# IAJ

## PSYCHOLOGICAL INVESTIGATION STANDARD

FOR TORTURE AND CRUEL, INHUMAN OR DEGRADING TREATMENT

## QUICK REFERENCE & INTERMEDIATE MANUAL

Companion to Psychological Investigation Standard for Torture, and Cruel, Inhuman or Degrading Treatment or Punishment in the United States of America • v1.6

United States of America • 2026

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# PART I — ORIENTATION

## Chapter 1: How to Use This Manual

This manual sits between the IAJ Plain-Language Guide to Psychological Evaluation and the full IAJ Standard. It serves two readers at once: a beginner building their first map of the investigation methodology, and an expert seeking precise rapid recall. Neither reader needs to start at page 1; both will find what they need from wherever they enter.

### Two ways to enter

Track A — Learning Path: Follow sequentially. Part I establishes context. Part II deepens it module by module. Part III extends it thematically. Part IV supports field use. Designed for beginners progressing toward expertise.

Track B — Reference Path: Enter directly at Part III (topic), Part II (module summary), or Part IV (checklist/tool). Each entry is self-contained. Designed for working experts needing rapid recall without rereading the Standard.

### The three depth bands

Every Part II module summary contains three depth bands displayed side by side. Read only the band matching your current level. Return to higher bands as your competence grows.

| FOUNDATIONAL | APPLIED | EXPERT |
|---|---|---|
| Levels 1-2 • Document & observe | Level 3 • Clinical evaluation | Level 4 • Forensic court work |

IAJ competency rule: Level 3 practitioners may provide bounded clinical consistency and causal opinions within demonstrated competence, lawful professional scope and the available evidence. Level 4 expertise is required for specialist forensic tasks beyond that competence. Missing Level 4 access must not prevent factual documentation or appropriately qualified Level 3 findings.

> *IMPORTANT: Depth bands describe what you must be able to DO. Expert-level clinical or forensic work must remain within the evaluator's demonstrated competence, lawful professional scope and applicable ethical obligations. IAJ level designations do not independently confer or restrict professional authority.*

### Margin apparatus

Every module entry carries two reference markers at its foot. Left: the learning-stage codes at which this module becomes relevant (B1, B2, I1, I2, E1). Right: precise Standard section references for deeper reading.

### How to use Part III

Look up any concept you encounter. Each entry gives: the precise definition; the key threshold or requirement; evaluator level relevance; Standard location; related terms. Entries are grouped by thematic cluster, alphabetical within each cluster.

### How to use Part IV

Part IV contains consolidated decision trees, evaluation checklists, approved conclusion language, and an appendix locator. Use these tools during active evaluations and report-writing. They surface critical decision points; they do not replace the Standard.

## Chapter 2: The Three-Document Ecosystem

The IAJ has published three documents on psychological investigation of torture and CIDT. Each serves a distinct purpose. They are designed to be used in sequence. No single document is sufficient on its own.

| DOCUMENT | PURPOSE AND SCOPE |
|---|---|
| **IAJ Plain-Language Guide to Psychological Evaluation** | IAJ Plain-Language Guide to Psychological Evaluation For: All clinicians at first encounter Purpose: Build conceptual scaffolding. Define key terms. Show the four evaluator levels. Demonstrate Five-Axis framework in plain language. Length: ~15 pages. Read once, completely, before opening this manual. |
| **This Manual (Intermediate)** | Companion to: Psychological Investigation Standard for Torture, and Cruel, Inhuman or Degrading Treatment or Punishment in the United States of America For: All levels, beginner to expert Purpose: Structured summaries of all Standard modules. Thematic topic index. Field-ready tools. Use continuously throughout your development. |
| **The Full Standard** | Psychological Investigation Standard for Torture, and Cruel, Inhuman or Degrading Treatment or Punishment in the United States of America • v1.6 For: Level 3+ practitioners and Level 4 experts Purpose: The authoritative, legally complete, court-ready reference. Full methodology, legal analysis, case vignettes, all appendix forms. Read progressively using this manual as a guide. |
| **IAJ Companion Documents** | UNCAT and jus cogens: A contemporary perspective. The Evolved Peremptory Prohibition of Torture Beyond the Custodial Paradigm and Its Application to Judicial Conduct and the Immunities That Shield It • Harmonizing the Architecture of Disability Rights: The CRPD, federal disability statutes, the constitutional foundation of non-derogable disability rights, courts as disability-causing actors, and European Hate Crime frameworks • Brief for the Institute for the Advancement of Justice & Human Rights as Amicus Curiae, In the Interest of K.N., K.L., K.L., and K.L., Children, Cause No. 24-0881, Supreme Court of Texas • PARENT–CHILD SEPARATION IN THE UNITED STATES: A Unified Constitutional and Human-Rights Framework — Integrating the Constitutional Architecture of Troxel II with the IAJ Multi-Treaty Synthesis • Quia Timet and the Prevention of Threatened Torture and Cruel, Inhuman or Degrading Treatment by Domestic Authorities • IAJ Licensing Duty Equivalence Companion For: Level 4 experts in adversarial proceedings Purpose: Ground each IAJ doctrine (Distress-Induced Harm, Biological Assault, Forum Nullus, Sovereign Withdrawal, Aggravated Suppression) in external legal authority. The Framework Reference Architecture table (Standard, Module 1) maps each doctrine to its external source. |

*Recommended reading sequence (per Standard guidance): (1) Read IAJ Plain-Language Guide to Psychological Evaluation end to end. (2) Scan Appendix D (Skeleton Report) for orientation. (3) Review Module 5 Templates A/B/C to understand the final product. (4) Memorize UNCAT Article 1 and 16 definitions (next chapter). (5) Then use this manual.*

# Chapter 3: Core Definitions to Memorize

Torture/CIDT recognition is independent of psychiatric diagnosis. PTSD/CPTSD are optional clinical corroboration, not UNCAT elements. Severe suffering may be historical, transient, subthreshold, remitted or never examined (see the controlling Severity-Independence Rule, Standard Module 3; IP §§390–391, 493, 498, 542).

The Standard directs every investigator to memorize these definitions before beginning work. They are the legal foundation of every evaluation. Each key element is glossed in the table below.

## UNCAT Article 1 — TORTURE

> *"...any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity."*

| ELEMENT | PRECISE MEANING FOR IAJ INVESTIGATIONS |
|---|---|
| **Severe pain or suffering** | Legal threshold — assessed by duration, context, vulnerability, and cumulative effects. Can be physical OR mental. The psychologist documents nature and impact and may describe suffering as clinically severe; the legal threshold is assessed by the IAJ directorate and, domestically, by the courts. "Severe" differs from "intense" — see Cluster 2 topic entry. |
| **Intentionally inflicted** | Intentional infliction, assessed objectively (CAT GC No. 2, para. 9). Knowledge that severe suffering is practically certain is generally accepted as intent; wilful blindness and deliberate indifference (a U.S. standard) may support an inference of knowledge; recklessness with a prohibited purpose is an IAJ interpretation; foreseeability alone is insufficient. A listed purpose is a separate element. NOT the narrower US "specific intent" standard. |
| **For such purposes as...** | Non-exhaustive list: obtaining information/confession; punishment; intimidation/coercion; discrimination of any kind. "Of any kind" includes disability, gender, race, sexual orientation, religion. |
| **Public official / acting in official capacity** | Includes judicial actors, institutional actors, law enforcement, administrative agencies. Consent or acquiescence is sufficient; direct participation is not required. |

## UNCAT Article 16 — CRUEL, INHUMAN OR DEGRADING TREATMENT (CIDT)

> *"Each State Party shall undertake to prevent in any territory under its jurisdiction other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined in article I, when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity."*

| ELEMENT | PRECISE MEANING FOR IAJ INVESTIGATIONS |
|---|---|
| **No prohibited purpose required** | Article 16 has no prohibited-purpose element. Negligence may suffice where the other Article 16 predicates are met (Committee against Torture, Černáková v. Slovakia, CAT/C/72/D/890/2018, paras. 9.3 and 9.5); the IAJ applies that holding where the State is responsible for the conditions and the treatment reaches the |

| | |
|---|---|
| | Article 16 threshold. Treatment, severity and official involvement must still be established. |
| **Sub-categories of CIDT** | Degrading (humiliation, loss of dignity, feelings of inferiority and fear); Inhuman (intense physical or mental suffering); Cruel (often treated with inhuman). These are interpretive descriptions, not a fixed severity ladder: the IAJ does not adopt a universal intensity hierarchy for Article 16 (see Standard Module 1, Definition of Terms). |
| **US RUD distortion (critical)** | The US reservation to Article 16 limits CIDT to the cruel, unusual and inhumane treatment or punishment prohibited by the Fifth, Eighth and/or Fourteenth Amendments. IAJ investigators apply the full UNCAT standard on the Substantive Truth Track and separately note domestic-track narrowing (the Dual-Track Rule). |
| **Severity distinction** | INTENSE suffering: a clinical descriptor of subjective experience. SEVERE suffering: the legal threshold for torture under Article 1. Psychologists may describe suffering as clinically severe where supported; they do not state that the Article 1 threshold is met. The UNCAT characterization is made by the IAJ directorate; domestic consequences by the courts. |

## Chapter 4: Evaluator Levels

Clarification: IAJ Level designations are internal workflow roles. They do not constitute independent professional credentials and do not supersede state licensure requirements. The minimum external credential requirement for each level is now formally defined.

IAJ investigative roles (Intake Investigator; Supervising Investigator) are operational roles distinct from the clinical Levels 1–4; an investigative supervisor holds no clinical authority by virtue of that role. Higher qualifications are always preferable, but paper qualifications must not bar competent documentation of torture and CIDT. A licensed clinician with relevant trauma competence is preferable to no licensed provider; competence does not depend on IAJ credentials. IAJ-informed orientation covers international standards, independence from institutional and customary pressure, protection against retaliation, and how the IAJ operates; it is not clinical training, does not direct clinical findings, and is not a prerequisite. Limits follow the licence and the task, not the degree. Report authorship and expert testimony are distinct roles. Whether a witness may offer expert testimony depends on the applicable qualification and admissibility rules, including FRE 702 in federal court.

Non-Obstruction Rule: Level 4 review is an enhanced safeguard, not a prerequisite. A competent Level 3 report may be relied on by the IAJ directorate, which may make its own UNCAT determination or, on a credible allegation, report to competent mechanisms without waiting for specialist review (UNCAT Arts. 12–13). Reports disclose the evaluator's level and whether Level 4 review was obtained.

Timeliness: investigations proceed with the greatest practicable promptness and diligence; no fixed period bars recording, evaluating or referring an allegation, and Istanbul Protocol time benchmarks (e.g., IP §668) measure State delay, not the validity of later assessments.

