treatment:***

	Not at all	A little	Very much
Relevant national and international law	<b>2</b>	6	13
Rights of persons suspected of crime	<b>3</b>	10	8
Rights of persons deprived of liberty	<b>3</b>	7	11
Knowledge of relevant procedures and rules of evidence	<b>3</b>	7	11
Knowledge of and skills in alternative investigation techniques	<b>0</b>	2	17
State's duty to investigate, prosecute, punish and remedy	<b>2</b>	6	13
Requirements of an effective investigation into torture and ill-treatment	<b>1</b>	6	14
Identification, prosecution and punishment of suspects	<b>1</b>	12	7
Effective remedies and reparation, in particular compensation to and rehabilitation of victims	<b>3</b>	8	9
How to conduct interviews of alleged victims	<b>2</b>	5	14
Protection of victims and witnesses	<b>0</b>	6	15
The role of lawyers	<b>4</b>	6	11
The role of judges	<b>2</b>	7	12
How medical and legal professions can work together	1	3	17

## B. Doctors:

- **Number:** 15 doctors participated in the workshop, 10 men and 5 women.
- **Ages** ranged between 26 and 60.
- **Specialties** included psychiatrists (3), GPs (2), general surgeons (4), forensic doctors (2), pediatricians (2) gynecologists (1), anesthetists (1).
- **Years in the profession:** ranged from one year to 35 years, with the majority having an experience of around 20 years.
- **Place of practice:** Primary health care (2), governmental hospital (6), private hospital (1), private clinic (2), rehabilitation center (3), human rights organization (5).
- **Responsibilities at work:** Medical care (4), medical documentation of torture (4), medical counseling (3), psychiatric care (5), documentation of psychiatric impact of torture (2), psychological counseling (3), other (2).
- **Years of practice in the documentation of alleged cases of torture:** None (9), 1- 5 years (2), more than 10 years (4).
- **Number of torture cases investigated in the last 12 months:** None (12), three (1), ten (1), many (1). In the majority of cases the examination took place in the presence of relatives or friends of the victim. In two cases only the examination took place in the presence of the prosecutors and none of the participants examined victims of torture either in the presence of the police or inside a detention center.
- **Harassment by police of doctor or member of his/her family because of involvement in the assessment of victims of torture:** Yes in 9 responses, no in one response and the remainder did not reply to this question.
- **Training received specifically on the documentation of physical and psychological evidence of torture and ill treatment:** None (10), once (3), twice (2). The training ranged between academic courses (4), internet courses (2) and working under direct supervision (5).
- **Previous knowledge of Istanbul Protocol standards on the effective MEDICAL investigation and documentation of torture and ill treatment?** None (6), little (4), moderate (1) and very much (1).
- Use of a standardized evaluation form for your assessments of torture and ill treatment? Yes (3), No (7).
- **Undertaking assessments of psychological evidence:** Yes (5), No (6)
- **Number of medical evaluations of torture/ill treatment allegations in the past 12 months:** 15 cases in two responses.
- **Number of times testified in court as a medical expert on physical and/or psychological evidence of torture or ill treatment:** Five (one response), three (one response), once (two responses).

**Number of times the following components were included in your medical evaluations of torture and ill treatment**

	Never	Sometimes	Always
1. Identification of alleged victim	3	1	6
2. Background information	3	2	6
3. Identification of requesting authority	1	3	2
4. Identification of forensic physician	3		3
5. Past medical and psychiatric history	4	3	3
6. Alleged events and abuse	1	2	6
7. Symptoms and disabilities	1	2	7
8. Physical exam	2	1	7
9. Psychological exam	3	3	2
10. Ancillary testing	3	1	1
11. Photographs, diagrams, and video	4	4	1
12. Consultations and annexes	4	3	2
13. Interpretation of findings	5	1	1
14. Conclusions	4	1	3
15. Statement of veracity, limitations, and report to authorities	1	3	3

- **To the best of your knowledge, are there any legal restraints or regulations that prevent you from making conclusions in your medical evaluations about the possibility of torture and ill treatment?** No (7), Don't know (8).
- **Average time spent on medical evaluations of torture and ill treatment.** Responses ranged between 5 and 75 minutes, the majority in the range of 20 minutes and half an hour.

Extent to which following problems affect personal ability to effectively document medical evidence (physical and/or psychological) of torture and ill treatment:

	Not at all	A little	Very much
Insufficient knowledge and documentation skills	1	2	8
Inadequate time to conduct evaluations	2	5	3
Inadequate diagnostic testing resources	1	4	3
Inadequate access to necessary consultations	1	5	3
Inadequate place for a private and comfortable evaluations	1	4	4
Inadequate photographic equipment	0	3	5
Police officers or superiors coerce clinicians to omit evidence of torture by being present during medical	1	2	5

examinations			
Fear of reprisals from law enforcement officials	<b>1</b>	<b>4</b>	<b>1</b>
Inadequate monitoring of the quality and accuracy of official medical evaluations	<b>1</b>	<b>4</b>	<b>3</b>
The lack of adequate physical evidence in most cases	<b>1</b>	<b>2</b>	<b>5</b>
The lack of adequate psychological evidence in most cases	<b>2</b>	<b>3</b>	<b>3</b>
Detainees make self-inflicted wounds and/or simulate symptoms of torture and ill treatment	<b>3</b>	<b>4</b>	<b>2</b>
Judges/adjudicators do not permit medical evaluations from non-state officials	<b>2</b>	<b>1</b>	<b>4</b>
Lack of independence in my current position as a forensic evaluator	<b>0</b>	<b>2</b>	<b>3</b>
Lack of access to the alleged/suspected victim	<b>0</b>	<b>4</b>	<b>3</b>

