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Freedom from Torture

Medical Foundation for the Care of Victims of Torture

**“We will make you
regret everything”**

**Torture in Iran since
the 2009 elections**

Freedom from Torture
Country Reporting Programme

March 2013

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**“We will make you regret
everything”**

**Torture in Iran since the
2009 elections**



Freedom from Torture
Medical Foundation for the Care of Victims of Torture

*"Why did this happen to me, what did I do wrong?
...They've made me hate my body to a point that I
don't want to shower or get dressed...
I feel alone and can't trust another person."*

Case study - Sanaz, page 6

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*"Happiness is forbidden in Iran...
I was treated worse than an animal...
They told me that afterwards I wouldn't
even want to be alive and in that they
have succeeded."*

Case study - Bahar, page 7

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Summary and key findings

This report summarises a study conducted by Freedom from Torture of 50 Iranian torture cases documented by clinicians in our Medico Legal Report Service. The cases all involve torture perpetrated in the lead up to and in the weeks, months and years following Iran's presidential elections held on 12 June 2009. Together they provide an alarming insight into the brutal methods used by the Iranian authorities to terrorise those individuals – and their family members – engaged in grassroots organising prior to the elections and in the protests relating to the disputed outcome and the human rights abuses that followed.

To the best of our knowledge, this report is the most detailed forensic evidence of torture yet to have emerged from this dark period in Iran's recent history. In presenting our evidence, we have carefully described the profiles of the survivors whose cases are included in the study; patterns in their detention experiences, including serious due process failings; and the findings of Freedom from Torture clinicians with respect to the methods of torture inflicted on the survivors and the resulting physical and psychological consequences.

In accordance with our client confidentiality policy and consent processes, and mindful of the intense security concerns among our Iranian clients, we have omitted information – including distinctive information from personal profiles and about interrogation experiences, methods of torture and injuries – which could potentially be used to identify any person whose case is included in this study.

This research, based on medico legal evidence, is of particular importance given the dangers that clinicians working inside Iran face in speaking out about torture injuries which they may have witnessed or provided treatment for,¹ the repression of lawyers and human rights defenders seeking to assist victims of torture² and the lack of access to Iranian detention facilities for independent human rights monitors. Findings from this research have been shared with the UN Special Rapporteur on the situation of human rights in the Islamic Republic of Iran who is collecting and examining allegations of torture and other human rights abuses in Iran, despite his lack of access to the country. He has drawn on evidence provided by Freedom from Torture for his report to the twenty-second session of the UN Human Rights Council.³

Case Study - Sanaz*

Sanaz was living and working in Tehran when she and her husband took part in the demonstrations in June 2009 following the disputed Presidential election results. At one of the protests her husband was handing out leaflets when he was chased by men, who Sanaz believed were acting for the authorities. He escaped but his leaflets and personal effects were taken. When they returned home together later that same day a police car was outside their house. Instead of going home, they decided to go to a relative's house but upon returning the following day found their house had been broken into and a computer and documents removed.

A few days later, Sanaz was home alone when security forces showed up. She was handcuffed and blindfolded and taken to an unknown detention centre where she was held in a dark cell for about a week. During interrogations Sanaz was beaten, kicked and slapped whilst being accused, amongst other things, of acting against the regime and being in contact with foreign groups. She was told she was going to be killed and was accused of being 'a spy and a prostitute'. On two separate occasions she was raped in the interrogation room.

Sanaz was released and told this was on condition that she tell her husband what had happened to her and that they both appear at court the following week. Instead, however, her family paid for an agent to arrange for her to leave the country.

A medico-legal report was prepared in 2010 after Sanaz was refused asylum by the UK Border Agency. The Clinical Psychologist who wrote the report, after more than 30 counselling sessions, concluded that Sanaz had Post-Traumatic Stress Disorder and was suffering from depression. She lodged an asylum appeal, including the medico-legal report prepared by Freedom from Torture, and was granted refugee status.

* Names have been changed and other specific details omitted to protect the anonymity of our clients

Key findings of the report

The detailed examination of evidence of detention and torture perpetrated in these cases in 2009-2011, as documented in the sample of 50 medico-legal reports (MLRs) prepared by Freedom from Torture, indicates that:

- Torture was a key tool of repression used by the Iranian authorities as part of their efforts to crush dissent in Tehran and elsewhere in the months leading up to and for an extended period following the presidential elections in June 2009;
- This crackdown involved torture – often during multiple detention episodes – of many people for whom the 2009 presidential election period was the first time they, or other family members, had engaged in any level of political or other form of activism;
- A wide range of physical, psychological and environmental torture methods were practised in a highly systematic way by torturers in Iran during this period;
- Torture was often used to obtain information about individuals and networks involved in organising political or other activity deemed to be 'anti-regime' and to force people to sign what they understood to be 'confessions' or other statements which were used against them in legal proceedings or which could be so used in the future;
- Extensive use of incommunicado detention and blindfolding or hooding meant that many survivors of torture were unable to identify the place of their detention or the identity of their interrogators and torturers; and
- The physical and psychological harm of torture endures for the survivors and most have required medical treatment and/or psychological therapies in order to restore their functioning. A high proportion of the cases in this sample had self-harmed or made suicide attempts in the period following their torture.

Half of the cases in this study were arrested in Tehran with the remainder in other provincial capitals and a small number in rural areas. In all cases, the reasons for detention and torture included a 'political' element, often at a very low level, even if this emerged after arrest for non-political offences or was imputed to the person on account of the activities of their family members or, in one case, a business associate. Twenty-seven of the cases were arrested and detained while attending demonstrations and other protests following the presidential elections.

Case Study - Bahar*

Bahar was finally forced to flee Iran in 2011 after repeated periods of detention dating back to 2008 in which she was subjected to torture and ill-treatment, including severe beatings and insults, sexual abuse and rape. During one interrogation, under the pressure of torture, she was forced to sign a 'confession' stating she had been involved in anti-regime activities.

Originally targeted by the authorities because of her political activism on Kurdish issues, Bahar's most recent detention was around the first anniversary of the disputed presidential elections, when she was interrogated about the Green movement and her links with foreigners. Around this time she had begun to feel like there was real hope of change in Iran and was motivated to continue to attend demonstrations and gather information about human rights abuses in the country.

However, in 2011, some close associates went missing and Bahar went into hiding, fearing that the authorities would learn of her on-going activities and that she would herself face arrest. Her home was raided by the authorities and Bahar's family made arrangements for her to leave the country.

A medico-legal report was prepared in 2012 after Bahar was refused asylum by the UK Border Agency. The doctor writing the report concluded that Bahar had been re-traumatised by the process of retelling her account and, at that time, was at risk of suicide. She lodged an asylum appeal, including the medico-legal report prepared by Freedom from Torture, and was granted refugee status.

* Names have been changed and other specific details omitted to protect the anonymity of our clients



The group of 50 cases is divided into 26 cases where the individual had no personal history of political or other activism or family profile of dissent prior to the 2009 election period, 11 cases where the individual had a history of dissent preceding the 2009 elections (including support for the Kurdish cause or involvement in dissident student politics), and 13 cases where the individual had no personal history of involvement in political activism or dissent before being detained, even during the 2009 elections and their aftermath.

Five of the cases included in this research had been resident in the UK at some point prior to their detention and torture, three of whom were ordinarily resident in the UK as students at the time of detention, having returned to Iran for short family visits. In two of these three cases, the individual was interrogated under torture about their links with and activities undertaken in the UK.

Methods of physical torture used across the 50 cases included blunt force trauma, such as beating, whipping and/or assault (100% of cases); sexual torture including rape, molestation, violence to genitals and/or penetration with an instrument (60%); suspension and stress positions (64%); use of water (32%); sharp force trauma including use of blades, needles and/or fingernails (18%); burns (12%); electric shock (10%); asphyxiation (10%) and pharmacological or chemical torture (8%). Of the cases sampled, 60% of females and 23% of males reported rape.

Psychological and environmental forms of torture, which were highly prevalent in this case sample, included but were not limited to humiliation (82%), solitary confinement (68%), verbal abuse (64%), threats of death (44%) and threats to family (30%), sleep deprivation (24%), and mock executions (14%).

Freedom from Torture MLRs for these cases documented extensive evidence of a wide range of physical and psychological consequences of torture. Forty-one cases (82%) had forensic evidence of physical trauma documented in their MLRs, including 60% who had lesions attributed to blunt force trauma, and 14% had lesions assessed by our clinicians as 'diagnostic', 'typical' or 'highly consistent' with various types of burns attributed by the survivor to torture. In addition, 46% of cases reported chronic pain and 18% reported fractures resulting from torture.

Psychological findings for the 50 cases in this study included 45 cases (90%) with symptoms of Post-Traumatic Stress Disorder (PTSD) related to the history of torture in detention and 42 cases (84%) with ongoing symptoms of depression directly related to this history. Twenty-seven cases (54%) expressed ideas of self-harm or of suicide to their examining clinician and ten people had indeed carried out acts of self-harm since arrival in the UK. A further six people (12% of the case sample) had made at least one suicide attempt following their detention and torture.

As Iran prepares for further presidential elections expected to take place in June 2013, this report calls on the Iranian government to comply with its international legal obligations with respect to acts of torture and to cooperate with UN human rights monitors, including the UN Special Rapporteur on the situation of human rights in the Islamic Republic of Iran and the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. It also makes recommendations to Member States of the United Nations, as well as to states and the UN High Commissioner for Refugees responsible for processing asylum applications made by Iranian torture survivors seeking international protection.

