IFEG
The Independent Forensic Expert Group

An international hub of expertise: a diverse group of leading global experts on the investigation and documentation of torture and ill-treatment.

We do medico-legal evaluations, expert statements, capacity building, and consultations worldwide.
Who We Are

An international hub of expertise: thirty-five preeminent experts from eighteen countries specialised in the forensic investigation and documentation of torture and ill-treatment.

Together, we have accumulated over 500 years of experience and have examined more than 18,000 victims of torture. We have different backgrounds and medical and mental health specialisations, but what brings us together is our belief in the importance of investigating torture and documenting its physical and psychological impacts.

What We Do

Medico-legal Evaluations
We examine alleged torture victims to identify any physical and psychological evidence and document those findings in high-quality reports.

Expert Statements
We share knowledge on forensic documentation and on the effects of torture where the current medical or scientific literature is lacking by drafting and issuing expert statements.

Capacity Building
We promote education, create curriculums, and conduct training to strengthen the ability of independent, state, and civil society actors to investigate and document torture.

Consultation
We provide advice on individual cases as well as on the application and development of laws and policies.

Where We Work

We work everywhere torture occurs or needs to be addressed. Since 2009, we have conducted activities in over 40 countries.

- ASIA
  - Afghanistan
  - Cambodia
  - Indonesia
  - Kazakhstan
  - Thailand
  - The Philippines
  - Sri Lanka
  - Uzbekistan

- EUROPE
  - Azerbaijan
  - Armenia
  - Denmark
  - Georgia
  - Germany
  - Israel
  - Kosovo
  - Moldova
  - Romania
  - Russia
  - Sweden
  - The United Kingdom
  - Turkey

- LATIN AMERICA
  - Bolivia
  - Colombia
  - Ecuador
  - Mexico
  - Peru
  - Venezuela

- MIDDLE EAST & NORTH AFRICA
  - Bahrain
  - Egypt
  - Iraq
  - Lebanon
  - Libya
  - Kuwait
  - Morocco
  - Saudi Arabia
  - Syria
  - Tunisia

- NORTH AMERICA
  - The United States of America

- SUB SAHARAN AFRICA
  - Burundi
  - Democratic Republic of the Congo
  - Kenya
  - Rwanda
  - Senegal
  - Somalia
  - South Africa
  - Uganda
  - Zimbabwe

ASIA
EUROPE
LATIN AMERICA
NORTH AMERICA
SUB SAHARAN AFRICA
Our Expertise

Q: What is medico-legal documentation?
A: The goal of medico-legal documentation is to examine an individual and to assess the degree of consistency between his or her allegations of torture and ill-treatment and the physical and psychological evidence that we can find.

To do this, we must be thorough. We interview the individual, record his or her general information, collect relevant background information, listen to his or her full account of ill-treatment, evaluate all physical and psychological symptoms before, during, and after the alleged events, and conduct diagnostic tests whenever necessary.

We document this information and analyse each piece individually and then altogether in order to draw conclusions on the degree of consistency. We present our work in a single report, known as a ‘medico-legal report’.

Q: Why do we need it?
A: States often deny that torture occurs and victims struggle to get justice, compensation, or access to rehabilitation. Victims often have a difficult time recounting their experience, sometimes due to trauma, and witness testimonies might be considered unreliable. States also argue that harmful practices like waterboarding, hooding, and forced virginity testing are necessary, medical, or do not inflict severe pain.

Medico-legal evidence is important because it’s scientific and objective, based on medicine and psychology. That makes it hard to deny and discount. Medico-legal documentation helps us understand the effects of torture and trauma on individuals, including specific practices such as waterboarding, hooding, and forced virginity testing. The process of documentation can be empowering for victims. In addition, by improving our understanding of torture, we can better address it and better provide rehabilitation to individuals and their communities.

Q: What is the Istanbul Protocol?
A: In our evaluations and our activities, we apply the Istanbul Protocol. The Istanbul Protocol is the key international standard for investigating and documenting torture. It is a minimum standard adopted by the United Nations in 1999 and is now promoted by courts, governments, and professional bodies around the world.

The Istanbul Protocol gives us a benchmark to say, “this is what you should be doing and this is what medicine, science, health, and legal standards require.” When we produce a report based on the Istanbul Protocol, we know our work is to a high standard and our findings and conclusions are impartial and well-founded.