### ***Personal Views***

Statement	Agree	Disagree
1. The primary purpose of a medical evaluation of torture and ill treatment is to prove whether torture and/or ill treatment did or did not occur.	<b>11</b>	<b>2</b>
2. Psychological evidence of torture and ill treatment is not as valuable as physical evidence of torture and ill treatment	<b>4</b>	<b>10</b>
3. Psychological evidence of torture and ill treatment should be conducted in all cases of alleged torture and ill treatment	<b>10</b>	<b>4</b>
4. Medical doctors who are not psychiatrists should not be trained to conduct psychological assessments of torture and ill treatment.	<b>2</b>	<b>12</b>
5. Coercive interrogation techniques may be justified to elicit information from suspected criminals to protect the rights and security of others.	<b>5</b>	<b>9</b>
6. If international standards of medical documentation of torture are strictly applied and no evidence of torture or ill treatment is found, it is appropriate to conclude that torture and ill treatment did not occur.	<b>4</b>	<b>9</b>
7. Most accounts of alleged torture and ill treatment (the trauma history) can be gathered in about 10 to 15 minutes	<b>2</b>	<b>11</b>
8. Police should be present during evaluations if the detainee is considered violent and may jeopardize the safety of the examining clinician.	<b>7</b>	<b>6</b>
9. In their efforts to effectively document medical evidence of torture and ill treatment, clinicians should not be expected to take any risk of reprisals by law	<b>8</b>	<b>3</b>

enforcement officials		
10. A medical evaluation must include an assessment of the extent to which physical and/or psychological evidence is consistent with the specific allegations of torture and ill treatment.	<b>9</b>	<b>4</b>
11. It is usually not possible to distinguish self-inflicted wounds or the simulation of symptoms from those resulting from torture/ill treatment.	<b>4</b>	<b>9</b>
12. Medical and psychological professional associations have a responsibility to investigate and discipline clinicians who intentionally or unintentionally misrepresent or falsify evidence of torture or ill treatment.	<b>13</b>	<b>0</b>
13. Clinicians who evaluate torture and ill treatment need greater legal protections and support from their medical and psychological professional associations.	<b>13</b>	<b>0</b>

### ***Training needs***

	Not at all	A little	Very much
1. Relevant national and international law	0	2	11
2. Istanbul Protocol knowledge/content	1	4	9
3. Identification of additional educational resources	0	1	12
4. Ethical principles concerning torture and ill treatment	2	1	11
5. Procedural safeguards	0	3	10
6. Interviewing skills	1	4	9
7. Medical documentation in detention centers	0	1	11
8. Evaluating physical evidence of torture and ill treatment	1	1	12
9. Evaluating evidence of sexual assault			
10. Evaluating psychological evidence of torture and ill treatment	1	2	11
11. Dealing with secondary trauma (counter-transference)	0	6	7
12. The use of specialized diagnostic tests	0	3	9
13. Interpretation of findings and conclusions	0	5	9
14. Writing forensic reports	1	4	8
15. Testifying in court	1	4	7

### ***Expectations from workshop***

Expectation of both doctors and lawyers from the training can be summarized under two main themes:

1. Development of more knowledge and skill in the documentation of cases of torture.

2. Development of a mechanism of collaboration between the two disciplines.

### **Workshop Proceedings (Enclosed workshop schedule)**

#### **Day One: Friday 23<sup>rd</sup> of November 2007 (All plenary)**

The first day was organized in plenary sessions involving both doctors and lawyers.

In the first session Dr. Ragia el Gerzawy welcomed the participants, outlined the objectives of the workshop, coordinated the introduction of the participants and explained some logistics surrounding the days of the workshop.

Then Ms. Susanne Kjer, representing the IRCT welcomed participants and introduced the role of the IRCT in general and its role in following up the prevention through documentation project.

Ms. Hulya Uspinar was the first speaker, presenting the main aspects of the Istanbul protocol and its development, using power point presentations. There followed a discussion of the importance of the protocol and its implementation. The discussion also addressed the difficulty in its application in countries which lack democracy and where torture is practiced on a wide scale. There was also some misunderstanding among participants regarding the nature of the protocol, since several believed that it had the status of the convention which requires the ratification of states. Ms. Uspinar and Dr. Akabawy explained the status of the protocol as a tool for use by doctors and lawyers, and not a document for state endorsement.

The next session, addressing the situation in Egypt, was conducted by Dr. Ragia and Mr. Ahmed Seif. Dr. Ragia made a short presentation explaining the agenda of the working groups. The presentation of the working groups and the discussion that followed was administered by Mr. Ahmed Seif.

The group broke into four random, mixed groups, each with the task to reply to the following questions:

- How do you perceive the current situation of torture in Egypt as regards its prevalence; where does it happen, against whom and by whom, and who is responsible?
- What are the difficulties that face people working on the prevention of torture. What are the legal obstacles? What are the problems related to police behavior and what are the difficulties encountered in documentation?
- What are the efforts made to address the issue of torture? How effective are they? What are the positive developments that happened in Egypt in that regard, if any?

