

# IAJ

**PSYCHOLOGICAL INVESTIGATION STANDARD**  
FOR TORTURE AND CRUEL, INHUMAN OR DEGRADING TREATMENT

**QUICK REFERENCE & INTERMEDIATE MANUAL**

*Companion to IAJ-STD-20260324-001-PUB • Version 1.5*  
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## PART I — ORIENTATION

### Chapter 1: How to Use This Manual

This manual sits between the Plain-Language Guide 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.

<b>FOUNDATIONAL</b> Levels 1-2 • Document & observe	<b>APPLIED</b> Level 3 • Clinical evaluation	<b>EXPERT</b> Level 4 • Forensic court work
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*IMPORTANT: Depth bands describe what you must be able to DO. The Expert band requires Level 4 training and supervised forensic experience. Attempting Expert-level work without that training is an ethical violation under Module 6 of the Standard.*

#### 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
<b>Plain-Language Guide</b>	Document ID: IAJ-STD-20260303-001-PUB 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.
<b>This Manual (Intermediate)</b>	Companion to: IAJ-STD-20260324-001-PUB (Version 1.5) For: All levels, beginner to expert Purpose: Structured summaries of all Standard modules. Thematic topic index. Field-ready tools. Length: ~60 pages. Use continuously throughout your development.
<b>The Full Standard</b>	Document ID: IAJ-STD-20260324-001-PUB • Version 1.5 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. Length: ~400 pages. Read progressively using this manual as a guide.
<b>IAJ Companion Documents</b>	Lin Challenge Memorandum v9 • Disability Rights Thesis v49 • IAJ Amicus Curiae (Texas SC, Cause No. 24-0881) 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 p. 13) maps each doctrine to its external source.

*Recommended reading sequence (per Standard guidance): (1) Read Plain-Language Guide 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

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
<b>Severe pain or suffering</b>	Legal threshold — assessed by duration, context, vulnerability, and cumulative effects. Can be physical OR mental. The psychologist documents nature and

	impact; the legal threshold is determined by the adjudicator. "Severe" differs from "intense" — see Cluster 2 topic entry.
<b>Intentionally inflicted</b>	Purpose-based intent under UNCAT — includes knowledge, willful blindness, deliberate indifference, recklessness combined with prohibited purpose, and foreseeability. NOT the narrower US "specific intent" standard imposed by RUDs.
<b>For such purposes as...</b>	Non-exhaustive list: obtaining information/confession; punishment; intimidation/coercion; discrimination of any kind. "Of any kind" includes disability, gender, race, sexual orientation, religion.
<b>Public official / acting in official capacity</b>	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 its territory other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined in article 1, 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
<b>No intent required</b>	Article 16 CIDT requires no purposeful intent. Negligence, systemic conditions, institutional practices, and structural failures all qualify. Focus is on effect and nature, not perpetrator state of mind.
<b>Sub-categories of CIDT</b>	Degrading (lowest threshold — humiliation, loss of dignity, feelings of inferiority and fear); Inhuman (middle — intense physical or mental suffering); Cruel (high — severe intentional suffering without a prohibited purpose).
<b>US RUD distortion (critical)</b>	US ratification RUDs narrow CIDT to apply only "to the extent the Constitution permits." IAJ investigators apply the full UNCAT standard on the Substantive Truth Track and separately note domestic-track narrowing (the Dual-Track Rule).
<b>Severity distinction</b>	INTENSE suffering: a clinical descriptor of subjective experience. SEVERE suffering: the legal threshold for torture under Article 1. Psychologists document intensity; adjudicators determine whether the legal threshold of "severe" is met. Never conflate these in a report.

## Chapter 4: Evaluator Levels (v97 Update)

v97 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.

LEVEL	EXTERNAL CREDENTIAL MINIMUM AND SCOPE (v97)
<b>Level 1</b>	Minimum credential: Licensed clinician, any mental health discipline. Scope: Documentation, observation, triage. Cannot diagnose, issue forensic opinions, or sign reports independently. Note: unlicensed observers may contribute to a supervising licensed clinician but do not hold a Level 1 IAJ designation.

<b>Level 2</b>	Minimum credential: Licensed clinician with documented forensic training. Scope: Primary interview and testing under Level 3 supervision. Supervisor reviews and co-signs all work product.
<b>Level 3</b>	Minimum credential: Doctoral-level licensed psychologist or psychiatrist. Scope: Full evaluation, attribution analysis, primary report authorship. Cannot sign court-ready Template B/C reports without Level 4 SFP review.
<b>Level 4</b>	Minimum credential: Doctoral-level, board-certified or forensic fellowship-trained; international law competence required. Scope: SFP review, Forum Nullus analysis, high-stakes reports, expert testimony. Framework Reference Architecture expertise required for adversarial proceedings.

## Chapter 5: Framework Reference Architecture (v97 New)

v97 adds a Framework Reference Architecture table (Standard p. 13) 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:

IAJ DOCTRINE (v97 NAME)	EXTERNAL LEGAL GROUNDING + COMPANION DOCUMENTS
<b>Distress-Induced Harm / Battery Without Touching</b>	External authority: ECHR Art. 3; IP §§6–10; CAT GC No. 2 §21. Companion docs: Lin Memo v9 (Dim. V); Disability Thesis v49 (§6.1–6.3).
<b>Biological Assault (physiological harm pathway)</b>	External authority: State-created danger doctrine; CRPD Art. 15; UNCAT Art. 1. Companion docs: Disability Thesis v49 (§6.2–6.3); Lin Memo v9 (Dim. V.B).
<b>Forum Nullus</b>	External authority: Exhaustion of domestic remedies; VCLT Art. 53; CRPD Art. 13. Companion docs: Lin Memo v9 (Dim. VI.D); Disability Thesis v49 (§6.7).
<b>Aggravated Suppression</b>	External authority: US RUD equivalence failure; CAT/C/USA/CO/3-5; VCLT Art. 19(c). Companion docs: Lin Memo v9 (Dim. IV); IAJ Amicus (Texas SC).
<b>IAJ Clinical Attribution Framework (also: Forensic Probability Standard)</b>	External authority: IP §§417, 524; FRE 702; SPJ literature. Companion docs: Appendix V; Lin Memo v9 (Dim. VI.A).
<b>Dual-Track Rule (also: Two Legal Planes)</b>	External authority: Medellín v. Texas (domestic plane); UNCAT Art. 1 & 16 (int'l plane). Companion docs: Lin Memo v9 (Prefatory Note & Dim. IV.B).
<b>Sovereign Withdrawal</b>	External authority: Judicial immunity limits; VCLT Art. 53 jus cogens. Companion docs: Disability Thesis v49 (§6.5); Lin Memo v9 (Dim. III).