Recommendations

To the government of the Islamic Republic of Iran:

1. Implement recommendations of the UN Human Rights Committee as well as those accepted by Iran during its first universal periodic review by the UN Human Rights Council relating to Iran's compliance with Article 7 of the International Covenant on Civil and Political Rights prohibiting torture and cruel, inhuman or degrading treatment or punishment. In particular, the government should:
 - i. Urgently establish a full, impartial and independent investigation into allegations of torture and other ill-treatment during and following the 12 June 2009 presidential elections, and prosecute those officials found responsible.
2. Ensure there are no further violations of the prohibition of torture and cruel, inhuman or degrading treatment or punishment, including in the context of the forthcoming presidential elections expected to take place in June 2013.
3. Cooperate fully with all special procedures of the UN Human Rights Council, in particular the UN Special Rapporteur on the situation of human rights in the Islamic Republic of Iran, who should be granted prompt and unimpeded access to Iran to conduct investigations, and the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment.
4. Become a party to the UN Convention Against Torture and the Optional Protocol thereto which establishes a system of regular visits by independent and national bodies to detention facilities.

To Member States of the United Nations:

1. Renew the mandate of the UN Special Rapporteur on the situation of human rights in the Islamic Republic of Iran.
2. Ensure that resolutions of the UN Human Rights Council and General Assembly on the human rights situation in Iran acknowledge and condemn the widespread use of torture in Iran and include a strong focus on torture prevention.
3. Consider additional mechanisms to address any ongoing failure by the Iranian government to effectively investigate allegations of mass violations of human rights including torture.

To states of asylum and the UN High Commissioner for Refugees:

1. Ensure that policy guidance for risk assessment processes and country of origin information used in refugee determination processes properly reflects the evidence of torture practices in Iran contained in this report, including the key findings in relation to the profile of the victims, conditions of detention, lack of due process and extensive use of forced 'confessions'.
2. Ensure prompt access for Iranian torture victims to specialist torture rehabilitation services.



Introduction

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 2012 Freedom from Torture provided treatment services to more than 950 clients from around 80 different countries. In addition our independent 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 that we have recorded 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.⁴

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 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'.⁵ 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 for these purposes our clinicians act strictly as independent experts – collectively they also represent an invaluable source of evidence of torture that can be used to hold perpetrator states to account.

Freedom from Torture's history of working with Iranian torture survivors

Freedom from Torture has consistently received more referrals for Iranians than for any other nationality. Since our foundation, over 5000 Iranians have been referred to us for clinical services – this represents 10% of the more than 50,000 total referrals we have received. Nearly 30% of Freedom from Torture's current treatment clients (2012) are of Iranian origin and at least 16% of all MLRs we have produced over the past three years (2010-2012) have been for Iranian clients. It should be noted that not all Freedom from Torture's treatment clients will have an MLR prepared for them, nor will all those for whom we prepare an MLR receive treatment from us, due to a range of factors including the different referral and intake processes for these different services.

Our Iranian clients, both past and present, together embody and provide evidence of the history of torture perpetrated by the Iranian state from the 1980s to the present day. The MLRs we have produced for Iranians provide substantial and robust evidence of torture in Iran and are the source of data for this snapshot study of torture perpetrated by the Iranian government in the lead up to and for an extended period following the presidential election in June 2009. We hope the evidence from this study will be of assistance to the UN Special Rapporteur on the situation of human rights in the Islamic Republic of Iran and other UN mechanisms investigating human rights abuses in Iran. This report has been prepared in the lead up to presidential elections expected to be held in Iran in 2013.

Case sample and method⁶

The current study is focused on patterns of torture perpetrated in the context of the 2009 presidential election in Iran and the unrest and repression of dissent which followed. It is based on a systematic review and evaluation of 50 Iranian cases for which an MLR was prepared by our MLR Service, bearing in mind that this service only prepares an MLR where there is evidence of torture which can be documented to the requisite standard.⁷ Cases were drawn from all those MLRs prepared by Freedom from Torture for Iranian clients since the beginning of 2009 and each case fulfilling both of the following two criteria was included in the case sample: i) the detention and torture documented in the MLR fell within the date range January 2009 onwards and ii) there was client consent to use the anonymised case for research.

It should be noted that survivors of torture may take many months to flee from Iran following their escape or release from detention (and much longer in some cases) and assemble their asylum claim

in the UK. It can also take five or more months for Freedom from Torture to finalise an MLR, especially where there are multiple injuries to document or the survivor is severely psychologically disturbed. For this reason, and on the basis that Freedom from Torture continues to receive high rates of referral for Iranian clients, it is likely that our evidence base of detention and torture in Iran perpetrated since 2009, and particularly in 2011 and 2012, will grow over time as further MLRs are finalised for cases referred to Freedom from Torture more recently.

Data was collected and recorded systematically from 50 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 Istanbul Protocol standards. Both qualitative and quantitative data is collected from the MLRs and recorded on pre-prepared data sheets (including both structured and unstructured data as well as numeric and text data). This was to enable an accurate representation of patterns across the data in numeric and tabular forms, as well as detailed description of specific features of the data, for example the focus of interrogation of those with a particular profile, the use of specific torture methods or the psychological impact of particular methods of torture such as rape. Once the data was collected, recorded and aggregated it was subjected to systematic analysis, with a view to providing an accurate description of patterns across the data set. In addition and where relevant, patterns relating to particular sub-sets in the case sample, for example women or those who reported a particular form of torture, were elicited and described.

The findings of this research are summarised below.

1. Case Profile

Of the 50 cases included in this study, 40 were male and 10 female. Forty two cases (84%) were between the ages of 18 and 35.⁸ All 50 of the cases identified themselves as heterosexual.

a. Place of origin and place of residence when detained

More than a third of the cases in the sample were born in Tehran. The next most common places of birth were Shiraz in the southern province of Fars and three of the predominately Kurdish provinces in the north west of Iran – Kurdistan, Kermanshah and West Azerbaijan. Smaller numbers were born in other locations in Iran including the cities of Esfahan in the southern province of the same name, Ahwaz in the south western province of Khuzestan and Karaj in the Alborz province, close to Tehran.

At the time of detention, 21 of the 50 cases were resident in Tehran; seven were resident in the Kurdish provinces mentioned above and seven in Shiraz city. Three cases were living in each of Esfahan, Karaj and Ahwaz, which together with Tehran and Shiraz represent five of the eight major cities in Iran. Four other cases resided in different provincial cities, while two were normally resident in the UK as students and were visiting family in Iran at the time of detention.

b. Ethnicity and religious identity

The 50 cases in the sample comprised 32 ethnic Persians (64%)⁹, 10 Kurds (20%), four Azeris, three Bakhtiari and a Lur. No particular ill-treatment based on ethnicity was recorded in the MLRs, other than for the Kurdish cases, where a number of individuals reported a history of activism and ill-treatment prior to 2009 related to their Kurdish ethnicity (see 1.d.ii *Prior history of activism or dissent, pre-2009*).

Religious identity was recorded in the data according to the religion disclosed to the examining clinician and recorded in the MLR. In this case sample, 80% of cases stated that they were Muslim, with the majority of these being Shi'a Muslims. Sunni Muslims comprised 10% of the cases and were all of Kurdish ethnicity (5 people). Of those who identified themselves as Muslim, three said that they were 'non-practising' Muslims while an additional six people stated that they had no religion or specific religious affiliation.

Two of the 50 cases identified themselves as Christians. Both reported having converted in the UK, though stated that they had pursued an interest in Christianity while in Iran. One came from a family of religious dissenters, some of whom had converted to Christianity and had suffered persecution as a result. Three further cases reported an interest in Christianity and conversion both pre- and post-flight;



two of these described themselves as Muslims and one as a follower of the Ahl-e Haq religion. Of these different cases, only one was detained and tortured in relation to perceived religious dissent in the post-2009 period. In a few other cases, where the individual had not identified themselves as Christian or as having an active interest in conversion, they reported that security officials had found Christian materials among their personal possessions when their house was searched, which they believed subsequently impacted negatively on their treatment in detention. In one case, the individual reported that the interrogators told them that conversion to Christianity was a 'hanging offence' and that the punishment could be administered then and there.

Two cases in the sample stated that they were of the Ahl-e Haq or Yaresan religion practised among ethnic Kurdish communities in western Iran. According to these individuals, this religion is not recognised by the authorities in Iran and those who declare this religion suffer negative repercussions. One of these cases was detained in the post-2009 period specifically in relation to their religious identity and association with a family member who was accused of proselytising the religion.

c. Ordinary occupation

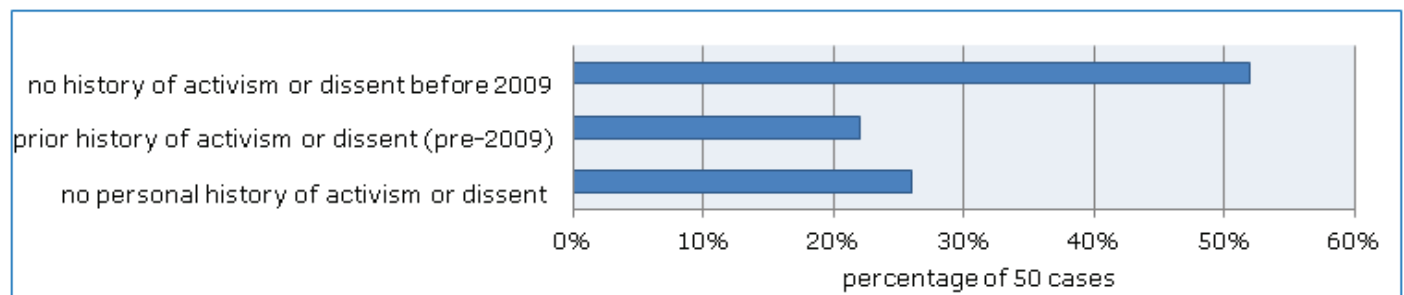
The occupational history of the cases in this sample, as documented in their MLRs, was recorded and reviewed. The majority of cases lived and worked or studied in urban areas, though there was a small sub group of individuals living in Kurdish rural areas in western Iran. There were 11 university students in a wide range of disciplines. The ordinary occupations of the other 39 cases, many of whom also had a university level of education, included: business people, mainly shop owners; shop workers and sales assistants; skilled workers and skilled professionals; teachers working in non-government institutions; creative professionals; rural workers and current or former members of the security forces (two cases).