## **The group presentations were as follows:**

### **Group One:**

Torture in Egypt is widespread. It is a systematic policy and practice taking place in detention centers, prisons, checkpoints and state security headquarters. It also happens in houses and places belonging to the military intelligence. Victims of torture could be all Egyptian citizens, mostly non activists. There was some disagreement regarding this point. But there was an agreement that torture is practiced by the authorities.

Forms of torture include physical torture (e.g. use of electricity, hanging, burning with cigarettes) and psychological torture such as deprivation from basic needs such as sleep, going to the toilet, and humiliation.

The authorities are responsible for torture. Some of the participants think that public opinion is also responsible because it is passive and does not challenge torture.

Difficulties in addressing torture included legal difficulties related to the Egyptian legislation, the attitude of the prosecution, the lack of experience and the difficulty in reaching victims and people's sense that there is no hope in obtaining justice. Also hospitals contribute to the difficulties since they refuse to prepare reports or refuse to give the reports to the victims. Also the delayed release of the official forensic report was identified as a difficulty.

As for efforts of resistance the group agreed that there is an increase in such efforts, although they do not amount to what is needed in comparison to the widespread use of torture. People are more aware of the phenomenon and so is the media. In addition popular initiatives are being taken to protest the practice of torture and more victims are speaking out and filing complaints.

### **Group Two:**

Group two was more general in its output. It decided that torture is practiced by anybody who has power against those who do not. The parties responsible is the regime, the legislators, the silent media, and the complicity doctors in addition to everybody who participates one was or the other in torture.

Regarding difficulties group two mentioned Egyptian legislation, lack of the independence of the judiciary, the lack of witness protection, the lack of legal measures to enact the convention against torture. The group also mentioned the dual role of the prosecution in pressing charges and carrying out the investigations, and the complicity of the public prosecution. The group recognized that those difficulties are reflected in certain practices such as the reluctance of the prosecution to undertake its prime responsibility as the defender of the interest of society, the lack of inspection of detention centers, police stations and prisons and the weakness of the role played by the national council for human rights. They also indicated to the difficulty related to the affiliation of prison doctors to the Ministry of Interior and finally the total lack of supervision of state security headquarters, in addition to absence of human rights education and the scarcity of material and informative resources and courage among the victims.

Regarding documentation, group two mentioned the difficulties they encounter in meeting victims and that the attitude of doctors complicates that difficulty. They also noted the lack of cooperation on part of the hospitals and the complicity of forensic medical authorities, which undermines any efforts to combat torture. The group stressed the importance of qualified and trained doctors and lawyers empowered with commitment, knowledge and skill.

On the issue of resistance, the group thinks that this mainly carried out by individual cases in addition to human rights organizations. They acknowledge the beginnings of networking efforts such as the recent initiative of the Egyptians against Torture coalition, which they considered was a new form of resistance.

Other positive indicators identified by the second group include an increase in the number of human rights organizations, more media interest and attention and the production of some documentaries addressing torture, all of which led to an increased awareness of the situation of torture in the country. Some members of the group believed that the lack of religious commitment leads to the practice of torture and that the Egyptian citizen is psychologically brought up to accept humiliation and that education of human rights principles should start at school and in universities through an amendment of educational curricula. Knowledge, they say, is crucial in addressing torture and that this workshop is an example of how such knowledge can be built.

### **Group three:**

The group believes that torture is widespread in all places of detention, that it is a systematic policy practiced by the police and that sometimes certain houses are used for the purpose. In addition torture is sometimes practiced publicly in the streets, as well as by traffic police.

Why is torture practiced? To withdraw confessions, to compliment a third party, because of any dispute with an officer and frequently with no reason, since the police officer believes that torture is the natural way to deal with citizens.

Who is responsible: the political authorities, the ministry of interior, the prosecution.

Difficulties:

- There is no comprehensive definition of torture, since in Egypt torture is defined as torture of an accused (only), to get confessions (other reasons are not included). There is no specifications for responsibility. The punishments are mild and administrative penalties do not exclude the possibility that the officer would resume his job. The group also complained about the slowness of the legal procedures and the lack of efficiency on part of the prosecution. Appeals can take years and obstruct the process of financial compensation. The average duration of the judicial process can reach up to 10 years.

- Lack of experience of some lawyers addressing torture cases, especially lawyers working in private offices.
- Lack of experience and complicity of prosecutors with the police.
- Inefficient supervision of detention places by the prosecution.
- Legislations have not been amended to be in harmony with the convention against torture. (Article 129 of the criminal law is weak).
- Prosecutors are not trained to use international instruments.
- Lack of experience in adequate documentation among some forensic doctors.
- Deficient documentation efforts and scarcity of organizations who work in the field of documentation.
- Reluctance of victims to complain about sexual torture.

Efforts of resistance:

- Few, usually carried out by human rights organizations and many of those do not work in the field of torture.
- Increasing interest of independent media.
- Bloggers, contributed to the formation of a public opinion.
- Difficulty of lobbying activities.
- Need for political will to put an end to torture.