*USE IN ADVERSARIAL PROCEEDINGS: When opposing counsel challenges an IAJ designation as an invented framework, pivot to the external authority column. Example: "The concept I am applying is not an IAJ invention — it is grounded in ECHR Article 3 jurisprudence and IP §§6–10. The IAJ designation is a workflow label for that established doctrine."*

## PART II — MODULE SUMMARIES

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  
pp. 14–103

#### 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 (Forensic Probability Standard) • Purpose-based vs. specific intent • Framework Reference Architecture • Vicarious trauma warning

FOUNDATIONAL (Levels 1-2)	APPLIED (Level 3)	EXPERT (Level 4)
<ul style="list-style-type: none"> <li>• Know torture and CIDT are absolutely prohibited with no exceptions.</li> <li>• Know the four evaluator levels and which applies to you.</li> <li>• Know you have a duty to document at your level even without Level 4 supervision.</li> <li>• Know US does not fully comply with UNCAT — this affects your findings.</li> <li>• Memorize UNCAT Articles 1 and 16.</li> </ul>	<ul style="list-style-type: none"> <li>• Understand the Dual-Track Rule: document under full UNCAT standard; separately note domestic narrowing.</li> <li>• Know IP provisions governing evaluator qualifications (Parts A–J).</li> <li>• Explain why US courts may not recognize your findings as "torture" even when UNCAT standards are met.</li> <li>• Apply the IAJ Clinical Attribution Framework (also: Forensic Probability Standard) 2014 a structured professional judgment framework, not a statistical instrument. Never present it as a quantitative metric under Daubert.</li> <li>• Navigate PSYPACT and interstate forensic work parameters.</li> </ul>	<ul style="list-style-type: none"> <li>• Apply full Dual-Track methodology in court-ready reports.</li> <li>• Navigate Daubert and FRE 702 qualification challenges.</li> <li>• Identify Forum Nullus indicators in a specific venue.</li> <li>• Invoke jus cogens arguments where US RUDs conflict with absolute prohibitions.</li> <li>• Distinguish purpose-based intent (UNCAT) from specific intent (US domestic) in testimony.</li> </ul>

#### Module 1 cross-references

STANDARD SECTION	CONTENT
Preface pp. 14–18	Why the IAJ Standard was created; the structural accountability gap.
What is being investigated? pp. 19–46	UNCAT Articles 1 and 16; IAJ enhancements over Istanbul Protocol.

<b>Important clarifications — USA</b> pp. 23–46	RUDs; aggravated suppression; forum nullus; dual-track rule; jus cogens.
<b>Definition of Terms</b> pp. 47–53	Cruel / Inhuman / Degrading / Severe vs. Intense.
<b>Who may perform evaluations</b> pp. 62–83	Parts A–J: levels, qualifications, collaborative model, Daubert.
<b>Training infrastructure</b> pp. 83–84	IAJ capacity-building in hostile environments.

Learning stages: B2 (Foundational) | I1–I2 (Applied) | E1 (Expert)

Standard: Module 1: pp. 13–80 (v97) | App. K (p. 333) | App. V (p. 369) | App. W (p. 370)

## Module 2 Investigation Methodology & Intent Analysis

Standard  
pp. 81–100 (v97)

### 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)
<ul style="list-style-type: none"> <li>Understand systemic abuse accumulates harm across many interactions; no single act needs to cross the threshold alone.</li> <li>Know CIDT requires no intent; structural failures and institutional neglect qualify.</li> <li>Know Article 1 intent includes knowledge, willful blindness, and reckless disregard.</li> <li>Document everything you observe, even if the bigger picture is not yet clear.</li> </ul>	<ul style="list-style-type: none"> <li>Apply the intent analysis framework: identify prohibited purpose, map conduct, assess whether pattern demonstrates knowledge or deliberate indifference.</li> <li>Distinguish individual vs. systemic patterns in clinical formulation.</li> <li>Apply the five essential evaluation principles: trauma-informed, culturally responsive, power-aware.</li> <li>Document technology-facilitated abuse using the four scenario categories.</li> <li>Use the intent analysis decision trees (pp. 94–97).</li> </ul>	<ul style="list-style-type: none"> <li>Conduct full systemic intent determination using all three Flowcharts (Art. 1, Art. 16, Systemic violations).</li> <li>Apply the five characteristics of systemic torture in causation analysis.</li> <li>Distinguish "course of conduct" from isolated incidents for cumulative harm arguments.</li> <li>Complete the Practical Documentation Protocol for technology-facilitated abuse.</li> <li>Apply the Dual-Track Rule to intent findings for domestic proceedings.</li> </ul>

### The five essential evaluation principles (memorize)

PRINCIPLE	APPLICATION AND STANDARD REFERENCE
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<b>Scientific Neutrality</b>	Implicit and explicit bias can distort questioning, interpretation, and credibility judgment. Recognize and document how cultural assumptions may affect findings. IP §§279, 295.
<b>Power Dynamics Awareness</b>	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.
<b>Adjuncts Only</b>	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, 511.
<b>Narrative + Observation</b>	Integrate narrative interviewing, behavioral observation, collateral information, and culturally informed interpretation. No single instrument is dispositive. IP §278.
<b>Trauma-Informed Reporting</b>	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: pp. 81–100 \(v97\)](#) | [Intent decision trees pp. 89–97](#) | [Tech-facilitated pp. 97–100](#)

## Module 3

# Psychological Evaluation Procedure & Applied Forensic Workflow

Standard  
[pp. 101–186 \(v97\)](#)

## 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 Shattering Standard • Cultural humility • Credibility assessment • Response Validity, Feigning & Misclassification Risk (v97) / secondary gain • Neuropsychological assessment • Specialized populations

FOUNDATIONAL (Levels 1-2)	APPLIED (Level 3)	EXPERT (Level 4)
<ul style="list-style-type: none"> <li>• Know the 14 evaluation components by name.</li> <li>• Know the Five-Axis framework: Axis I (diagnoses), II (personality change), III (physical sequelae), IV (institutional actions), V (functioning 1–100).</li> <li>• Know PTSD is not the only diagnosis — C-PTSD and EPCACE are often more appropriate.</li> <li>• Document symptoms at your level without diagnosing.</li> <li>• Know the Shattering Standard: formerly functional person becomes globally impaired after torture.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct full evaluations across all 14 components.</li> <li>• Apply Five-Axis framework with DSM/ICD precision.</li> <li>• Conduct credibility assessment using IP Consistency Framework.</li> <li>• Adapt technique for children, LGBTQI+, elderly, disabled, and immigrant populations.</li> <li>• Apply the IAJ Cultural Validation Checklist (Appendix P) to every evaluation.</li> <li>• Assess secondary gain and response validity without assuming feigning (v97 Symmetric Error</li> </ul>	<ul style="list-style-type: none"> <li>• Apply Psychological Consistency Analysis (IP §§279–325) as primary analytical framework.</li> <li>• Conduct neuropsychological assessment where indicated.</li> <li>• Manage Response Validity, Feigning, and Misclassification Risk assessment under adversarial challenge; defend Symmetric Error Framework and require independent Level 4 co-review of any feigning determination.</li> <li>• Diagnose EPCACE and document the Shattering Standard with forensic precision.</li> </ul>

	Framework: false-positive = UNCAT Art. 16 harm; false-negative = record corruption).	<ul style="list-style-type: none"> <li>• Complete the Methodological Note (Appendix Q) as a required report section. v97: 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.</li> </ul>
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## The 14 evaluation components (summary)