Other than the significant proportion of university students (22%), there was not a discernible pattern among those who were detained in relation to their ordinary occupation.

d. History of activism or dissent

Any history of activism and dissent reported in the MLRs, both prior to 2009 and in 2009 onwards, was also recorded and reviewed.

Table 1 History of activism or dissent



Just under a quarter of the cases (11, 22%) reported a history of activism that preceded the 2009 presidential elections. This included activism around ethnic and religious minority rights, freedom of expression, other civil and political rights and women's rights. A similar proportion of cases (13, 26%) reported no personal history of activism at all, including during the election period and its aftermath. As detailed in the paragraphs below, 11 of these individuals were detained due to the actions of family members and reported that it became evident at the time of arrest or during interrogation that the political opinion of their family member had been imputed to them. The largest group of cases, just over half (26, 52%), became engaged politically around the time of the 2009 presidential elections and were detained as a result of their participation in the civil and political activism of this period alone. These three groups of cases will be examined in further detail below.

i. No history of activism or dissent before 2009

Twenty-six cases in the sample (52%) reported no personal history of political or other activism, or family profile of dissent, prior to the 2009 presidential election period. During the elections and the ensuing unrest, these cases reported becoming involved in the events with different

levels of engagement. This included campaigning for and otherwise supporting specific opposition and 'Green Movement' candidates in the presidential election (though only 10 people reported that they supported a particular candidate) and participating in anti-government protests and demonstrations following the announcement of the election results, whether or not they had supported specific opposition candidates. Some people explicitly stated that they had no desire to express support for particular candidates, all of whom they considered to be too closely associated with the regime. They nonetheless took part in the demonstrations as an opportunity to express opposition to the government and the actions of the government towards fellow citizens.

People in this group described being drawn into participation and political activity by friends and family members, who had themselves become involved in the lead up to and following the 2009 presidential elections, as well as by the pervasive atmosphere and collective sense that this was a unique opportunity for public political expression. Some individuals described the popular view that there was a real opportunity for change in the country, as well as the sense of anger and frustration at the outcome of the elections and outrage at the actions of the authorities and the gross violations of the human rights of ordinary people.

Some people described a very tentative and limited involvement in the events at first, for fear of potential consequences. Some reported becoming emboldened over time, inspired by and in response to the perceived bravery of others and the actions of the government towards those they knew, as well as unknown others. One case described attending a demonstration for the first time following the detention and torture of their adult child for engaging in peaceful political activity. In some cases several family members had become involved in political activity during this period and had suffered ill-treatment as a result. Twenty-two cases themselves suffered repeated detentions before finally fleeing Iran, when faced with the prospect of a death sentence or prolonged imprisonment.

Between them, this group of 26 cases reported taking part in the following activities during the pre-and post-election period:

- *attending pre-election political meetings*
- *supporting opposition candidates by putting up posters*
- *printing out or supporting the production, printing and distribution of election and other political materials*
- *writing bulletins containing information about events in Iran from foreign news and other sources*
- *sourcing content for, writing and compiling leaflets/CDs/DVDs and other political materials from censored (illegal) websites*
- *distributing political and anti-government materials among friends, family and other contacts*
- *attending demonstrations and encouraging others to attend demonstrations*
- *handing out leaflets and shouting slogans at demonstrations*

As far as is known, eight of the 26 people in this group were arrested and detained for attendance at demonstrations alone (which in some cases included shouting slogans or holding placards). The demonstrations, protests and other events attended by these individuals took place in Tehran, Esfahan, Shiraz and Kermanshah between 2009-2011.

ii. Prior history of activism or dissent (pre-2009)

Eleven cases (22%) gave a history of dissent in the Iranian context that preceded the 2009 elections, including direct involvement as a supporter or a member of an illegal political organisation or student group (albeit an informal group in some cases) or other political activities.

Four of these cases were of Kurdish ethnicity; just under half of the 10 Kurdish cases in the sample. Between them these four individuals participated in political and other activities as supporters of the Kurdish cause in general and as supporters (and in one case a member) of specific Kurdish political



organisations. One person described becoming interested in politics from a young age, others when they became university students. In addition to participation in the events of the 2009 election and its aftermath, political activities undertaken in support of Kurdish organisations and the Kurdish cause were reported by these four cases as follows:

- *petitioning university authorities to grant permission to hold Kurdish cultural events for students*
- *making CDs containing information, photographs and film clips of human rights abuses towards Kurds and distributing them to friends, family and trusted others*
- *distributing leaflets and other political materials before demonstrations*
- *supplying food and medication and delivering messages and other materials for members of Kurdish political organisations*

Among the other seven cases in this group, three had become politically active or gained a 'dissident' profile as university students some years before the events of the 2009 elections. One had eventually been expelled from university for refusing to conform to strict religious requirements (which were reported to include dress and other behavioural codes and attendance at compulsory prayer sessions) and another had received a number of disciplinary bans from the university disciplinary committee due to student activism perceived to be 'anti-regime'. The activism included meeting covertly with small numbers of other students to discuss politics and to plan attendance at student rallies. This individual was eventually banned from employment in state institutions due to an 'anti-regime' record and was detained and tortured on a number of occasions over a nine year period pre-dating the 2009 elections.

Other cases in this group of seven had been involved in some kind of political activism prior to 2009, which included:

- *writing blogs on social and political issues and women's rights*
- *convening and participating in informal (illegal) discussion groups about politics*
- *producing and distributing leaflets, pamphlets and other materials on issues such as human rights, women's rights, the treatment of students, the separation of religion and state, civil and political freedoms, and Persian culture*
- *writing political slogans in public places*
- *obtaining and distributing political materials from political groups outside Iran*

Not all of those with a history of activism or dissent prior to the 2009 elections had experienced detention prior to 2009, however, all bar one took part in activities connected with the election and its aftermath in 2009 onwards and were detained during this period. The individual who did not take part in activities connected with the 2009 election onwards had a history of religious dissent in their family and was eventually detained when attending an illegal 'house church', though at this time they had not converted to Christianity.

iii. No personal history of activism or dissent

Thirteen cases (26%) reported that they had no personal history of involvement in political activism or dissent before being detained, even during the 2009 elections and their aftermath. In eleven cases the detention and ill-treatment of these individuals related directly to the political activities of family members and in one case the activities of a business associate, about which the individuals may or may not have known (twelve cases altogether). Family members in six of these cases were reported to have been involved in activities connected to the 2009 presidential election and its aftermath, including campaigning for or otherwise supporting the 'Green Movement' and its candidates and attending various demonstrations after the elections. In the other six cases there was a family history or profile related to religious dissent or a history of support for political opposition groups and minority ethnic political organisations, in three cases dating back decades.

In some cases the link made by the authorities with family members or others and the nature of the imputed political opinion became known to the individual during interrogation, when people reported being questioned about their family members, the activities of their family members and their own

involvement in such activities. In other cases the individual was arrested during house raids or other searches for a family member or associate, or when the individual challenged the actions of the security forces towards their family member. In two cases, the individual was repeatedly taken in place of a close family member, who was a known political oppositionist, and interrogated under torture as to the relative's whereabouts and activities.

In four of the 13 cases the 'political' profile of the family was discovered when the individual was detained for other, non-political reasons such as infringement of alcohol laws and other behavioral codes. The final case in this group with no history of dissenting behaviour was a member of the security forces who reported being detained for refusing to carry out orders during the 'policing' of demonstrations in 2009.

e. Residence in the UK and previous asylum claims

Previous residence in the UK was recorded and reviewed. In this sample, **five cases had been resident in the UK at some point, three of whom were ordinarily resident in the UK as students at the time of detention and had returned to Iran for short family visits. In two of these three cases, the individual was subjected to detailed interrogation under torture about their links with and activities in the UK.** All three returned to the UK using current visas and subsequently claimed asylum on the basis of the change in their situation.

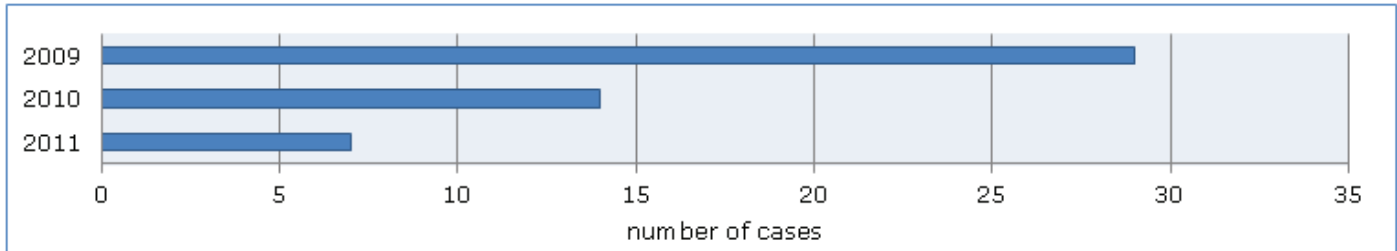
None of the cases in the sample had previously applied for asylum abroad although two had (separately) left the country with the intention of doing so, but returned or were removed to Iran *en route* to a third country having been discovered to be travelling on false documents. Both cases were detained and tortured on return to Iran and, among other things, were interrogated about their reasons for seeking to travel abroad and links with groups in the UK and elsewhere. Both were also accused of having links with 'foreigners' and 'spies'.



