

Freedom from Torture submission to the Committee against Torture for its Follow-Up to the concluding observations from its examination of Sri Lanka in November 2011

Freedom from Torture (formerly known as the Medical Foundation for the Care of Victims of Torture) is a UK-based human rights organisation and one of the world's largest torture treatment centres. Since our foundation in 1985, more than 50,000 people have been referred to us for rehabilitation and other forms of care and practical assistance. In 2011 Freedom from Torture provided treatment services to more than 1200 clients from around 80 different countries. In addition, our medico-legal report service (still known as the Medical Foundation Medico Legal Report Service) is commissioned to prepare between 300 and 600 medico-legal reports (MLRs) every year, for use mainly in UK asylum proceedings.

Freedom from Torture seeks to protect and promote the rights of torture survivors by drawing on the evidence of torture documented by our organisation over almost three decades. In particular, we aim to contribute to international efforts to prevent torture and hold perpetrator states to account through our Country Reporting Programme, based on research into torture patterns for particular countries, using evidence contained in our MLRs. Further information about this programme is contained in Appendix 1.

MLRs prepared by Freedom from Torture are detailed forensic reports documenting physical and psychological consequences of torture. They are commissioned by legal representatives on behalf of their clients and prepared by our specialist clinicians according to standards set out in the UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, known as the 'Istanbul Protocol'. Each is subject to a detailed clinical and legal review process. While the primary purpose of our MLRs is to assist decision-makers in individual asylum claims and other legal proceedings – and for these purposes our clinicians act strictly as independent experts – collectively they also represent a valuable source of forensic evidence of torture that can be used to hold perpetrator states to account.

Freedom from Torture's previous submission to the Committee against Torture for its examination of Sri Lanka in November 2011

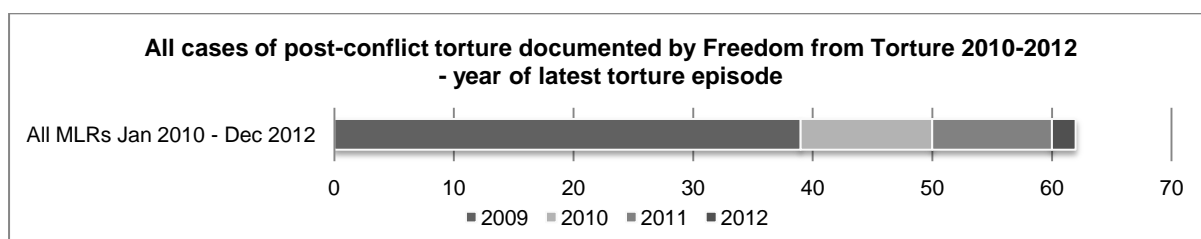
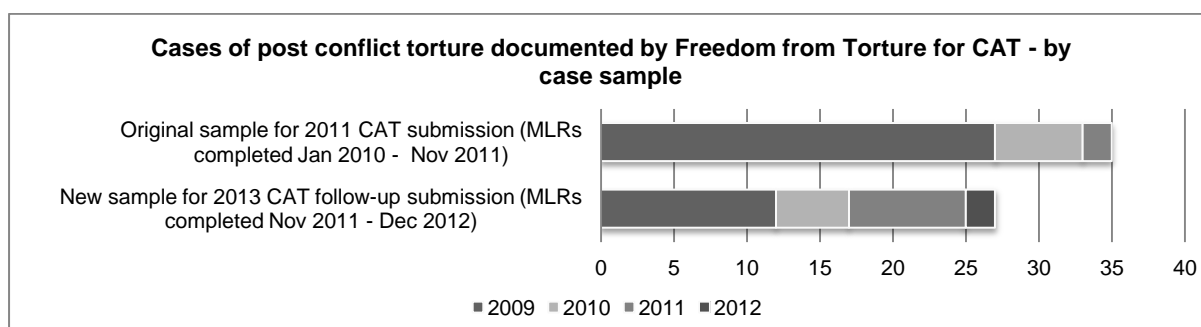
Freedom from Torture made a submission to the Committee against Torture ('CAT or 'the Committee') for its examination in November 2011 of the combined third and fourth periodic reports submitted by Sri Lanka under article 19 of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ('the Convention Against Torture'). In that submission we reported on 35 forensically documented cases of torture perpetrated in Sri Lanka since the end of the conflict in May 2009.ⁱ The evidence contained in that submission demonstrated that:

- *Torture perpetrated by state actors within both the military and police in Sri Lanka has continued since the conflict ended in May 2009 and was still occurring in 2011;*
- *Those at particular risk of torture include Tamils who have an actual or perceived association with the Liberation Tigers of Tamil Eelam (LTTE);*
- *A variety of different types of torture have been perpetrated in a significant number of locations around Sri Lanka during the post-conflict period; and*
- *Many Sri Lankan torture victims are left with visible, heavy scarring attributable to both blunt force trauma and burns which suggests impunity for perpetrators of torture in Sri Lanka.ⁱⁱ*

Further evidence of ongoing torture in Sri Lanka

Freedom from Torture has continued to track Sri Lankan cases referred to our MLR service since the evidence we filed with CAT for its examination of Sri Lanka in November 2011. These referrals have continued at an average rate of 9 per month (a slight increase on the rate of referrals for Sri Lankan cases between January 2010 – October 2011, which was 8 per month).

Our MLR service completed a total of 35 MLRs for Sri Lankans between November 2011 and December 2012.ⁱⁱⁱ Of these 35 new cases, 27 document detention and torture that occurred since the end of the Sri Lankan civil war in May 2009. Taking into account our original submission for the Committee's examination in 2011, this means that between 2010-2012, Freedom from Torture documented evidence of torture perpetrated in Sri Lanka in the post-conflict period in 62 cases in total. Of these 27 new post-conflict cases, 15 document torture that occurred from 2010-2012 and of these 15 cases, five were tortured in 2010, eight in 2011 and two in 2012.



It should be noted that survivors may take many months to flee from Sri Lanka and assemble their asylum claim in the UK and it can take five or more months for Freedom from Torture to finalise an MLR, especially where there are multiple injuries to document or where

the survivor is highly traumatised. For this reason and given the ongoing rate of referrals noted above, we expect that our evidence base of post-conflict torture in Sri Lanka will continue to grow over time, as further MLRs are completed for cases referred more recently.

For this submission for CAT's Follow-Up Procedure we have chosen to examine in detail those 15 new cases of torture perpetrated in Sri Lanka since the beginning of 2010. This study follows on from and adds to our previous study of 35 cases of post-conflict torture, in which a significant number of cases were individuals detained in the immediate aftermath of the ceasefire in May 2009 and in the remainder of 2009.^{iv} Although, as noted above, Freedom From Torture has documented further cases of torture committed between May and December 2009 (12 cases), we decided to focus the present study on torture perpetrated in 2010 onwards in order to place the cases clearly in a post-conflict context in Sri Lanka. **When read against our original submission for CAT's examination of Sri Lanka in November 2011, this submission brings to a total of 50 cases of torture committed in Sri Lanka in the post-conflict period which we have analysed for the purposes of the Committee's scrutiny of Sri Lanka's compliance with its obligations under the Convention Against Torture.**

(Note that as discussed further below, six of the cases reported on in this submission were analysed for the purposes of a briefing we published in September 2012 on 'Sri Lankan Tamils tortured on return from the UK' (see section below on *Residence in the UK*). The remaining nine cases in this submission have not been previously been reported on publicly by Freedom from Torture).

The evidence contained in the present submission, which is presented in detail below, demonstrates that:

- *Torture by the police and military is ongoing in many parts of Sri Lanka, despite the end of the conflict and the claim of the Sri Lankan government that there is a 'zero tolerance'^v policy for torture;*
- *Those at particular risk of torture include Tamils with an association with the Liberation Tigers of Tamil Eelam (LTTE), even if this association is at a low level and/or where it is indirect through family members; and*
- *The lack of due process reported in these cases, combined with the heavy scarring attributed with a high level of consistency to burning, blunt force trauma and other forms of torture, is suggestive both of a continued policy of permanently 'branding' or otherwise scarring victims and ongoing impunity for perpetrators of torture in Sri Lanka.*

Case sample and method^{vi}

The current study is focused on patterns of torture perpetrated in post-conflict Sri Lanka, and specifically torture perpetrated since January 2010. It is based on a systematic review of 15 cases where detention took place within this date range and where there was consent from the individual to use the MLR for research on the basis of anonymity.

Data was collected and recorded systematically from the 15 MLRs and included details of the case profile, history of detention, specific torture disclosures and the forensic

documentation of the physical and psychological consequences of torture, based on a comprehensive clinical examination and assessment process in accordance with the standards set out in the UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the 'Istanbul Protocol'). The data collected was both quantitative and qualitative in type and was anonymised and aggregated before being analysed. The findings from this study are presented in summary below.

1. Case profile

Age, sex and occupation

Of the 15 MLRs included in the sample, 13 were male and two were female. The age range of the cases was 22-42, with the average age being 30 years of age.

A variety of occupations were reported among the 15 cases, with no discernible correlation *per se* between the occupation and the arrest or treatment in detention. In a number of cases, however, an association with the LTTE was reported to have arisen through provision to the LTTE of professional or other work related services, at some time in the past, whether knowingly or unknowingly and whether or not by choice (see the section on *Associations and affiliations* below). Such occupations included electrical/telecoms/IT technicians, various forms of financial services and representatives of commercial enterprises, including medical supply companies. It is possible, therefore, that (Tamil) people from some or all of these occupations living in, or regularly travelling to, predominately Tamil or in former LTTE controlled areas might attract the interest of the Sri Lankan authorities owing to their role in services used to support LTTE activities.