COMPONENT	CORE REQUIREMENT
<b>(a) History of torture and ill-treatment</b>	Document nature, duration, methods, perpetrators, and context. Include 14-day biological window for acute stress reactions.
<b>(b) Current psychological complaints</b>	Present symptoms: type, onset, frequency, severity, and functional impact.
<b>(c) Post-torture history</b>	Life events, health, functioning, and institutional interactions after alleged torture.
<b>(d) Pre-torture history</b>	Developmental, social, educational, occupational history prior to alleged torture.
<b>(e) Medical history</b>	All physical conditions, especially those with onset or exacerbation after institutional stress.
<b>(f) Psychiatric history</b>	Prior diagnoses, treatment, hospitalizations, and medications.
<b>(g) Substance use and misuse history</b>	Pattern, onset, and relationship to trauma timeline.
<b>(h) Mental status examination</b>	Current cognitive, emotional, and behavioral presentation during evaluation.
<b>(i) Assessment of social function</b>	Relationships, work, daily living, self-care, and community participation.
<b>(j) Psychological testing (adjuncts only)</b>	PCL-5, PHQ-9, GAD-7, Harvard Trauma Questionnaire, CAPS. Use as supplements, not primary bases.
<b>(k) Interpretation of findings</b>	Psychological Consistency Analysis: does the overall picture align with the alleged history? See pp. 117–119.
<b>(l) Five-Axis forensic framework</b>	Axes I–V applied to the full clinical picture. See pp. 119–120.
<b>(m) Beyond PTSD diagnostics</b>	C-PTSD, EPCACE, the Shattering Standard, somatic correlates. See pp. 120–122.
<b>(n) Somatic-psychological bridge</b>	Correlate psychological sequelae with specific physical methods using the clinical correlation table (pp. 122–123).

## Specialized population quick guide

POPULATION	KEY ADAPTATIONS AND REFERENCES
<b>Children</b>	Play-based techniques. Interview child alone (with assent). Use Appendix R (Consent Form) and Appendix S (Decompensation Protocol). Report concerns under mandatory reporting obligations. pp. 130–142.

<b>Male survivors</b>	Sexual violence severely under-reported. Assume possibility in all male detention cases; do not wait for disclosure. pp. 143–144.
<b>Elderly</b>	Cognitive decline may mask or mimic trauma. Give extra time. Assess health deterioration after institutional stress (14-day window). p. 144.
<b>LGBTQI+</b>	Document conversion practices, sexual violence, forced outing, denial of transition care. Use affirming, non-pathologizing language. pp. 144–150.
<b>Persons with disabilities</b>	Disability is both a targeting mechanism and a torture result. The accommodation-punishment trap is especially common. Apply Appendix E checklist. pp. 151–165.
<b>Immigration detention</b>	Rapid deportation, language barriers, family separation, prolonged indefinite detention create distinct risks. Document urgently. p. 151.

**Learning stages:** B2 (14 components, Five-Axis) | I1–I2 (full evaluation) | E1 (forensic workflow)

**Standard:** Module 3: pp. 101–186 (v97) | App. A (p. 289) | App. C (p. 294) | App. P (p. 349) | App. R (p. 354) | App. S (p. 356)

## Module 4 Harm Documentation & Causation Synthesis

Standard  
pp. 187–223 (v97)

### 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 the structured causation tools that meet Daubert reliability standards in US federal courts.

### Key concepts

Distress-Induced Harm ("Battery Without Touching") • Biological Assault • 14-day biological window • Decompensation • Dissociation / depersonalization • IAJ Forensic Certainty Scale • Chronological Mapping • Systemic Harm Mapping Tool • Assessment Administration Protocol

FOUNDATIONAL (Levels 1-2)	APPLIED (Level 3)	EXPERT (Level 4)
<ul style="list-style-type: none"> <li>Know the 14-day biological window: document new or worsening symptoms within 14 days of an institutional event. v97: the Ackerman et al. (2002) temporal association finding must always be cited with its source and qualified as supporting temporal association, not deterministic causation.</li> <li>Know Distress-Induced Harm: physical or neurological injury caused by psychological coercion without physical contact.</li> <li>Document all decompensation events: sudden decline in functioning after institutional stress.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct Chronological Mapping: align institutional events with clinical deterioration on a timeline.</li> <li>Apply the Systemic Harm Mapping Tool to visualize multi-actor harm pathways.</li> <li>Differentiate decompensation from feigning using evaluator guidance (v97: pp. 189–190); apply the Symmetric Error Framework.</li> <li>Apply the Assessment Administration Protocol: instrument selection, sequencing, cultural adaptation.</li> <li>Document "battery without touching" causal pathway using structured clinical attribution.</li> </ul>	<ul style="list-style-type: none"> <li>Complete full causation synthesis using the Forensic Certainty Scale.</li> <li>Produce court-ready Multi-System Interaction Matrix (Systemic Harm Mapping Tool Part A).</li> <li>Apply the Doctrine of Distress-Induced Harm with full legal foundation (pp. 204–226).</li> <li>Navigate barriers in US jurisprudence (pp. 211–225) and apply Dual-Track Rule to causation findings.</li> <li>Conduct Battery Without Touching analysis (pp. 228–232) with event anchoring and differential analysis.</li> </ul>

- Know that dissociation during evaluation does not invalidate it — document and flag.

## IAJ Forensic Certainty Scale (key thresholds)

SCALE LEVEL	MEANING AND USAGE
<b>Consistent with</b>	Findings are clinically compatible with the alleged events. Multiple explanations remain possible.
<b>Highly consistent with</b>	Pattern of findings strongly supports the alleged events. Other explanations are less plausible but not excluded.
<b>Conclusive evidence of</b>	Clinical picture provides independent corroboration. Reserved for pathognomonic presentations.
<b>Not consistent with</b>	Clinical picture does not support the alleged events. Requires the same rigour as a positive finding.

*CRITICAL: The Forensic Certainty Scale is a clinical attribution metric, not a legal judgment. Never use the phrase "torture occurred" or "the perpetrator is guilty." Your role is to assess the probability that documented injury was caused by described institutional stressors.*

**Learning stages:** B2 (14-day window, decompensation) | 11–12 (causation tools) | E1 (full causation synthesis)

**Standard:** [Module 4: pp. 187–223 \(v97\)](#) | [App. C \(p. 294\)](#) | [App. N \(p. 346\)](#) | [App. O \(p. 348\)](#)

### Module 5

## Documentation Standards & Forensic Credibility

Standard  
pp. 224–242 (v97)

### 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) • Daubert-ready conclusions

FOUNDATIONAL (Levels 1-2)	APPLIED (Level 3)	EXPERT (Level 4)
<ul style="list-style-type: none"> <li>• Know you cannot sign a forensic report without Level 4 credentials.</li> <li>• Know the three templates and which complexity each addresses.</li> <li>• Know the mandatory neutrality statement (Part IV, QR3).</li> </ul>	<ul style="list-style-type: none"> <li>• Draft Template B reports for standard forensic cases under Level 4 supervision.</li> <li>• Apply the essential report elements to every section.</li> </ul>	<ul style="list-style-type: none"> <li>• Author court-ready Template C reports independently.</li> <li>• Apply the model Section XII (Forensic Conclusions and Attribution Analysis) pp. 255–257.</li> </ul>