Referral dossier and review: the IAJ supplies clinicians with a dossier of its contemporaneous observations, witness accounts and records (including contrary evidence), separating facts, allegations and interpretations and containing no legal characterization; the clinician records the person's account before reviewing it where feasible, and may question it. The IAJ directorate reviews every report for evidentiary integrity, with technical scrutiny proportionate to the evaluator's demonstrated expertise and the case; it does not overrule clinical judgments without clinical expertise.

| LEVEL | EXTERNAL CREDENTIAL MINIMUM AND SCOPE |
|---|---|
| **Level 1** | Minimum credential: Any professional or trained staff member (e.g., nurse, case manager, advocate). Scope: Observation, factual documentation, preservation, triage, referral. No diagnosis or forensic opinion. |
| **Level 2** | Minimum credential: Pre-licensure clinician under supervision, or licensed clinician under supervision while developing trauma-evaluation competence. Scope: Interviews and provisional formulations under supervision; supervisor co-signs. |
| **Level 3** | Minimum credential: Clinician licensed to diagnose independently (psychologist, psychiatrist, LCSW, LMFT, LPC/LPCC, psychiatric NP) with demonstrated trauma-evaluation competence (IAJ-informed orientation recommended, not required). Scope: Full evaluation; diagnosis within licence; bounded consistency and causation opinions within competence; report authorship (court-ready reports undergo SFP review where a Level 4 reviewer is available; see Non-Obstruction Rule). Task limits: medical causation → physician; restricted tests → qualified psychologist; physical examination → physician. |
| **Level 4** | Minimum credential: Level 3 plus substantial torture-documentation experience; doctoral, board-certified or fellowship training preferred. Scope: SFP review, supervision and training, complex and high-stakes cases, expert testimony where willing. |

## Chapter 5: Framework Reference Architecture

The Standard includes a Framework Reference Architecture table (Standard, Module 1) anchoring each IAJ doctrine to its external legal authority and IAJ companion document. In adversarial proceedings, evaluators should cite the external authority column rather than the IAJ designation alone. Key mappings: Named concepts developed by the IAJ must be attributed to the IAJ; authorities in the grounding column are supporting sources or analogies, not authorities shown to have adopted those named concepts. The IAJ Clinical Attribution Framework is not externally validated.

| IAJ DOCTRINE (CURRENT NAME) | EXTERNAL LEGAL GROUNDING + COMPANION DOCUMENTS |
|---|---|
| **Distress-Induced Harm / Battery Without Touching** | External authority: ECHR Art. 3; IP §§6–10; CAT GC No. 2 §21. Companion docs: UNCAT and jus cogens: A contemporary perspective. The Evolved Peremptory Prohibition of Torture Beyond the Custodial Paradigm and Its Application to Judicial Conduct and the Immunities That Shield It (Dim. V); Harmonizing the Architecture of Disability Rights: The CRPD, federal disability statutes, the constitutional foundation of non-derogable disability rights, courts as disability-causing actors, and European Hate Crime frameworks (§6.1–6.3). |
| **Biological Assault (physiological harm pathway)** | External authority: State-created danger doctrine; CRPD Art. 15; UNCAT Art. 1. Companion docs: Harmonizing the Architecture of Disability Rights: The CRPD, federal disability statutes, the constitutional foundation of non-derogable disability rights, courts as disability-causing actors, and European Hate Crime frameworks (§6.2–6.3); UNCAT and jus cogens: A contemporary perspective. The Evolved Peremptory Prohibition of Torture Beyond the Custodial Paradigm and Its Application to Judicial Conduct and the Immunities That Shield It (Dim. V.B). |
| **Forum Nullus** | External authority: Exhaustion of domestic remedies; VCLT Art. 53; CRPD Art. 13. Companion docs: UNCAT and jus cogens: A contemporary perspective. The Evolved Peremptory Prohibition of Torture Beyond the Custodial Paradigm |

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| | and Its Application to Judicial Conduct and the Immunities That Shield It (Dim. VI.D); Harmonizing the Architecture of Disability Rights: The CRPD, federal disability statutes, the constitutional foundation of non-derogable disability rights, courts as disability-causing actors, and European Hate Crime frameworks (§6.7). |
| **Aggravated Suppression** | External authority: US RUD equivalence failure; CAT/C/USA/CO/3-5; VCLT Art. 19(c). Companion docs: UNCAT and jus cogens: A contemporary perspective. The Evolved Peremptory Prohibition of Torture Beyond the Custodial Paradigm and Its Application to Judicial Conduct and the Immunities That Shield It (Dim. IV); IAJ Amicus (Texas SC). |
| **IAJ Clinical Attribution Framework (formerly "Forensic Probability Standard")** | External authority: IP §§417, 524; FRE 702; SPJ literature. Companion docs: Appendix V; UNCAT and jus cogens: A contemporary perspective. The Evolved Peremptory Prohibition of Torture Beyond the Custodial Paradigm and Its Application to Judicial Conduct and the Immunities That Shield It (Dim. VI.A). |
| **Dual-Track Rule (also: Two Legal Planes)** | External authority: Medellín v. Texas (domestic plane); UNCAT Art. 1 & 16 (int'l plane). Companion docs: UNCAT and jus cogens: A contemporary perspective. The Evolved Peremptory Prohibition of Torture Beyond the Custodial Paradigm and Its Application to Judicial Conduct and the Immunities That Shield It (Prefatory Note & Dim. IV.B). |
| **Sovereign Withdrawal** | External authority: Judicial immunity limits; VCLT Art. 53 jus cogens. Companion docs: Harmonizing the Architecture of Disability Rights: The CRPD, federal disability statutes, the constitutional foundation of non-derogable disability rights, courts as disability-causing actors, and European Hate Crime frameworks (§6.5); UNCAT and jus cogens: A contemporary perspective. The Evolved Peremptory Prohibition of Torture Beyond the Custodial Paradigm and Its Application to Judicial Conduct and the Immunities That Shield It (Dim. III). |

USE IN ADVERSARIAL PROCEEDINGS: When opposing counsel challenges an IAJ designation, disclose its status and cite the external sources it draws on. Example: "The concept is an IAJ analytical framework. It draws by analogy on ECHR Article 3 jurisprudence and IP §6. Its status is disclosed in my report."

# PART II — MODULE SUMMARIES

**Neutral Investigation Rule — mandatory field summary**

Begin with an open question, not an assumption of torture, non-torture, credibility, feigning, or judicial correctness. Document the strongest evidence for and against each material allegation; investigate plausible lawful, negligent, unrelated, natural-history, and prohibited-conduct explanations. An investigation may properly conclude torture, CIDT, other harm without torture/CIDT, not consistent, or insufficient evidence; the UNCAT characterization is made by the IAJ directorate, and the clinician reports clinical findings. All conclusions require reasons and source attribution.

Psychiatric diagnosis is not a prerequisite to investigation. Stress-mediated biological injury is investigable without physical contact, but temporal correlation does not alone establish clinical causation, prohibited intent or legal classification. A supervisor must actively test rival hypotheses and disclose unresolved disagreement; IAJ review does not establish a numerical error rate or guarantee court admissibility.

Each summary mirrors one module of the full Standard. Read Purpose and Key Concepts first. Then read the depth band matching your current level. Use the Standard cross-references at each entry footer for deeper reading.

## Module 1 — Legal & Normative Framework

Standard Module 1

### Purpose

Establishes the legal foundation for IAJ investigations: why US investigations require a separate standard from the global Istanbul Protocol; the US non-compliance problem and its structural causes; the Dual-Track Rule for preserving international standards in domestic proceedings; and who is qualified to conduct evaluations at each level.

### Key concepts

UNCAT • Istanbul Protocol (IP) • RUDs (Reservations, Understandings, Declarations) • Dual-Track Rule (Two Legal Planes) • Jus cogens • Aggravated Suppression • Forum Nullus • Evaluator Levels 1–4 • IAJ Clinical Attribution Framework (formerly “Forensic Probability Standard”) • Purpose-based vs. specific intent • Framework Reference Architecture • Vicarious trauma warning

| FOUNDATIONAL (Levels 1-2) | APPLIED (Level 3) | EXPERT (Level 4) |
|---|---|---|
| • Know torture and CIDT are absolutely prohibited with no exceptions.<br>• Know the four evaluator levels and which applies to you.<br>• Know you have a duty to document at your level even without Level 4 supervision.<br>• Know US does not fully comply with UNCAT — this affects how findings may be received domestically.<br>• Memorize UNCAT Articles 1 and 16. | • Understand the Dual-Track Rule: document under full UNCAT standard; separately note domestic narrowing.<br>• Know IP provisions governing evaluator qualifications (Parts A–J).<br>• Explain why US courts may not recognize conduct as "torture" even when the IAJ directorate finds UNCAT standards are met.<br>• Apply the IAJ Clinical Attribution Framework (formerly “Forensic Probability Standard”) — a structured professional judgment framework, not a statistical instrument. Never present | • Apply full Dual-Track methodology in court-ready reports.<br>• Navigate Daubert and FRE 702 qualification challenges.<br>• Identify Forum Nullus indicators in a specific venue.<br>• Explain, with the IAJ directorate, the jus cogens context where US RUDs conflict with absolute prohibitions.<br>• Distinguish purpose-based intent (UNCAT) from specific intent (US domestic) in testimony. |

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| | it as a quantitative metric under Daubert.<br>• Navigate PSYPACT and interstate forensic work parameters. | |

## Module 1 cross-references

| STANDARD SECTION | CONTENT |
|---|---|
| **Preface** | Why the IAJ Standard was created; the structural accountability gap. |
| **What is being investigated?** | UNCAT Articles 1 and 16; IAJ enhancements over Istanbul Protocol. |
| **Important clarifications — USA** | RUDs; aggravated suppression; forum nullus; dual-track rule; jus cogens. |
| **Definition of Terms** | Cruel / Inhuman / Degrading / Severe vs. Intense. |
| **Who may perform evaluations** | Parts A–J: levels, qualifications, collaborative model, Daubert. |
| **Training infrastructure** | IAJ capacity-building in hostile environments. |

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|---|---|
| **Learning stages:** B2 (Foundational) \| I1–I2 (Applied) \| E1 (Expert) | **Standard:** Module 1: \| App. K \| App. V \| App. W |

# Module 2 Investigation Methodology & Intent Analysis

Standard
Module 2

## Purpose

Provides the conceptual and analytical framework for investigating systemic torture and CIDT. Distinguishes systemic violations from individual incidents. Defines the principles governing every psychological evaluation. Supplies the legal and clinical tools for intent determination, including in technology-facilitated abuse scenarios.