Ethnicity, religion and place of origin and residence

The overwhelming majority of Sri Lankan clients referred to Freedom from Torture for MLRs and/or for clinical treatment are of Tamil ethnicity. All 15 cases in this sample were of Tamil ethnicity and of these, ten identified as Hindus and five as Christians of various denominations.

The place of origin and residence of 13 of the 15 cases was the Northern or Eastern Provinces, both areas heavily affected by the civil war and either controlled or largely controlled by the LTTE for many years. Of those from the Northern Province, most were from Jaffna, with a small number from Kilinochchi and Vavuniya; those from the Eastern Province were from Batticaloa and Trincomalee. The remaining two cases were from Colombo and from North Central Province.

Associations and affiliations

All 15 cases reported an association with the LTTE *at some level* and all but two said that they perceived this to have been the cause of their detention and subsequent torture (the perceived reason for detention and torture was not specifically reported in the two other cases). Twelve of the 15 cases reported an association in their own right with the LTTE and ten reported that a family member had an association with the LTTE. In three cases, the association with the LTTE perceived to have been the cause of their detention was in relation to a family member only, and in five cases it was in relation to the individual only.

Seven cases reported that both they and at least one family member had some form of association with the LTTE, which may have been the cause of their detention.

Of the 12 individuals who said that they themselves had an association with the LTTE, four described themselves as having been current or former members, though none reported having been combatants. However, eight cases said that their only involvement with the LTTE consisted of conducting activities or providing services directly to the LTTE or to LTTE members, either voluntarily or under duress (three cases) at some time in the past. Of the ten who said that the association of a family member with the LTTE was the cause of their detention, alone or in combination with their own association, six said that members of their family were current or former members of the LTTE. The other four said that a family member had carried out activities in support of the LTTE, again either voluntarily or under duress. Many cases reviewed here described initially providing support relatively willingly to the LTTE but increasingly being subject to duress.^{vii}

Activities carried out for the LTTE by individuals or their family members, either voluntarily or under duress, as described by the 15 cases, included:

- *providing food and medical supplies to LTTE members*
- *helping to find/provide accommodation for LTTE members*
- *providing technical and professional services to LTTE members/organisations (including electrical/telecoms/IT and financial services)*
- *distributing propaganda material for the LTTE*
- *information gathering for the LTTE*
- *taking part in sporting or cultural activities and digging bunkers and trenches in combat zones*

Residence in the UK

Six of the 15 cases were living lawfully in the UK at the time when they were detained, having returned to Sri Lanka for short family visits. In all six cases, the individual was resident in London as a student prior to being detained and tortured in Sri Lanka – five had returned voluntarily to Sri Lanka for family visits, four in 2011 and one in 2012, and one was removed to Sri Lanka in 2011 by a third country while voluntarily en route from the UK to another state.

Because of our serious concerns about the implications for the UK's removals policy and risk assessment processes for Sri Lankan Tamil asylum seekers, we published a briefing on '*Sri Lankan Tamils tortured on return from the UK*' in September 2012 which analysed in detail these six cases referred to above, along with six relevant cases previously reported on in our submission for CAT's examination of Sri Lanka in November 2011 (see above) and 12 other relevant cases referred to Freedom from Torture for treatment services (as opposed to MLR services).^{viii} All 24 of the cases covered by this briefing involved Tamils who returned *voluntarily* to Sri Lanka from the UK in the post-conflict period, had a real or perceived LTTE affiliation at some level, and were targeted for detention and torture after returning to Sri Lanka. On the basis of this evidence we concluded that the cases together indicate that: '(a) *the fact that an individual did not face adverse consequences in the past because of their actual or perceived association with the LTTE at any level is not decisive now in assessing risk on return [to Sri Lanka]; because (b) return from the UK specifically has been a factor in*

the Sri Lankan authorities' decision to detain with a view to obtaining further intelligence about historical or current LTTE activity in both Sri Lanka and the UK. They raise the strong concern that Sri Lankan Tamils who have lived in the UK, with a previous or live LTTE association (actual or perceived), are being targeted because they are suspected by the Sri Lankan authorities of (i) being engaged in political activities while living in the UK; and/or (ii) having knowledge about LTTE activity in the UK.^{ix}

On 18 September 2012, in proceedings in which Freedom from Torture intervened as a third party, the High Court acknowledged that this briefing was '*carefully drafted*' and accepted for the purposes of injunctive relief the risk category that we had set out covering Sri Lankan Tamils who had been resident in the UK and who had an actual or perceived association at any level with the LTTE.^x Numerous stays against forced removals of Tamils were issued on this basis. The High Court has subsequently issued a general injunction preventing the removal of any refused Sri Lankan Tamil asylum seekers pending the outcome of a new country guidance case in the Asylum and Immigration Chamber of the UK's Upper Tribunal exploring the risk to Tamils returning from the UK.^{xi} Freedom from Torture has made detailed submissions to CAT on these issues, with reference to Article 3 of the Convention Against Torture, for the purposes of the Committee's examination of the UK's fifth periodic report under article 19 of the Convention.

A seventh case in the present study had also been resident in the UK previously (this case was not included in the briefing referred to above as the MLR was completed after this briefing was published), where they had claimed asylum in 2005 due to a history of detention and torture, and ongoing fears of persecution and further detention. This individual was forcibly returned to Sri Lanka from the UK in 2011, after their asylum claim was finally refused and was again detained and tortured six months later when they had their identity documents checked and produced travel documents which had been issued by the Sri Lankan authorities in the UK.

1. PATTERNS OF DETENTION

Previous detention history

Ten of the 15 cases reported that they had been detained at least once by the Sri Lankan authorities prior to the latest episode of detention after which they fled to the UK. These previous detention episodes took place from 2005-2011, although half occurred in 2009-2011. Of the ten cases, four had been detained twice, five had been detained three times, and one person four times. The detaining authority in these prior detentions was reported to be the Sri Lankan police and/or military in all cases but one who reported being detained by a state-backed militia. The duration of these previous detention episodes across the ten cases ranged from less than one week to 6-12 months, with almost all being less than 6 months in duration and many being no more than a week. According to the history and evidence recorded in the MLRs, torture was perpetrated in all but five of these previous detention episodes. Release or escape from detention occurred by a variety of means including: family members bribing officials, assisted escape, release with bail/reporting conditions or unofficial release with no explanation.

Most recent episode of detention

In accordance with the sample criteria described above (see the section above on *Case sample and method*), the most recent detention episodes for the 15 cases took place between 2010-2012, with the majority (eight cases) having taken place in 2011, five in 2010 and two in 2012.

Place of arrest

Five of the 15 cases said that they were arrested and detained from their family or family member's home, while a further three said that they were picked up by security forces when in the street near their home and one at a checkpoint. One individual was detained from their local police station, which they had been summoned to attend via a note left at the family home and three other cases were picked up in Colombo, two on the street and one from a 'lodge'. Two people were detained at the airport on entry to the country and one was detained from a camp for internally displaced persons.

At least eight of the 15 cases were transported to their place of detention in a 'white van'; most of these individuals were also blindfolded and in some cases restrained with handcuffs or bindings.

Arresting authority

Of the 15 cases, seven reported that the detaining authority was the Sri Lankan police, four reported that it was the military and in one case, state intelligence authorities. In the remaining three cases the detaining authority was not known or not recorded. Although this information was not recorded in all cases, six people said that those arresting them wore uniform; four said that they wore no uniform and one said that they were a mixed group, some of whom wore uniforms.

Reason for arrest and detention

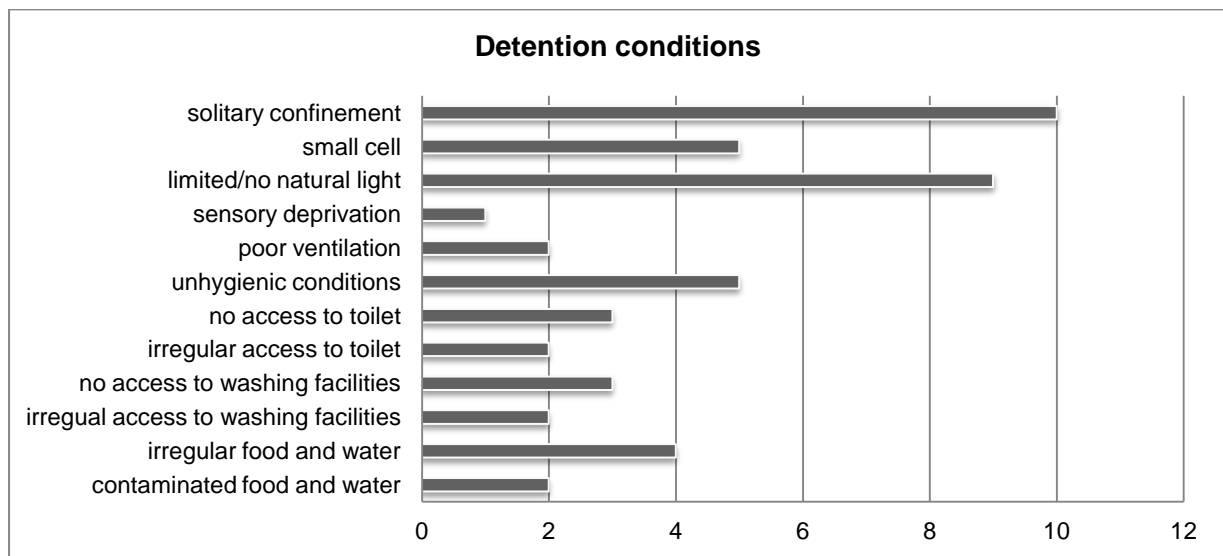
Two cases specifically mentioned that they were identified by informants who were present when they were arrested (one of whom had been recently tortured, had fresh injuries and was covered in blood). Others reported having been arrested following inspection of their identity documents or in one case, when they were unable to produce appropriate identification and documentation for residence in Colombo. One person reported that they were interrogated at the airport for 90 minutes on entry to Sri Lanka (they were resident in the UK as a student at the time) and subsequently arrested from their home address. Two other cases were arrested at the airport on entry; both had been detained previously in Sri Lanka and had been forcibly returned there from other countries. One of these reported that although they were not given a specific reason for their arrest, they were told by the authorities that they had been 'waiting a long time' for them.