2. Detention patterns

Twenty-nine of the 50 cases in the sample (58%) were detained most recently in 2009. Fourteen were detained most recently in 2010, and seven in 2011 (see table 2 below).

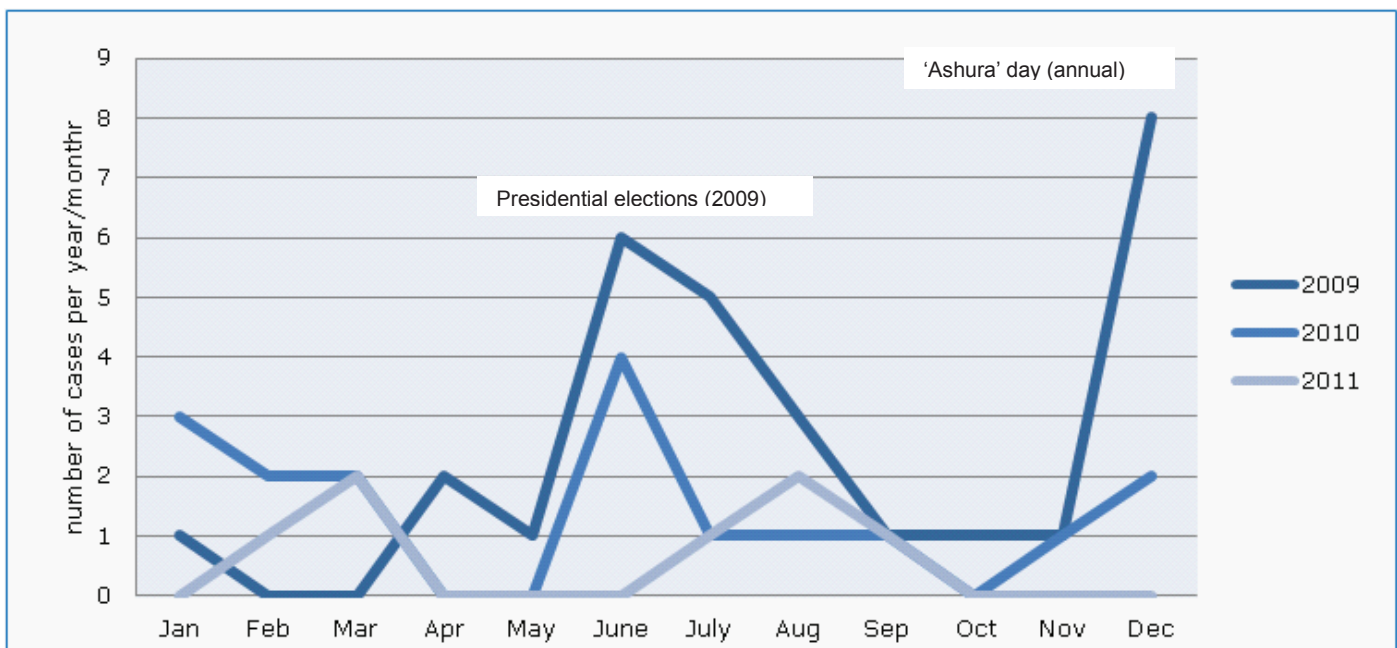
Table 2 Year of detention (most recent if more than one detention)



While 28 cases (56%) were detained only once in 2009-2011, the 22 others in this case sample were detained up to three times during these years before leaving Iran. Some cases also had a history of detention before the events of 2009; 10 had been detained before 2005 and eight had been detained in the period 2005-2009. Some of these cases had suffered repeated detentions during these years, including three cases that had been detained over both periods (pre-2005 and 2005-2009) (see 1.d.ii *Prior history of activism or dissent pre-2009*).

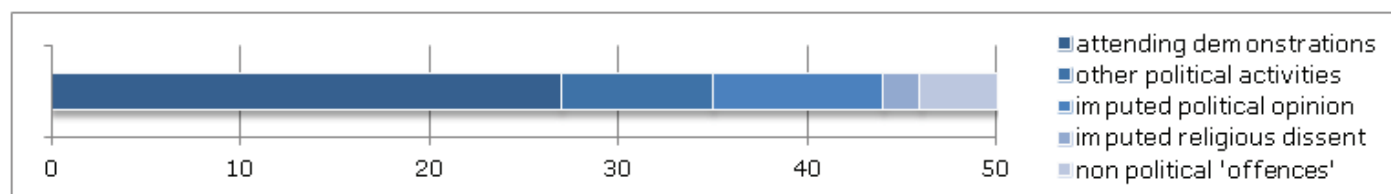
Table 3 demonstrates the overall pattern of detention (2009 onwards) across the 50 cases in the sample, according to date of arrest. The dates of many of these arrests correlate with public events that occurred in Iran following the presidential election in June 2009 (participation in these events by individuals covered in this study is described below at 2.a.i *Participation in demonstrations and protests*).

Table 3 Detentions by month: 2009, 2010 and 2011



a. Reasons for detention 2009-2011

The majority of the cases in the sample (35, 70%) were arrested and detained in the years 2009-2011 for their participation in what were considered to be 'political' activities (see table 4). Of these, 27 cases (54%) were arrested and detained while attending demonstrations and other protests following the presidential election of 12 June 2009.

Table 4 Reasons for detention 2009 onwards

These and the other reasons for detention given in the 50 cases, including imputed political opinion or religious dissent and non-political behavioural code 'offences', are discussed below.

i. Participation in demonstrations and protests

Demonstrations and protests in the post-election period, as well as the government response to these, have been widely reported by human rights organisations and others.¹⁰ Those attended by the individuals in this sample included demonstrations in the days following the presidential election on 12 June 2009 and the announcement of the disputed results the following day, as well as others held in 2009-2011 on days of symbolic significance to the protesters or on days where state sanctioned memorials and other official events provided an opportunity for mass public gatherings.

Dates of demonstrations and other protests reported to have been attended by individuals in this sample included the following:¹¹

- 13 June 2009 (announcement of the election result) and several days thereafter
- 28 June 2009 (official annual event commemorating the 1981 martyrdom of Mohammad Beheshti)
- 9 July 2009 (anniversary of '18 Tir Massacre' of student protestors in 1998)
- 30 July 2009 (40 day mourning for Neda Ahga-Soltan and commemoration of others killed by the regime in the post election protests)
- 18 September 2009 ('Quods Day', official annual day of solidarity with the Palestinians)
- 4 November 2009 (state holiday commemorating the student takeover of the American Embassy following the Islamic Revolution in 1979 and the subsequent 'hostage crisis')
- 7 December 2009 ('Students Day', official holiday and anniversary of the murder of 3 students in 1953 by the police under the former Shah)
- 27 December 2009 ('Ashura Day', marking the death of Imam Hussain and an important day on the Shiite calendar)
- 11 February 2010 (commemorating the 1979 revolution and the fall of the Shah)
- 16 March 2010 and 2011 (Chaharshanbeh Suri, a pre-Islamic Iranian festival from the Zoroastrian era; a prelude to 'Nowruz' which marks the arrival of spring and the New Year)
- 15 June 2010 (first anniversary of 2009 elections)
- 14 February 2011 (rally called by opposition leaders in support of popular uprisings in Tunisia and Egypt)

Among those who attended the demonstrations and other protests, many reported being detained arbitrarily when security forces entered the crowds or pursued demonstrators as they fled or attempted to evade arrest. Others were engaged in more specific activities that appeared to lead to or directly precipitated arrest, such as the following:

- distributing leaflets advertising other demonstrations and other political materials
- chanting anti-government slogans; holding placards bearing anti-government slogans
- wearing green armbands and other clothing and accessories associated with the (opposition) Green Movement
- throwing stones at the security forces when they attacked the demonstrating crowds with tear gas and batons
- assisting others to evade arrest or assault by armed security forces
- assaulting security forces when attempting to evade or resist arrest
- filming of demonstrations and other protests



In some cases the individual did not know the specific reason for their arrest until they were interrogated, when the authorities produced film footage, photographs and other information related to their specific activities while attending the demonstrations. Further information about the activities of those arrested at demonstrations was also obtained by the authorities following arrest and while the individual was still detained, when their homes were searched for incriminating materials and further security checks on their families were carried out. It often became apparent to the individual that this had occurred when the questions asked and allegations made during interrogation sessions derived from information obtained in this way. However, in some cases people only discovered from their family members after they had been released that the authorities had searched their home and had questioned or interrogated others who knew them.

ii. Participation in other political activities

The eight cases that were arrested on the basis of their political activities, but not while participating in demonstrations, were in six cases involved in activism around the 2009 presidential elections and its aftermath, while two individuals were arrested in connection with support for illegal Kurdish political organisations. Specific activities that precipitated arrest included:

- *distributing leaflets in the streets and posting banners of (opposition) Green Movement candidates in public places*
- *spray painting political slogans on walls*
- *destroying campaign posters of the incumbent President Ahmadinejad*
- *preparing for attendance at anti-government demonstrations by producing or obtaining leaflets, green clothing and other materials*
- *wearing green clothing in public to demonstrate support for the Green Movement*
- *supplying food and medication; delivering messages and other materials for members of Kurdish political organisations*

As with those arrested during demonstrations, when their homes were searched either at the time of or following their arrest, other political and incriminating materials were reported to have been found via computer hard drives, photographs, mobile phones and other personal possessions.