<ul style="list-style-type: none"> <li>• Know "torture occurred" is prohibited — use Forensic Certainty language.</li> <li>• Know every report must include a Methodological Note on cultural adaptations.</li> </ul>	<ul style="list-style-type: none"> <li>• Adapt report language for clinical vs. legal vs. administrative audiences (pp. 245–247).</li> <li>• Complete the Methodological Note (Appendix Q) as a mandatory section.</li> <li>• Apply the problematic language guide (pp. 252–254) to clean drafts.</li> </ul>	<ul style="list-style-type: none"> <li>• Navigate audience adaptation for federal courts, administrative hearings, and international reporting.</li> <li>• Manage adversarial challenges to report credibility.</li> <li>• Train Level 3 clinicians in report writing using the Section-by-Section Annotation Guide.</li> </ul>
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## Template selection guide

TEMPLATE	WHEN TO USE
<b>Template A</b>	Preliminary or lower-complexity case. One primary incident. Clinical findings present but causation is straightforward. Use as interim documentation pending full evaluation.
<b>Template B</b>	Standard forensic case. Multiple incidents or moderate institutional period. Full 14-component evaluation and Five-Axis framework completed. Audiences: courts, immigration, clinical settings.
<b>Template C</b>	Advanced systemic / high-complexity case. Multi-actor institutional harm over extended period. Biological Assault documented. Systemic Harm Mapping Tool applied. Dual-Track analysis required. Audience: federal courts, international bodies.

## Essential report elements (all templates)

ELEMENT	CONTENT REQUIREMENT
<b>Identifying information</b>	Subject, evaluator credentials, date, location, referral source, purpose of evaluation.
<b>Sources of information</b>	All records, collateral interviews, instruments used, and their limitations.
<b>Cultural documentation</b>	IAJ Rule (IP-Aligned, 2022 IP Chapter IV) — document cultural context as a core methodological component. v97: 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.
<b>History of alleged ill-treatment</b>	Chronological account per component (a) of the 14-component evaluation.
<b>Clinical findings</b>	Mental status, psychiatric diagnoses, Five-Axis summary.
<b>Causation synthesis</b>	Forensic Certainty Scale conclusions with supporting clinical rationale.
<b>Methodological Note</b>	Required section: methodological risks present; steps taken; how cultural factors affected interpretation (Appendix Q).
<b>Neutrality statement</b>	Required in all reports. See Part IV, QR3 for approved language.

Learning stages: B2 (templates overview) | I1–I2 (drafting) | E1 (court-ready authorship)

Standard: Module 5: pp. 224–242 (v97) | App. D (p. 308) | App. Q (p. 351) | App. V (p. 369)

## Module 6 Ethical Obligations & Expert Protection

Standard

## 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)
<ul style="list-style-type: none"> <li>• Know the Universal Duty to Document: document at your level regardless of whether a Level 4 expert is available. Never withhold.</li> <li>• Know how to file a CIRF (Appendix H) if anyone asks you to change findings or withholds access.</li> <li>• Know Human Rights Defender Status (Appendix J) protects your professional license.</li> <li>• Know the three steps if pressured: Do not change. Write it down. Get help.</li> <li>• Know self-care (Appendix T) is part of the protocol, not optional.</li> </ul>	<ul style="list-style-type: none"> <li>• Apply the Continuum of Documentation Authority (Section 3): know what each level can and cannot document independently.</li> <li>• Use the CIRF strategically using Appendix I guidance.</li> <li>• Recognize the five categories of obstruction (pp. 276–280).</li> <li>• Apply the Professional Ethical Frameworks for your license type (Section 6).</li> <li>• Understand Documentation as Treatment (Section 8): thorough documentation serves the survivor clinically.</li> </ul>	<ul style="list-style-type: none"> <li>• Invoke the Witness Obligation as a legal and ethical argument when access is blocked.</li> <li>• Apply Anti-Erasure Mechanisms: use CIRF to document institutional silencing as an independent human rights violation.</li> <li>• Navigate the Attorney Representation Barrier (Section 11 / Appendix L).</li> <li>• Escalate to IAJ through formal channels using Appendix J.</li> <li>• Train others in the Continuum of Documentation Authority.</li> </ul>

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

STEP	ACTION
<b>Step 1: Do not change</b>	Never alter findings, diagnoses, or conclusions because someone asks. Any change under pressure compromises the report's forensic value.
<b>Step 2: Document the pressure</b>	File a CIRF (Appendix H) immediately: who asked, what they asked, when, and in what form. This creates an independent human rights record.
<b>Step 3: Invoke protections</b>	Send the Notice of Human Rights Defender Status (Appendix J) to the relevant institution. This formally invokes international human rights protections for your professional practice.
<b>Step 4: Escalate</b>	Report to IAJ through official channels. The institutional obstruction is itself a potential human rights violation warranting independent investigation.

**Learning stages:** B1–B2 (duty to document, CIRF) | I1 (continuum) | E1 (legal protection, escalation)

**Standard:** Module 6: pp. 243–276 (v97) | App. H (p. 327) | App. I (p. 329) | App. J (p. 331) | App. T (p. 358)

**Module 7 Case Vignettes and Examples**Standard  
pp. 277–288 (v97)**Purpose**

Seven 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
<b>Vignette 1: Child welfare proceedings</b>	Systemic CIDT in child welfare proceedings. Primary learning: institutional entrapment, disability-related abuse, the accommodation-punishment trap, Five-Axis application.
<b>Vignette 2: LGBTQI+ immigration detention</b>	Dual persecution contexts (country of origin + US detention). Primary learning: LGBTQI+ evaluation requirements, cultural competency, intersectionality.
<b>Vignette 3: Law enforcement torture</b>	Torture under color of law enforcement. Primary learning: purpose-based intent, Article 1 analysis, physical-psychological correlation, Template C application.
<b>Vignette 4: Solitary confinement (CAT Area 1)</b>	Systematic solitary confinement. Primary learning: Distress-Induced Harm, decompensation, biological assault, Forum Nullus indicators.
<b>Vignette 5: Police force and racial humiliation (CAT Area 2)</b>	Excessive police force and racial humiliation. Primary learning: racial discrimination as prohibited purpose, CIDT vs. torture threshold, degrading treatment analysis.
<b>Vignette 6: Immigration detention persecution (CAT Area 3)</b>	Targeted persecution in immigration detention. Primary learning: exhaustion of remedies, urgent documentation, family separation harm.
<b>Vignette 7: Judicial discrimination and MS relapse (CAT Area 4)</b>	Systemic judicial discrimination causing neurological deterioration. Primary learning: Distress-Induced Harm — non-physical coercion causing MS relapse; Systemic Harm Mapping Tool.