Nine of the 15 cases reported that the reason for their detention was their direct or indirect association with the LTTE. They reported that they had reached this conclusion on the basis of any or all of the following factors: (i) what they had been told at the time of detention; (ii) the information and evidence that the Sri Lankan authorities said that they had about them or about their family members during interrogation episodes; (iii) their actual links with the LTTE; and (iv) the questions that they were asked during interrogation.

Place of detention and torture

The following types of detention facility were identified by the 15 cases: police station, intelligence facility, military camp, 'prison camp', and unofficial detention facility/'house'. Three cases either did not name the place of detention or said that they did not know what type of facility it was. Specific places of detention where torture took place included the following: police stations in Vavuniya, Negombo, Columbo 'Fort' and Wellawatte; the Terrorist Investigation Department headquarters, Colombo; and military camps in Plantain Point, Jaffna and Boosa.

Detention conditions



Ten of the 15 cases reported being kept in solitary confinement for the duration of their detention, half in very small cells, while nine reported that they were kept in cells with little or no access to natural light and a small number said that there was inadequate ventilation in their cell. Cell conditions were described in a third of cases as unhygienic and foul smelling, with floors and walls stained with blood and urine. Three people reported having no access to toilet facilities (or washing facilities) and were forced to use the floor of their cell, while a further five reported having to use inadequate toilet facilities in their cell, such as a hole in the ground or a bucket or bottle to urinate in. A further six cases had limited or irregular access to toilet facilities and washing facilities outside the cell. Four cases said that they were only given food and water to drink on an irregular basis, with a further two reporting that they were given contaminated water and food. Many people said that they had no bed or bedding or other furniture in their cell and were forced to sleep on the bare concrete floor. Three cases reported that they were kept naked in their cells, and seven people reported being forced to remove clothing or being stripped naked during interrogation and torture.

Four cases reported that they were interrogated and tortured in their prison or police cells and that these cells were equipped with ropes and chains hanging from metal beams and torture implements such as PVC and iron pipes, wooden sticks, petrol bags, knives and buckets. More than one case described blood stains on the walls. Some cases reported that they were able to hear sounds of others screaming, calling out or begging not to be hurt.

Duration of detention

The duration of detention in these 15 cases ranged from less than a week to 6-12 months, however the majority (ten) were detained for less than a month.

Means of escape or release from detention

Thirteen of the 15 cases in the sample reported that they left detention when a family member was able to arrange for an unofficial 'release' or assisted 'escape' through payment of a bribe. Of the remaining two cases, one escaped from the detention facility unassisted and the other was released by the authorities with no explanation. Those to whom bribes were reported to have been paid by family members included businessmen with links to the security forces, politicians with links to the security forces and members of the security forces.

Some, who reported having been unofficially released from detention, described being bound and gagged and taken in a vehicle to an unknown location and then released. Others described being warned to leave the country or they would be traced, re-captured and killed for escaping from detention.

Due process

In 11 of the 15 cases there was no observance of due process with regard to their arrest and detention. Only three people reported having been formally arrested and only two reported that their family members had been officially informed of their detention, in one case with visiting rights. A further case was formally charged and another had a nominal appearance in court but with no access to a lawyer or other rights observed.

In one case when the person was released from their first episode of detention and reported to their local police station that they had been illegally detained and tortured, they were asked to report back and were then held for further questioning and accused of being an LTTE supporter. They were released the same day but arrested again from their home the following day by the army and detained and tortured further.

2. TORTURE DISCLOSURES AND CLINICAL FINDINGS

All 15 cases in the sample were tortured in detention between 2010-2012. The evidence of torture presented here derives from these individual cases, each of which has been clinically examined, assessed and forensically documented by Freedom from Torture clinicians in the preparation of medico legal reports (MLRs).

Freedom from Torture's MLRs are detailed forensic reports which document physical and psychological consequences of torture. They are prepared by specialist clinicians – who act as independent experts in this task to provide evidence for decision makers in the context of asylum and other legal proceedings – according to standards set out in the Istanbul Protocol and each is subject to a detailed clinical and legal review process. The possibility of fabrication of evidence is explicitly considered.

In each case the torture documentation process involves taking the full history as narrated by the individual and assessing this history in relation to clinical findings, in accordance with Istanbul Protocol guidelines and Freedom from Torture's own methodology.^{xii} Clinical

findings are obtained through a full physical examination, including an assessment of continuing physical symptoms and signs of torture, the observation and documentation of all physical scars and lesions, a full mental state examination and the documentation of psychological symptoms and signs of torture. Prior (external) clinical diagnoses of physical or psychological ill health arising from torture and relevant treatment where known, are also reported and considered as part of the overall clinical assessment.

The overall pattern of torture documented in these cases is presented below, as well as further detail for each method of torture.

Pattern of torture episodes

Perpetrator of torture

Perpetrators of torture were identified by the individuals in these cases as police or military personnel, and in some cases as 'prison' guards. Details given about their appearance include their clothing; in many cases perpetrators wore military or police uniform, though in some cases it was reported that there were a number of people in the room at any one time during interrogation and torture, some of whom wore uniform while others were in civilian clothes. Many people described being interviewed and tortured by different people on different occasions.

Place of torture

Seven of the 15 cases reported that they were interrogated and tortured in an interrogation room or torture facility separate from their cell. In four cases the interrogation and torture took place in the cell and in the remaining four cases the torture took place in another type of room, in one case described as an 'office'. Some of the rooms in which torture took place were described as having ropes or chains hanging from beams in the ceiling and as having various torture implements including metal and PVC pipes, wooden sticks and batons, petrol containers and water containers. Some of the torture rooms had tables or chairs in them, to which people were bound in stress positions and for the infliction of burns and beatings. Some cases reported that there were blood stains on the walls and floor of the room in which they were tortured; one reported that there was discarded female underclothing on the floor.

Pattern of interrogation and torture

In most cases interrogation was reported to have taken place concurrently with torture, although one person reported that they were first tortured over a period of a few days and subsequently interrogated separately. Another person reported that they were tortured intensively and then asked to sign a false 'statement'.

Those detained for a short period of time (up to one month) reported being tortured daily. For those detained for longer periods, initial daily patterns of torture in some cases became weekly (as far as it was possible for people to estimate), while in other cases the daily/frequent pattern continued. One person reported being tortured repeatedly during the day and night, although it was commonly observed that it was difficult to be accurate about when torture sessions took place and the length of time between them as people were mostly kept in dark cells with no natural light or means of telling the time.

Between them the cases reported being:

- asked to identify members of the LTTE from photographs during interrogation and being asked to provide details of LTTE contacts in Sri Lanka or elsewhere (including the UK^{xiii})
- asked to identify other detainees as LTTE ‘members’ (one describes being walked past a line-up of people behind a glass screen and being asked to nod when passing an LTTE ‘member’)
- themselves identified by others as someone with an LTTE association
- asked about ‘services’ provided to the LTTE, including collecting money for them while in the UK.

Threats of death and further violence; threats to family members

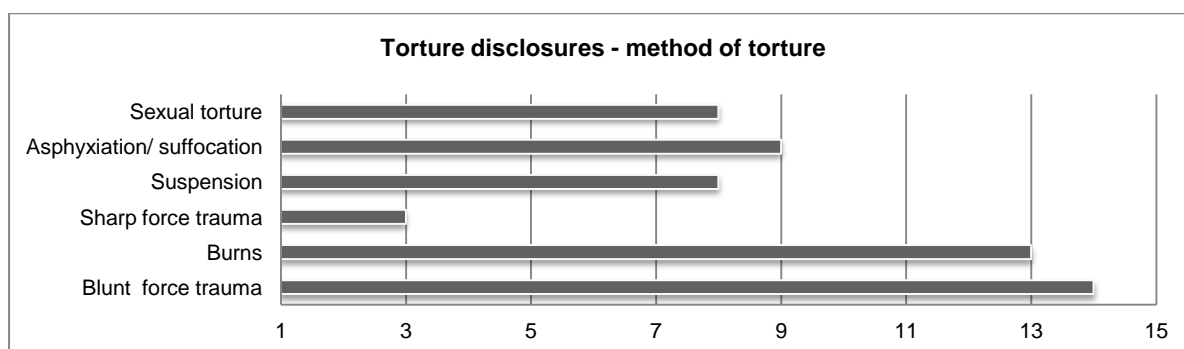
A third of the cases reported that they had been threatened with death while being tortured, with one being subjected to a mock execution; other cases reported being continually threatened with ongoing torture and interrogation. One person described a friend being tortured to death in front of them in the same cell and being threatened with the same treatment. In another case the perpetrator threatened to harm the individual’s family; they were shown a recent photograph of family members near their home and told that unless they told the ‘truth’ the family members would be killed.

Forced confession

Six people reported being forced after torture to sign a statement or ‘confession’, which they were unable to read either because it was written in a language they did not understand (Singhalese) or because they were not given sight of the text, or because they signed or fingerprinted blank sheets of paper. One individual described being threatened with further sexual torture when they initially refused to sign what they considered to be a false statement.