## Key concepts

Systemic vs. individual torture • Purpose-based intent (UNCAT) • Deliberate indifference • Willful blindness • Foreseeability • Institutional entrapment • Technology-facilitated torture • Five essential evaluation principles • Scientific neutrality mandate • Power dynamics in the interview

| FOUNDATIONAL (Levels 1-2) | APPLIED (Level 3) | EXPERT (Level 4) |
|---|---|---|
| • Understand systemic abuse accumulates harm across many interactions; no single act needs to cross the threshold alone.<br>• Know CIDT requires no prohibited purpose; structural failures can qualify where the treatment reaches the Article 16 threshold and officials are involved.<br>• Know Article 1 intent is assessed objectively; knowledge counts, and a listed purpose is a separate element. | • Document the facts relevant to intent and purpose (notice, repetition, sanctions) for the IAJ directorate's analysis.<br>• Distinguish individual vs. systemic patterns in clinical formulation.<br>• Apply the five essential evaluation principles: trauma-informed, culturally responsive, power-aware.<br>• Document technology-facilitated abuse using the four scenario categories. | • Support the IAJ directorate's systemic intent analysis (Art. 1, Art. 16 and systemic flowcharts).<br>• Apply the five characteristics of systemic torture in causation analysis.<br>• Distinguish "course of conduct" from isolated incidents for cumulative harm arguments.<br>• Complete the Practical Documentation Protocol for technology-facilitated abuse. |

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| • Document everything you observe, even if the bigger picture is not yet clear. | • Understand the intent analysis decision trees used by the IAJ directorate. | • Present facts relevant to intent on both tracks of the Dual-Track Rule. |

## The five essential evaluation principles (memorize)

| PRINCIPLE | APPLICATION AND STANDARD REFERENCE |
|---|---|
| **Scientific Neutrality** | Implicit and explicit bias can distort questioning, interpretation, and credibility judgment. Recognize and document how cultural assumptions may affect findings. IP §§279, 295. |
| **Power Dynamics Awareness** | Torture interviews do not occur in a neutral space. The survivor may experience the evaluator as an extension of prior coercion. Remain attentive to fear, shame, dependency, and perceived authority. IP §§295, 299–302. |
| **Adjuncts Only** | Western-oriented instruments (PCL-5, PHQ-9, GAD-7) are adjuncts — not primary bases for conclusions. Cultural mismatch, language barriers, and trauma effects limit their meaning. IP §§294–298, 539–540. |
| **Narrative + Observation** | Integrate narrative interviewing, behavioral observation, collateral information, and culturally informed interpretation. No single instrument is dispositive. IP §§539–540. |
| **Trauma-Informed Reporting** | The report must state: what methodological risks were present; what steps reduced them; how cultural factors affected interpretation. 2022 IP Chapter IV. |

| | |
|---|---|
| **Learning stages:** B2 (overview) \| I1–I2 (full methodology) \| E1 (systemic intent analysis) | **Standard:** Module 2: \| Intent decision trees \| Technology-facilitated torture |

# Module 3 — Psychological Evaluation Procedure & Applied Forensic Workflow

Standard
Module 3

## Purpose

The clinical core of the Standard. Defines the full evaluation procedure from interview through diagnosis, the 14-component assessment structure, the Five-Axis forensic framework, specialized population protocols, and credibility assessment methodology.

## Key concepts

14-component evaluation • Five-Axis forensic framework • Psychological Consistency Analysis • C-PTSD (ICD-11: 6B41) • EPCACE (ICD-10: F62.0) • the descriptive IAJ Shattering construct • Cultural humility • Clinical-evidence reliability assessment • Response Validity, Feigning & Misclassification Risk / secondary gain • Neuropsychological assessment • Specialized populations

| FOUNDATIONAL (Levels 1-2) | APPLIED (Level 3) | EXPERT (Level 4) |
|---|---|---|
| • Know the 14 evaluation components by name.<br>• Know the Five-Axis framework: Axis I (diagnoses where established, otherwise symptom findings), II (enduring changes if supported), III | • Conduct full evaluations across all 14 components.<br>• Apply Five-Axis framework with DSM/ICD precision. | • Apply Psychological Consistency Analysis (IP §§540–545) as primary analytical framework.<br>• Conduct neuropsychological assessment where indicated. |

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| (physical sequelae), IV (institutional actions), V (functioning without a mandatory numeric score).<br>• Know that no psychiatric diagnosis is required for investigating torture/CIDT. PTSD and ICD-11 CPTSD are diagnoses only if their criteria are met; EPCACE is a historical ICD-10 category.<br>• Document symptoms at your level without diagnosing.<br>• Know that Shattering is an optional descriptive construct for profound disruption; neither its presence nor permanence is required for torture/CIDT recognition. | • Assess the reliability of clinical evidence and the consistency of findings (IP §§388–389, 540–545).<br>• Adapt technique for children, LGBTQI+, elderly, disabled, and immigrant populations.<br>• Apply the IAJ Cultural Validation Checklist (Appendix P) to every evaluation.<br>• Assess secondary gain and response validity without assuming feigning (Symmetric Error Framework: a false-positive feigning finding seriously harms a genuine survivor; a false-negative corrupts the record). | • Manage Response Validity, Feigning, and Misclassification Risk assessment under adversarial challenge; defend the Symmetric Error Framework. Where fabrication is suspected, IP §386 states that another clinician should conduct additional interviews and that the possibility is noted only with the agreement of both clinicians; the IAJ additionally requires supervisory review, with Level 4 involvement preferred in complex cases but not a prerequisite (Non-Obstruction Rule).<br>• Document enduring post-traumatic changes and optional Shattering findings with forensic precision; classify EPCACE as historical ICD-10, not as a current ICD-11 diagnosis.<br>• Complete the Methodological Note (Appendix Q) as a required report section. Failure to complete these steps constitutes a methodological limitation that must be explicitly documented; evaluators should complete all steps unless safety, access, interpreter failure, or feasibility constraints make full completion impossible. |

## The 14 evaluation components (summary)

| COMPONENT | CORE REQUIREMENT |
|---|---|
| **(a) History of torture and ill-treatment** | Document nature, duration, methods, perpetrators, and context. |
| **(b) Current psychological complaints** | Present symptoms: type, onset, frequency, severity, and functional impact. |
| **(c) Post-torture history** | Life events, health, functioning, and institutional interactions after alleged torture. |
| **(d) Pre-torture history** | Developmental, social, educational, occupational history prior to alleged torture. |
| **(e) Medical history** | All physical conditions, especially those with onset or exacerbation after institutional stress. |
| **(f) Psychiatric history** | Prior diagnoses, treatment, hospitalizations, and medications. |
| **(g) Substance use and misuse history** | Pattern, onset, and relationship to trauma timeline. |
| **(h) Mental status examination** | Current cognitive, emotional, and behavioral presentation during evaluation. |
| **(i) Assessment of social function** | Relationships, work, daily living, self-care, and community participation. |
| **(j) Psychological testing (adjuncts only)** | PCL-5, PHQ-9, GAD-7, Harvard Trauma Questionnaire, CAPS. Use as supplements, not primary bases. |

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| **(k) Interpretation of findings** | Psychological Consistency Analysis: does the overall picture align with the alleged history? See the Standard. |
| **(l) Five-Axis forensic framework** | Axes I–V applied to the full clinical picture. See the Standard. |
| **(m) Beyond PTSD diagnostics** | Assess any supported diagnosis separately from historical severe suffering; CPTSD requires full criteria, EPCACE is historical ICD-10, and Shattering is descriptive only. See Standard Module 3(m). |
| **(n) Somatic-psychological bridge** | Document physical findings alongside psychological findings; psychological consistency is assessed for the overall presentation (IP §544). |

## Specialized population quick guide

| POPULATION | KEY ADAPTATIONS AND REFERENCES |
|---|---|
| **Children** | Play-based techniques. Offer the presence of a trusted adult; interview alone where the child prefers and it is in the child's interest (IP §§291, 567). Use Appendix R (Consent Form) and Appendix S (Decompensation Protocol). Report concerns under mandatory reporting obligations. |
| **Male survivors** | Sexual violence severely under-reported. Ask about sexual violence in all male detention cases; do not wait for disclosure. |
| **Elderly** | Cognitive change may mask or mimic trauma; give additional time. Document complete historical symptom and medical-event chronology; no universal 14-day cutoff. |
| **LGBTQI+** | Document conversion practices, sexual violence, forced outing, denial of transition care. Use affirming, non-pathologizing language. |
| **Persons with disabilities** | Disability is both a targeting mechanism and a torture result. The accommodation-punishment trap is especially common. Apply Appendix E checklist. |
| **Immigration detention** | Rapid deportation, language barriers, family separation, prolonged indefinite detention create distinct risks. Document urgently. |

| | |
|---|---|
| **Learning stages:** B2 (14 components, Five-Axis) \| I1–I2 (full evaluation) \| E1 (forensic workflow) | **Standard:** Module 3: \| App. A \| App. C \| App. P \| App. R \| App. S |

# Module 4 Harm Documentation & Causation Synthesis

Standard Module 4

## Purpose

Provides the analytical methodology for documenting psychological harm and establishing the causal link between specific institutional stressors and documented injury. Introduces the Doctrine of Distress-Induced Harm and structured causation tools designed to support a case-specific reliability assessment under FRE 702; admissibility is decided by the court.

## Key concepts

Distress-Induced Harm ("Battery Without Touching") • Biological Assault • disease-specific temporal association (not a universal cutoff) • Decompensation • Dissociation / depersonalization • IAJ Clinical Attribution Rating • Chronological Mapping • Systemic Harm Mapping Tool • Assessment Administration Protocol

| FOUNDATIONAL (Levels 1-2) | APPLIED (Level 3) | EXPERT (Level 4) |
|---|---|---|
| • Know the MS-related temporal association (not a universal cutoff): document all relevant symptoms and biological changes before and after institutional events without imposing any fixed individual-causation interval. The Ackerman et al. (2002) temporal association finding must always be cited with its source and qualified as supporting temporal association, not deterministic causation.<br>• Know Distress-Induced Harm (an IAJ doctrinal proposal): physical or neurological deterioration attributed, on case-specific evidence, to psychological coercion without physical contact.<br>• Document all decompensation events: sudden decline in functioning after institutional stress.<br>• Know that dissociation during evaluation does not invalidate it — document and flag. | • Conduct Chronological Mapping: align institutional events with clinical deterioration on a timeline.<br>• Apply the Systemic Harm Mapping Tool to visualize multi-actor harm pathways.<br>• Differentiate decompensation from feigning using evaluator guidance; apply the Symmetric Error Framework.<br>• Apply the Assessment Administration Protocol: instrument selection, sequencing, cultural adaptation.<br>• Document the Distress-Induced Harm pathway using structured clinical attribution. | • Complete complex or specialist-level causation synthesis and state the IAJ Clinical Attribution Rating in such cases. This does not reserve causation analysis to Level 4: a Level 3 clinician completes the attribution analysis within demonstrated competence and lawful scope (Non-Obstruction Rule).<br>• Produce court-ready Multi-System Interaction Matrix (Systemic Harm Mapping Tool Part A).<br>• Apply the Doctrine of Distress-Induced Harm, disclosing its status as an IAJ proposal.<br>• Navigate barriers in US jurisprudence and apply Dual-Track Rule to causation findings.<br>• Conduct Distress-Induced Harm analysis with event anchoring and differential analysis. |