*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: pp. 277–288 \(v97\)](#) | [Educational Materials p. 287](#)

## 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

Levels 1-2 • Document & observe

### APPLIED

Level 3 • Clinical evaluation

### EXPERT

Level 4 • Forensic court work

## CLUSTER 1 — Legal & Normative Concepts

<p><b>Aggravated Suppression</b> <i>All levels</i></p>	<p>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.</p> <p><b>Key threshold:</b> <i>Document independently under full UNCAT standard regardless of domestic outcome. Occurs when: treaty remedies unavailable AND courts refuse to apply full UNCAT standard.</i></p>	<p><b>Standard:</b> Module 1, pp. 22–46 <b>Related:</b> RUDs, Dual-Track Rule, Forum Nullus</p>
<p><b>Daubert Standard / FRE 702</b> <i>Level 3–4</i></p>	<p>The US federal evidentiary standard (Daubert v. Merrell Dow, 1993; FRE 702) governing admissibility of expert testimony: method must be testable, peer-reviewed, have a known error rate, and be generally accepted.</p> <p><b>Key threshold:</b> <i>IAJ Standard is designed to meet all four factors. Evaluators must articulate their methodology against each factor under cross-examination.</i></p>	<p><b>Standard:</b> Module 1, pp. 65–68   App. V (p. 369) <b>Related:</b> Expert witness qualification, IAJ Clinical Attribution Framework</p>
<p><b>Dual-Track Rule</b> <i>Level 3–4</i></p>	<p>IAJ procedural rule requiring evaluators to (1) determine findings under the full UNCAT standard (Substantive Truth Track), and (2) separately document how domestic US standards may narrow or preclude legal uptake of those findings.</p> <p><b>Key threshold:</b> <i>Apply in every evaluation. Never allow domestic-track analysis to override or suppress UNCAT-track findings. Both tracks appear in the report.</i></p>	<p><b>Standard:</b> Module 1, pp. 74–80   Module 2 <b>Related:</b> RUDs, Purpose-based intent, Specific intent</p>
<p><b>Forum Nullus</b> <i>Level 4</i></p>	<p>A venue formally designated as functionally incapable of providing justice for torture or CIDT victims. Indicators include: uniform denial of ADA accommodations across multiple cases; systematic</p>	<p><b>Standard:</b> Module 1, pp. 22–46 <b>Related:</b> Aggravated Suppression, Exhaustion of</p>

	<p>refusal to apply UNCAT; institutional patterns of prosecutorial non-action.</p> <p><b>Key threshold:</b> <i>Requires formal designation based on documented patterns across multiple cases. Once designated, referral to international mechanisms is forensically warranted.</i></p>	Remedies, Institutional Entrapment
<p><b>Jus Cogens</b> Level 3–4</p>	<p>Peremptory norms of customary international law binding on all states regardless of treaty ratification. The absolute prohibition of torture and CIDT qualifies as jus cogens — no derogation is permitted under any circumstances, by any state.</p> <p><b>Key threshold:</b> <i>Even if a domestic court refuses to apply UNCAT, jus cogens remains binding. IAJ investigators apply jus cogens standards regardless of domestic limitation.</i></p>	<p><b>Standard:</b> Module 1, pp. 22–46</p> <p><b>Related:</b> UNCAT, RUDs, Absolute prohibition</p>
<p><b>RUDs (Reservations, Understandings, Declarations)</b> All levels</p>	<p>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 to "the extent the Constitution permits." Internationally contested as incompatible with UNCAT's object and purpose.</p> <p><b>Key threshold:</b> <i>IAJ investigators do not apply US RUD narrowing on the Substantive Truth Track. The Netherlands and Finland formally objected to US RUDs as treaty-incompatible at ratification.</i></p>	<p><b>Standard:</b> Module 1, pp. 22–46</p> <p><b>Related:</b> Dual-Track Rule, Purpose-based intent, UNCAT, Aggravated Suppression</p>

## CLUSTER 2 — Clinical & Diagnostic Concepts

<p><b>Biological Assault</b> Level 3–4</p>	<p>Physical biological injury (neurological, immunological, cardiovascular) caused by psychological and procedural coercion without physical contact. A sub-category of Distress-Induced Harm applicable where tissue-level damage can be clinically documented.</p> <p><b>Key threshold:</b> <i>Requires documentation of: specific stressor event, biological marker (lab, imaging, or clinical exam), temporal link within the 14-day window, and differential exclusion of other causes.</i></p>	<p><b>Standard:</b> Module 4, pp. 187–223 (v97)</p> <p><b>Related:</b> Distress-Induced Harm, 14-day biological window, Decompensation</p>
<p><b>C-PTSD (Complex PTSD)</b> Level 3–4</p>	<p>ICD-11 diagnosis 6B41. PTSD plus persistent disturbances in affect regulation, negative self-concept, and disturbances in relationships. Characteristic of prolonged, repeated trauma especially where escape was impossible.</p>	<p><b>Standard:</b> Module 3, pp. 115–117</p> <p><b>Related:</b> EPCACE, PTSD, The Shattering Standard</p>

	<p><b>Key threshold:</b> Preferred over standard PTSD in systemic institutional torture cases. More forensically precise because it captures pervasive personality impact of chronic coercive control.</p>	
<p><b>Decompensation</b> All levels</p>	<p>A sudden, marked deterioration in psychological and/or physical functioning following an acute institutional stressor (court hearing, denial of accommodation, transfer, etc.). A key indicator of ongoing Distress-Induced Harm.</p> <p><b>Key threshold:</b> Document: the specific stressor with date, onset of deterioration (14-day window), nature of the decline, prior functional baseline. Never assume feigning without full assessment (v97 Symmetric Error Framework); a false-positive feigning determination constitutes secondary harm under UNCAT Article 16.</p>	<p><b>Standard:</b> Module 4, pp. 189–190</p> <p><b>Related:</b> Biological Assault, 14-day biological window, Distress-Induced Harm</p>
<p><b>Dissociation / Depersonalization</b> All levels</p>	<p>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.</p> <p><b>Key threshold:</b> 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.</p>	<p><b>Standard:</b> Module 4   Appendix O</p> <p><b>Related:</b> Decompensation, EPCACE, C-PTSD</p>
<p><b>Distress-Induced Harm</b> Level 3–4</p>	<p>Physical or neurological injury caused by non-physical procedural coercion: court-induced stress causing MS relapses, cardiac events, neurological deterioration. Legally framed as "battery without touching" because the stressor was foreseeably harmful.</p> <p><b>Key threshold:</b> Requires: documented stressor (institutional act), biological pathway (clinical literature), temporal link, differential analysis. IAJ's most significant technical departure from the standard Istanbul Protocol.</p>	<p><b>Standard:</b> Module 4, pp. 191–214</p> <p><b>Related:</b> Biological Assault, Forensic Certainty Scale, Systemic Harm Mapping Tool</p>
<p><b>EPCACE</b> Level 3–4</p>	<p>Enduring Personality Change After Catastrophic Experience. ICD-10 F62.0. Permanent personality change following catastrophic experience: hostile or suspicious attitude, social withdrawal, emptiness, chronic estrangement, loss of personal identity.</p> <p><b>Key threshold:</b> Distinguished from C-PTSD by permanence and degree of personality disruption. Apply the Shattering Standard: a formerly competent, functional person who has permanently lost prior capacities.</p>	<p><b>Standard:</b> Module 3, pp. 115–117</p> <p><b>Related:</b> C-PTSD, The Shattering Standard, Decompensation</p>