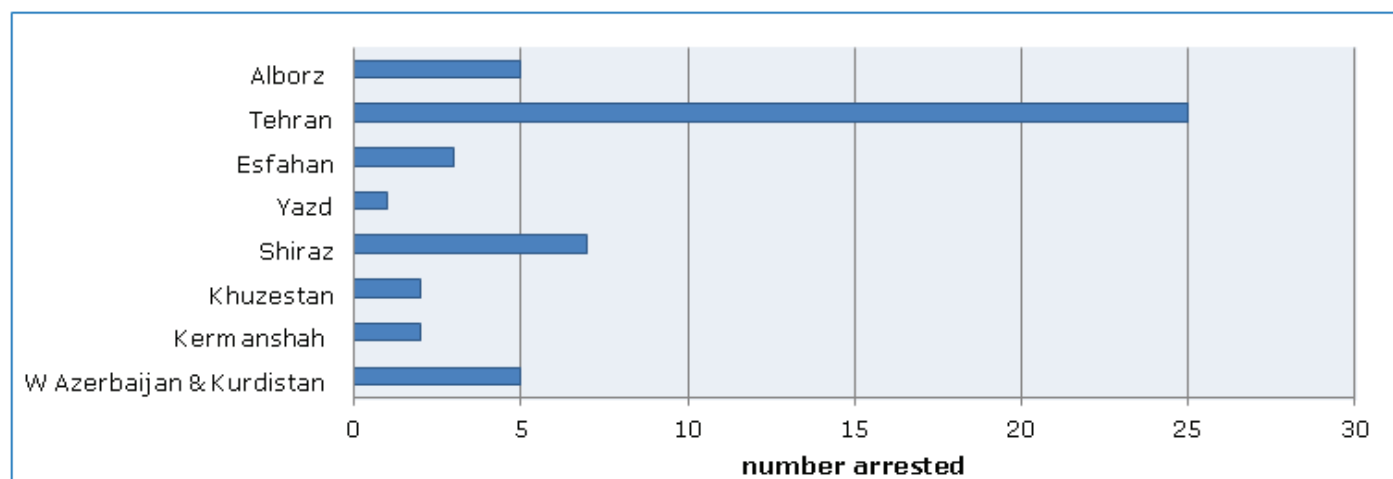
iii. Imputed political opinion, dissent of family member or other

As described above (1.d.iii *No personal history of activism or dissent*), 10 cases were arrested and detained in relation to an imputed political opinion and an assumed involvement in the political or 'dissenting' activities of family members (in nine of these cases) and a business associate (in one case). Events that precipitated these arrests included the searching of family homes or other premises by the security forces, during which the individual was detained in place of or in addition to someone else, or for other reasons including 'incriminating' materials being found or for engaging in an altercation with security forces. As also noted above, in four cases individuals were arrested for non-political offences and subsequently had a political opinion imputed to them by the security forces when information was obtained about them, their family members and associates.

In two cases, the individual was detained in place of a family member apparently without any political opinion being imputed to them. One person was arrested for refusing to follow orders as a member of the security forces and was subsequently accused of being politically motivated and of assisting dissenting forces.

b. Place of arrest and detention – city/province and location

While just fewer than half the cases in the sample were normally resident in Tehran at the time of arrest, 50% were arrested and detained there (for the most recent detention before leaving Iran). Other provincial capitals where individuals were normally resident and were detained included Shiraz (Shiraz province, 7); Karaj (Alborz province, 5); Esfahan (Esfahan province, 3), Ahwaz (Khuzestan province, 2), Kermanshah and Oromiyeh (2). A small number of other individuals were arrested in rural Kurdish areas in West Azerbaijan and Kurdistan (5) and one in Yazd province (see table 5 below).

Table 5 Place of arrest - province, 2009 onwards

More than half the cases (27) were arrested in a public place, mostly city streets, although a small number were arrested in other public places including rural locations (5 cases). However, a significant minority of cases (12) were arrested from a private address, either their own family home or the homes of relatives and friends. A further small group of cases were arrested at their place of work or study, which included print shops, a university, a newspaper office and a Basij base (6).

c. Detaining authorities and place of detention

Eleven of the cases in the sample reported being arrested by the Basij (state militia), 10 by Etela'at (state intelligence forces), eight by the police, three by Revolutionary Guards, one by the military, one by the morality forces and 16 by unknown persons in plain clothing. In 34 cases (68%) the state authority that had arrested them and the one that detained and tortured them was thought to be the same. The largest number of cases overall reported being both arrested and detained by Etela'at and the Basij, with a significant number reporting that they were detained by the police (indeed four specific police stations were identified). A small number of other places of detention were identified (usually on release) including four prisons (including Evin and Kahrizak), three Etela'at facilities and two Basij bases in various locations around the country. However, **21 people (42%) said that they did not know with certainty which state force they were detained by and the majority of people (32 cases, 64%) also could not identify the specific place where they were held, bearing in mind that most people were blindfolded en route to detention (43 cases).** Given this, it is not possible to know with certainty how many of these unknown places of detention were unofficial facilities, although it is clear that the authorities were careful to ensure that they were not identified by those detained there.

d. Due process during arrest and ill-treatment en route to detention

Of the 50 cases, **only four reported being issued with a charge and only one with a warrant at the time of arrest.**

All 27 people who reported being arrested on a protest or demonstration said that they experienced ill-treatment both during arrest and en route to the detention facility. Between them these cases reported being beaten with batons (18 cases); kicked, punched and slapped (13 cases); thrown violently to the ground or dragged along the ground (9 cases); held in a stress position for a prolonged period (1 case); and sworn at with obscenities and other verbal abuse (6 cases). Seven of the 12 cases, who were arrested from their home or other private address for activities (actual or alleged) connected to the election protests, reported similar ill-treatment, including violent assault and verbal abuse, personal property being destroyed or illegally confiscated and, in two cases, family members being violently treated and subjected to threats and verbal abuse.

Forty-three people (86% of cases), whatever the cause of arrest, reported being blindfolded and handcuffed en route to detention; in some cases they were fully hooded and cuffed in stress positions. As a result of this treatment people reported being disorientated, frightened, in pain and, in some cases, badly injured before even reaching their place of detention.



e. Due process during detention

All 50 cases reported being held incommunicado and tortured (see 3. Torture disclosures).

i. Interrogation

The majority of cases (40, 80%) described interrogation that was concurrent with torture episodes (sometimes alternating). Thirty seven cases (74%) reported that they could not see their interrogators as they were kept blindfolded. **In half the cases (25) the individual reported that interrogation appeared to be focused specifically on forcing a 'confession' to actual or alleged offences.** These 'offences' included attending demonstrations, belonging to or being active in illegal political groups, organising protests and involvement in other dissentient actions.

Individuals reported that interrogators sought to gain information and details about how events had been organised and the sources of political and other materials that some individuals were involved in disseminating. In four cases it was reported that interrogators had photographs or film footage of the individual taken at demonstrations and protests, showing them holding placards or chanting anti-government slogans and other such activities. Other cases reported that interrogators had obtained information about them from the seizure of computers and other personal possessions from their homes, or other premises, at the time of arrest or during subsequent searches.

More than half the cases (27) reported that they were interrogated about links with others (including foreigners and 'spies' in some cases) or the 'anti-regime' activities of other people, including family members, friends and other associates. This included cases where the person was accused of belonging to a political group or organisation, or of collaborating with others in their alleged or actual political activities. Interrogators were reported to have sought names of others and details of their activities, even in cases where the allegations towards the individual were completely unfounded and they had no information to give. Some of those who were arrested while attending demonstrations reported that they were asked to give names of those who had attended with them or to identify people from photographs or film footage taken at demonstrations.

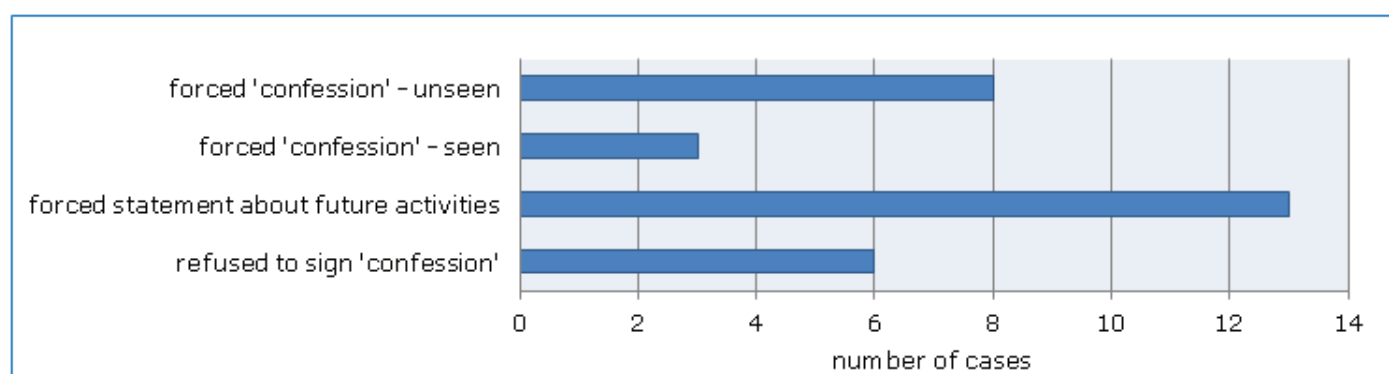
Of the five cases that had been resident in the UK at some time prior to their detention, two were interrogated specifically about the UK and their links and activities there. In the other three cases, details about whether or not interrogation focused on UK links were not recorded in the MLR. Both of those who disclosed interrogation about UK links were normally resident in the UK as students at the time of detention and were in Iran on vacation. They reported being interrogated about the following:

- *who was funding their studies in the UK*
- *family members and contacts in the UK and their activities*
- *political activism and association with particular exiled political opposition groups*
- *links with the BBC and other media outlets*
- *'spying' activities for these organisations or for the UK government*

Both reported that they were tortured until they were eventually forced to sign entirely false 'confessions', based on these allegations.

ii. Forced 'confession' or statement

Nearly half the cases in the study (24, 48%) reported that they were forced under torture and with the threat of prolonged detention and further violence (and in some cases threats of violence to their family members) to sign what they believed were 'confessions' or other statements. Twenty-one of these 24 cases reported being given some form of conditional release after signing such a 'confession' or statement. Individuals reported reaching the point, after the torture they had endured, of being willing to sign anything or agreeing to any 'confession'. All but three of the 'confessions' were signed without sight of the contents of the documents (see table 6 below); some people reported that they were forced to sign blank sheets of paper. One person reported being told 'not to worry we will fill it in later', when they pointed this out. Another reported being threatened with further torture when they asked what was on the paper they were being forced to sign.