Q: Who is the IFEG?
A: The IFEG currently consists of thirty-five preeminent experts from eighteen countries. We have a range of medical and mental health specialisations, including in medicine, psychology, psychiatry, pathology, forensic anthropology, and psychotherapy.

Members of the IFEG are leading world experts and include several authors and contributors to the Istanbul Protocol. We have testified in court and other forums over 2,000 times and have conducted 1,500 trainings on torture and the Istanbul Protocol.

Our members often contribute their expertise to and advise governments, international organisations, treaty bodies, professional health associations, non-governmental organisations, and academic institutions worldwide on forensics in general and on the investigation and documentation of torture in specific.

Together, we have produced over 50,000 medico-legal reports on both torture and other issues and have authored or edited over 2000 scientific articles and books on forensics.

Q: What kinds of cases and activities does IFEG work on?
A: The IFEG engages in cases and activities that it believes will positively impact victims and communities by raising awareness and by creating useful jurisprudence in courts and other decision-making bodies or changes in laws and policies to address torture.

We have provided documentation and testimony on civil, criminal, and administrative cases before national and international courts, treaty bodies, and asylum proceedings. We have issued wide-reaching expert statements on state policies and practices. We have conducted trainings worldwide on the Istanbul Protocol to state and non-state health and legal professionals as well as decision- and policy-makers.

In all interventions, we aim to increase understanding of the physical and psychological effects of torture on victims and provide a basis for their pursuit of rehabilitation and redress. We seek to promote understanding of the importance of medico-legal evidence in addressing torture.

Q: How do I ask for IFEG support?
A: The IFEG is always seeking new opportunities to share its knowledge and experience.

To ask for our support, please contact ifeg@irct.org
Examples of Our Work

Medico-Legal Evaluation

Yecenia Armenta Graciano was released from a northern Mexico prison on 7 June 2016 and cleared of all charges against her. Four years earlier, after hours of beating, asphyxiation, threats, and rape by the police, she had confessed to the murder of her husband.

In court, Yecenia argued that her confession was given under torture. Corroborating her claim was a medico-legal report by the Colectivo Contra la Tortura y la Impunidad (an IRCT member centre). But a medico-legal report of the Attorney General’s Office, often criticised for its lack of independence, found no evidence of torture.

The IFEG was then asked to conduct a third examination, which we did based on the Istanbul Protocol. This was one of the first times that a Mexican court certified international professionals as qualified ‘experts’ in national proceedings.

After our comprehensive evaluation of Yecenia, we concluded that the physical and psychological evidence was consistent with Yecenia’s allegations, and the judge in her case agreed. The judge rejected the confession as a product of torture and ordered the State Attorney to prosecute her torturers.

Expert Statements

“...we wanted to prove that they weren’t virgins in the first place” – explained an army general.

Samira Ibrahim was arrested in Tahrir Square, Cairo, during the Egyptian uprising in 2011. While in detention, Samira and six other female protesters were allegedly forced to strip naked and have their hymens checked in front of soldiers and other detainees.

After the events, Samira filed charges against Ahmed Adel, the army doctor who conducted the test. But the military tribunal dropped the charge of rape against Adel and subsequently acquitted him of indecency. Samira then brought her case to the African Commission on Human and Peoples’ Rights.

Noting the prevalence of forced virginity testing in many countries, the IFEG issued a statement on the practice in December 2014. In our Statement on Virginity Testing, we analysed the medical and scientific literature on virginity testing and discussed its physical and psychological effects on women.

We concluded that virginity tests are “medically unreliable and inherently discriminatory, and, in almost all instances, when conducted forcibly, result in significant physical and mental pain and suffering.”

In February 2015, we submitted our statement to the African Commission and urged it to consider our specialised findings in its examination of Samira’s case. Her case is still pending.

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1 www.irct.org/istanbulprotocol/expertstatements
Capacity Building

Documenting the torture allegations of asylum seekers is crucial to ensuring that their claims are fairly considered. To respond to this issue, in October 2016, IFEG experts facilitated a training by IRCT and its member centre, the Red Cross Treatment Centre for Persons Affected by War and Torture in Malmo. Our training sought to improve the way mental health, legal, and medical professionals document torture in Swedish asylum proceedings.

Approximately twenty health professionals and lawyers from six Red Cross Centres across Sweden, as well as a medical doctor from the Swiss Red Cross in St Gallen and a physiotherapist from the Centre for Torture Survivors in Finland, attended the four-day event.