## Istanbul Protocol consistency categories (IP §543)

| SCALE LEVEL | MEANING AND USAGE |
|---|---|
| **Consistent with** | The findings could have been caused by the alleged treatment but are non-specific; there are many other possible causes. |
| **Highly consistent with** | The findings could have been caused by the alleged treatment, and there are few other possible causes. |
| **Typical of** | The findings are usually found with this type of treatment, but there are other possible causes. Not more corroborative than “highly consistent with” (IP §545). |
| **Diagnostic of** | The findings could not have been caused in almost any way other than the alleged treatment. Rarely appropriate for psychological evidence. |
| **Not consistent with** | The findings could not have been caused by the alleged treatment. Requires the same rigour as a positive finding. |

**CRITICAL:** These categories describe the degree of consistency between clinical findings and the alleged treatment. They are not legal judgments or numerical probabilities. Never write “torture occurred” or “the perpetrator is guilty.” Any causal attribution under the IAJ Clinical Attribution Framework is stated separately, with its evidentiary basis and limitations.

| | |
|---|---|
| Learning stages: B2 (chronology and decompensation) \| I1–I2 (causation tools) \| E1 (full causation synthesis) | **Standard:** Module 4: \| App. C \| App. N \| App. O |

| Module 5 | Documentation Standards & Forensic Credibility | Standard Module 5 |
|---|---|---|

## Purpose

Governs what goes into a report, how it is written, and for whom. Provides the three tiered report templates (A, B, C) and the full Skeleton Report. Establishes language standards, audience adaptation, and the Methodological Note as a mandatory section. Contains all approved forensic conclusion phrases.

## Key concepts

Template A (preliminary/low complexity) • Template B (standard forensic) • Template C (advanced systemic) • Skeleton Report (Appendix D) • Essential report elements • Neutrality statement • Language standards • Audience adaptation • Methodological Note (Appendix Q) • Reliability-focused conclusions

| FOUNDATIONAL (Levels 1-2) | APPLIED (Level 3) | EXPERT (Level 4) |
|---|---|---|
| • Know Levels 1–2 do not sign forensic reports.<br>• Know the three templates and which complexity each addresses.<br>• Know the mandatory neutrality statement (Part IV, QR3).<br>• Know "torture occurred" is prohibited — use Istanbul Protocol consistency language.<br>• Know every report must include a Methodological Note on cultural adaptations. | • Author Template B reports within competence; seek SFP review where available (not a prerequisite).<br>• Apply the essential report elements to every section.<br>• Adapt report language for clinical vs. legal vs. administrative audiences.<br>• Complete the Methodological Note (Appendix Q) as a mandatory section.<br>• Apply the problematic language guide to clean drafts. | • Author court-ready Template C reports independently.<br>• Apply the model Section XII (Forensic Conclusions and Attribution Analysis)<br>• Navigate audience adaptation for federal courts, administrative hearings, and international reporting.<br>• Manage adversarial challenges to report credibility.<br>• Train Level 3 clinicians in report writing using the Section-by-Section Annotation Guide. |

## Template selection guide

| TEMPLATE | WHEN TO USE |
|---|---|
| **Template A** | Preliminary documentation, including where no licensed evaluation or diagnosis exists. Use as interim documentation pending full evaluation. |
| **Template B** | Standard forensic case. Multiple incidents or moderate institutional period. Full 14-component evaluation and Five-Axis framework completed. Audiences: courts, immigration, clinical settings. |
| **Template C** | Advanced systemic / high-complexity case. Multi-actor institutional harm over extended period. Distress-induced harm alleged and central. Systemic Harm Mapping Tool applied. Dual-Track analysis required. Audience: federal courts, international bodies. |

## Essential report elements (all templates)

| ELEMENT | CONTENT REQUIREMENT |
|---|---|
| **Identifying information** | Subject, evaluator credentials, date, location, referral source, purpose of evaluation. |

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| **Sources of information** | All records, collateral interviews, instruments used, and their limitations. |
| **Cultural documentation** | IAJ Rule (IP-Aligned, 2022 IP Chapter IV) — document cultural context as a core methodological component. Failure to complete constitutes a methodological limitation requiring explicit documentation. Evaluators must complete all steps unless safety, access, interpreter failure, or feasibility constraints make full completion impossible — in which case the constraint, its effect, and any compensatory measures must be documented. |
| **History of alleged ill-treatment** | Chronological account per component (a) of the 14-component evaluation. |
| **Clinical findings** | Clinical findings: mental status and symptom course, historical suffering, diagnoses if established, and explicit no-diagnosis/not-assessed options; Five-Axis summary when applicable. |
| **Causation synthesis** | IAJ Clinical Attribution Rating with supporting clinical rationale (separate from the IP consistency category). |
| **Methodological Note** | Required section: methodological risks present; steps taken; how cultural factors affected interpretation (Appendix Q). |
| **Neutrality statement** | Required in all reports. See Part IV, QR3 for approved language. |

| | |
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| **Learning stages:** B2 (templates overview) \| I1–I2 (drafting) \| E1 (court-ready authorship) | **Standard:** Module 5: \| App. D \| App. Q \| App. V |

## Module 6 Ethical Obligations & Expert Protection

Standard
Module 6

### Purpose

Establishes the universal ethical duty to document and provides practical protection for investigators facing institutional obstruction, hostile supervisors, weaponized subpoenas, or professional retaliation. Defines the Witness Obligation and the mechanisms available to every clinician at every level.

### Key concepts

Universal Duty to Document • The Witness Obligation • CIRF (Appendix H) • Human Rights Defender Status (Appendix J) • Continuum of Documentation Authority • Documentation as treatment • Non-withholding imperative • Vicarious trauma / compassion fatigue

| FOUNDATIONAL (Levels 1-2) | APPLIED (Level 3) | EXPERT (Level 4) |
|---|---|---|
| • Know the Universal Duty to Document: document at your level regardless of whether a Level 4 expert is available. Never withhold.<br>• Know how to file a CIRF (Appendix H) when a request to change findings constitutes improper pressure, | • Apply the Continuum of Documentation Authority (Section 3): know what each level can and cannot document independently.<br>• Use the CIRF strategically using Appendix I guidance. | • Invoke the Witness Obligation as an ethical argument when access is blocked.<br>• Apply Anti-Erasure Mechanisms: use CIRF to document institutional silencing as incidents for separate assessment. |

| | | |
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| retaliation, obstruction or interference with investigative independence, or when access is withheld. Ordinary peer review, lawful supervision and evidence-supported correction are not, without more, obstruction.<br>• Know Appendix J notifies an institution of your role and the IAJ's support.<br>• Know the steps if pressured: Resist pressure. Preserve the request. Correct only on evidence. Document the reasons and escalate improper interference.<br>• Know self-care (Appendix T) is part of the protocol, not optional. | • Recognize the five categories of obstruction.<br>• Apply the Professional Ethical Frameworks for your license type (Section 6).<br>• Understand Documentation as Treatment (Section 8): thorough documentation serves the survivor clinically. | • Navigate the Attorney Representation Barrier (Section 11 / Appendix L).<br>• Escalate to IAJ through formal channels using Appendix J.<br>• Train others in the Continuum of Documentation Authority. |

## When pressured to change findings: four-step protocol

| STEP | ACTION |
|---|---|
| **Step 1: Do not change** | Never alter findings, diagnoses, or conclusions because someone demands a different outcome — an official, supervisor, lawyer, complainant or anyone else. Correct a material error, or revise a conclusion, when reliable contrary evidence or better analysis warrants it; record the evidentiary reason for any revision and any disagreement. The distinction is between change under pressure, which compromises the report, and correction on the evidence, which the Standard requires. |
| **Step 2: Document the pressure** | File a CIRF (Appendix H) immediately where the request is pressure to reach a different outcome or interference with the evaluation: who asked, what they asked, when, and in what form. Ordinary peer review, supervision or a request to correct an identified error is not obstruction and is recorded as such. |
| **Step 3: Invoke protections** | Send the Notice of Human Rights Defender Status (Appendix J) to the relevant institution. This notifies the institution of your role and the IAJ's support. |
| **Step 4: Escalate** | Report to IAJ through official channels. The institutional obstruction is itself a potential human rights violation warranting independent investigation. |

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|---|---|
| **Learning stages:** B1–B2 (duty to document, CIRF) \| I1 (continuum) \| E1 (legal protection, escalation) | **Standard:** Module 6: \| App. H \| App. I \| App. J \| App. T |

# Module 7 Case Vignettes and Examples

Standard
Module 7

## Purpose

Nine worked case examples applying the Standard to real-world investigative scenarios. Each vignette demonstrates clinical formulation, consistency assessment, and report conclusions. Use them to self-test understanding after each Module summary and as training materials for teaching others.

| VIGNETTE | SCENARIO & PRIMARY LEARNING OBJECTIVE |
|---|---|

| | |
|---|---|
| **Vignette 1: Child welfare proceedings** | Systemic CIDT in child welfare proceedings. Primary learning: institutional entrapment, family separation, consistency assessment, Five-Axis application. |
| **Vignette 2: LGBTQI+ immigration detention** | Dual persecution contexts (country of origin + US detention). Primary learning: LGBTQI+ evaluation requirements, cultural competency, intersectionality. |
| **Vignette 3: Law enforcement torture** | Torture under color of law enforcement. Primary learning: purpose-based intent, Article 1 analysis, physical-psychological correlation, Template C application. |
| **Vignette 4: Solitary confinement (CAT Area 1)** | Systematic solitary confinement. Primary learning: decompensation, medical findings requiring specialist assessment, historical suffering without fixed intervals. |
| **Vignette 5: Police force and racial humiliation (CAT Area 2)** | Excessive police force and racial humiliation. Primary learning: racial discrimination as prohibited purpose, CIDT vs. torture threshold, degrading treatment analysis. |
| **Vignette 6: Immigration detention persecution (CAT Area 3)** | Targeted persecution in immigration detention. Primary learning: identity-based persecution in detention, denial of medical care, medical findings requiring specialist assessment. |
| **Vignette 7: Judicial discrimination and MS relapse (CAT Area 4)** | Systemic judicial discrimination and alleged neurological deterioration (an IAJ doctrinal proposal without direct treaty-body support). Primary learning: Distress-Induced Harm analysis; Systemic Harm Mapping Tool. |
| Vignette 8: Allegation not supported (negative case) | Non-specific distress in a public-body collection dispute; the allegation is not established on the available evidence. Primary learning: choosing the IP §543 category the evidence supports ("consistent with", non-specific) rather than the stronger "not consistent with"; alternatives; no legal judgment; the Non-Obstruction Rule does not convert an unsupported allegation into a referral. |
| Vignette 9: Mixed evidence (mixed case) | Severe suffering established in a court-ordered private facility; institutional attribution unresolved because records were not produced. Primary learning: separating what is established from what is not; stating baseline evidence without overclaiming; records controlled by an actor under investigation; characterization left to the directorate; Module 8 link. |

*LEARNING APPROACH: After each Part II module summary, work through the corresponding vignette before reading the answer. Ask: What diagnosis would I reach? What Axis IV factors are present? Which template applies? How would I phrase the conclusion? Compare your reasoning to the vignette's clinical formulation.*

| | |
|---|---|
| **Learning stages:** I1–I2 (self-testing) \| E2 (training others) | **Standard:** Module 7: \| Educational Materials |

## Module 8 — Rights-Controlling Ecosystem Methodology (Release B)

| Module 8 | Rights-Controlling Ecosystem Methodology (Release B) | Standard<br>Module 8; Appendix X |
|---|---|---|

### Purpose

A second level of investigation, applied in addition to the individual evaluation: how the institutions, actors, policies and procedures that control a person's rights interact to produce, perpetuate or fail to prevent torture or CIDT. Six steps: ecosystem mapping; structural and protection gaps; outcome and collective harm; evidence-weighted alternatives; control, notice and persistence; bias controls. Recorded in the Ecosystem Mapping Record (Appendix X) and reported separately from the clinical evaluation. An IAJ investigative method; not adopted by any treaty body, Special Procedure or court.