Table 6 'Confession' or statement forced under torture

Thirteen people reported that they were forced to sign a statement before their release in which they committed themselves to refrain from taking part in certain activities in the future. These activities included: attending demonstrations and protests, making or distributing political materials and taking part in political activities of any sort. One person was forced to sign a statement saying that they would not communicate with foreign media and another that the severe injuries they had sustained during torture in detention (including a broken limb) had occurred at the demonstration and that they had not been tortured.

Six additional cases reported refusing to sign 'confessions' despite being tortured with the stated intent of forcing them to do so.

iii. Formal charge, access to legal representation, trial in court

In 44 cases (88%) no formal charges were made and there was no form of judicial process and in 48 cases (96%) there was no access to legal representation. Offences that people reported being accused of during interrogation sessions and charges that they were threatened with, or told had been made against them (without formal process), included the following:

- 'waging war against God' ('mohareb')
- 'insulting Islam', 'being against Islam'
- 'insulting the Supreme leader'
- 'refusing the basis of the Islamic Republic Regime'
- 'acting against national security',
- 'acting against the Iranian Government', 'undermining the government'
- 'disrupting the order and peace of society'
- 'demonstrating in public'
- 'participating in political and student assemblies'
- 'encouraging people to act against the authorities'
- 'co-operating with anti-revolutionary groups'
- 'having links with the UK and with foreign agents and groups'
- 'spreading propaganda or advertising against the regime'
- 'assaulting an officer'

The three cases who reported having seen the contents of their forced 'confessions' (see 2.e.ii *Forced 'confession' or statement*) said that they included the following 'charges': participation in demonstrations against the Iranian government outside Iran and working for the BBC; working for a banned political organisation and working with named others against the regime; and being a member of a banned political organisation.

Of the 50, only six cases received charges in front of a judge or were summoned to appear in court to answer charges, all following a 'confession' forced under torture. Of these, only two cases had access to legal representation, who then had sight of the specific charges.



In both these cases the individuals were transferred from the detention facility, where they had been tortured, to prison, following which they were given access to legal representation. In one case the lawyer negotiated bail pending a summons to court and subsequently advised the individual to leave the country, given the 'confession' (albeit false) that had been signed and the lawyer's advice that no legal defence was available. In the other case, the individual was tried before the Revolutionary Court and sentenced to a lengthy term of imprisonment, following which the lawyer negotiated temporary release from prison on medical grounds and also advised the individual to leave the country.

In a further case, the individual was taken to court with no access to legal representation after a lengthy period in detention and was charged with offences, including betraying their country and being a spy for foreign forces. They were given conditional release on bail pending sentencing, with a family member acting as surety and the surrender of property deeds, but subsequently fled from Iran. A fourth case was taken from the detention facility to appear in court with no access to legal representation or sight of formal charges, but was able to escape when a family member bribed the officials responsible for guarding them. Two cases reported being taken in front of a judge in the detention facility where they were held, both having signed forced 'confessions'. One was transferred to prison to await sentencing, from where family members negotiated a conditional release, and the other was granted temporary leave for urgent medical treatment and pending sentencing; both subsequently fled the country.

iv. Trial in absentia

One case was informed that they had been tried in absentia before being released from detention. That person had been detained for a non-political offence (an offence against the 'behavioural code'), though it was reported that a political opinion had subsequently been imputed to them due to political materials being found during a search of their home after they were detained and a family profile, including more than one person known to the authorities for dissentient activities (see 2.a.iii *Imputed political opinion, dissent of family member or other*). The same person was tortured before being transferred to prison, where they continued to be held without formal charge or due process. This individual was eventually forced to sign an unseen statement before being conditionally released and told that they had been charged and sentenced *in absentia*. Their release was granted on the basis of the signed statement and conditions that included a complete ban on studying, employment and on attending any gatherings. The individual was threatened that if they contravened these conditions and were arrested again, they would be 'taken somewhere and completely disappear'.

f. Secondary detention and transfer to medical facilities

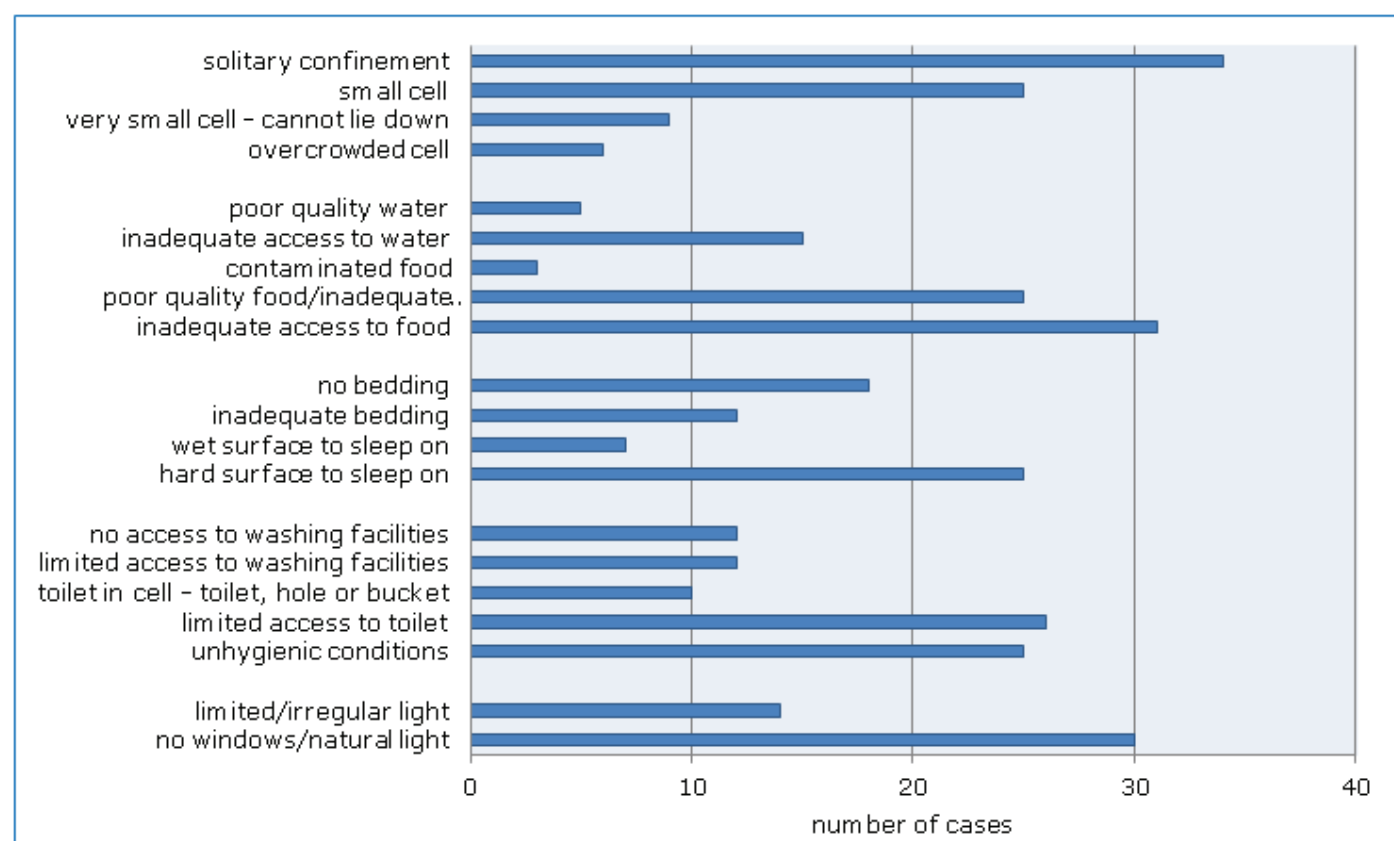
Eight cases reported being moved to prison after periods of interrogation and torture, five of whom reported having signed some form of confession or statement. Three of the eight reported that torture continued in prison; two other cases reported regular beatings from prison guards and, in one case, attacks from other prisoners. One case reported that detention conditions in prison included severe overcrowding, unhygienic conditions and inadequate food. This individual commented that people would be removed from the cell periodically and never return and that there 'was an atmosphere of fear of being killed' so that prisoners did not dare to talk to one another.