At the end of this training, representatives from the Swedish Red Cross centres decided to form a working group to establish a unified approach to conducting medico-legal evaluations and producing medico-legal reports. The participants also agreed to continue discussing challenging cases together and to peer review their medico-legal reports in order to learn from each other and to increase the effectiveness of their reports in asylum procedures.

“In Sweden, torture survivors still face many obstacles even after we have presented medico-legal reports. This is often because of a lack of knowledge and awareness of decision-makers on the Istanbul Protocol. That is why it is so crucial for us to get together to think about how we can maximise our impact as a movement in Sweden.”

— Andreas Malm
Psychologist at the Red Cross Treatment Centre in Malmo, Sweden.

Consultation

In 1969, when she was 21, Rasmea Odeh was arrested at night from her home in Ramallah. After twenty-five days of interrogation and alleged torture, including rape, by Israeli military, she confessed to two terrorist bombings in Jerusalem. In court, Rasmea renounced her confession, but was convicted and spent ten years in prison.

In 1995, Rasmea immigrated to the United States (U.S.) and obtained her citizenship nine years later. But in 2013, she was charged and convicted of providing false statements on her naturalisation forms because she hadn’t disclosed her past conviction.

Dr Mary Fabri, a clinical psychologist with the Marjorie Kovler Center (an IRCT member centre) submitted an affidavit in Rasmea’s defence. Dr. Fabri diagnosed Rasmea with chronic PTSD, which may have affected her statements. The judge in Rasmea’s case barred the expert evidence, however, on the basis that Rasmea’s state of mind was irrelevant to the charges against her.

Utilising the knowledge and experience of IFEG experts, the IRCT, the Center for Constitutional Rights, and four other organisations, intervened in Rasmea’s case.

On 26 February 2016, a U.S. court of appeals ruled that the evidence of Rasmea’s torture and PTSD should not have been categorically excluded, and it vacated her immigration fraud conviction. The court’s ruling is a triumph for anti-torture groups. It affirms the seriousness of torture and its wide-reaching effects on victims and that those effects cannot be ignored. Rasmea’s case is set for retrial.

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Our Latest Global Issue:
Statement on Anal Examinations in Cases of Alleged Homosexuality

Introduction

Anal examinations are forcibly conducted in many countries where consensual anal intercourse is considered a criminal act. They are conducted almost exclusively on males in an effort to "prove" that they are "homosexuals" despite the fact that anal intercourse is not a necessary determinant of "homosexual activity." Medical personnel are called upon to conduct a digital examination of the anus using a gloved and lubricated finger of the examiner as well as visual inspection of the anal area and sometime the insertion of tubes of varying sizes. The examination is performed with the presumption that there are characteristic signs that correlate with consensual anal intercourse, namely laxity of the anal sphincter. In some cases, examiners claim that the appearance of the anus and the degree of laxity are signs of "chronic anal intercourse" or "habitual anal penetration."

Forcibly conducted anal examinations are usually initiated at the request of law enforcement officials, the prosecutor, or the court and conducted in the absence of informed consent or in circumstances where individuals are not capable of giving genuine informed consent or where refusal to give consent would be interpreted as self-incrimination.

This may be presumed to be the case when examinations are conducted on individuals in detention, subsequent to allegations of criminalised sexual acts by the authorities. It is important to note that in some countries medical personnel are compelled to forcibly conduct anal examinations under threat of prosecution for refusing to comply with a judicial order.

The purpose of this medico-legal statement is to provide legal experts, adjudicators, health care professionals, and policy makers, among others, with an understanding of: 1) the validity of forcibly conducted anal examinations as medical and scientific evidence of consensual anal intercourse; 2) the likely physical and psychological consequences of forcibly conducted anal examinations; and 3) whether, based on these effects, forcibly conducted anal examination constitutes cruel, inhuman, or degrading treatment or torture. This statement also addresses the ethical implications of this practice and the role that individual examiners and professional medical organisations are knowingly or unknowingly playing in policing and punishing homosexuality.