<p><b>Neuropsychological Assessment</b> Level 4</p>	<p>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.</p> <p><b>Key threshold:</b> <i>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.</i></p>	<p><b>Standard:</b> Module 3, pp. 118–121   App. B (p. 292)</p> <p><b>Related:</b> PTSD, Biological Assault, Functional Assessment</p>
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## CLUSTER 3 — Evaluation Procedure

<p><b>14-Day Biological Window</b> All levels</p>	<p>The 14-day period following an acute institutional stressor (court hearing, denial of accommodation, transfer) within which onset of new physical or psychological symptoms is attributed to that stressor for causation analysis.</p> <p><b>Key threshold:</b> <i>Always document: the triggering institutional event with date; symptom onset with date; prior baseline. The window is a clinical attribution tool, not a legal limitation period.</i></p>	<p><b>Standard:</b> Module 3 pp. 104–107 (v97)   Module 4</p> <p><b>Related:</b> Biological Assault, Distress-Induced Harm, Decompensation</p>
<p><b>Credibility Assessment</b> Level 3–4</p>	<p>Under IAJ Standard v97, "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).</p> <p><b>Key threshold:</b> <i>Apply IP Consistency Framework (pp. 153–165). 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.</i></p>	<p><b>Standard:</b> Module 3, pp. 153–165 (v97)</p> <p><b>Related:</b> Response Validity and Feigning, Secondary Gain, Cultural Humility, Psychological Consistency Analysis</p>
<p><b>Cultural Humility</b> All levels</p>	<p>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.</p> <p><b>Key threshold:</b> <i>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.</i></p>	<p><b>Standard:</b> Module 3, pp. 165–168   App. P (p. 349), Q (p. 351)</p> <p><b>Related:</b> Credibility Assessment, Psychological Consistency Analysis, Idioms of Distress</p>

<p><b>Five-Axis Forensic Framework</b> Level 3–4</p>	<p>IAJ supplemental multi-axial framework: Axis I (mental health diagnoses), Axis II (personality change), Axis III (physical sequelae), Axis IV (institutional actions causing harm), Axis V (global functioning, 1–100).</p> <p><b>Key threshold:</b> <i>Required in all Template B and C reports. Axis IV is the most forensically distinctive — it documents specific institutional acts as causes of harm, not merely context. Axis V must be compared to pre-torture baseline.</i></p>	<p><b>Standard:</b> Module 3, pp. 114–115 <b>Related:</b> C-PTSD, EPCACE, Systemic Harm Mapping Tool</p>
<p><b>Response Validity, Feigning, and Misclassification Risk (v97)</b> Level 4</p>	<p>The formal evaluation of whether a subject may be intentionally producing or grossly exaggerating symptoms for external incentive (feigning/malingering). v97 introduces the Symmetric Error Framework: two equally serious errors to guard against: (1) False positive — labeling a genuine survivor as feigning, which retraumatizes and constitutes secondary harm under UNCAT Article 16; (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.</p> <p><b>Key threshold:</b> <i>The evaluator does NOT have a duty to raise feigning in the absence of an evidentiary foundation (IP §386). When grounds exist: use specific instruments (SIRS-2, MMPI-2 validity scales). Any determination requires Level 4 independent second review — a finding based on one clinician's impression alone without validity instrument support does not satisfy IP standards and is vulnerable to Daubert exclusion. Document ambiguity as ambiguity; never resolve it against the subject by default.</i></p>	<p><b>Standard:</b> Module 3, pp. 162–165 (v97) <b>Related:</b> Secondary Gain, Credibility Assessment, Cultural Humility, UNCAT Art. 16</p>
<p><b>Psychological Consistency Analysis</b> Level 4</p>	<p>The primary analytical framework of the Istanbul Protocol. Assesses whether the overall clinical picture is consistent with the alleged ill-treatment. Applied across IP §§279–325.</p> <p><b>Key threshold:</b> <i>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?"</i></p>	<p><b>Standard:</b> Module 3, pp. 112–114   IP §§279–325 <b>Related:</b> Credibility Assessment, Cultural Humility, Five-Axis Framework</p>

## CLUSTER 4 — Intent & Causation

<p><b>Deliberate Indifference</b> Level 3–4</p>	<p>US domestic legal standard under which an official is liable when they know of a substantial risk of serious harm and disregard that risk. Equivalent to recklessness under the Model Penal Code.</p> <p><b>Key threshold:</b> <i>Used on the Domestic Track of the Dual-Track Rule where specific intent cannot be established. Document: what the risk was, evidence of knowledge of the risk, what action was taken or omitted.</i></p>	<p><b>Standard:</b> Module 1 &amp; 2   Dual-Track Rule</p> <p><b>Related:</b> Purpose-based intent, Specific intent, Dual-Track Rule</p>
<p><b>Forensic Certainty Scale</b> Level 3–4</p>	<p>IAJ clinical attribution scale: (1) Consistent with; (2) Highly consistent with; (3) Conclusive evidence of; (4) Not consistent with. Measures probability that documented harm was caused by described institutional stressors.</p> <p><b>Key threshold:</b> <i>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.</i></p>	<p><b>Standard:</b> Module 4, pp. 212–213</p> <p><b>Related:</b> Distress-Induced Harm, Causation Synthesis, Daubert</p>
<p><b>Institutional Entrapment</b> All levels</p>	<p>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.</p> <p><b>Key threshold:</b> <i>Document all three steps with dates and institutional actors. Especially common in disability, immigration, and child welfare contexts. Key indicator of systemic CIDT regardless of intent.</i></p>	<p><b>Standard:</b> Modules 2, 3, 4</p> <p><b>Related:</b> CIDT, Distress-Induced Harm, Accommodation-Punishment Trap</p>
<p><b>Purpose-Based Intent</b> Level 3–4</p>	<p>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.</p> <p><b>Key threshold:</b> <i>Broader than US "specific intent." Intent can be inferred from pattern of conduct, knowledge of foreseeable harm, foreseeability, institutional policies. CAT accepts willful blindness and deliberate indifference.</i></p>	<p><b>Standard:</b> Module 1   Module 2</p> <p><b>Related:</b> Specific intent, Deliberate indifference, Dual-Track Rule</p>
<p><b>Systemic Intent Determination</b> Level 4</p>	<p>The analytical process for establishing whether a pattern of institutional conduct constitutes intentional infliction of torture or CIDT at the systemic level, as distinct from individual incident analysis.</p> <p><b>Key threshold:</b> <i>Apply all three intent analysis decision trees (pp. 94–97): Article 1 Flowchart, Article 16 Flowchart, Systemic Violations Tree. Document</i></p>	<p><b>Standard:</b> Module 2, pp. 94–103</p> <p><b>Related:</b> Purpose-based intent, Systemic Torture, Institutional Entrapment</p>

indicators across all five characteristics of systemic torture.