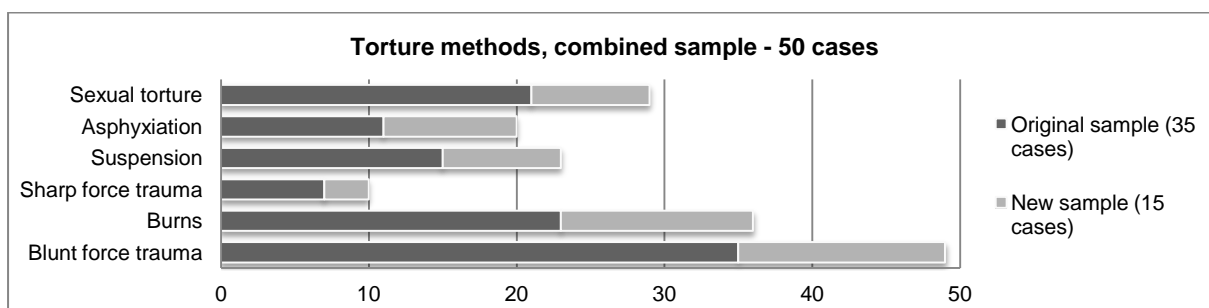
Specific methods of torture disclosed and physical impact

This section summarises the physical and psychological evidence of torture documented by Freedom from Torture clinicians in the MLRs for the 15 cases in the sample. Torture methods are examined in sequence in order to give a detailed picture of the patterns of abuse perpetrated. This evidence demonstrates the continuing severity and intensity of the torture inflicted by the Sri Lankan authorities and in particular the ongoing use of torture methods intended to leave strong physical as well as profound psychological trace.



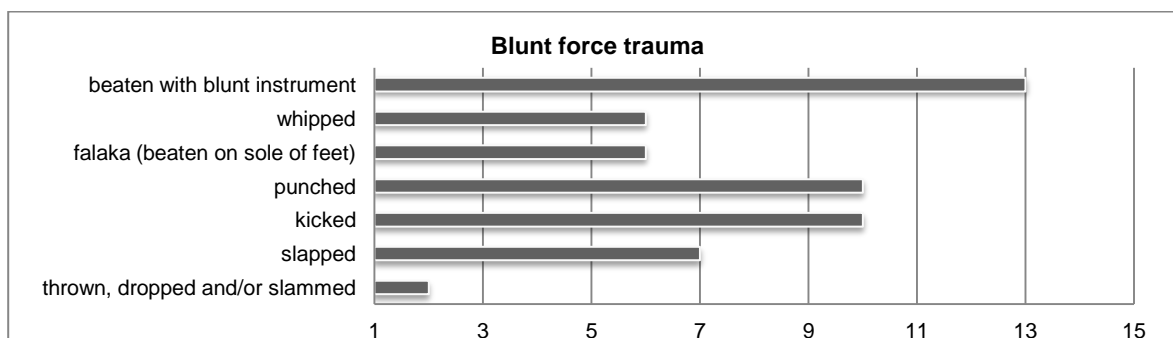
Methods of physical torture^{xiv} described by the 15 cases and documented in the MLRs include blunt force trauma such as beating, whipping and/or assault (14 cases); burns (13 cases); asphyxiation techniques (9 cases); sexual torture including rape, molestation, violence to genitals and/or penetration with an instrument (8 cases); suspension (8 cases) and sharp force trauma including use of bladed instruments and/or pins (3 cases).

Eighty-seven per cent of the cases in this sample were burned during torture. Notwithstanding the smaller size of the sample in the present study, this represents a significantly higher proportion than the 65% of cases involving burns reported in Freedom from Torture’s previous submission to CAT for its examination of Sri Lanka in 2011^{xv} (‘the 2011 submission’). Just over half the cases in the current sample had been suspended and a slightly higher proportion had experienced partial asphyxiation using water or petrol, which in both cases represents a higher proportion of the use of these methods than was documented in the 2011 submission. While 60% of the cases documented in the 2011 submission had been subjected to sexual torture, in the current sample this proportion was slightly lower at 53%.



Across the combined sample of 50 cases (35 from the 2011 submission plus 15 from the current study), the overall pattern of torture identified in the 2011 submission is re-affirmed and evidently ongoing well into the post-conflict period, despite protestations from the Government of Sri Lanka that it has a policy of ‘zero tolerance’ for torture.^{xvi} In particular the almost universal infliction of brutal forms of blunt force trauma (98% of the combined sample) and the very high and seemingly increasing use of burning (72% of the combined sample) are notable, given that they are likely, especially in the case of burning, to leave visible and ongoing trace in the form of lesions including scars. The continuing high prevalence of sexual torture including rape is also notable across the findings, with an overall level across the two samples of just under 60%.

Blunt force trauma

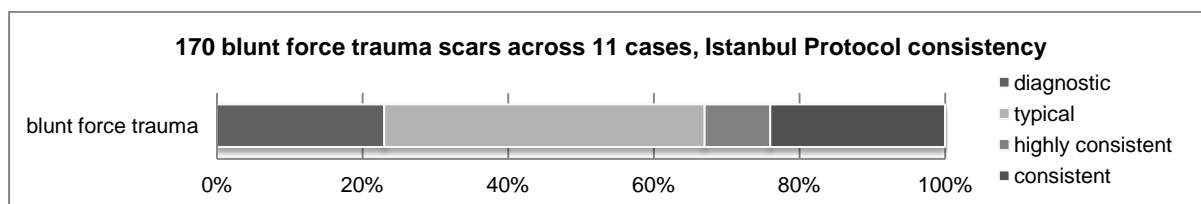


Fourteen of the 15 cases in the sample reported that they had been beaten with a variety of blunt instruments. Most reported being beaten on their back, torso, arms and/or legs; six people reported being beaten on the soles of their feet ('falaka') and two people reported being beaten on the genitals, in one case until rendered unconscious. Instruments used for beatings included PVC (S-Ion) pipes, sometimes filled with sand or cement; wooden sticks and rods and/or 'truncheons' or thick strips of rubber. Nearly half the cases also reported being 'whipped' on the back or back of the arms and legs with electric flex or cable and/or with Palmyra branches.

Most reported that they were tied up or held in stress positions of various kinds (including being tied face down to a table or tied to a chair) while being beaten and whipped; some reported being beaten until they lost consciousness; torture was reported to have continued as soon as they had regained consciousness.

Ten of the 15 cases reported that they were repeatedly punched and the same number kicked with heavy military style boots and nearly half reported that they were slapped during torture sessions, on the face and head, legs, back, abdomen or in some cases 'all over the body'. One person reported that the perpetrators stamped on their feet with heavy boots and another that an officer stamped on their chest with great pressure. One person's head was slammed against a concrete wall and a further case reported that a metal rod was inserted between their fingers and then manipulated causing extreme pain.

Forensic evidence

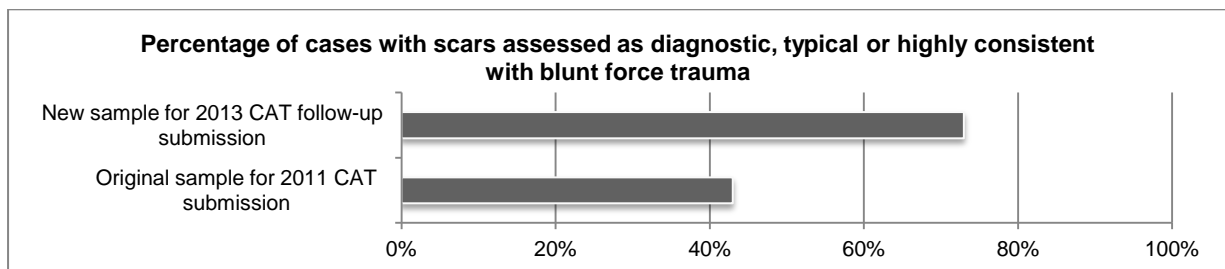


Of the 14 cases where blunt trauma was reported, 11 had scars/groups of scars attributable to this cause documented in their MLRs – a total of 170 scars across these cases. Of these, more than two thirds or 67% (114 scars) were assessed by the examining clinician to be either 'diagnostic' (no other cause) or 'typical' (possible other cause but appearance is typical) of deliberately inflicted blunt force trauma as described in each case.^{xvii} This percentage rises to more than three quarters (76%) when those scars assessed as 'highly consistent' with the stated cause (few other possible causes) are included.^{xviii} Given the general difficulty of attributing the precise cause of scars caused by blunt force trauma to a high level of certainty, the 40 scars (24% of all scars) assessed to be 'consistent' with blunt force trauma (non-specific, many other possible causes) also represent significant evidence of torture, when viewed in the context of other evidence in each case and in the case sample overall. The number of scars attributed to blunt force trauma documented in each of these 11 cases ranges from 1-30+, with an average number of 12 scars per person. Eight individuals had particularly large numbers of scars, with 12-30+ each.

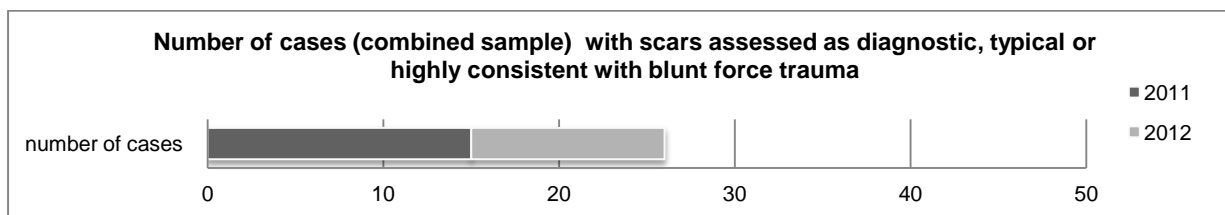
It should be noted that in any individual case, there may be scars that are considered to have different levels of consistency with the attributed cause, even if the torture method, such as blunt force trauma, is broadly the same. It is consistently noted in Freedom from Torture MLRs that the existence of physical evidence of blunt force trauma – in the form of

scarring, hypo- or hyper-pigmented areas of skin and other injuries capable of being documented – varies greatly according to many significant variables. These include: when the trauma was inflicted (how long before examination); the intensity, frequency and duration of the trauma; the type and shape of implement used; the site on the body; the age and overall physical health of the individual; and whether and how the injuries were treated or whether they became infected. It is also recognised that this form of torture is capable of causing other injuries such as damage to the musculoskeletal system and deep tissue – all of which give rise to very commonly reported symptoms of chronic pain among other things.