While this statement focuses on the medico-legal implications of forcibly conducted anal examinations, many of the facts and issues addressed herein are generally applicable to all anal examinations and to any test forcibly conducted for the purpose of "proving male homosexuality." The issues and facts may also bear similarity to forcibly conducted virginity testing, on which we previously published a statement. This statement considers an examination to be "forcibly conducted" when it is "committed by force, or by threat of force or coercion, such as caused by fear of violence, duress, detention, psychological oppression, or abuse of power, against such person incapable of giving genuine consent." The opinions expressed in this statement are based on international standards and the experiences of members of the independent Forensic Expert Group in documenting the physical and psychological effects of torture and ill-treatment. Consisting of 35 preeminent independent forensic specialists from 18 countries, the IFEG represents a vast collective experience in the evaluation and documentation of the physical and psychological evidence of torture and ill-treatment.

The IFEG provides technical advice and expertise in cases where allegations of torture and/or ill-treatment are made. Its members are global experts on, and include several authors of, the Istanbul Protocol, the key international standard-setting instrument on the investigation and documentation of torture and ill-treatment.

1 This statement focuses on anal examinations forcibly conducted on adult males (men) who are alleged to have engaged in consensual anal intercourse. It does not address the particular and specialized concerns relating to children or non-consensual anal penetration or anal rape.


3 The International Criminal Court has adopted this standard on lack of consent in the crime of rape.

IFEG members also hold influential positions in and act as advisors to governments, international bodies, professional health associations, non-governmental organisations, and academic institutions worldwide on forensics in general and more specifically on the investigation and documentation of torture.

Medical and Scientific Validity

There are no scientific studies that provide any basis for the validity of forcibly conducted anal examinations in the detection of consensual anal intercourse. In medicine, the validity of any test depends on its sensitivity (ability of the test to correctly identify those with the disease/condition of interest) and specificity (the ability of the test to correctly identify those without the disease/condition of interest). There are no studies that demonstrate the sensitivity or specificity of digital rectal examinations to detect consensual anal intercourse.

The use of the digital anal examination is based on the incorrect assumption that such examinations can detect decreased anal sphincter tone and that this is a reliable sign of consensual anal intercourse. This assumption is not valid for the following reasons:

1) There is no standardised, quantifiable method for describing anal sphincter tone on digital rectal examination and no data to support any correlations between digital anal examinations and actual anal sphincter pressures.

2) The normal variability in anal sphincter tone and anatomical appearance makes it difficult for digital anal examinations to distinguish normal anal tone from that which may be clinically significant.

3) There is no data to support consistency among examiners in their assessments of anal tone and what may or may not be clinically significant. Examiners have variations in finger diameter as well as technique – for example, the amount of lubricant used, the depth of penetration, and the ability to sense pressure differences.

4) The internal anal sphincter is under control of the autonomic nervous system and can be affected by individual stress levels during the examination, while the external anal sphincter is under voluntary muscular control and may be increased intentionally unbeknownst to the examiner.

5) Lastly, decreased anal sphincter pressure may be caused by a wide range of conditions, including: mechanical trauma, increasing age, haemorrhoids, chronic constipation, irritable bowel syndrome, neurologic conditions such as pudendal neuropathy from constant straining, cauda equine syndrome, diabetic neuropathy, multiple sclerosis, Amyotrophic Lateral Sclerosis (ALS), Parkinson’s Disease, Guillain-Barre syndrome, iatrogenic causes (caused by physicians) such as surgical sphincterotomy for the treatment of anal fissures and other anal/rectal surgeries, benign prostatic hypertrophy, and side effects from medications.

The non-utility of anal examinations to detect consensual anal intercourse is also supported by the vast examination experience of IFEG members – in our experience, the examination has no value in detecting abnormalities in anal sphincter tone that can be reliably attributed to consensual anal intercourse.

Physical and Psychological Effects

Forcibly conducted anal examinations can cause significant physical pain. During such examinations, individuals are likely to have increased anal sphincter tone due to stress, which, in turn, may amplify the physical pain associated with the examination. In addition, examiners may make the examination more painful, intentionally or unintentionally, depending on the pressure they apply during the examination and the technique that they use, including body position and digital lubrication.

Forcibly conducting anal examinations on individuals is humiliating, demeaning, and, not surprisingly, almost invariably causes significant psychological suffering.

The combined effects of feeling powerless and intense humiliation may generate profound feelings of shame, guilt, self-disgust and worthlessness, and result in a damaged self-concept and enduring personality changes.