## CLUSTER 5 — Specialized Population Protocols

### Children: Evaluation Adaptations

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.

**Key threshold:** *Always interview the child alone (with assent) in addition to caregivers. Use the Pediatric Consent Form (Appendix R) and Decompensation Protocol (Appendix S). Report mandatory reporting concerns regardless of forensic role.*

**Standard:** Module 3, pp. 122–131 | App. R (p. 354), S (p. 356)

**Related:** Cultural Humility, Credibility Assessment, Mandatory Reporting

### Disability: Accommodation-Punishment Trap

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.

**Key threshold:** *Document the full three-step loop with dates. Apply the Disability Accommodation Checklist (Appendix E). Note ADA violations as CIDT indicators regardless of institutional characterization of the denial as "lawful."*

**Standard:** Module 3, pp. 139–152 | App. E (p. 319)

**Related:** Institutional Entrapment, CIDT, Systemic Discrimination

### LGBTQI+: Specific Torture Forms

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.

**Key threshold:** *Use affirming, non-pathologizing language. Complete cultural competency requirements (pp. 147–148). Being LGBTQI+ is not a pathology and must never be implied as such in any documentation.*

**Standard:** Module 3, pp. 132–138

**Related:** Cultural Humility, Intersectionality, Specialized populations checklist

### Male Survivors: Under-Reporting

Level 3–4

Male survivors of torture are at high risk of sexual violence that is severely under-reported due to stigma, shame, and fear of disbelief. Standard protocols must proactively assess for this.

**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.*

**Standard:** Module 3, p. 132

**Related:** Credibility Assessment, Cultural Humility, LGBTQI+

## CLUSTER 6 — Ethics & Expert Protection

<p><b>CIRF (Clinician's Incident Report Form)</b> <i>All levels</i></p>	<p>The IAJ form (Appendix H) for documenting any instance of obstruction, pressure to alter findings, weaponized subpoenas, retaliation, or interference with an IAJ evaluation. Creates an independent human rights record of institutional misconduct.</p> <p><b>Key threshold:</b> <i>File immediately when any of these occur: asked to change findings; access blocked; records withheld; legal process seeks your notes; professional retaliation threatened. See Appendix I for strategic guidance.</i></p>	<p><b>Standard:</b> Module 6   App. H (p. 327)   App. I (p. 329) <b>Related:</b> Witness Obligation, Human Rights Defender Status, Non-withholding</p>
<p><b>Documentation as Treatment</b> <i>All levels</i></p>	<p>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.</p> <p><b>Key threshold:</b> <i>Do not withhold documentation out of concern for the clinical relationship. The act of being believed and documented supports recovery. The duty to document is both a human rights obligation and a clinical benefit.</i></p>	<p><b>Standard:</b> Module 6, Section 8 <b>Related:</b> Universal Duty to Document, Witness Obligation, Non-withholding</p>
<p><b>Human Rights Defender Status</b> <i>All levels</i></p>	<p>The formal IAJ protection status invoked via the Notice of Human Rights Defender Status and Ethical Shield (Appendix J). Protects the clinician's professional license and invokes international human rights protections against retaliation.</p> <p><b>Key threshold:</b> <i>Send Appendix J notice to the institution threatening retaliation. File simultaneously with IAJ. This is a formal international-standard protection mechanism, not a shield against all legal proceedings.</i></p>	<p><b>Standard:</b> Module 6   App. J (p. 331) <b>Related:</b> CIRF, Witness Obligation, Universal Duty to Document</p>
<p><b>Universal Duty to Document</b> <i>All levels</i></p>	<p>Every clinician at every level has a duty to document what they observe, regardless of qualifications or absence of a higher-level expert. No clinician may refuse to document because they are "not qualified enough."</p> <p><b>Key threshold:</b> <i>Document at your level. A nurse documents observations. A social worker documents behavioral indicators. A Level 3 therapist documents clinical impressions. A Level 4 expert documents the full forensic picture. Each level adds to, it does not replace, the others.</i></p>	<p><b>Standard:</b> Module 6, Sections 1 &amp; 3 <b>Related:</b> Continuum of Documentation Authority, Witness Obligation, Non-withholding</p>

<p><b>Vicarious Trauma</b> <i>All levels</i></p>	<p>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.</p> <p><b>Key threshold:</b> <i>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.</i></p>	<p><b>Standard:</b> Module 1 Preface (p. 13)   Appendix T (p. 358) <b>Related:</b> Documentation as Treatment, Witness Obligation</p>
<p><b>Witness Obligation</b> <i>All levels</i></p>	<p>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.</p> <p><b>Key threshold:</b> <i>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.</i></p>	<p><b>Standard:</b> Module 6, Section 12 <b>Related:</b> Universal Duty to Document, CIRF, Human Rights Defender Status</p>

## PART IV — QUICK-REFERENCE TOOLS

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
<b>Step 1: Does the subject have symptoms?</b>	YES → proceed   NO → Look harder. Symptoms may be hidden by cultural factors, shame, fear, or dissociation. Consider whether absence of expected symptoms is itself clinically significant.
<b>Step 2: Was there an institutional actor involved?</b>	YES → proceed   NO → UNCAT may still apply if a public official consented, acquiesced, or instigated. Assess the actor chain carefully.
<b>Step 3: Do symptoms fit any pattern? (document if any apply)</b>	PTSD or C-PTSD   Personality change (EPCACE / Shattering Standard)   Physical problems with onset after institutional stress (14-day window)   Decompensation after institutional event   Institutional Entrapment loop
<b>Step 4: Screen for CIDT markers (no intent required)</b>	Humiliation / degradation   Denial of accommodation leading to punishment   Isolation or sensory deprivation   Discriminatory treatment   Threats, surveillance, coercion
<b>Step 5: Screen for Torture markers (intent required)</b>	Apparent purpose: information, punishment, intimidation, coercion, or discrimination   Severity meets Article 1 threshold   Pattern suggests knowledge or deliberate indifference by state actor
<b>Outcome</b>	If any Step 3–5 indicators present: DOCUMENT FULLY at your level. File baseline observations. Escalate to Level 4 for forensic determination.