It is important to note the extensive evidence in 11 of the 15 cases (73%) in this sample of scarring assessed as having a high level of consistency – ‘diagnostic’, ‘typical’ or ‘highly consistent’ – with the ascribed cause of the various forms of blunt force trauma described above, even after a considerable lapse of time in some cases. This compares with scarring assessed at the same level of consistency in 43% of cases reported in the 2011 submission.^{xix} It is worth noting that, by contrast, the percentage of cases with scarring assessed as ‘consistent’ with blunt force trauma was very similar across the case sample for our 2011 submission and the present case sample – 46% and 40% respectively.

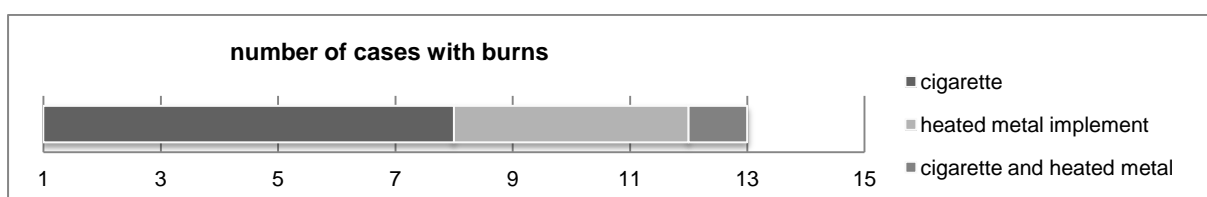


Moreover, across the overall sample of 50 cases, the physical evidence of torture by various forms of blunt force trauma alone (without taking into account other forms of torture and further physical and psychological evidence) is compelling. More than half the cases (52%) record scarring assessed as at least highly consistent with this cause.



Burns

Thirteen of the 15 cases in the sample (87%) included evidence of burning as part of their torture. The instruments used to inflict burns were lit cigarettes in eight cases and heated metal objects of various types in five cases. One individual was burned using both methods and in addition by the application of a caustic substance (chilli powder) to their eyes.

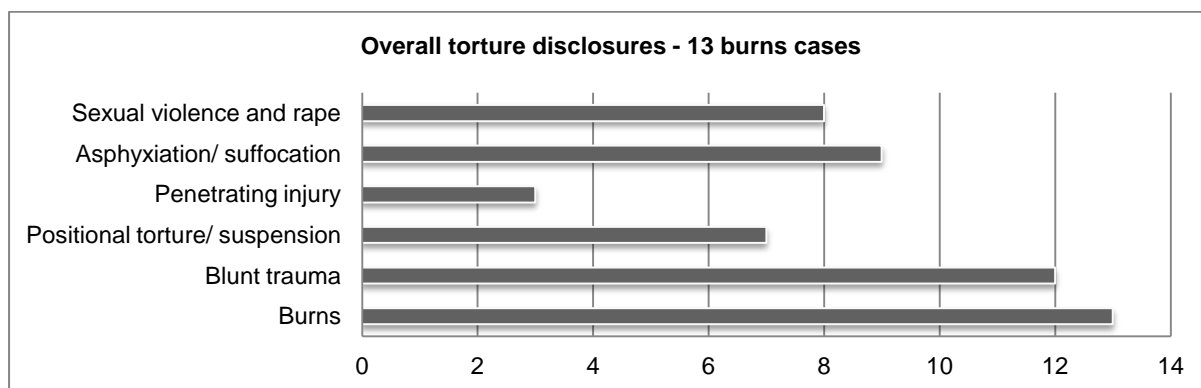


Those burned with heated metal implements reported either that they were struck with these implements on their back or that the metal implements were heated and then pressed against their back while they were bound or held in stress positions. Most reported losing consciousness due to the extreme pain. Those burned with cigarettes were burned on the back, hands, arms and/or legs, sometimes repeatedly and on more than one occasion throughout their detention. One reported that he was burned while a false statement was written out in front of him, which he was subsequently forced to sign.

Forensic evidence

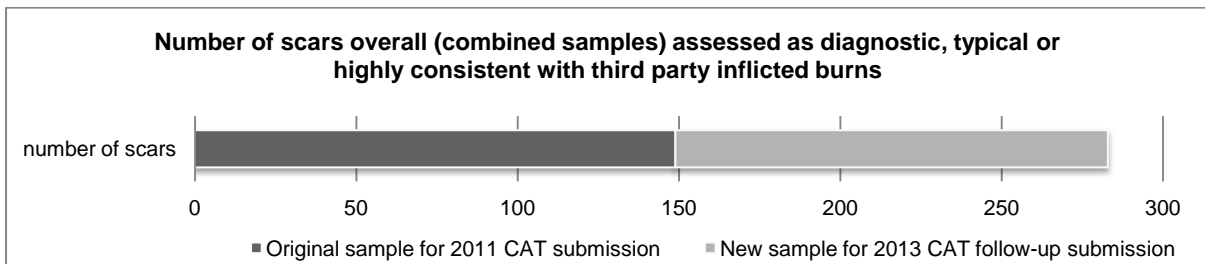
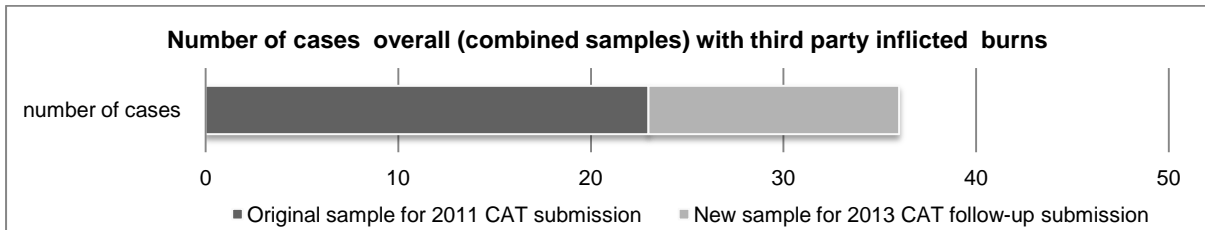
The resultant scarring from this treatment is extensive and is described and documented in detail in the MLRs. A total of 174 scars attributable to burning were recorded across the 13 cases. Of these, nearly three quarters (72%, 126 scars) were assessed by the examining clinician to be either ‘diagnostic’ (no other cause) or ‘typical’ (possible other cause but appearance is typical) of burns deliberately inflicted by a third party as described in each case. This percentage rises to 77% (134 scars) when those scars assessed as ‘highly consistent’ with the stated cause (few other possible causes) are included. A further 40 scars across six cases were assessed to be ‘consistent’ with the attributed cause of deliberately inflicted burns, though not sufficiently specific in appearance to indicate a higher level of consistency with this cause. Many of these latter cases had other scars that were assessed to have a higher level of consistency with the attributed cause of deliberate burning, while all had other physical and psychological evidence of torture.

The number of scars documented for each individual that were attributed to burns ranged from 1-30+, with an average of 10 per person. Five individuals, however, had particularly large numbers of burn scars, between 16 and 30+ (there were 30+ scars in two cases). In most cases the burns were inflicted on peoples’ backs, with a small number of scars documented on individuals’ chest, arms legs and/or face. It is worth noting that the thirteen individuals in the sample who were subjected to burns also disclosed other forms of torture including blunt force trauma in all but one case, asphyxiation/suffocation in nine cases, sexual torture in eight cases and suspension in seven cases (see table below). These forms of torture also resulted in physical and psychological signs and symptoms that are documented in detail in each case and described in aggregate in the relevant section of this submission.



As noted above, when this case sample is viewed in relation to the cases reported in the 2011 submission, the percentage that experienced torture by burning is significantly higher in the more recent cases: 65% in the 2011 submission and 87% in the current case sample.

This is of particular interest given that most people in the current sample were detained and tortured in 2011 (8 people), with the remainder detained in 2010 and 2012. **This supports the suggestion we made in our 2011 submission that the Sri Lankan authorities may have a ‘policy of permanently ‘branding’ victims not only to inflict long term psychological and physical damage but also to ensure that the individual may be easily identified in future as having been suspected of links to the LTTE’.**^{xx} Moreover, the cases in the present sample may indicate that the practice of ‘branding’ is increasing in prevalence among those detained in the last 2-3 years. Across the combined sample of 50 cases, all of whom were detained 2009-2012, 72% of cases (36 people) were burned.



Sharp force trauma

Three people reported that they had experienced torture involving sharp implements or implements that pierced the skin. In one case needles were inserted under each fingernail; in this case and one other an instrument such as wire cutters or pliers was used to pinch ears, lips and/or the skin on the buttocks.

Positional torture, including suspension

Just over half of the cases (eight people) reported that they were subjected to positional torture, including suspension in five cases, sometimes concurrently with interrogation and typically while they were being beaten with a variety of implements. Some people also reported being subjected to partial asphyxiation while held in stress positions or suspended. Forms of suspension described by the five cases included the following:

- wrists and ankles bound with rope and suspended upside down from a pulley attached to an iron bar which ran across the ceiling of the room
- ankles tied with rope and suspended upside down above a tank of water with the head repeatedly submerged in water using a pulley
- ankles tied with rope and suspended upside down with a plastic bag containing petrol tied around the head
- wrists tied with rope and suspended by the wrists

Those who were not suspended reported their wrists and/or ankles being bound for prolonged periods and being held in stress positions, such as tied face down across a table.