In many circumstances when anal examinations are forcibly conducted, they are accompanied by other forms of physical abuse such as beatings by police and demeaning remarks about the individual’s alleged homosexuality by police and medical personnel. Threats, coercion, or physical force are often applied, and the examination may be conducted with non-medical personnel being present. In addition, the element of forced nudity, and physical restraint, when used, amplifies the sense of helplessness, fear, humiliation, and degradation that individuals experience.

Anal examinations that are forcibly conducted in detention settings may intensify an individual’s mental suffering and psychological symptoms, given the heightened sense of vulnerability and humiliation in the presence of other detainees. It may also result in additional physical and mental abuse by other detainees.

The overall experience of being detained, charged with a crime on the basis of one’s actual or perceived sexual orientation, forced to undergo a painful, humiliating examination, and facing the possibility of being incarcerated for one’s private, consensual sexual conduct represents a form of profound discrimination, stigmatisation, and social rejection that can lead to depression, anxiety disorders, substance abuse, suicidal thoughts and attempts, and may also contribute to the symptoms of post-traumatic stress disorder.

The act of digital anal penetration by a health professional against the will of an individual may be no less, and potentially...
more, traumatic than other forms of sexual assault and rape." In addition, the experience of being betrayed by society and the law adds to the individual’s mental pain and subsequent psychological symptoms.

Forcibly conducted anal examinations and associated experiences may have long-term consequences. Individuals may not only experience the symptoms and disabilities associated with depression, post-traumatic stress disorder, anxiety disorders, and other forms of mental pain; they may experience rejection from family, friends, and co-workers, resulting in the loss of family and social supports, employment, and education, and additional physical and mental abuse.

Cruel, Inhuman, and Degrading Treatment and Torture

Torture and other forms of cruel, inhuman and degrading treatment or punishment are unequivocally prohibited, without exception, by the UN Convention Against Torture, as well as other international and regional human rights instruments.

The UN Committee against Torture, the UN Special Rapporteur on Torture, and the UN Working Group on Arbitrary Detention have stated that the practice of forced anal examinations contravenes the prohibition against torture and ill-treatment.43

In a January 2016 report, the UN Special Rapporteur on Torture stated that: “In States where homosexuality is criminalised, men suspected of same-sex conduct are subject to non-consensual anal examinations intended to obtain physical evidence of homosexuality, a practice that is medically worthless and amounts to torture or ill-treatment.” 44

In addition, the UN Working Group on Arbitrary Detention has stated that “forced anal examinations contravene the prohibition of torture and other cruel, inhuman and degrading treatment, whether... they are employed with a purpose to punish, to coerce a confession, or to further discrimination.” 45 In May 2015, the Office of the United Nations High Commissioner for Human Rights (OHCHR) called for banning forced genital and anal examinations, and subsequently, in September 2015, 12 UN agencies also condemned forced anal examinations.46

Forcibly conducted anal examinations and associated experiences are inconsistent with fundamental ethical principles and professional duties.

It is clear from our analysis that conducting anal examinations forcibly is a form of cruel, inhuman, and degrading treatment, and may amount to torture depending on the individual circumstances, namely the severity of physical and mental pain inflicted. International standards of professional ethics unequivocally prohibit health professionals from participating in or condoning any treatment or procedure that may amount to cruel, inhuman, or degrading treatment or torture.47

Some may argue that the physical and mental pain associated with forcibly conducted anal examinations may be mitigated since the examination is conducted by a health professional. In our experience, the complicity of health professionals in State-sponsored torture and ill-treatment increases the pain and suffering of individuals given the betrayal it represents of the social norm of trusting health professionals.

Analysis that are conducted forcibly are also inherently unethical because they violate the fundamental medical ethical principle of autonomy—that individuals are able to decide what can and cannot be done to them through the process of informed consent.48

Medical personnel should never forcibly conduct anal examinations against the will or without the informed consent of individuals, or in circumstances where individuals are not capable of giving genuine and informed consent.

In our experience, ensuring informed consent is almost impossible for examinations based on profound discrimination and criminalisation, where individuals understand that State officials have the power to compel the examination, and noncompliance is likely to result in adverse legal outcomes, ill-treatment, and reprisals. For this reason, anal examinations and other tests targeting “homosexuality” should be presumed to be conducted forcibly and without informed consent.