#### **Group Four:**

Torture is widespread in all police stations and state security headquarters, even in prison cars. There was one member of the group who did not believe that it happens in all police stations, but agrees that it does take place in many of them.

Groups susceptible to torture are those who come in contact with police officers. The likelihood that a citizen can be subjected to torture is related to the social status of that person and his or her position in the political opposition or if belonging to a refugee or minority groups. A member of the group denied the presence of minority groups in Egypt.

Torture is practiced by anybody with an authority. Torture can be either physical or psychological and is frequently primitive and harsh. It is used to withdraw confessions and as a form of punishment and terrorizing citizens.

There is no special place where torture takes place. It can happen anywhere and is accentuated by the absolute authorities of law enforcement bodies.

Difficulties:

- Torture is not a crime that justifies expulsion from the job.
- The process of prosecution takes a long time allowing signs of torture to fade out.

- Inability to access medical reports.
- Only governmental reports are accepted.
- Doctors are not trained to identify psychological effects of torture.
- Law enforcement bodies are not responsible for the treatment of torture victims.
- Medical reports are given to the police
- Police officers are present during medical examination.
- Prosecution is complicit with police officers.
- Officers compliment each other by covering up for each other.
- Lack of documentation.

#### Forms of resistance:

Media adoption of the issue, in addition to civil society organizations and bloggers; the foundation of the Egyptians against Torture movement. Still, there is a need for more work on legislation, more collaboration with international human rights organizations and more advocacy and lobbying for more effective supervision of prisons and police stations. There is also a need for raising awareness regarding citizens' rights.

During the discussion additional issues were brought up such as the restrictions imposed on doctors who cannot report except on visible injuries. They are not authorized to order hospital admission, but can only make such a recommendation. Some doctors reported that the issuance of reports is subject to hospital police which is superior to the individual doctor. One of the participating forensic doctors disagreed on the complicity between forensic doctors and denied that this takes place. He, agreed, however, that the report takes a long time to be released.

The third session, following the lunch break, addressed international guidelines regarding the definition of torture, state responsibilities to prevent torture, the differences between national legislation and international standards. The session was run by Ms. Hulya Uspinar and Mr. Ahmed Seif. Hulya made a presentation on the international definition of torture and stressed that an emergency state is not a pretext to practice torture and that this provision is not respected in many countries. Still it is an international standard and has to be lobbied for. She then presented a list of international and regional organizations who have acknowledged the Istanbul protocol in their documents. In that context, the Egyptian government who has ratified the convention against torture and the convention against genocide should be committed to prosecute and stop torture.

Mr. Ahmed Seif continued the intervention and coordinated the discussion that followed. He presented the difficulties inherent in the formulation of the convention since it calls for additional measures to enact it on the national level. Until this is done, the judge is unable to implement the provisions of

the convention in the criminal court. The government on the other hand has decided not to undertake those measures and so the issue now is dependent on the strength of civil lobbying efforts.

The discussions addressed problems of definition in Egyptian legislation. A recommendation was made to change article 126 of the criminal code, allowing people to raise a criminal case on issues of torture without the involvement of the public prosecution, which closes most files. Participants also stressed the importance of lobbying activities to integrate the convention against torture in Egyptian legislation.

The following session, also the last for the day, addressed international guidelines and national legislation related to moral and legal responsibility of members of the medical profession. The session was run by Dr. Ragia el Gerzawy who made a historical presentation of the development of medical ethics, both in national and regional documents. She then reviewed the development of the relationship between medicine and human rights starting from the declaration of Tokyo in 1975 issued by the world medical association, the principles of medical profession issued by the UN in 1982, the Madrid declaration issued by the world psychiatric association in 1996, and addressed in detail the provisions of the Egyptian medical code of ethics. She stressed the important role that should be played by the doctors' syndicate in supervising the adherence to those principles as well as the importance of lawyers making use of information provided to them by medical professionals.

A discussion followed and the participating doctors presented some of the problems they face in their work, especially the need to specify a specific duration of treatment for the victim, a process which determines the severity of the injury. They also discussed the problem of prison doctors being affiliated to the Ministry of Interior, with no peer supervision and the need of provincial doctors to receive similar training like the one in this workshop. Lawyers complained about the lack of cooperation from forensic doctors during medical examination.

### Evaluation of the day

At the end of the day, an evaluation sheet was distributed to all participants. The outcome of the evaluation of the first day was as follows:

Most useful session	Current situation in Egypt (9), international standards for definition of torture (7), international medical ethical standards (4), Istanbul protocol (4), working groups (3), interventions by Mr. Ahmed Seif (2)
Least useful session	Istanbul protocol (9), Medical ethics (3), Current situation in Egypt (2).
Subjects that need more elaboration	Istanbul protocol (12), Legislations related to torture (3), current situation in Egypt, definition of torture, difficulties in follow up of torture cases, rights of detainees to medical care.
Subjects that were missed	Applied value of IP, situation of torture in Egypt, practical measures to address torture, torture of women and children, presentation of workshop schedule at the beginning of the day, role of NCH in addressing torture.
Suggestions for tomorrow	More brainstorming (4), shortening of program (3), more group work (4), reallocation of time to increase duration of lunch break and extend program into evening (4), increase time for discussion (2), slower translation, summary of the day at the end of each day.
Suggestions for the future	More details in the invitation to the training, providing translators with list of terminologies, involvement of more surgeons, more applied activities (4), simplifying the IP, training in governorates (3), more group work (5), involvement of victims in the training, recreational activities at the end of the day.
Today was	Excellent, very good (11), good (9), long (3), full (2), plausible beginning (1)
Today's content was	Excellent, very good (9), good (11)
Training was	Excellent, very good (12), good (10), intensive (3), well organized, OK
Participants were	Excellent, very good (10), good (8), patient, concerned, active, contributing to discussion, average, lively, interactive, seeking knowledge, talkative.
Trainers were:	Excellent, very good (12), good (12), cooperative, in charge, effective, friendly, enthusiastic, of varying skills, lacking coordination among them.