Two of the eight cases, both detained for imputed religious dissent, were released from prison to psychiatric hospitals, although the circumstances in which this was arranged are not known. In one case the individual was treated for three months as an inpatient before being discharged and in the other case the person was transferred to a psychiatric hospital, where they were given electroconvulsive therapy without consent. This person was eventually released when their family offered surety in the form of property deeds.

At least six other cases were also transferred from detention to hospital for treatment (in one case psychiatric hospital) from where their release was secured with the intervention of family members, who offered surety in the form of property deeds or who bribed officials to allow or facilitate escape.

g. Detention conditions

Detention conditions in a significant proportion of cases were extremely poor and in 68% of cases (34 people) included solitary confinement in a small cell. Half or more cases also reported experiencing each of the following (see table 7 below): unhygienic conditions (25), poor quality and inadequate food (31), a hard surface to sleep on and inadequate or no bedding (25, 30), no access to natural light (30) and inadequate access to a toilet (36).

Table 7 Detention conditions

i. Cells

In twenty five cases (50%) the cell size was described as small (for example 2x3 metres), though sufficient to allow the person to lie down. However in nine other cases (18%) the cell was too small to allow this, with people saying that they were unable to lie down, describing their 'cell' as measuring, for example, 1x1 or 2x2 metres. Some described these cells as like a 'grave' or a 'hutch'.

While a very high proportion of people were kept in solitary confinement, at least six were detained in overcrowded cells with a number of others, ranging from five to 20 people. In these cases people described extremely cramped conditions, with people being forced to sit or crouch on the floor. One person described a cell measuring 4x3 metres in which 17 people were detained, forcing people to sleep sitting up. Another described a cell of 2.5x1.5 metres in which six people were detained, with insufficient space to stand upright or lie down.

Thirty cases (60%) reported that there was either no bedding in their cell or inadequate bedding, which was most often described as a 'filthy blanket'. In most cases where details were given the cell was described as bare. Half reported that they were forced to sleep on a hard surface – either a concrete floor or concrete 'bed' – and seven people said that the floor of the cell was kept constantly wet so that they were forced to sit and sleep on a cold, wet, hard surface.

Thirty cases (60%) reported that there was no window or access to natural light in their cells; four cases reported that there was no light at all in their cell or, in 14 cases, only the limited light that came under the door or through a hatch. Six others said that there was a light in the cell that was kept on constantly.

ii. Access to food and water

Thirty one cases (62%) described inadequate access to poor or very poor quality food, such that some found themselves unable to eat. Many described being given food irregularly or only once a day. The food they were given included watery soup, stale bread, potato, sometimes rice and stew. Some said that they were only given scraps of leftover food from the guards or food contaminated with mouse droppings or cockroaches.



Although relatively few people commented on access to water, those who did said it was generally given irregularly in limited quantity, sometimes once a day with food, or was otherwise only available from taps in the toilet or bathroom.

iii. Access to toilet

More than half the cases (36, 72%) reported that they had limited or irregular access to the toilet during their detention; many described having to bang repeatedly and for long periods on their cell door before being taken by the guards to the toilet. In some cases they were beaten as a 'punishment' for making a noise. Some individuals described being often forced to pass urine and even faeces in their cell when no one came to take them to the toilet, or when guards refused to take them. Some were given plastic bottles to use in their cell; in some cases they had to use their drinking water bottles. Some cells had limited toilet facilities in them including a hole in the floor, a drain hole or a bucket.

iv. Hygiene and washing

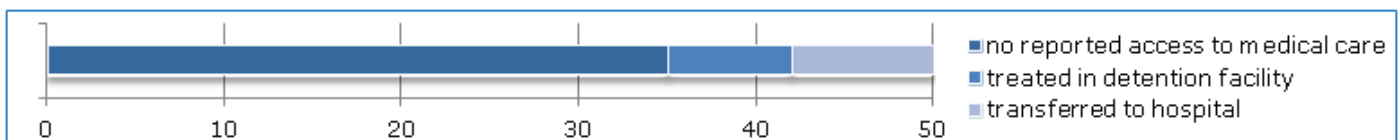
Twenty-four cases (48%) reported that there were limited or no opportunities for washing while they were detained. Some of those who were detained over longer periods described being taken to washing facilities every 10 days or so, but only being allowed a few minutes to wash. Others described being regularly doused with cold water in their cell.

Cells were described by 25 people (50%) as unhygienic. Some said that they were bloodstained and foul smelling - of urine, vomit and faeces. Others described the stench of open and infected wounds in shared cells or in the detention facility in general.

v. Access to medical care in detention

Seventy percent of cases received no medical treatment while in detention (35 people). As noted above, (2.f *Secondary detention and transfer to medical facilities*) eight people reported that they were transferred to hospital from the detention centre for treatment, including three to psychiatric hospitals. It is not known whether the decision to transfer these individuals to hospital was based on medical criteria or due to the intervention of family members or others. Two reported being transferred for treatment following rape and three due to acute injuries that required surgery or specialist medical care. Two of these cases reported that they had been rendered unconscious during torture and had woken up in hospital.

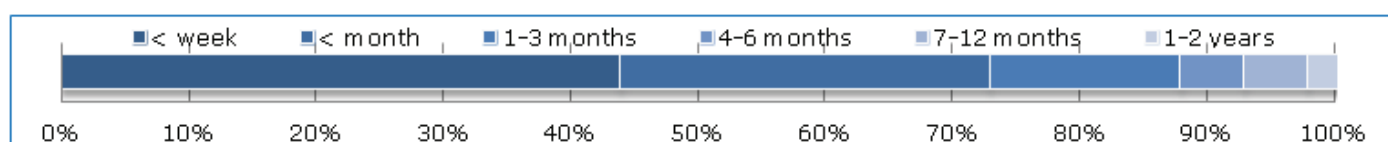
Table 8 Access to medical care in detention, number of cases



Seven people reported receiving medical treatment in detention including for i) injuries arising from sharp force trauma that required suturing ii) fractures and dislocations caused by blunt force trauma and iii) injuries inflicted during rape. Six of these cases were treated in a 'clinic' in the detention facility, while one person was treated several times in their cell. It is not known whether medical treatment was administered by qualified medical practitioners. Of those whose injuries were sutured, three showed signs of poor healing and were reported to have become infected, two were sutured without the use of anaesthetic and one was sutured while the person was still unconscious from the torture they had been subjected to.

h. Duration of detention and escape or release

Seventy-two percent of all detention episodes that occurred across the 50 cases in 2009-2011 were less than a month and just under half were less than a week in duration (see table 9 below). However, some people were detained for longer, with two cases being detained for more than a year and three cases being detained for 7-12 months.

Table 9 Duration of all detentions 2009-2011

Of these longer term detainees, three were moved to secondary places of detention. Overall 57 of the 62 detention episodes in 2009-2011 were for six months or less.

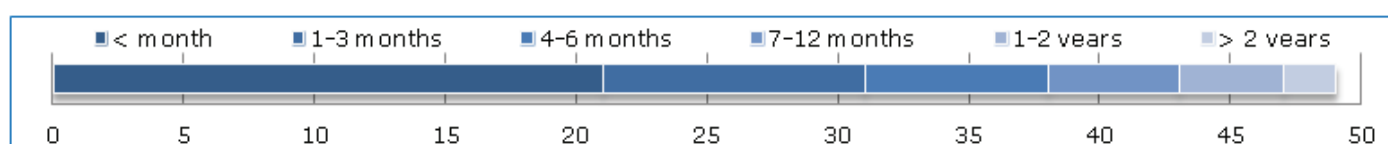
i. Means of release or escape from detention

Seventeen cases (34%) reported that conditional release was granted after the intervention of family members with a variety of bail conditions, including the production of property deeds and money. Other conditions of release included reporting to the authorities, prohibitions on work and study, travel bans and 'future activity bans', including attendance at demonstrations and involvement in any political activities.

Eight cases were able to secure a conditional release or to escape following transfer to a hospital for treatment (see 2.f *Secondary detention and transfer to medical facilities*) and seven cases reported that they escaped from detention rather than being formally released. A further 12 cases (24%) reported that they were taken blindfolded to unknown locations and released with no explanation, possibly as a result of a bribe, though they reported being unaware of the exact circumstances. For the remaining six cases, details of their release or escape from detention were not recorded in the MLR (see 3. *Torture Disclosures*, for an explanation of this).

j. Flight from Iran

Twenty-one cases (42%) fled Iran within a month and an additional 10 cases (20%) within three months of being released from or escaping their most recent detention (note that in many cases this was not the individual's first period of detention). Forty-three people (86%) had left within a year, with four remaining in Iran for up to two years and two people remaining for more than two years before leaving (for one case this information is not recorded in the MLR).

Table 10 Length of time from most recent detention to flight, number of cases

Twenty of the 21 cases who left Iran within three months of getting out of detention reported that they, or their family members, had made arrangements for them to flee as soon as practically possible; seven reported that they did not return home at all but immediately went into hiding. Twenty-eight cases that did not leave Iran within three months of detention, reported that their fears of further detention were raised when family homes were searched by the security officials (12), when other family members or associates were detained (9) or when they received a court summons to be sentenced for their actual or alleged 'offences' (7). Some people reported consulting with lawyers who in all cases advised them to leave the country on the basis that, having signed a 'confession' to a potentially capital offence or indeed a blank sheet of paper, they would have no defence according to Iranian law if called to answer charges in court. In some cases, it was reported that family members had been detained when the person had not reported back to the authorities as required in their release conditions or because they had escaped from detention.