Professional health ethics permit the carrying out of diagnostic procedures and treatment against an individual’s will only...
in exceptional circumstances, if specifically permitted by law, and even then, if and only if conforming to the basic principles of medical ethics. In general, an individual has the right to give or withhold consent to any diagnostic procedure or therapy. An individual’s right to self-determination should be reported by their colleagues and participating in cruel, inhuman, and degrading treatment or possibly torture.

Medical personnel who conduct anal examinations or any other tests for the purpose of “proving male homosexuality,” are knowingly or unknowingly playing a critical role in State-sponsored policing and punishing of individuals on the basis of their sexual identity and orientation.

Medical personnel should understand that by forcibly conducting anal examinations or other tests targeting “homosexuals,” they are serving to perpetuate social customs that are in conflict with the basic standards and ethics of our profession.

This represents a challenge to individual health professionals and medical organisations. The World Medical Association (WMA) has recognised this problem and has stated: “The WMA strongly asserts that homosexuality does not represent a disease, but a normal variation within the realm of human sexuality. The WMA condemns all forms of stigmatisation, criminalisation and discrimination of people based on their sexual orientation.” The WMA has also stated that: “National Medical Associations must promote ethical conduct among physicians for the benefit of their patients. Ethical violations must be promptly corrected, and the physicians guilty of ethical violations must be disciplined and rehabilitated.”

Some national medical associations (Tunisia and Lebanon) have publicly condemned the practice of anal examinations, declaring them to be of no scientific value and unethical. Health professional organisations, therefore, have a duty to support medical personnel who are threatened or punished for refusing to conduct such examinations.

Conclusion

Forcibly conducted anal examinations have no medical or scientific value in determining whether consensual anal intercourse has taken place; these examinations are inherently discriminatory and, in almost all instances, result in significant physical and mental pain and suffering.

It is our opinion that forcibly conducted anal examinations constitute cruel, inhuman, and degrading treatment, and may amount to torture depending on the individual circumstances.

When anal examinations are forcibly conducted and involve anal penetration, the examination should be considered a form of sexual assault and rape. The involvement of health professionals in these examinations is a violation of the basic standards and ethics of our profession.

Sexual identity and orientation is neither a disease nor a crime. Health professionals, therefore, have no role in diagnosing it or aiding State officials in policing and punishing people on the basis of their sexuality through any means of testing or examination.

Health professionals who conduct anal examinations or other tests targeting “male homosexuality” are knowingly or unknowingly perpetuating social customs and norms that violate human rights and human dignity and are ultimately facilitating and participating in cruel, inhuman, and degrading treatment, sexual assault, and possibly torture.

Health professionals who forcibly conduct anal examinations should be promptly corrected, and the physicians guilty of ethical violations must be disciplined and rehabilitated.

Role of Health Professionals in Policing and Punishing Homosexuality

Anal examinations are forcibly conducted almost exclusively in legal settings to “prove male homosexuality.” In many countries, individuals are criminalised for their sexual identity and orientation and prosecuted under statutes that prohibit “sodomy,” “crimes against nature,” “debauchery,” and “insulting public morals,” among others. The use of anal examinations as well as any other type of forensic testing (such as semen tests, DNA testing of rectal fluid and clothing, STD tests, and ano-rectal manometry) to investigate private consensual sexual acts is in conflict with respect for individual rights to privacy, non-discrimination, equality before the law, and freedom from torture and other forms of cruel, inhuman, and degrading treatment or punishment.

Medical personnel who conduct anal examinations or any other tests for the purpose of “proving male homosexuality,” are knowingly or unknowingly playing a critical role in State-sponsored policing and punishing of individuals on the basis of their sexual identity and orientation.

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For Developments on This Issue

Check out
www.irct.org/istanbulprotocol/expertstatements

- IRC joins the IFEG in condemning forced anal examinations as violations of the ban on torture and ill-treatment, 3 May 2016.
- United Nations Committee Against Torture rejects forced anal examinations in its recent evaluation of Tunisia, 15 May 2016 (see sections 41-42 of its Concluding Observations).
- Kenyan High Court allows forced anal examinations to detect homosexuality despite clear evidence that it constitutes torture and ill-treatment, 17 June 2016.
- Dignity Debased: Forced Anal Examinations in Homosexuality Prosecutions by Human Right Watch, 12 July 2016 (see pages 68-70 discussing IFEG’s Statement).
- Criminal justice sector professionals call for end to anal examinations, 8 August 2016.