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## **Day Two: Saturday 24<sup>th</sup> November 2007**

Day two of the workshop began with a short summary of the evaluation of the previous day. The schedule was rearranged to meet the requests of the participants.

The first session addressed the right to health care as procedural safeguard. Prof. Rusudan made a presentation of those safeguards according to international criteria and the criteria of the IP. Dr. Hesham Farag added a description of the situation in Egypt, also highlighting the differences that exist between legislation and practice.

Again participants went into four random working groups. Each group was requested to read the three attached papers regarding procedural safeguards and to respond to the questions at the end of each of the documents, highlighting the situation in Egypt in each case.

### **The group work output was as follows:**

#### **Group One:**

Regarding national legislation and practice:

- 1- There are no legislations organizing procedures except in the case of forensic medical examination which can be carried out only upon the request of the public prosecution.
- 2- There is no legislation that regulates who is to be present with the victim during medical examination.
- 3- There is no legislation that permits the presence of a lawyer during medical examination.
- 4- There is no legislation that prohibits the presence of police personnel during the medical examination. The detainee himself or a member of the family can submit a request for medical examination; the request is considered by the prosecution which is the sole authority to refer to medical examination.
- 5- There is no specific police force concerned with the escort of detainees to forensic medicine. The detainees are usually accompanied by members of the police force in the respective police station or prison.
- 6- There is no legislation that sets a deadline for referral of a detainee for forensic examination.
- 7- The prosecution alone is authorized to receive the medical report. This right is denied both to the lawyer, the detainee or any other civil body.
- 8- There are regulations for the medical examination of the detainee before and after detention, but those are not implemented.
- 9- In case medical examination takes place in a hospital, the police official does not attend if the examinee is a woman, but always attends if the detainee is a man.
- 10- If the examinee has to be admitted into hospital, he or she are usually handcuffed to the bed.
- 11- There is frequently a complicity in the relationship between the hospital administration and the accompanying police force.

Recommendation: If the police force insists to attend the medical examination, the doctor has to document that in the report. The lawyer would have to inform the public prosecutor immediately. The mere documentation of this breach is a warning for the police.

### **Group Two:**

Current situation:

Procedures permit the referral of the detainee or prisoner for medical examination upon the request of the lawyer, the prosecution, the detainee or the prison director.

Sometimes the respective authorities do not grant the request for examination or postpone it until the signs of torture have faded or else they report the whole incident as a fight between inmates.

The detainee is transferred to medical examination by the police force itself, which may influence the impartiality of the report.

Regarding medical reports:

- 1- There is no unified format for writing a medical report.
- 2- The hospital keeps a copy of the report.
- 3- NGOs, syndicates or unions are not entitled to take a copy of the report.
- 4- The police does not usually provide the detainee with a medical examination at the beginning and end of detention.
- 5- In the case of torture the victim is sent to medical examination and then returned to the same place where the torture allegedly took place.

What can the doctor do?

The doctor can always refuse to carry out the medical examination in the presence of members of the police force. Some in the group thought that it is not right for a doctor to refuse to examine a person who needs such an examination. But the doctor has to document the presence of the police in the medical report. Also, doctors breaching this conduct have to be reported to the syndicate.

The doctor is also entitled to report to the prosecution in case his or her recommendations as regards treatment or need for hospitalization are not taken into consideration.

What can the lawyer do?

The lawyer has to immediately inform the public prosecutor or the technical office of the public prosecution and has to submit a complaint in case the police force insists to attend the medical examination.

Recommendations:

- A standard format for medical reporting is needed that can be followed in all health facilities. Doctors need to be trained on how to fill that format.
- The detainee should have the right to receive a copy of that report. The doctor has to keep a copy and to send a copy to the doctors' syndicate, to NGOs involved and to the professional association of which he or she are members.

- In cases of alleged torture detainees have to be transferred to another detention center.
- Copies of medical reports have to be available at the doctors syndicate.
- A special police force has to be assigned the role of transfer of prisoners or detainees for examination. This force has to be under the control of the ministry of justice and not the ministry of interior.

### **Group Three**

Legally:

- 1- in case the victim is not in detention he or she go to the prosecution and from there are referred to forensic medicine.
- 2- In case he or she are in detention their lawyer submits a request to the public prosecutor who refers the request to the local prosecution and from there the request is sent to jail or prison where a forensic doctor is summoned.
- 3- In case the victim is doing a prison sentence the request for forensic examination is processed in court.
- 4- The law permits the doctor to only carry out the medical examination. The law does not permit the doctor to refuse the presence of the police. For the law the doctor is a technical expert.
- 5- Detainees are not entitled to medical examination upon their entry into detention centers.
- 6- There is no law that calls for a medical examination of inmates. Each case has to be monitored, which is usually not done.