Forensic evidence

Positional torture including suspension often does not leave scars or other lesions. However, five of the eight cases who reported being subjected to positional torture had 15 scars between them on their ankles and/or wrists, all of which were assessed by the examining clinician to be either 'diagnostic', 'typical' or 'highly consistent' with this cause. As well as assessing the physical evidence, detailed descriptions of the methods and mechanisms of suspension were elicited in all cases by the doctor and this aspect of their history was considered in relation to the whole account. At least three of the five cases who were suspended reported observing ropes, bars and hooks attached to the ceiling and pulley mechanisms *in situ* in the torture location or in their cells.

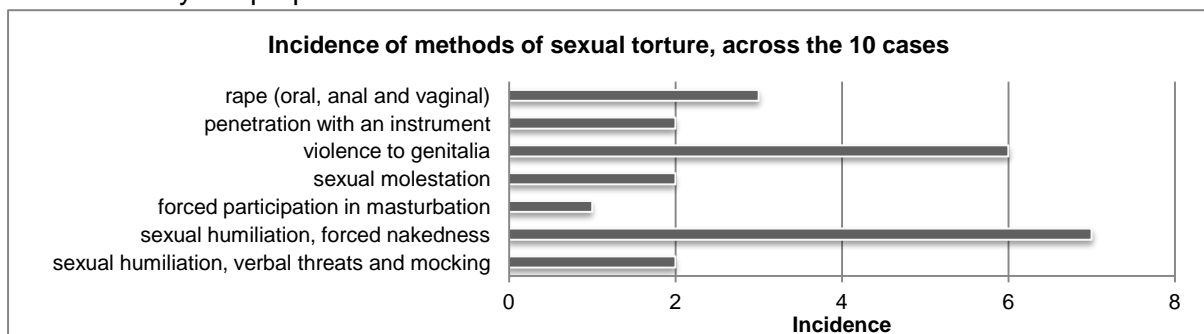
Partial asphyxiation/suffocation

More than half the cases in the sample (nine people) reported the use of torture using partial asphyxiation/suffocation methods, in most cases with the head repeatedly submerged in water or with a plastic bag containing petrol tied around the head (some people were subjected to both methods). This was reported by the individual to have induced an acute sensation of either drowning or suffocation. Although asphyxiation techniques usually leave no physical trace, each account was elicited and documented in detail in the MLR, including the individual's response to this form of torture, which was often inflicted in conjunction with suspension or other stress positions and interspersed with beatings and other forms of trauma.

Sexual torture

Given the high levels of shame and stigma attached to rape and sexual assault for men and women, under-disclosure of sexual torture is possible among the cases in this sample. Despite this, as in the 2011 submission, the reported use of sexual torture is widespread among these cases. Ten of the fifteen people in the sample (67%), nine male and 1 female, reported that they had experienced sexual torture, including at least three people who were raped (2 male and 1 female). This compares with the 60% of cases that reported sexual torture in the 2011 submission.

Some of these ten cases reported the use of repeated and different forms of sexual torture during their detention (see table below), including two who were subjected to multiple rapes. One individual reported that while being raped and forced to participate in sexual acts, they were filmed by the perpetrators.



In addition to rape and sexual molestation, the following methods of sexual torture were documented in these cases: forced participation in sexual acts (forced masturbation involving a number of individuals on different occasions), penetration with an instrument (ice cubes or wooden pole) and violence to the genitalia (including being kicked/beaten on the genitalia, a length of twine twisted around the penis/the penis twisted manually, and/or being burned on the penis). Sexual humiliation in the form of forced nakedness or semi-nakedness during interrogation and torture sessions was also commonly reported (at least 7 cases), as well as the use of verbal threats of sexual torture and mocking of a sexual nature.

Forensic evidence

It is noted that sexual torture as described in these cases often does not produce a physical trace that is sustained over time. However in one case, four of the 19 scars that were attributed to torture and documented in the MLR were assessed by the examining clinician to be 'typical' of injuries sustained from sexual assault and rape. Symptoms reported among the three cases who had been raped included vaginal/anal bleeding, discharge, constipation and/or vaginal or anal pain and discomfort, all symptoms commonly reported after rape. These provide strong corroboration of the accounts as given.

The psychological impact of the sexual torture is carefully documented in all cases, as well as the manner in which the disclosures were made. In cases where rape and other forms of sexual torture were reported, it is recorded in the MLR that individuals experienced high levels of distress in recounting what had happened. Psychological symptoms such as intrusive memories, flashbacks and/or nightmares were reported in almost all cases as well as intense feelings of shame. Four cases expressed suicidal ideation during the documentation process, one of whom had attempted suicide (see the section on *Psychological findings* for more details) and was considered by the doctor to be at ongoing risk of suicide.

Loss of consciousness during torture

Seven of the 15 cases reported that they had lost consciousness at least once during torture and in some cases many times. Most reported that they lost consciousness when subjected to sustained beatings or blows to the head and some when their head was covered in a plastic bag containing petrol.

Physical symptoms attributed to torture

Chronic pain

Chronic pain symptoms were reported and described in 12 of the 15 cases (many of whom had multiple pain symptoms), all of whom had been subjected to blunt force trauma during their torture. Five of these cases had also been subjected to suspension. Chronic pain symptoms were reported in the following parts of the body: back (10 cases), chest, shoulders, knees, soles of the feet and/or finger joints.

Acute injury/symptoms

One case reported having suffered a fractured knee cap as a result of torture in detention (a blow to the knee); the fracture was confirmed by X-ray (now healed) and the timeline was reported to be consistent with this injury having occurred in detention. In two other cases dislocation and other damage to the fingers was recorded by the clinician and found to be

consistent with the reported cause of forcible over-extension of the joints during torture. One case reported total loss of hearing in one ear for some months after receiving a hard blow to the head during torture. Though now healed, the clinician found this history to be consistent with a ruptured eardrum.

As noted above, symptoms reported among the three cases who had been raped included vaginal/anal bleeding, discharge, constipation and/or vaginal or anal pain and discomfort.

Referral and treatment for chronic and acute physical symptoms

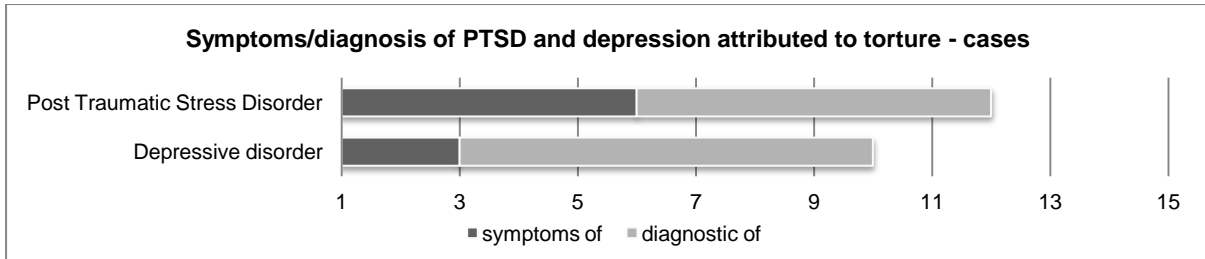
According to available information (reported in the MLR), at least five cases in the sample were being treated by statutory health care providers in the UK for chronic pain symptoms associated with torture in detention at the time of documentation. Two cases had been referred for sexual health screening due to having been raped. Another four cases reported that they had received some medical treatment in Sri Lanka before arriving in the UK. Three of these were treated for wounds and burn injuries and one for a dislocated finger.

3. PSYCHOLOGICAL IMPACT OF TORTURE

MLRs prepared by Freedom from Torture doctors routinely document psychological as well as physical findings, with reference to the history given by the individual and the specific disclosure of torture. Psychological signs and symptoms related to the history of torture are documented and evaluated in light of guidance given in the Istanbul Protocol, Freedom from Torture's own methodology guidelines and diagnostic tools including the World Health Organisation Diagnostic Classifications for Post-traumatic Stress Disorder (PTSD) and depression.^{xxi}

The psychological examination conducted as part of the MLR documentation process includes the past medical and mental health history; the current health history and a full mental state examination, including the presenting symptoms as well as the behaviour and affect of the individual during clinical examinations from the beginning of the documentation process to the end – a period of weeks or months in some cases. These findings are then interpreted with reference to the doctor's clinical expertise, experience and training in the documentation of torture, relevant diagnostic tools and clinical literature. The individual's reported experience of detention and torture and presentation of ongoing symptoms of PTSD or depression, for example, will therefore be considered in light of their current behaviour, their present life circumstances and the views they express of their past and present life and of their future and the objective findings of the mental state examination. Clinicians will consider the possibility of a rehearsed or disingenuous narrative (in accordance with paragraph 287 of the Istanbul Protocol) and in reaching their conclusions will seek to establish the degree of congruence between the given narrative, other available evidence (such as physical evidence of torture or external diagnoses and/or treatment) and the psychological presentation.

Psychological findings for the 15 cases in this sample included 12 people (80%) with symptoms of Post Traumatic Stress Disorder (PTSD) related to the history of torture in detention. Of these, six (40%) had symptoms reaching the diagnostic threshold according to the ICD-10 Classification of Mental and Behavioural Disorders.^{xxii} In addition, ongoing symptoms of depression directly related to the history of detention and torture were reported by ten people (67%), of which seven (47%) had symptoms reaching the diagnostic threshold for depression.



According to available information (recorded in the MLR), nine of the 15 cases (60%) were in treatment for depression and/or PTSD symptoms at the time of the MLR documentation process, receiving medication from statutory health care providers in the UK. In addition, two of these cases had been referred by their GP for counselling and trauma therapy, one on an urgent basis, and one was already in receipt of counselling services. Furthermore, one case was in receipt of and three cases were referred to Freedom from Torture for treatment services (psychological therapies) by the examining clinician, including in one case an urgent psychiatric assessment due to the severity of their symptoms and a suicide attempt.