### Non-Prerequisite Rule

Ecosystem analysis is never a prerequisite for documenting, evaluating or referring an individual allegation. An ecosystem finding may corroborate an individual allegation, and an individual finding may corroborate a systemic pattern, but neither alone proves the other; each is proved on its own record.

### Key concepts

- The four protective functions and their external standards: prevention (UNCAT Arts. 2, 16; GC No. 2 para. 13), investigation (Arts. 12–13), accountability (Arts. 4, 7), remedy (Art. 14; GC No. 3).
- Gap classification: no mechanism; mechanism inaccessible; mechanism used and failed; mechanism performed. A gap is shown by the record of what was sought and what happened, or — for duties the State must perform without a request, such as investigation where reasonable grounds exist (UNCAT Art. 12) — by the record that the grounds existed and the mechanism did not act; a gap is never inferred from silence alone, and a person's inability to complain is itself a gap finding.
- Structural versus individual gaps, recorded with basis.
- Collective harm is shown by evidence about each affected person (IP §492; GC No. 3 on family and dependants), never inferred from the number of persons subject to a mechanism; complaints received are not a prevalence estimate.
- Six standard alternatives tested before any systemic conclusion; each recorded as excluded, less consistent, or unresolved.
- Control, notice, persistence: recorded by the investigator; characterized by the IAJ directorate under GC No. 2 paras. 9 and 18. Persistence after notice is evidence of knowledge, not of purpose.
- Mandatory bias controls: sequential unmasking with an exposure log (Dror et al. 2015), pre-stated hypotheses, disconfirmation log, separation of roles, blind review, selection statement, language discipline, declaration of IAJ interests.
- What clinicians contribute: the Module 3 evaluation and medical record; the map is built by an investigator independent of the clinical evaluation, and determinations are the directorate's.

### Levels

Ecosystem analysis is conducted by IAJ investigators with investigative competence and role independence from the clinical evaluation and from the institutions analysed; clinical Level 4 status neither qualifies nor is required. Clinicians at any level supply facts, records and clinical findings to the investigator. The IAJ directorate makes determinations and referrals.

> *LEARNING APPROACH: Work the Module 8 steps against Vignette 7 (judicial discrimination) and Vignette 1 (child welfare), then complete an Ecosystem Mapping Record for one of them before reading the Standard's Appendix U.*

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|---|---|
| Learning stages: E1–E2 (ecosystem investigation and directorate determinations); I2 (supporting an ecosystem analysis with individual findings) | Standard: Module 8 \| Appendix X |

# PART III — THEMATIC TOPIC INDEX

Each entry covers a concept appearing across multiple Standard modules. Find the term, read the definition and threshold, follow the Standard reference for full treatment. Grouped by cluster; alphabetical within each cluster.

| FOUNDATIONAL | APPLIED | EXPERT |
|---|---|---|
| Levels 1-2 • Document & observe | Level 3 • Clinical evaluation | Level 4 • Forensic court work |

## CLUSTER 1 — Legal & Normative Concepts

| | | |
|---|---|---|
| **Aggravated Suppression**<br>*All levels* | The state in which a victim cannot access treaty-level remedies for UNCAT violations because US domestic law provides no equivalent enforcement mechanism, and courts apply RUDs to prevent treaty-level claims.<br><br>**Key threshold:** *Document independently under full UNCAT standard regardless of domestic outcome. Occurs when: treaty remedies unavailable AND courts refuse to apply full UNCAT standard.* | **Standard:** Module 1<br>**Related:** RUDs, Dual-Track Rule, Forum Nullus |
| **Daubert Standard / FRE 702**<br>*Level 3–4* | The U.S. federal standard for admitting expert testimony (FRE 702, as interpreted in Daubert v. Merrell Dow, 1993, and Kumho Tire v. Carmichael, 1999). The proponent must show that the testimony more likely than not rests on sufficient facts and reliable methods, reliably applied to the case. Testability, peer review, known or potential error rate, standards, and general acceptance are factors a court may consider; not every factor applies to every method.<br><br>Key threshold: IAJ methods are designed to support a reliability assessment; be prepared to address each factor that applies. Admissibility is for the court. | **Standard:** Module 1 \| App. V<br>**Related:** Expert witness qualification, IAJ Clinical Attribution Framework |
| **Dual-Track Rule**<br>*Level 3–4* | IAJ procedural rule under which (1) the evaluator records clinical findings and the IP consistency category and the IAJ directorate makes the UNCAT characterization (Substantive Truth Track), and (2) separately document how domestic US standards may narrow or preclude legal uptake of those findings. | **Standard:** Module 1 \| Module 2<br>**Related:** RUDs, Purpose-based intent, Specific intent |

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|---|---|---|
| | **Key threshold:** *Apply in every evaluation. Never allow domestic-track analysis to override or suppress UNCAT-track findings. The report package carries both tracks in separate documents: the clinical report (findings and consistency category, with the domestic presentation) and the IAJ directorate's separately authored, labelled UNCAT characterization. The clinician writes the first, not the second.* | |
| **Forum Nullus**<br>IAJ directorate | An IAJ analytical construct (doctrinal proposal): a venue the IAJ may characterize as functionally non-remedial for a specific person and claims. Indicators include: uniform denial of ADA accommodations across multiple cases; systematic refusal to apply UNCAT; institutional patterns of prosecutorial non-action.<br><br>Key threshold: Determined by the IAJ directorate on institutional and legal evidence, with documented patterns across similarly situated cases (number and basis of comparison stated), recorded separately from clinical findings. Level 4 clinical input is optional. | **Standard:** Module 1<br>**Related:** Aggravated Suppression, Exhaustion of Remedies, Institutional Entrapment |
| **Jus Cogens**<br>*Level 3–4* | Peremptory norms of customary international law binding on all states regardless of treaty ratification. The absolute prohibition of torture is jus cogens; the peremptory status of the CIDT prohibition is widely asserted but less settled. No derogation is permitted under UNCAT Art. 2(2).<br><br>**Key threshold:** *Even if a domestic court refuses to apply UNCAT, jus cogens remains binding. IAJ investigators apply jus cogens standards regardless of domestic limitation.* | **Standard:** Module 1<br>**Related:** UNCAT, RUDs, Absolute prohibition |
| **RUDs (Reservations, Understandings, Declarations)**<br>*All levels* | The formal conditions under which the US ratified UNCAT in 1994. Key effects: (1) narrows Article 1 intent to "specific intent"; (2) limits Article 16 CIDT to treatment prohibited by the Fifth, Eighth and/or Fourteenth Amendments. Internationally contested as incompatible with UNCAT's object and purpose.<br><br>**Key threshold:** *IAJ investigators do not apply US RUD narrowing on the Substantive Truth Track. The Netherlands and Finland formally objected to the US reservation to Article 16 as incompatible with the treaty.* | **Standard:** Module 1<br>**Related:** Dual-Track Rule, Purpose-based intent, UNCAT, Aggravated Suppression |

## CLUSTER 2 — Clinical & Diagnostic Concepts

| | | |
|---|---|---|
| **Biological Assault**<br>*Level 3–4* | Physical deterioration (neurological, immunological, cardiovascular) attributed, on case-specific evidence, to psychological and procedural coercion | **Standard:** Module 4<br>**Related: Distress-Induced Harm, MS-related temporal** |

| | | |
|---|---|---|
| | without physical contact (IAJ doctrinal proposal). A sub-category of Distress-Induced Harm applicable where tissue-level damage can be clinically documented.<br><br>**Key threshold: Requires documentation of: specific stressor event, biological marker (lab, imaging, or clinical exam), temporal link within an individually assessed, disease-specific timeframe, and differential analysis weighing other causes.** | **association (not a universal cutoff), Decompensation** |
| **C-PTSD (Complex PTSD)**<br>*Level 3–4* | ICD-11 CPTSD (6B41) requires ICD-11 PTSD symptoms plus persistent disturbances in affect regulation, self-concept and relationships. Diagnostic assessment must be criterion-based; CPTSD is not presumptively preferred in institutional cases, and its absence does not exclude severe suffering or torture/CIDT.<br><br>Key threshold: Diagnose only when ICD-11 criteria are met. Where met, CPTSD may describe the pervasive effects of prolonged coercive control more fully than PTSD. It is not presumptively preferred, and its absence does not exclude severe suffering or torture/CIDT. | **Standard:** Module 3<br>**Related: EPCACE, PTSD, the descriptive IAJ Shattering construct** |
| **Decompensation**<br>*All levels* | A sudden, marked deterioration in psychological and/or physical functioning following an acute institutional stressor (court hearing, denial of accommodation, transfer, etc.). May be relevant to Distress-Induced Harm analysis.<br><br>**Key threshold: Document: the specific stressor with date, onset of deterioration (no fixed or required interval), nature of the decline, prior functional baseline. Never assume feigning without full assessment (Symmetric Error Framework); a false-positive feigning determination seriously harms a genuine survivor; whether it amounts to CIDT is a separate legal question.** | **Standard:** Module 4<br>**Related: Biological Assault, MS-related temporal association (not a universal cutoff), Distress-Induced Harm** |
| **Dissociation / Depersonalization**<br>*All levels* | Altered states of awareness, detachment from self or surroundings, or loss of experiential continuity — occurring during evaluation or reported retrospectively. Common in severe trauma presentations.<br><br>**Key threshold:** *Do not terminate or invalidate an evaluation due to dissociation. Document the episode, adapt pacing, and note clinically in the report. See Appendix O for evaluation guidance.* | **Standard:** Module 4 \| Appendix O<br>**Related:** Decompensation, EPCACE, C-PTSD |