Medically:

The situation is different in Cairo than in the governorates.

- 1- the police attends the medical examination and the doctor does not know that it is his right to ask them to leave.
- 2- The doctor who carries out the examination is not necessarily the one who writes the report.
- 3- If the victim requests an official report, usually this is not granted, which is different from what happens in Nadim center for example.
- 4- In some hospitals there is a security hospital and the doctors would not prepare a report except upon the request of the police.
- 5- There is no standard format for the forensic report except if the prosecution has a specific request.
- 6- Most doctors are not aware of the rules and they are afraid of police harassment.
- 7- The victim is never entitled to receive the report which usually goes to the police.
- 8- There is no mechanism for protection from police harassment.

### **Group Four**

- 1- Egyptian laws have no special provision to regulate the issuance of medical reports or having the detainee examined by forensic medicine or any other treating doctor except through a written request by the prosecutor general. This can be done upon a request by the lawyer or

if the prosecutor thinks it is necessary. However there is a procedural prison regulation that calls for the examination of a person before his incarceration by the prison doctor. Our recommendation is that the alleged torture victim would be examined by the forensic authorities or any governmental hospital upon his request or the request of his lawyer and that he should be accompanied by an employee of the ministry of justice. We suggest the establishment of a special police force affiliated to the ministry of justice. We also suggest that it be mandatory that the lawyer attend the medical examination. A legal provision is needed that stresses the right of the detainee to be examined by a forensic doctor and to be presented to a tripartite committee.

- 2- There is no legal provision that secures the procedural guidelines necessary in those cases. Those guidelines do not exist in reality.
- 3- We also suggest the establishment of a special medical authority to examine alleged cases of torture. This authority should enjoy impunity and be protected from police harassment.
- 4- Doctors are in need of a protection mechanism whether during their presence with the detainee in the examination room, or in the detention centers.
- 5- A lawyer should be entitled to request the reference of his client to forensic examination at any time. The request should be met without delay. The lawyer should also be able to make note of any breach of the safeguards in the official documents of the prosecution.

The second session of the second day was conducted by Prof. Akabawy and addressed the general considerations in carrying out the interview and listening to the story of the victim. Prof. Akabawy used a translated version of the power point presentation of the IP in that regard. The session was an introduction to the working groups that followed.

After the lunch break participants were divided into a doctors' group and a lawyers' group. Separately both groups undertook role play in interviewing victims based on the information gained in the previous session. A scene of interview was acted and the remainder of the participants evaluated the performance. The lawyers' session was coordinated by Mr. Ahmed Seif, Mr. Mahmoud Qandil and Dr. Mona Hamed and the doctors' session was coordinated by Dr. Akabawy.

The last session of the day followed the second coffee break. The doctors' session was run by Dr. Hesham Farag who made an extensive presentation of the physical evidence of torture. The lawyers' session addressed the main safeguards that have to be fulfilled in cases of deprivation of freedom. It was run by Mr. Ahmed Seif and Mr. Mahmoud Qandil.

### Evaluation of the day

Most useful session	Physical evidence of torture (10), group work on interview (8), plenary of general considerations in carrying out the interview (7), deprivation of freedom and basic safeguards (2), international standards for procedural safeguards (1)
Least useful session	International standards for procedural safeguards (6), working groups on procedural safeguards (4), Deprivation of freedom and main safeguards (3)
Subjects that need more elaboration	Deprivation of freedom and basic safeguards (7), working groups on the interview (4), Internationals standards of procedural safeguards (3), psychological management of the victim, experiences in writing medical reports, legal protection for doctors working with victims of torture.
Subjects that were missed	More practical training, joint sessions between doctors and lawyers, hospital regulations, mechanisms of protection for doctors, psychological aspects of torturers, evidence of torture, case studies of torture victims, obstacles facing lawyers, role of specialized centers, health care services available for detainees in Egypt
Suggestions for tomorrow	More group work (7), more rational distribution of time, presentation of case demonstrations in forensic medicine,
Suggestions for the future	More training on interviewing (5), use of real stories in training, more time fro group work, more organization of time, more time for discussion, training of lawyers on psychological evidence of torture, organizing workshops in governorates, avoid duplication of training between Egyptians and internationals.
Today was	Excellent (8), very good (3), good (5), useful (2), too long (2), interesting.
Today's content was	Excellent (4), very good (3), good (4), the usual (2), intense, interesting.
Training was	Very good (6), good (5), practical (3), better than yesterday, needs more joint work between two groups, acceptable, clear.
Participants were	Active (7), very good (3), good (3), acceptable (2), better than yesterday (2), excellent (2), committed, enthusiastic, talkative.
Trainers were:	Excellent (9), good (7), talkative, professional, knowledgeable, cooperative, advanced, very good.

\* \* \* \* \*

**Day Three: Sunday 25<sup>th</sup> November 2007**  
**Both groups continued to work separately**

**Doctors' group:**

The first session started with a presentation by Prof. Rusudan regarding methods of torture and the broad outlines for writing a report, highlighting the responsibility of doctors in that regard.

Dr. Hesham Farag continued the presentation on physical evidence of torture through a large number of power point slides.