These psychological findings in themselves represent very strong evidence of a history of detention and torture in most cases in this sample and in each case form a crucial part of the overall clinical picture, where the clinician seeks to integrate the physical and psychological findings and assess these in relation to the history of torture reported by the individual.

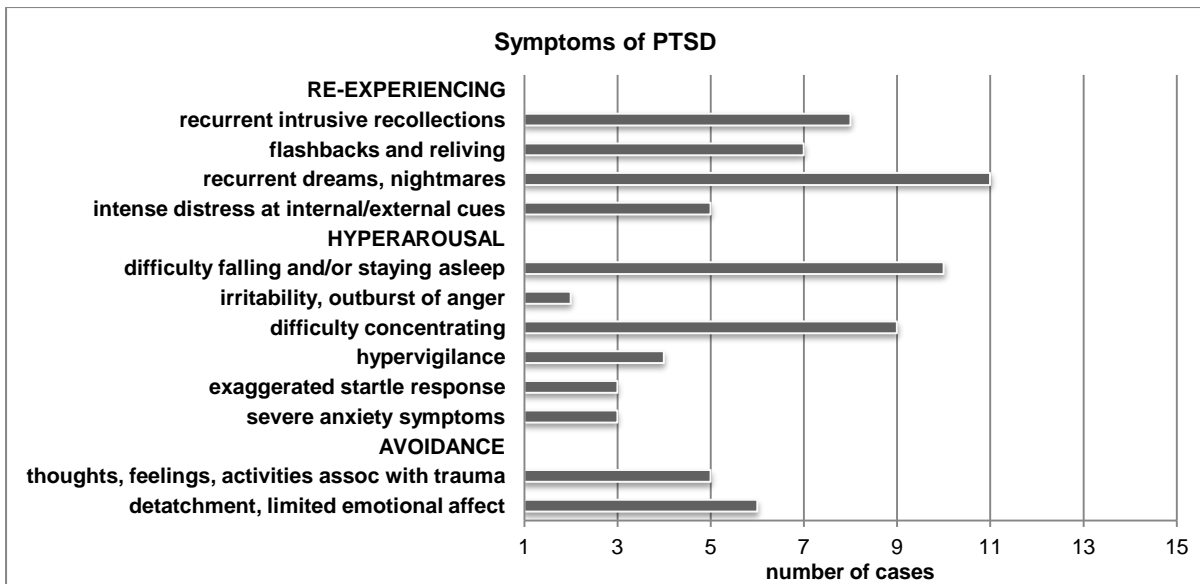
Detailed psychological findings

Detailed psychological findings documented in the 15 MLRs are grouped below according to the relevant Istanbul Protocol categories of ‘common psychological responses’ to torture.^{xxiii} Symptoms of PTSD and of depression have been presented separately; although depression symptoms are part of the overall PTSD symptom picture in most cases, not all those who suffer from symptoms of depression will also have PTSD symptoms.

Symptoms of PTSD

i. Re-experiencing the trauma

‘Re-experiencing’ responses reported and observed included: *flashbacks* (7 cases) and *intrusive memories and thoughts* (8 cases) where traumatic events are repeatedly re-experienced even when the individual is awake and conscious. Also included were *recurrent nightmares* in most cases (11 cases) including elements of the traumatic events in actual or symbolic form. Further responses documented in these cases included *fear and anxiety experienced in response to cues* that trigger an association with the trauma, such as authority figures in uniform (police and immigration officials for example) and particular sights and sounds associated with the experience of detention and the perpetrators of abuse (5 cases).



ii. Hyper arousal

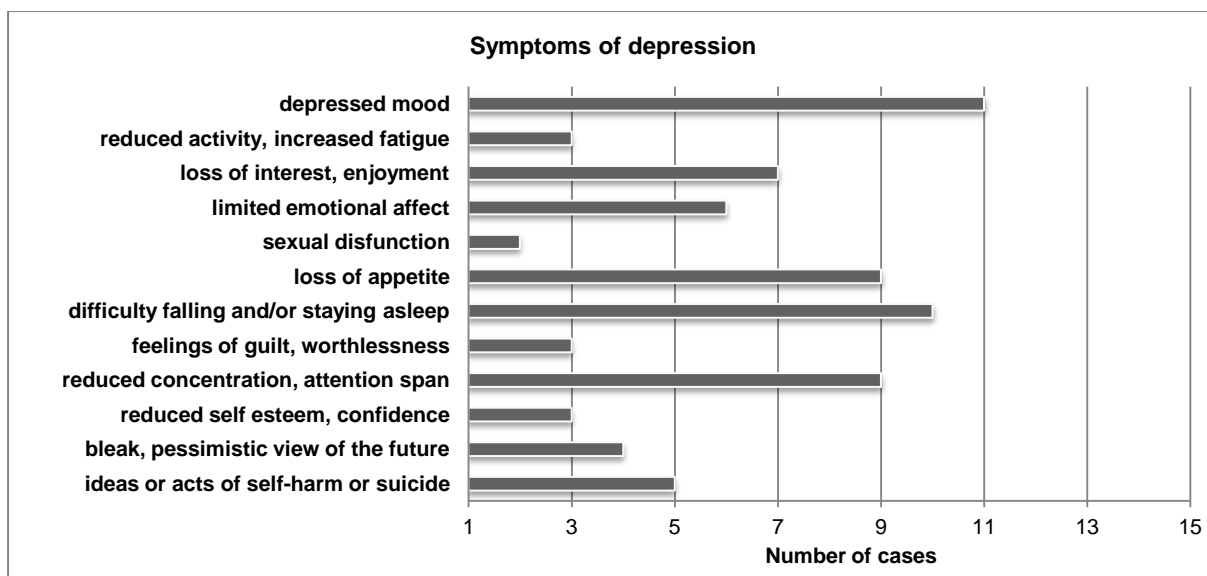
'Hyper arousal' responses reported and observed included: *difficulties either falling or staying asleep* in the majority of cases (10 cases); unusually high levels of *irritability and angry responses* (2 cases); difficulties in *concentrating* (5 cases); a marked '*hyper vigilance*' and *exaggerated startle response* (4 cases); a *generalised state of anxiety and anxiety related symptoms* such as dizziness, fainting and hyperventilation (3 cases).

iii. Avoidance and emotional numbing

'Avoidance and emotional numbing' responses reported and observed included: *avoidance of thoughts and conversations or activities, places and people that give rise to memories and recollection of the trauma* (5 cases). *Detachment and social withdrawal and avoidance of meeting people and of social interactions* were further documented in a significant number of cases (6 cases).

Symptoms of depression

Depressive features of PTSD and depression signs and symptoms documented in these cases included: *low mood* in most cases (11 cases); markedly *diminished interest* in normal daily and normally pleasurable activities and *increased fatigue* (7 cases and 3 cases respectively); *limited emotional affect* (6 cases) and *sexual dysfunction* including loss of libido (2 cases); *diminished appetite* (9 cases); *insomnia* or other forms of *sleep disturbance such as early morning waking* in most cases (10 cases); feelings of *worthlessness and guilt* (3 cases); *difficulty with concentration* and recall and scattered thoughts (9 cases); bleak or *pessimistic view of the future* and sense of *foreshortened future* (4 cases); *suicidal ideation* (5 cases), and *self harm or attempted suicide* (3 cases).



Conclusions

This submission summarises the key findings of a detailed review of 15 forensic medico-legal reports (MLRs) prepared by Freedom from Torture clinicians in relation to individuals who were tortured in Sri Lanka between 2010-2012.

In their clinical opinion and concluding observations for the MLRs in the 15 sampled cases, examining clinicians drew together the salient elements of the account of detention and torture and the clinical evidence which may or may not have supported this history. This included:

- summary of the history and torture methods described;
- physical findings including lesions and their consistency with the attributed cause of torture, or lack of physical findings with clinical reasons;
- presence of lesions attributed by the person to other causes (non-torture), demonstrating no attempt to embellish the account;
- psychological findings, including symptoms of PTSD and depression related or unrelated to the history of detention and torture, with clinical reasons;
- mode of narration of the history including demeanour and affect, level of detail and consistency of the account or lack of these, with clinical reasons; and
- the possibility of fabrication or embellishment of the account of torture, or of alternative explanation for the clinical evidence.

Clinicians in all 15 cases found there to be sufficient physical and/or psychological evidence to support the account given and an overall congruence between the clinical findings and the history provided by the individual of detention and torture in Sri Lanka in the given period.

With this in mind, these 15 cases alongside the 35 cases in our original submission to CAT in November 2011 (for the examination of Sri Lanka's combined third and fourth periodic reports under Article 19 of the Convention Against Torture) mean that Freedom from Torture has now reported to CAT on a total of 50 post-conflict torture cases in Sri Lanka.