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| **Distress-Induced Harm**<br>*Level 3–4* | Physical or neurological deterioration attributed, on case-specific evidence, to non-physical procedural coercion (e.g., MS relapse, cardiac events). An IAJ doctrinal proposal; "Battery Without Touching" is internal shorthand only.<br><br>**Key threshold:** *Requires: documented stressor (institutional act), biological pathway (clinical literature), temporal link, differential analysis. IAJ's most significant technical departure from the standard Istanbul Protocol.* | **Standard:** Module 4<br>**Related:** Biological Assault, IAJ Clinical Attribution Rating, Systemic Harm Mapping Tool |
| **EPCACE**<br>*Level 3–4* | Historical ICD-10 F62.0 clinical description of enduring personality change following catastrophic experience. The category was not retained as a separate ICD-11 diagnosis; no permanence or personality change is prerequisite for an investigation.<br><br>Key point: EPCACE is a historical ICD-10 category (F62.0), not a current ICD-11 diagnosis. Neither EPCACE, permanence, nor the descriptive IAJ Shattering construct is required to document severe suffering or to investigate torture or CIDT. | **Standard:** Module 3<br>**Related: C-PTSD, the descriptive IAJ Shattering construct, Decompensation** |
| **Neuropsychological Assessment**<br>Qualified psychologist | Specialized cognitive testing assessing attention, memory, executive function, and processing speed. Indicated when: head trauma, prolonged sleep deprivation, substance abuse complicating picture, or occupational/cognitive decline is documented.<br><br>**Key threshold:** *Cannot be conducted without specialist qualifications. Limitations: many standardized tests lack cross-cultural norms; results must be interpreted in light of trauma, language, and education.* | **Standard:** Module 3 \| App. B<br>**Related:** PTSD, Biological Assault, Functional Assessment |

## CLUSTER 3 — Evaluation Procedure

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|---|---|---|
| **MS Temporal Association (Not a Cutoff)**<br>*All levels* | Ackerman et al. reported an average interval of 14 days from stressful life events to MS exacerbations, compared with 33 days for control dates ($p < .0001$). This is population-study evidence of temporal association, not a diagnostic, forensic, or causation cutoff. Record the full chronology, disease-specific evidence, baseline, and competing causes. | **Standard:** Module 3 \| Module 4<br>**Related:** Biological Assault, Distress-Induced Harm, Decompensation |

| | | |
|---|---|---|
| | **Key threshold:** *Always document: the triggering institutional event with date; symptom onset with date; prior baseline. The interval is one factor in clinical attribution; it is not a cutoff.* | |
| **Credibility Assessment**<br>*Level 3–4* | Under the IAJ Standard, "credibility" refers to the clinically assessed reliability, internal consistency, and contextual plausibility of reported information. It is NOT a lie–truth judgment and does not determine whether torture or CIDT legally occurred. Feigning and credibility are assessed separately (see Response Validity entry).<br><br>**Key threshold:** *Apply IP Consistency Framework. Do not conflate inconsistency — common in genuine trauma — with deception. In testimony: opine on clinical reliability of the account, not on whether torture "credibly occurred" — that is a legal determination reserved for the court.* | **Standard:** Module 3<br>**Related:** Response Validity and Feigning, Secondary Gain, Cultural Humility, Psychological Consistency Analysis |
| **Cultural Humility**<br>*All levels* | A practitioner orientation requiring ongoing critical self-reflection about cultural assumptions and their potential to distort evaluation, documentation, and conclusions. Continuous learning over static knowledge.<br><br>**Key threshold:** *Required in every IAJ evaluation. Complete: IAJ Cultural Validation Checklist (Appendix P); document idioms of distress in subject's own framework; include Methodological Note (Appendix Q) on cultural adaptations.* | **Standard:** Module 3 \| App. P, Q<br>**Related:** Credibility Assessment, Psychological Consistency Analysis, Idioms of Distress |
| **Five-Axis Forensic Framework**<br>*Level 3–4* | IAJ supplemental descriptive framework: Axis I records diagnoses if established and otherwise symptoms and historical suffering; Axis II records enduring adaptations where supported; Axis III records physical findings; Axis IV records alleged institutional actions; Axis V records functional impact with a justified measure, not an obligatory GAF number. Neither diagnosis nor measurable permanence is required.<br><br>**Key threshold:** *Optional descriptive tool, recommended for Template B and C reports. Axis IV records alleged institutional actions; causation is assessed separately. Compare Axis V to baseline where available; a missing baseline is a stated limitation, not a bar.* | **Standard:** Module 3<br>**Related:** C-PTSD, EPCACE, Systemic Harm Mapping Tool |

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|---|---|---|
| **Response Validity, Feigning, and Misclassification Risk**<br>Level 3–4 | The formal evaluation of whether a subject may be intentionally producing or grossly exaggerating symptoms for external incentive (feigning/malingering). The Standard applies the Symmetric Error Framework: two equally serious errors to guard against: (1) False positive — labeling a genuine survivor as feigning, which retraumatizes the survivor and compounds the harm (whether it amounts to CIDT is a separate legal question); (2) False negative — failing to identify intentional fabrication, which undermines the evidence record. The IAJ distinguishes feigning from: trauma-related fragmentation; dissociation; cultural idioms of distress; disability-related communication differences; language/interpretation issues; genuine symptom fluctuation.<br><br>**Key threshold:** *The evaluator does NOT have a duty to raise feigning in the absence of an evidentiary foundation (IP §386). When grounds exist: validity measures may be used where appropriate and culturally valid (e.g., SIRS-2; MMPI-2 with caution). IP §386 recommends that another clinician conduct additional interviews, with the possibility of simulation noted only with the agreement of both; separately, the IAJ requires independent second-clinician review and supervisory scrutiny before a definitive feigning determination. Document ambiguity as ambiguity; never resolve it against the subject by default.* | **Standard:** Module 3<br>**Related:** Secondary Gain, Credibility Assessment, Cultural Humility, UNCAT Art. 16 |
| **Psychological Consistency Analysis**<br>Level 3–4; Directorate review | The primary analytical framework of the Istanbul Protocol. Assesses whether the overall clinical picture is consistent with the alleged ill-treatment. Applied under IP §§540–545.<br><br>**Key threshold:** *Not a checklist — requires integrative clinical judgment. Key question: "Is the constellation of findings consistent with what would be expected if the described events occurred to a person with this individual's characteristics, culture, and history?"* | Standard: Module 3 \| IP §§540–545<br>**Related:** Credibility Assessment, Cultural Humility, Five-Axis Framework |
| **IAJ Forensic Certainty Scale**<br>IAJ directorate | Used only when the IAJ draws on its database of documented systemic violations and patterns from other cases. Sits alongside the Istanbul Protocol consistency categories and the IAJ Clinical Attribution Rating; complements, clarifies and truth-tests them; replaces neither. An IAJ instrument under development, not externally validated.<br><br>**Key threshold:** Disclose source data, criteria, the corroboration status of comparison cases, contrary cases and selection effects. Pattern evidence does not by itself establish causation, intent or responsibility. | Standard: Module 4<br>Related: IAJ Clinical Attribution Rating, Istanbul Protocol consistency categories, Forum Nullus |

## CLUSTER 4 — Intent & Causation

| | | |
|---|---|---|
| **Deliberate Indifference**<br>*Level 3–4* | US constitutional standard applied in specific settings — chiefly Eighth and Fourteenth Amendment claims by persons in custody — under which an official is liable when they know of and disregard a substantial risk of serious harm. It is not a universal liability test: civil proceedings, disability accommodation and judicial conduct are governed by other tests (see the Standard, Module 1, domestic pathways).<br><br>**Key threshold:** *Used on the Domestic Track only where the setting makes it the applicable standard. Document: what the risk was, evidence of knowledge of the risk, what action was taken or omitted; identify the setting and the governing test.* | **Standard:** Module 1 & 2 \| Dual-Track Rule<br>**Related:** Purpose-based intent, Specific intent, Dual-Track Rule |
| Istanbul Protocol consistency categories<br>*Level 3–4* | Istanbul Protocol consistency categories (IP §543): Not consistent with; Consistent with; Highly consistent with; Typical of; Diagnostic of. They describe the degree of fit between findings and the alleged treatment and are not numerical probabilities. Causal attribution under the IAJ Clinical Attribution Framework is a separate, structured judgment.<br><br>**Key threshold:** *Always pair with rationale. Never use alone. Never use "torture occurred" or equivalent ultimate legal conclusions. This is a clinical metric, not a legal finding.* | **Standard:** Module 4<br>Related: IAJ Clinical Attribution Rating, Causation Synthesis, Daubert |
| **Institutional Entrapment**<br>*All levels* | A pattern in which: (1) person seeks accommodation for a legitimate need; (2) institution denies it; (3) institution punishes person for failing to meet the denied need. Creates an inescapable coercive loop.<br><br>**Key threshold:** *Document all three steps with dates and institutional actors. Especially common in disability, immigration, and child welfare contexts. May be relevant to the IAJ directorate's CIDT analysis.* | **Standard:** Modules 2, 3, 4<br>**Related:** CIDT, Distress-Induced Harm, Accommodation-Punishment Trap |
| **Purpose-Based Intent**<br>*Level 3–4* | The UNCAT Article 1 standard: perpetrator intentionally inflicted severe suffering for a prohibited purpose (information, punishment, intimidation, coercion, discrimination). Does not require harm to be the sole or primary objective.<br><br>**Key threshold:** *Broader than US "specific intent." Intent can be inferred objectively from pattern of conduct, notice and knowledge, and institutional policies (CAT GC No. 2, para. 9); foreseeability alone is insufficient, and a listed purpose must be shown separately.* | **Standard:** Module 1 \| Module 2<br>**Related:** Specific intent, Deliberate indifference, Dual-Track Rule |

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|---|---|---|
| **Systemic Intent Determination**<br>IAJ directorate | The IAJ directorate's analytical process for assessing whether a pattern of institutional conduct constitutes torture or CIDT at the systemic level, as distinct from individual incident analysis.<br><br>**Key threshold:** *Apply all three intent analysis decision trees: Article 1 Flowchart, Article 16 Flowchart, Systemic Violations Tree. Document indicators across all five characteristics of systemic torture.* | **Standard:** Module 2<br>**Related:** Purpose-based intent, Systemic Torture, Institutional Entrapment |