In the remainder of the day doctors continued to train on the psychological evidence of torture using the case study prepared for that purpose. The group split up in two smaller groups each studying the case and reporting on findings in a medical report. Both groups presented their work in a plenary of doctors who discussed the group outputs under the supervision of Prof. Akabawy.

**Lawyers group:**

Sessions addressed two main issues:

- 1- The investigation of cases of torture and maltreatment. The session was run by Mr. Ahmed Seif, Mr. Mahmoud Qandil and Ms. Hulya Uspinar.
- 2- Physical evidence of torture and maltreatment, presented by Dr. Hesham Farag.

Upon the request of participants Dr. Ahemd Nassar, forensic doctor, made an extra session in the period following the lunch break discussing the rigging and forging scripture. It was a voluntary session and was attended by a large number of the participants.

### Evaluation of the Day

Most useful session	Writing the report (Dr. Rusudan), Forensic medicine lecture (Dr Hesham Farag), writing psychological report (Dr. Akabawy), safeguards in investigations (Qandil), working groups.
Least useful session	Physical evidence of torture (too long), IP
Subjects that need more elaboration	Writing reports, psychological examination, rules of investigation.
Subjects that were missed	Diagnosis of psychological disorders
Suggestions for tomorrow	Short presentation for activities of previous day, more details regarding report writing.
Suggestions for the future	Training doctors in governorates, establishing a network among participants, more interaction with trainers, how to protect an activist, leisure time activities.
Today was	Excellent, very good (11), good (4), intensive (3)
Today's content was	Excellent, very good (10), good (5), intensive (1)
Training was	Excellent, very good (9), good (7), intensive (1), average (1)
Participants were	Professional (8), good performance (9), average (2)
Trainers were:	Very efficient, excellent (10), good (7)

\* \* \* \* \*

## **Day four: Monday 26<sup>th</sup> of November 2007**

On the fourth day there was a change of schedule where both groups joined in a plenary since the beginning of the day. The issue of report writing was addressed again in more detail by Dr. Rusudan and Dr. Hesham Farag. Participants discussed the difficulties they face during writing their reports, especially administrative problems. They noted that a senior doctor has the right to revise and change their reports, and that they are not in a position to provide the victim with a copy of the report.

After the coffee break participants split into three groups

- 1- Doctors only group
- 2- Lawyers only group
- 3- Mixed group (upon their request)

The mission of the groups was to develop recommendations regarding IP and how to mainstream it in Egypt, in addition to suggestion of mechanisms for future follow up and joint work.

The groups were asked to group their recommendations under two main titles:

- 1- What can we as a group do?
- 2- What do we request from other parties?

### **The group outputs were as follows:**

#### **Mixed Group:**

What do we want to do and how can we do it?

- Begin a long term collaboration between doctors and lawyers in the group.
- Raising awareness regarding the issue of torture and mobilization of volunteers.
- Providing support to doctors and informing them of available legislation and regulations.
- Expanding the circles of interested lawyers.
- Development of an internet group that joins the participants and ensures their continuous networking.
- Organization of monthly meetings for the group.
- Collaboration with other groups and forums which work against torture.
- Addressing torture cases as a group, jointly as doctors and lawyers.

Recommendations to other parties:

- To the government of Egypt:

1. Including physical and psychological evidence of torture in the curricula of medical schools in addition to the ethics of the profession.
2. Formation of a special committee for torture in the national council for human rights.
3. Lobbying for legislative change that permits the victim to file his complaint directly in court, bypassing the filter of public prosecution.
4. Increasing penalties for crimes of torture and depriving officers involved from their political and civil rights and foremost dismissing them from their jobs.
  - Internationally
5. Amendment of the statutes of the ICC to the effect that it permits individual victims of torture to file complaints in case national mechanisms fail them.
6. Development of the principles of IP into an international document that binds endorsing states.

### **Lawyers Group**

What can we do?

- Set up a team of lawyers and doctors concerned with the spread of human rights culture with special emphasis on torture and how to address it.
- Organization of media campaign to review and amend legislation.
- Mobilization towards the enactment of the convention against torture.
- Monitoring and documentation of police violence during mass actions.
- Establishing a hot line in the Bar association for torture victims.
- Preparation of an annual report documenting the practice of torture, including names of officers involved.
- Publication of a series of booklets by the title (Know your rights) to inform the public and raise awareness regarding the crime of torture.
- Organization of a series of seminars and workshops to address the issue of torture from all its aspects.
- Making more use of international and regional mechanisms such as the African court.

Recommendations to other parties:

- Unions should produce a reference book including all conventions, protocols and agreements that address torture in addition to national legislation on the issue. This can be done by the Bar association and should be distributed free to all member lawyers.

- Submitting an appeal to the People's and Shura council to lift the emergency state, cancel exceptional courts, introduction of the magistrate system to carry out investigations, undertake measures to set up a special police force affiliated to the Ministry of justice and amend provisions 126, 129 and 280 of the criminal code to the effect that they be in line with international conventions.
- Appealing of the moving the affiliation of prisons and detention centers from the ministry of interior to the ministry of justice.
- Including the subject of human rights in university curricula in Egypt.
- Mobilizing political parties to play a role in demanding legislative amendment and to organize mass events to protest the widespread use of torture.
- Call for the victim's right to direct access to court.
- Mobilize for the victim's right to access his/her medical reports.