#### Diagnosis Determination

CLINICAL PICTURE	PATHWAY
<b>Single traumatic event, no personality change</b>	→ Consider standard PTSD (DSM-5 / ICD-11 6B40)
<b>Prolonged, repeated trauma; affect dysregulation; negative self-concept; relationship disturbances</b>	→ C-PTSD (ICD-11 6B41)
<b>Permanent personality change; hopelessness; estrangement; loss of identity</b>	→ EPCACE (ICD-10 F62.0)
<b>Formerly functional person now globally impaired</b>	→ The Shattering Standard — document against pre-torture baseline
<b>Physical symptoms (cardiac, neurological, immunological) temporally linked to institutional stress</b>	→ Distress-Induced Harm / Biological Assault — apply Forensic Certainty Scale

<b>None of the above but significant suffering reported</b>	→ Document narrative fully. Refer for Level 4 assessment. Do not dismiss because no diagnosis fits.
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## Report Formulation

CASE CHARACTERISTICS	TEMPLATE
<b>One incident, straightforward causation, limited institutional interaction</b>	→ Template A (Preliminary)
<b>Multiple incidents or moderate institutional period, full evaluation complete</b>	→ Template B (Standard Forensic)
<b>Multi-actor systemic harm, extended period, Biological Assault present</b>	→ Template C (Advanced Systemic)
<b>Severity of harm uncertain</b>	→ Template A as interim; escalate to Level 4 for Template B/C
<b>Evaluator is Level 1–3 without Level 4 supervision</b>	→ Document at your level; label limitations clearly; do NOT sign as forensic report; escalate

## QR2 — EVALUATION CHECKLISTS

### 14-Component Evaluation Checklist

COMPONENT	STATUS
<b>(a) History of torture / ill-treatment</b>	<input type="checkbox"/> Completed
<b>(b) Current psychological complaints</b>	<input type="checkbox"/> Completed
<b>(c) Post-torture history</b>	<input type="checkbox"/> Completed
<b>(d) Pre-torture history</b>	<input type="checkbox"/> Completed
<b>(e) Medical history</b>	<input type="checkbox"/> Completed
<b>(f) Psychiatric history</b>	<input type="checkbox"/> Completed
<b>(g) Substance use / misuse history</b>	<input type="checkbox"/> Completed
<b>(h) Mental status examination</b>	<input type="checkbox"/> Completed
<b>(i) Assessment of social function</b>	<input type="checkbox"/> Completed
<b>(j) Psychological testing (adjuncts only)</b>	<input type="checkbox"/> Completed   Instruments: _____
<b>(k) Interpretation of findings (Psychological Consistency Analysis)</b>	<input type="checkbox"/> Completed
<b>(l) Five-Axis forensic framework</b>	<input type="checkbox"/> Completed

(m) Beyond standard PTSD diagnostics	<input type="checkbox"/> Considered (C-PTSD, EPCACE, Shattering Standard)
(n) Somatic-psychological correlation	<input type="checkbox"/> Completed

### Five-Axis Summary (complete during evaluation)

AXIS	FINDINGS
Axis I: Mental health diagnoses	Primary: _____   Secondary: _____
Axis II: Personality change (vs. pre-torture baseline)	Absent / Present / EPCACE criteria met   Notes: _____
Axis III: Physical sequelae (with onset timeline)	Systems affected: _____   Onset date: _____
Axis IV: Institutional actions causing harm	Specific acts / decisions / failures: _____
Axis V: Global functioning (1–100)	Current score: _____   Pre-torture estimated baseline: _____

### Pre-Report Cultural Documentation Checklist

CULTURAL DOCUMENTATION REQUIREMENT	STATUS
Cultural idioms of distress documented in subject's own framework	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
IAJ Cultural Validation Checklist (Appendix P) completed	<input type="checkbox"/> Completed
Methodological Note (Appendix Q) drafted as required report section	<input type="checkbox"/> Drafted
Western-oriented instrument scores contextualized re: cultural mismatch	<input type="checkbox"/> Yes
Language / interpreter issues documented and addressed	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Power dynamics of the interview context documented	<input type="checkbox"/> 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: "Under the UNCAT standard, the described conduct fulfills the elements of Article 1 [or Article 16]. I note that domestic application may be subject to the US RUD framework, which the IAJ has documented as potentially narrowing the applicable standard."
PROHIBITED: "The subject was tortured by [named individual]."	APPROVED: "The described pattern of institutional conduct is the clinically probable cause of the psychological and physical harm documented in this evaluation."

### Mandatory neutrality statement (include in every report)

*"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
<b>Appendix A (p. 289)</b>	IAJ Modified Harvard Torture Questionnaire. Structured symptom history for suspected torture victims.
<b>Appendix B (p. 292)</b>	Functional and Cognitive Assessment. For disability-related functional impact assessments.
<b>Appendix C (p. 294)</b>	Simplified Assessment Administration Protocol. Instrument selection decision tree and sequencing guide.
<b>Appendix D (p. 308)</b>	Fillable Skeleton Report. Full report structure with all required sections. Start here when drafting any report.
<b>Appendix E (p. 319)</b>	Disability Accommodation Documentation Checklist. For all cases involving disability-related institutional conduct.
<b>Appendix F (p. 322)</b>	IAJ Legal Objection Template. For responding to procedural motions that threaten forensic independence.
<b>Appendix G (p. 324)</b>	IAJ Forensic Integrity Attestation (Supervisory). For Level 4 experts co-signing lower-level evaluations.

<b>Appendix H (p. 327)</b>	IAJ Clinician's Incident Report Form (CIRF). File when facing obstruction, pressure, or retaliation. File IMMEDIATELY.
<b>Appendix I</b>	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 (v97 — replaces former 'Stealth Documentation' title); (IV) Hostile Supervisor dynamics; (V) Escalation & External Protection. p. 329 (v97).
<b>Appendix J (p. 331)</b>	Notice of Human Rights Defender Status & Ethical Shield. Send to institutions when facing professional retaliation.
<b>Appendix K (p. 333)</b>	Basic Training Module for Non-Specialists: Istanbul Protocol Application. Prerequisite reading for Level 1–2 evaluators.
<b>Appendix L (p. 338)</b>	Case Vignette: The Attorney Representation Barrier. Ethical guidance when legal representation blocks documentation.
<b>Appendix M (p. 344)</b>	Systemic Torture Recognition. Training module with quick-reference checklist for systemic vs. individual patterns.
<b>Appendix N (p. 346)</b>	Conflicts Between Western-Oriented Tests and Istanbul Protocol. When and how PCL-5, PHQ-9, and GAD-7 mislead.
<b>Appendix O (p. 348)</b>	Guidance on Dissociation, Depersonalization, and Atypical Behaviour in Evaluations.
<b>Appendix P (p. 349)</b>	IAJ Cultural Validation Checklist. Mandatory for every evaluation. Four sections: language, idioms, power dynamics, credibility.
<b>Appendix Q (p. 351)</b>	Methodological Note Template. Required report section: cultural adaptations and methodological risks.
<b>Appendix R (p. 354)</b>	IAJ Pediatric Forensic Evaluation: Consent & Assent Form. Required for all pediatric evaluations.
<b>Appendix S (p. 356)</b>	IAJ Pediatric Decompensation Protocol. Follow this protocol if a child decompensates during evaluation.
<b>Appendix T (p. 358)</b>	IAJ Clinician's Self-Care Protocol for Vicarious Trauma. Required reading. Evaluator wellbeing is part of the protocol.
<b>Appendix U (p. 360)</b>	Background Context: The Investigative Landscape for Torture and CIDT in the United States.
<b>Appendix V (p. 369)</b>	Daubert Explained for a Medical Audience. How to satisfy US evidentiary admissibility requirements.
<b>Appendix W (p. 370)</b>	Glossary of Terms and Acronym Index. Authoritative definitions for all Standard terms.

Psychological investigation standard for torture, and cruel, inhuman or degrading treatment or punishment in the United States of America : Quick Reference and Intermediate Manual

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