## CLUSTER 5 — Specialized Population Protocols

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|---|---|---|
| **Children: Evaluation Adaptations**<br>*Level 3–4* | Children require developmentally appropriate techniques. Trauma presentation differs significantly from adults. Assessment must account for developmental stage, caregiver relationships, and family dynamics.<br><br>**Key threshold:** *Offer the presence of a trusted adult; interview alone where the child prefers and it is in the child's interest (IP §§291, 567). Use the Pediatric Consent Form (Appendix R) and Decompensation Protocol (Appendix S). Report mandatory reporting concerns regardless of forensic role.* | **Standard:** Module 3 \| App. R, S<br>**Related:** Cultural Humility, Credibility Assessment, Mandatory Reporting |
| **Disability: Accommodation-Punishment Trap**<br>*All levels* | A specific form of institutional entrapment in which disability is both the reason for targeting and the mechanism of ongoing harm: accommodation is denied, and the person is then punished for failing to meet the standard they cannot meet without the accommodation.<br><br>**Key threshold:** *Document the full three-step loop with dates. Apply the Disability Accommodation Checklist (Appendix E). Document the accommodation history; whether it amounts to an ADA violation or CIDT is for the IAJ directorate's analysis and the courts.* | **Standard:** Module 3 \| App. E<br>**Related:** Institutional Entrapment, CIDT, Systemic Discrimination |
| **LGBTQI+: Specific Torture Forms**<br>*Level 3–4* | LGBTQI+ individuals face specific persecution forms: conversion practices; sexual violence targeting gender expression; forced outing; denial of transition-related care; family-based persecution with state acquiescence.<br><br>**Key threshold:** *Use affirming, non-pathologizing language. Complete cultural competency requirements. Being LGBTQI+ is not a pathology and must never be implied as such in any documentation.* | **Standard:** Module 3<br>**Related:** Cultural Humility, Intersectionality, Specialized populations checklist |
| **Male Survivors: Under-Reporting**<br>*Level 3–4* | Male survivors of torture are at high risk of sexual violence that is severely under-reported due to | **Standard:** Module 3 |

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| | stigma, shame, and fear of disbelief. Standard protocols must proactively assess for this.<br><br>**Key threshold:** *Do not wait for disclosure. Create an explicit, non-judgmental opening: "Many people detained experience sexual violence. I want to ask you about this directly." Document barriers to disclosure and their impact on clinical completeness.* | **Related:** Credibility Assessment, Cultural Humility, LGBTQI+ |

## CLUSTER 6 — Ethics & Expert Protection

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|---|---|---|
| **CIRF (Clinician's Incident Report Form)**<br>*All levels* | The IAJ form (Appendix H) for documenting any instance of obstruction, pressure to alter findings, legal process that appears designed to suppress documentation, retaliation, or interference with an IAJ evaluation. It creates an institutional record for separate assessment; filing it does not by itself establish that the conduct recorded is unlawful.<br><br>**Key threshold:** *File when a request to change findings constitutes improper pressure, retaliation, obstruction or interference with investigative independence; when access is blocked or records withheld; when legal process appears designed to harass or suppress documentation; or when professional retaliation is threatened. Ordinary peer review, lawful supervision and evidence-supported correction are not, without more, obstruction. See Appendix I for strategic guidance.* | **Standard:** Module 6 \| App. H \| App. I<br>**Related:** Witness Obligation, Human Rights Defender Status, Non-withholding |
| **Documentation as Treatment**<br>*All levels* | The IAJ principle that thorough, accurate documentation of torture and CIDT serves the survivor's psychological recovery by validating their experience, creating an objective record, and restoring a sense of agency.<br><br>**Key threshold:** *Do not withhold documentation out of concern for the clinical relationship. Being heard and documented can support recovery. The duty to document is an ethical obligation with clinical benefit.* | **Standard:** Module 6, Section 8<br>**Related:** Universal Duty to Document, Witness Obligation, Non-withholding |
| **Human Rights Defender Status**<br>*All levels* | The notice sent under Appendix J (Notice of Human Rights Defender Status and Ethical Shield). Defender status arises from the person's conduct under the UN Declaration on Human Rights Defenders; the IAJ notice records that status, identifies the clinician's role, invokes the applicable standards, warns against retaliation and creates an institutional record. It does not confer immunity, create a binding protective order or guarantee intervention by any external mechanism (see the Standard, Module 6, and Protections for Human Rights Defenders: Origins, State Obligations, and Enforcement — with a Focus on the United States). | **Standard:** Module 6 \| App. J<br>**Related:** CIRF, Witness Obligation, Universal Duty to Document |

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| | **Key threshold:** *Send the Appendix J notice to the institution threatening retaliation and file it simultaneously with the IAJ. It is a record and an invocation of standards, not a shield against legal proceedings; enforceability depends on the underlying treaty or constitutional right.* | |
| **Universal Duty to Document**<br>*All levels* | Every clinician at every level has a duty under the IAJ Standard, grounded in professional ethics (WMA; the applicable professional codes), to document what they observe, regardless of qualifications or absence of a higher-level expert. The duty's legal source and consequences vary by jurisdiction and profession; the IAJ duty is an ethical and investigative standard for participating personnel, not a claim that every health professional is legally compelled by every jurisdiction's law. No clinician may refuse to document because they are "not qualified enough."<br><br>**Key threshold:** *Document at your level. A nurse documents observations. A social worker documents behavioral indicators. A licensed clinician documents clinical impressions (Level 3 with demonstrated trauma competence). A Level 4 expert documents the full forensic picture. Each level adds to, it does not replace, the others.* | **Standard:** Module 6, Sections 1 & 3<br>**Related:** Continuum of Documentation Authority, Witness Obligation, Non-withholding |
| **Vicarious Trauma**<br>*All levels* | The psychological impact of cumulative exposure to traumatic narratives during forensic evaluation work. Includes: compassion fatigue, moral injury, hypervigilance, emotional numbing, over-identification, rescue impulses, and irritability.<br><br>**Key threshold:** *Evaluator wellbeing is a component of forensic rigor, not merely personal wellness. Compromised evaluator functioning degrades interview quality, distorts credibility assessment, and increases error risk. Self-monitoring and breaks are part of the evaluation protocol.* | **Standard:** Module 1 Preface \| Appendix T<br>**Related:** Documentation as Treatment, Witness Obligation |
| **Witness Obligation**<br>*All levels* | The IAJ formulation of the universal duty to document: every clinician who observes or learns of potential torture or CIDT is a "witness" in the international human rights sense and bears an ethical and professional obligation to preserve that testimony.<br><br>**Key threshold:** *This obligation cannot be waived by: supervisory instruction; absence of a Level 4 expert; attorney direction; institutional policy; fear of subpoena. Use the CIRF and Appendix J if these obstacles are raised.* | **Standard:** Module 6, Section 12<br>**Related:** Universal Duty to Document, CIRF, Human Rights Defender Status |

# PART IV — QUICK-REFERENCE TOOLS

**Field checklist — symmetric falsification and outcome neutrality**
For every material claim record: source; corroboration; contradiction; baseline and chronology; alternative explanation; missing evidence; what would disprove it; professional scope and possible conflict of interest. Report unfavorable and favorable evidence. Do not infer intent solely from knowledge, institutional status, a statistical association, or adverse outcome. Distinguish clinical consistency, medical causation, UNCAT Article 1/16 elements, and domestic legal consequences.

Tools for use during active evaluations, report writing, and when facing obstruction. They surface critical decision points — they do not replace the Standard.

## QR1 — MASTER DECISION TREES

### Initial Screening: Is This Torture / CIDT?

| STEP | DECISION CRITERIA |
|---|---|
| **Step 1: Is conduct or suffering suggesting torture/CIDT alleged or documented?** | YES → document conduct, official involvement, context, nature and duration of suffering; proceed whether or not symptoms or a psychiatric diagnosis are present. NO → record available information and decide whether investigation or referral is warranted. |
| **Step 2: Was there an institutional actor involved?** | YES → proceed \| NO → UNCAT may still apply if a public official consented, acquiesced, or instigated. Assess the actor chain carefully. |
| **Step 3: Do symptoms fit any pattern? (document if any apply)** | Evidence of suffering during the event; current or historical psychological symptoms (with or without PTSD/CPTSD); functional changes; clinically supported biological deterioration; institutional entrapment. Do not impose a 14-day cutoff. |
| **Step 4: Screen for CIDT markers (no prohibited purpose required)** | Humiliation / degradation \| Denial of accommodation leading to punishment \| Isolation or sensory deprivation \| Discriminatory treatment \| Threats, surveillance, coercion |
| **Step 5: Screen for Torture markers (intent required)** | Apparent purpose: information, punishment, intimidation, coercion, or discrimination. Document evidence relevant to severe pain or suffering (nature, duration, effects, vulnerability, context), intentional infliction, public authority, and competing explanations. Legal characterization remains a separate assessment. |
| **Outcome** | If any Step 3–5 indicators are present: document fully at your level and file baseline observations. Refer for Level 3 or Level 4 evaluation where available. Lack of specialist access does not stop documentation; use Template A (Preliminary Factual and Observational Record). |

### Diagnosis Determination

| CLINICAL PICTURE | PATHWAY |
|---|---|

| | |
|---|---|
| **Single traumatic event, no personality change** | → Consider PTSD only if qualifying exposure and all applicable DSM-5-TR or ICD-11 criteria are supported; otherwise document relevant historical and current symptoms independently of diagnosis. |
| **Prolonged, repeated trauma; affect dysregulation; negative self-concept; relationship disturbances** | Consider ICD-11 CPTSD (6B41) only if the requisite PTSD and disturbances-in-self-organization criteria are supported. Document all relevant suffering independently if criteria are absent. |
| **Permanent personality change; hopelessness; estrangement; loss of identity** | → Historical ICD-10 EPCACE may assist interpretation of older records; do not treat it as a current ICD-11 diagnosis or a prerequisite for serious suffering. |
| **Formerly functional person now globally impaired** | Shattering is an IAJ descriptive construct for profound functional or identity disruption when supported, not a diagnosis or threshold. Partial recovery, missing baseline records, or no permanent injury must not bar investigation. |
| **Physical symptoms (cardiac, neurological, immunological) temporally linked to institutional stress** | → Distress-Induced Harm analysis — state the IAJ Clinical Attribution Rating; refer medical causation to a physician |
| **None of the above but significant suffering reported** | Document the reported suffering, conduct, history and available corroboration; classify psychiatric diagnosis as absent, subthreshold, unresolved, or not assessed as warranted. Continue factual investigation and evidence preservation within competence; offer referral when feasible, but do not make Level 4 access a condition for recording evidence. |