### **Doctors' Group**

What can we do?

- Make IP available in hospitals where we work.
- Organization of TOT.
- More specialized meetings and training among us.
- Following IP standards in writing reports.
- Maintaining close collaboration with Nadim center and documentation of cases seen in our respective places of work.
- Lobbying hospital administrations to organize seminars and training for doctors to introduce the IP.
- Organizing training in the doctor's syndicate at regular intervals.
- Monthly meeting for the group at El Nadim
- Networking among the group.
- Development of a brochure for all organizations working on torture, including their contact details.
- Listing of all doctors who are willing to provide voluntary help to victims of torture.
- Revision of the Arabic translation of IP.
- Making available code of ethics in hospitals.
- Recommendations to other parties:

Nationally:

- Organization of seminars and training workshops in unions and syndicates.
- Inclusion of IP in forensic medicine curriculum.
- Lobbying ministry of health to develop standard format for reporting based on IP
- Lobbying ministry of justice to set up a department for psychological forensic medicine.
- Lobbying for the cancellation of ministerial decree that prevents victims of torture to access their medical reports.

#### Internationally

- Exchange of experience

After the group presentations there was a discussion of the different items and note of the overlap between the different groups. There was then a round of interventions where participants expressed their opinion regarding the training. All interventions were positive and encouraging and looking forward to build on what was achieved in the four days.

At the end Dr. Ragia El Gerzawi thanked participants and trainers and stressed the importance of maintaining contact to work on those recommendations collectively, providing detailed contacts for El Nadim, which participants agreed should continue to coordinate their joint efforts.

The workshop was concluded with a group picture for both participants and trainers.

## Overall evaluation of workshop

<b>Logistic issues</b>	<b>Good</b>	<b>Average</b>	<b>Bad</b>
General organization of workshop	27	1	
Venue of workshop	24	4	
Translation	15	8	
Duration of workshop	14	13	
Duration of daily schedule	16	10	1
Sequence of sessions	20	10	
Time for discussion	8	13	7
Organization of sessions	19	9	
Time management	13	16	1
Flexibility of program	21	7	
<b>General aspects</b>	<b>Yes</b>	<b>Partly</b>	<b>No</b>
Were the objectives of the different sessions clear?	19	8	1
Did the workshop objectives coincide with your needs?	25	4	
Was the training content appropriate to your needs?	23	7	
Were training techniques used appropriate	24	4	
<b>Training</b>	<b>Good</b>	<b>Average</b>	<b>Bad</b>
Appropriateness of training to national needs	24	4	
Plenary sessions	18	9	
Discussions	19	5	2
Working groups	19	7	
Case study	22	5	
Conclusions from sessions	20	6	1
Presentations	20	7	
Distributed material	18	7	1
<b>Participants</b>	<b>Good</b>	<b>Average</b>	<b>Bad</b>
General atmosphere of training	26	2	
Interaction among participants	23	5	
Interaction between lawyers and doctors	17	9	2
Exchange of experience among participants	19	6	2
Addressing sensitive or controversial issues	11	14	2
General benefit from training	23	4	

**To what extent has this training improved YOUR ability to conduct the following components of a medical evaluation of torture and/or ill treatment?**

	No of responses
Interview skills	25
Psychological effects of torture	25
Physical effects of torture	24
Ethics of dealing with victims of torture	23
Documentation of cases of torture	22
International regulations	20
Writing medical reports	20
Use of IP	20
National legislation	18
Available educational material	16
Procedural safeguards	15
Investigation skills	15
Effects of sexual assault	15
Filing complaints	11

**Which, in your opinion was the best training session?**

	No of responses
General considerations in the interview	11
Psychological effects of torture	10
Physical effects of torture	9
Work group on interview	7
International and national legislation	2
Report writing	2
Introduction to IP	1
Investigating a case of torture	1
Final session of evaluation	1
Situation of torture in Egypt	1

**Which, in your opinion was the least effective training session?**

	No of responses
Introduction to IP	7
Right to health as a procedural safeguard	4
Forensic medicine sessions	2
Investigating torture and maltreatment	2
General considerations in carrying out an interview	1

## **Other recommendations and comments**

### **1- Organizational comments**

- organization of similar training workshop sin governorates (5)
- printing of lectures and their distribution to participants (3)
- providing a standard format for report writing
- use of documentaries and videos in the training rather than just PPP.
- trainers should not read off the screen.
- more exchange of experience between doctors and lawyers.
- increasing the time available for open discussions.
- making training material available before workshop
- providing time for participants to talk about their experience.
- more accurate selection of participants, not leaving the matter in the hands of syndicates; they should be from the human rights field.
- more space for leisure and personal activities among participants.
- reducing the overall duration of the workshop to three days.
- follow up to the workshop.
- inclusion of times of prayer in the schedule.

### **2- Suggestions for follow up:**

- organization of similar workshops for judge sand prosecutors.
- development of a web site for exchange of experience and networking.

### **3- Suggestions regarding content of training**

- Add a component on the use of international mechanisms.

### **4- Other suggestions:**

- involvement of religious leaderships to such workshops.
- involvement of former police officials concerned with the issue of torture.
- raising awareness regarding the need and importance of voluntary work