Taken together, these 15 *new* cases:

- Reinforce (a) the key finding of Freedom from Torture's original submission that torture has continued to be perpetrated by both the military and police in Sri Lanka since the end of the civil war in May 2009, and (b) the concerns that CAT expressed in its concluding observations at the end of the 2011 examination about reports suggesting that *'torture and ill-treatment perpetrated by State actors, both the military and the police, have continued in many parts of the country after the conflict ended in May 2009 and is still occurring in 2011'*^{xxiv};
- Indicate that Tamils with an association with the LTTE are at particular risk of torture, even if this association is at a low level and/or where it is indirect through family members;
- Suggest that the practice of permanently 'branding' victims via burns is not only ongoing but has possibly increased in prevalence among those detained in the last 2-3 years, and that other widespread forms of torture include blunt force trauma (often leading to extensive scarring), asphyxiation/suffocation and sexual torture;
- Call into question the Government of Sri Lanka's claim that *'no citizen can be taken into custody or detained except in the manner prescribed by the existing domestic legal framework'*^{xxv} and reinforce CAT's *'serious concern'* at Sri Lanka's *'failure in practice to afford all detainees... with all fundamental safeguards from the very outset of their detention'*^{xxvi};
- Call into question the Government of Sri Lanka's claim that *'it is an unfounded allegation that... police officers resort to torture and other sort [sic] of degrading and inhuman actions to extract confessions of suspects and detainees'*^{xxvii} and support CAT's concerns about the use of torture to extract coerced confessions^{xxviii}; and
- Call into question the Government of Sri Lanka's claims to CAT that it is following a *'policy of zero tolerance of torture'* and reinforce CAT's concerns that there is a *'prevailing culture of impunity'*^{xxix} in Sri Lanka for torture.

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APPENDIX 1

Freedom from Torture's Country Reporting Programme – research design and method

The purpose of Freedom from Torture's Country Reporting Programme is to systematically investigate and report on evidence and patterns of torture perpetrated in particular countries, using specific criteria relevant to the country in question, with a view to holding states accountable for torture practices using international human rights mechanisms.

The primary source for Freedom from Torture's research on torture practices in particular states is individual medico legal reports ('MLRs') prepared by the organisation's Medico Legal Report Service (known as the Medical Foundation Medico Legal Report Service). MLRs are considered a primary data source since they provide both first-hand testimony of torture and direct evidence related to that testimony in the form of clinical data. They are detailed expert reports which document, through an extensive and forensic process of clinical examination and assessment, an individual's history of torture and its physical and psychological consequences. They are prepared by specialist clinicians – who act as independent experts in this task to assist decision-makers in the context of asylum and other legal proceedings – according to standards set out in the 'UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment', known as the Istanbul Protocol. The possibility of fabrication of evidence is explicitly considered by our clinicians when preparing an MLR. As set out in the Freedom from Torture methodology paper 'Methodology Employed in the Preparation of Medico-Legal Reports on Behalf of the Medical Foundation', our clinicians '*critically assess the account given in relation to the injuries described and the examination findings, in the light of their own experience and the collective experience of colleagues at the Medical Foundation, and may decline to write a report if the account and findings do not correlate*'. This methodology paper is available at <http://www.freedomfromtorture.org/sites/default/files/documents/methodology%20mlr.pdf>.

The research design for the Country Reporting Programme includes the following phases for each particular country:

1. Preliminary review of
 - i. published sources of information about torture practices and the human rights context for the particular country
 - ii. progress and outcome of monitoring and accountability procedures relating to the practice of torture in the particular country, currently underway or undertaken in the past, as well as opportunities to contribute to such processes in the future
 - iii. country of origin information and country specific policy used by the UK Border Agency and case law relevant to survivors of torture from the particular country
 - iv. available research data in the form of Freedom from Torture MLRs for clients from the particular country, including the total number of completed MLRs and a review of a randomly selected pilot sample
2. Internal cross-departmental consultation (including clinical, legal, policy/advocacy and communications functions) leading to:
 - i. decision on the focus of the research (for example torture perpetrated within a specific date range or a particular 'victim' profile)

- ii. sample selection according to relevant criteria defined by the focus of the research and the availability of MLRs with consent to use for research purposes on an anonymised basis
 - iii. definition of the required data set and preparation of the research database and coding strategy in accordance with the scope and focus of the research and the particularities of the specific country (both qualitative and quantitative data is collected and recorded to enable the most accurate representation of patterns across the data in numeric and tabular forms, as well as detailed description of particular features of the data, for example the focus of interrogation of those with a particular profile, the use of specific torture methods or the manifestation of post-traumatic stress disorder (PTSD) symptoms in survivors of rape or other particular forms of torture)
3. Data collection comprising a review of each individual MLR included in the case sample and the collection and systematic recording of the relevant data for each on the prepared database
 4. Systematic analysis of aggregated, anonymised data (both qualitative and quantitative)
 5. Reporting of the findings including
 - i. a description of findings and patterns observed across the case sample, drawing on qualitative and quantitative data
 - ii. where relevant, a description of patterns relating to particular sub-sets of the case sample, such as women or those of a particular religious, ethnic or political profile
 - iii. analysis and description of particular features of the data sample (as a whole or data sub-sets) drawing on quantitative data
 6. Publication and dissemination of the research findings.

ⁱ *Freedom from Torture submission to the Committee against Torture for its examination of Sri Lanka in November 2011*, Freedom from Torture, October 2011. Note that the evidence in this submission formed the basis for our report *Out of the Silence: New Evidence of Ongoing Torture in Sri Lanka 2009-2011* published in January 2012 and available at http://www.freedomfromtorture.org/sites/default/files/documents/Sri%20Lanka%20Ongoing%20Torture_Freedom%20from%20Torture_Final%20Nov_07_2011.pdf.

ⁱⁱ *Ibid*, p. 2.

ⁱⁱⁱ When considering this data, it should be borne in mind that Freedom from Torture does not accept all referrals made to our Medico Legal Report Service and some referrals are also withdrawn by legal representatives, including when the individual is granted asylum before the medico legal report is complete. Reasons we may reject a referral include a decision that the case falls outside our remit, that a medico legal report would not make a material difference to the individual's asylum claim (for example where it relates to torture that took place a long time ago in circumstances that are not germane to the present asylum claim), or that there is no evidence of torture capable of being documented by us to the requisite standard. While Freedom from Torture aims to complete an MLR in five months, it may take longer, particularly where the individual is very vulnerable or where, as in the case of many Sri Lankan clients, there are large numbers of scars and other lesions to document. In approximately half of the Sri Lankan cases successfully referred to us in the relevant period for this

study, the medico legal report was still in the process of being produced at the time when tracking stopped so that the analysis for this report could be conducted.

^{iv} *Freedom from Torture submission to the Committee against Torture for its examination of Sri Lanka in November 2011, op cit.*

^v See the Government of Sri Lanka's Response to the Concluding Observations issued by the Committee Against Torture (25 November 2012), p. 1.

^{vi} See Appendix 1 for further information about the research methodology for Freedom from Torture's Country Reporting Programme.

^{vii} Association with the LTTE, voluntary or under duress, should be understood in the context in which Tamils have lived in the Northern and Eastern Provinces of Sri Lanka – in a conflict zone and in areas controlled by the LTTE where people were typically drawn into an involvement with the LTTE at one time or another in their lives, by persuasion or by force and intimidation or a combination of both. See for example United Nations Secretary General, Report of the Secretary-General's Panel of Experts on Accountability in Sri Lanka, 2011, http://www.un.org/News/dh/infocus/Sri_Lanka/POE_Report_Full.pdf, pp. 8-9.

^{viii} This briefing is available on our website at <http://www.freedomfromtorture.org/document/briefing/6660>.

^{ix} *Ibid.*, p. 15.

^x *The Queen on the application of Qubert and others v Secretary of State for the Home Department* [2012] EWHC 3052 (Admin).

^{xi} The order of the High Court is available at <http://www.freemovement.org.uk/wp-content/uploads/2013/02/Charter-flight-order.pdf>.

^{xii} A detailed description of Freedom from Torture's methodology for preparing medico legal reports is available at <http://www.freedomfromtorture.org/sites/default/files/documents/methodology%20mlr.pdf>.

^{xiii} See Freedom from Torture 'Sri Lankan Tamils tortured on return from the UK' (13 September 2012) available on our website at http://www.freedomfromtorture.org/sites/default/files/documents/Freedom%20from%20Torture%20briefing%20-%20Sri%20Lankan%20Tamils%20tortured%20on%20return%20from%20the%20UK_0.pdf.

^{xiv} Note: the distinction between physical and psychological methods of torture is artificial, since 'physical' forms of torture are clearly designed to and will certainly have a psychological impact, and may cause both short and long term psychological symptoms. Moreover, physical forms of torture may or may not leave an observable physical trace, indeed some are designed to inflict high levels of pain and distress without leaving an obvious physical mark.

^{xv} *Freedom from Torture submission to the Committee against Torture for its examination of Sri Lanka in November 2011, op cit*, p.14.

^{xvi} See the Government of Sri Lanka's Response to the Concluding Observations issued by the Committee Against Torture (25 November 2012), p. 1.

^{xvii} Istanbul Protocol, para 187.

^{xviii} Of the 152 scars, 39 (across 4 cases) were assessed as ‘diagnostic’ and 75 (across 6 cases) were assessed as ‘typical’ of torture by blunt force trauma. The remainder were assessed as either ‘highly consistent’ (16 across 4 cases) or ‘consistent’ (40 across 6 cases) with this attributed cause.

^{xix} *Freedom from Torture submission to the Committee against Torture for its examination of Sri Lanka in November 2011, op cit, p.14.*

^{xx} *Ibid.*, p. 21.

^{xxi} A detailed description of Freedom from Torture’s methodology for preparing medico-legal reports is available at <http://www.freedomfromtorture.org/sites/default/files/documents/methodology%20mlr.pdf>.

^{xxii} World Health Organisation, *ICD-10 Classification of Mental and Behavioural Disorders* (Geneva 1994).

^{xxiii} Istanbul Protocol, paras 241-249.

^{xxiv} CAT/C/LKA/CO/3-4 at para 6.

^{xxv} Government of Sri Lanka’s Response to the Concluding Observations issued by the Committee Against Torture (25 November 2012), p. 3.

^{xxvi} CAT/C/LKA/CO/3-4, para 7.

^{xxvii} Government of Sri Lanka’s Response to the Concluding Observations issued by the Committee Against Torture (25 November 2012), p. 10.

^{xxviii} *Ibid.*, para 11.

^{xxix} *Ibid.*, para 18.