### Report Formulation

| CASE CHARACTERISTICS | TEMPLATE |
|---|---|
| **Preliminary documentation; evaluation, diagnosis or specialist unavailable** | Template A (preliminary factual record); may document allegations, historical suffering and available sources even when diagnosis, testing or specialist evaluation is unavailable. |
| **Multiple incidents or moderate institutional period, full evaluation complete** | → Template B (Standard Forensic) |
| **Multi-actor systemic harm, extended period, distress-induced harm alleged** | → Template C (Advanced Systemic) |
| **Severity of harm uncertain** | → Template A as interim; Level 3 may proceed to Template B within competence, disclosing whether Level 4 review was obtained |
| **Evaluator is Level 1–2 without supervision** | → Document at your level; label limitations clearly; do NOT sign as forensic report; escalate |

## QR2 — EVALUATION CHECKLISTS

### 14-Component Evaluation Checklist

| COMPONENT | STATUS |
|---|---|
| **(a) History of torture / ill-treatment** | □ Completed |
| **(b) Current psychological complaints** | □ Completed |
| **(c) Post-torture history** | □ Completed |
| **(d) Pre-torture history** | □ Completed |
| **(e) Medical history** | □ Completed |
| **(f) Psychiatric history** | □ Completed |
| **(g) Substance use / misuse history** | □ Completed |
| **(h) Mental status examination** | □ Completed |
| **(i) Assessment of social function** | □ Completed |
| **(j) Psychological testing (adjuncts only)** | □ Completed \| Instruments: _____ |
| **(k) Interpretation of findings (Psychological Consistency Analysis)** | □ Completed |
| (l) Five-Axis descriptive framework (diagnosis optional) | □ Completed |
| **(m) Beyond standard PTSD diagnostics** | □ Considered as appropriate (ICD-11 CPTSD; historical ICD-10 EPCACE; optional descriptive Shattering) — absence is not adverse evidence |
| **(n) Physical findings documented alongside psychological findings** | □ Completed |

## Five-Axis Summary (complete during evaluation)

| AXIS | FINDINGS |
|---|---|
| Axis I: Psychological findings (diagnoses if established; otherwise symptoms and status) | Diagnosis established: _____ \| Provisional/subthreshold symptoms and chronology: _____ \| No diagnosis established / not assessed (reason): _____ \| Historical suffering and evidence: _____ |
| **Axis II: Personality change (vs. pre-torture baseline)** | Record observed changes and available historical baseline; historical ICD-10 EPCACE may be noted if relevant, but does not impose permanence or diagnostic prerequisites. |
| **Axis III: Physical sequelae (with onset timeline)** | Systems affected: _____ \| Onset date: _____ |
| **Axis IV: Alleged institutional actions** | Specific acts / decisions / failures: _____ |
| Axis V: Functioning | Document functional limitations and historical baseline (identify source); include a validated measure where feasible, or state not assessed. No mandatory GAF or 1–100 score. |

## Pre-Report Cultural Documentation Checklist

| CULTURAL DOCUMENTATION REQUIREMENT | STATUS |
|---|---|
| **Cultural idioms of distress documented in subject's own framework** | □ Yes □ N/A |
| **IAJ Cultural Validation Checklist (Appendix P) completed** | □ Completed |
| **Methodological Note (Appendix Q) drafted as required report section** | □ Drafted |
| **Western-oriented instrument scores contextualized re: cultural mismatch** | □ Yes |
| **Language / interpreter issues documented and addressed** | □ Yes □ N/A |
| **Power dynamics of the interview context documented** | □ Yes |

# QR3 — APPROVED CONCLUSION LANGUAGE

Use these phrases in forensic reports and testimony. The left column shows prohibited language; the right shows approved alternatives. Prohibited phrases constitute ultimate legal conclusions outside the scope of a psychological evaluator.

| PROHIBITED LANGUAGE | APPROVED ALTERNATIVE |
|---|---|
| **PROHIBITED: "Torture occurred."** | APPROVED: "The clinical findings are consistent with [or highly consistent with] the described ill-treatment." |
| **PROHIBITED: "The perpetrator intended to cause harm."** | APPROVED: "The described conduct, if it occurred, would foreseeably cause significant psychological and physical harm of the kind documented." |
| **PROHIBITED: "The subject is telling the truth."** | APPROVED: "The subject's account is internally consistent and consistent with the psychological sequelae of the described events." |
| **PROHIBITED: "This constitutes torture under US law."** | APPROVED: "The clinical findings are relevant to the assessment of severe pain or suffering under UNCAT Article 1 and to the separate assessment of cruel, inhuman or degrading treatment under Article 16. The legal characterization of the conduct, including the effect of the United States' reservations, understandings and declarations, is addressed separately in the IAJ's legal analysis." |
| **PROHIBITED: "The subject was tortured by [named individual]."** | APPROVED: "On the evidence reviewed, the documented psychological findings are [consistent / highly consistent] with the described institutional conduct." Where qualified medical evidence supports it, add: "The identified institutional stressors were a substantial contributing factor in the documented physical deterioration, subject to the limitations stated in this report." |

## Mandatory neutrality statement (include in every report)

Additional standard sentence where applicable: “No PTSD/CPTSD or other psychiatric diagnosis was established [or: a clinical examination was unavailable]. This does not determine whether severe physical or mental suffering occurred during the events described. The historical suffering and the conduct-and-context evidence are analyzed independently, with limits specified.”

> *"This evaluation was conducted for the purpose of documenting psychological findings relevant to allegations of torture or cruel, inhuman, or degrading treatment. My role is to document clinical findings and provide a scientifically grounded assessment of the consistency between those findings and the described events. My conclusions are formed independently of the legal outcome of any proceeding. I have endeavored to apply a trauma-informed, culturally responsive, and scientifically rigorous methodology consistent with the 2022 Istanbul Protocol and the IAJ Psychological Investigation Standard."*

## QR4 — APPENDIX NAVIGATION GUIDE

Locate the right appendix form or tool without reading the Standard end to end.

| APPENDIX | CONTENT AND WHEN TO USE |
|---|---|
| **Appendix A** | IAJ Symptom-to-Instrument Selection Guide. Guide to selecting instruments by reported symptom. |
| **Appendix B** | Functional and Cognitive Assessment. For disability-related functional impact assessments. |
| **Appendix C** | Simplified Assessment Administration Protocol. Instrument selection decision tree and sequencing guide. |
| **Appendix D** | Fillable Skeleton Report. Full report structure with all required sections. Start here when drafting any report. |
| **Appendix E** | Disability Accommodation Documentation Checklist. For all cases involving disability-related institutional conduct. |
| **Appendix F** | IAJ Legal Objection Template. For responding to procedural motions that threaten forensic independence. |
| **Appendix G** | IAJ Forensic Integrity Attestation (Supervisory). For Level 4 experts recording a full independent SFP, or a limited peer attestation; the attestation states which, and a peer attestation certifies only what the co-signer examined. |
| **Appendix H** | IAJ Clinician's Incident Report Form (CIRF). File when facing obstruction, pressure, or retaliation. File IMMEDIATELY. |

| | |
|---|---|
| **Appendix I** | Training Module: Strategic Use of the CIRF. Sections: (I) Witness Obligation; (II) Red Flags for Obstruction; (III) Operational Security and Digital Protection Protocols for Evaluators in Hostile Environments; (IV) Hostile Supervisor dynamics; (V) Escalation & External Protection. |
| **Appendix J** | Notice of Human Rights Defender Status & Ethical Shield. Send to institutions when facing professional retaliation. |
| **Appendix K** | Basic Training Module for Non-Specialists: Istanbul Protocol Application. Prerequisite reading for Level 1–2 evaluators. |
| **Appendix L** | Case Vignette: The Attorney Representation Barrier. Ethical guidance when legal representation blocks documentation. |
| **Appendix M** | Systemic Torture Recognition. Training module with quick-reference checklist for systemic vs. individual patterns. |
| **Appendix N** | Conflicts Between Western-Oriented Tests and Istanbul Protocol. When and how PCL-5, PHQ-9, and GAD-7 mislead. |
| **Appendix O** | Guidance on Dissociation, Depersonalization, and Atypical Behaviour in Evaluations. |
| **Appendix P** | IAJ Cultural Validation Checklist. Mandatory for every evaluation. Four sections: language, idioms, power dynamics, credibility. |
| **Appendix Q** | Methodological Note Template. Required report section: cultural adaptations and methodological risks. |
| **Appendix R** | IAJ Pediatric Forensic Evaluation: Consent & Assent Form. Required for all pediatric evaluations. |
| **Appendix S** | IAJ Pediatric Decompensation Protocol. Follow this protocol if a child decompensates during evaluation. |
| **Appendix T** | IAJ Clinician's Self-Care Protocol for Vicarious Trauma. Required reading. Evaluator wellbeing is part of the protocol. |
| **Appendix U** | Background Context: The Investigative Landscape for Torture and CIDT in the United States. |
| **Appendix V** | Daubert Explained for a Medical Audience. How U.S. courts assess the reliability of expert evidence. |
| **Appendix W** | Glossary of Terms and Acronym Index. Definitions of Standard terms. |
| Appendix X | Ecosystem Mapping Record (Module 8). Fillable instrument for the six-step ecosystem analysis: actors, protective functions, chronology, affected persons, alternatives, control/notice/persistence, bias controls, records not obtained, directorate determinations. |

IAJ Document Version Control Log

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This Manual (v1.6) supersedes all prior versions on clinical methodology and documentation standards. Companion documents provide the legal and normative framework. Where any prior version conflicts with v1.6, v1.6 controls.

Version History

| Version | Date | Author(s) | Summary of Changes |
|---|---|---|---|
| v1.6 | 2026-11-11 | IAJ | conforms to the revised Standard: severe suffering independent of any diagnosis, Level 3 evaluation and authorship open to any licensed clinician with demonstrated trauma competence, Level 4 review preferred but never a prerequisite, UNCAT characterization made by the IAJ directorate, with investigative roles distinguished from clinical levels. It adds the Module 8 ecosystem-methodology summary with its Non-Prerequisite Rule, and the negative and mixed-evidence case vignettes, and corrects the practice entries that had overstated the Standard: the approved conclusion language (Article 1 severity assessed separately from Article 16), the pressure-to-change protocol and CIRF triggers, the Human Rights Defender notice, the Dual-Track allocation, deliberate indifference, and the non-hierarchical treatment of cruel, inhuman and degrading treatment. Article 16 negligence is grounded in the Committee's *Černáková* decision, and IAJ publications are cited by their exact published titles with the Licensing Duty Equivalence Companion added to the companion list. |
| v1.5 | 2026-03-24 | IAJ | various clarifications, citations to IAJ documents. v1.6 |
| v1.4 | 2026-03-11 | IAJ | definitions, report corrections, version correction |
| v1.3 | 2026-03-05 | IAJ | date error corrected (CAT) |
| v1.2 | 2026-03-02 | IAJ | Case vignette updates |
| v1.1 | 2026-01-29 | IAJ | Ethics update, case vignettes |
| v1.0 | 2025-08-09 | IAJ | Initial release |

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