Of those who did not seek to leave Iran immediately or as soon as possible, some were eventually forced to take this step due to the arrest of a family member or associates for political or other activities in which they could also be implicated, or because they feared that under torture these individuals might be forced to name them. Others reported that they fled when the security forces demonstrated a renewed or ongoing interest in them by, for example, raiding their home or questioning others about their whereabouts or their activities. In some cases the possessions taken from their homes provided evidence of ongoing political activities, which they believed would



incriminate them. Seven cases described having continued to be involved or become involved again in protests and political activities, despite having been detained and tortured. They reported attending further demonstrations and creating and disseminating political materials among other activities, before deciding to flee due to the imminent risk of further detention.

3. Torture disclosures

All 50 cases in the sample were tortured in detention in 2009-2011. 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 MLRs.

MLRs prepared by Freedom from Torture 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 international guidelines for the documentation of torture called the Istanbul Protocol.¹² 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 includes taking the history as narrated by the individual and assessing this history in relation to clinical findings, in accordance with the Istanbul Protocol and Freedom from Torture's own methodology.¹³ 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.

It should be noted that the level of detail requested by the clinician and reported by an individual during the MLR documentation process, on any particular aspect of their experience of detention and torture, will vary from person to person, according to many factors. These factors include, but are not limited to: the distress experienced by the individual when asked to recall and describe in detail traumatic incidents and the risk of re-traumatisation during disclosure, whether or not the person was rendered unconscious or experienced 'dissociation' during trauma¹⁴, whether they were blindfolded during trauma and the difficulty the individual may have for these and other reasons with their memory and the recall of specific detail related to traumatic events.¹⁵

The overall pattern of torture documented in these cases for all episodes of detention 2009-2011 (bearing in mind multiple detentions in some cases) is presented below, as well as further detail for each method of torture.

a. Pattern of torture episodes

i. Place

More than half the cases (29, 58%) said that they were interrogated and tortured in a room different from their detention cell, although some of these were also beaten, raped and otherwise ill-treated in their cell. Four people said they were taken to a room specifically for torture where there were hooks and other devices in place for suspension. At least six others said that torture and interrogation occurred in their cell, while for the remainder this information was not recorded, for reasons discussed above.

ii. Use of blindfolds or hooding

The authorities responsible for interrogation and torture in these cases appeared intent on ensuring that they could not be identified, by keeping people blindfolded or hooded whenever they were out of their cells and during interrogation and torture, with the likely additional intent of increasing the individual's fear, disorientation and suffering.¹⁶ While four people reported that they were kept blindfolded for the duration of their detention, another 25 cases (50%) reported that they were always blindfolded whenever taken out of their cells for interrogation or torture. Another four people reported that their blindfolds were removed for certain episodes of torture or interrogation, though on most of these occasions their captors were not identifiable. Three people reported that they were only blindfolded *en route* to the detention facility, while in 14 cases this information is not specifically recorded, for reasons discussed above.



iii. Perpetrator/s

All cases reported that it was not possible to identify their interrogators or the perpetrators of torture due to the fact that they were always blindfolded in their presence and the fact that, when they were able to see them, these individuals did not wear uniforms or display identifying information. Only two people reported seeing any uniformed personnel in the detention facility, in one case wearing green and, in the other, dark blue uniforms. Some people described being aware that different perpetrators, usually identified by their voices, were coming and going or were involved in different ways in their torture and interrogation, despite not being able to see them.

iv. Frequency and duration of torture episodes

In 17 cases (34%), people reported being tortured at least daily and sometimes several times a day in detention. Eight people reported being subjected to a limited number of episodes of torture (1-3) during their detention (though this does not reflect the intensity of those episodes). Detention was less than a week in duration in five of these cases and less than a month in all eight cases. Ten cases (20%) reported no regular pattern and said that they could not predict when they would be taken for torture or interrogation episodes. In these 10 cases the interval appeared to range from successive days, to every few days, to monthly or less, with the frequency reducing over time where the period in detention was lengthy. For the remaining 15 cases, the frequency of torture was not recorded, for reasons discussed above. In most cases the duration of torture episodes was not stated or people reported that it was impossible to estimate this as they lost all sense of time. Some estimated that each session would last for 1-2 hours or for several hours at a time, including periods of suspension.

b. Specific methods of torture disclosed – all detentions 2009-2011

As noted in the Istanbul Protocol, the distinction between physical and psychological methods of torture is artificial, since 'physical' forms of torture are designed to and will have a psychological impact, and may cause both short and long-term psychological symptoms.¹⁷ 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.¹⁸ It is also difficult to distinguish between forms of 'environmental torture' – which are designed to cause harm for detainees and increase the psychological and physical impact of other forms of torture inflicted – and more general detention conditions, which may have the same or similar effect for some individuals.¹⁹

For the purpose of recording the data and describing the findings and to facilitate the analysis of patterns based on the aggregate of individual cases, 'physical' and 'psychological' forms of torture have been considered separately here, as have 'environmental torture' and more general detention conditions. However, it should be borne in mind that each individual's history and their history of detention and torture is unique, in terms of the particular conditions of detention and methods of torture used - including combinations and types of methods - and in terms of the impact on them. It is the cumulative effect on the person, combined with their own prior life experiences and degree of resilience or otherwise that contributes to the impact of the torture.

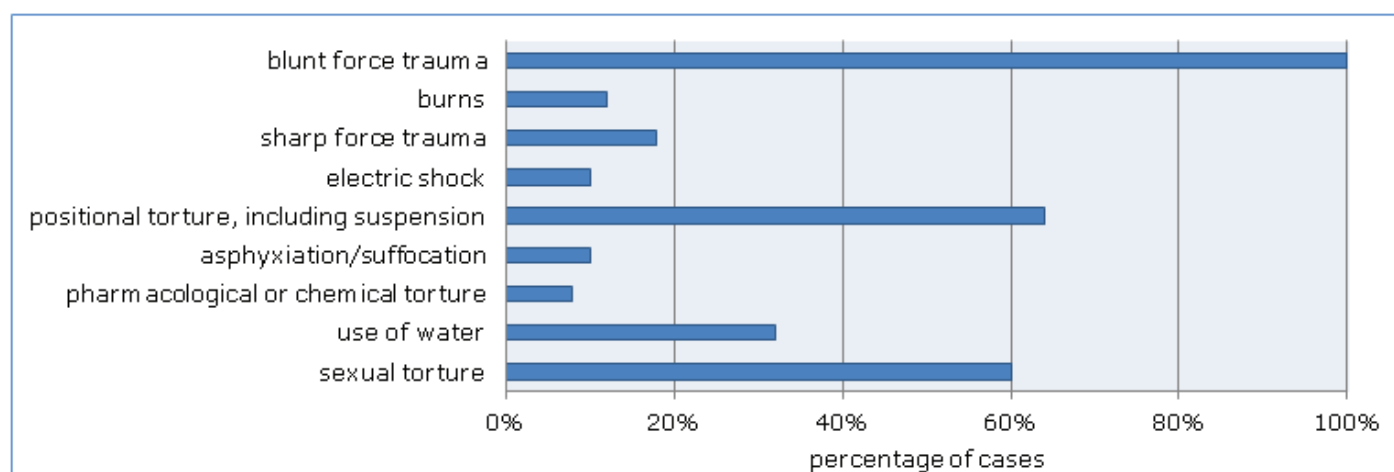
It is neither possible nor appropriate to view different methods of torture as more or less severe per se (i.e. psychological torture or physical torture; blunt force trauma or sexual torture; threats and humiliation or suspension etc.). All methods described here are forms of torture²⁰ and all individually breach the fundamental human rights of the individuals concerned and have consequences for their long-term health and well-being. The impact on individuals of any form of torture, or an overall experience of detention and torture, will vary widely, though it can be described through a careful forensic documentation process. However, the extent of physical and psychological evidence of torture that can be forensically documented will also vary depending on the method of torture used and many other particular environmental and individual factors. Hence, while the presence of such physical or psychological evidence provides corroboration of an account of torture, its absence or limited presence does not prove that torture, or that particular method of torture, did not take place.²¹ Similarly, the 'strength' of physical evidence of torture that is capable of being documented does not necessarily indicate the degree of 'severity' of the torture that was perpetrated.²² These factors are all considered by Freedom from Torture clinicians in the documentation process, and are reflected in their reasoned findings.

It is important to note that in some cases in this sample, particularly those where ongoing symptoms of Post Traumatic Stress Disorder (PTSD) were most pronounced, the ability to recall detail about the torture they have experienced or their willingness and ability to disclose these or both, even in a clinical setting, may have been severely compromised.²³ Some of the individuals were also considered too vulnerable by the examining clinician to question in any detail about the most traumatic aspects of their history, due to the high risk of re-traumatisation.²⁴ The specific torture disclosures documented in the MLRs for these individuals were therefore limited, albeit that the psychological impact was assessed and described in detail. It should be noted that sexual torture in particular is often under-reported due to disclosure difficulties and personal and socio-cultural issues related to the shame and humiliation that arise from this form of torture.²⁵ It is therefore possible that the data derived from these MLRs represents a significant under-reporting of the torture experienced by this group of cases, when all these factors are taken into account.

c. Methods of 'physical' torture

Methods of physical torture described by the 50 cases and documented in the MLR included: blunt force trauma, such as beating, whipping and/or assault (100%, 50 cases); sexual torture including rape, molestation, violence to genitals and/or penetration with an instrument (60%, 30); suspension and stress positions (64%, 32); use of water (32%, 16); sharp force trauma including use of blades, needles and/or fingernails (18%, 9); burns (12%, 6); electric shock (10%, 5); asphyxiation (10%, 5) and pharmacological or chemical torture (8%, 4). Of the cases sampled, 60% of females (6 cases) and 23% of males reported rape (9 cases).

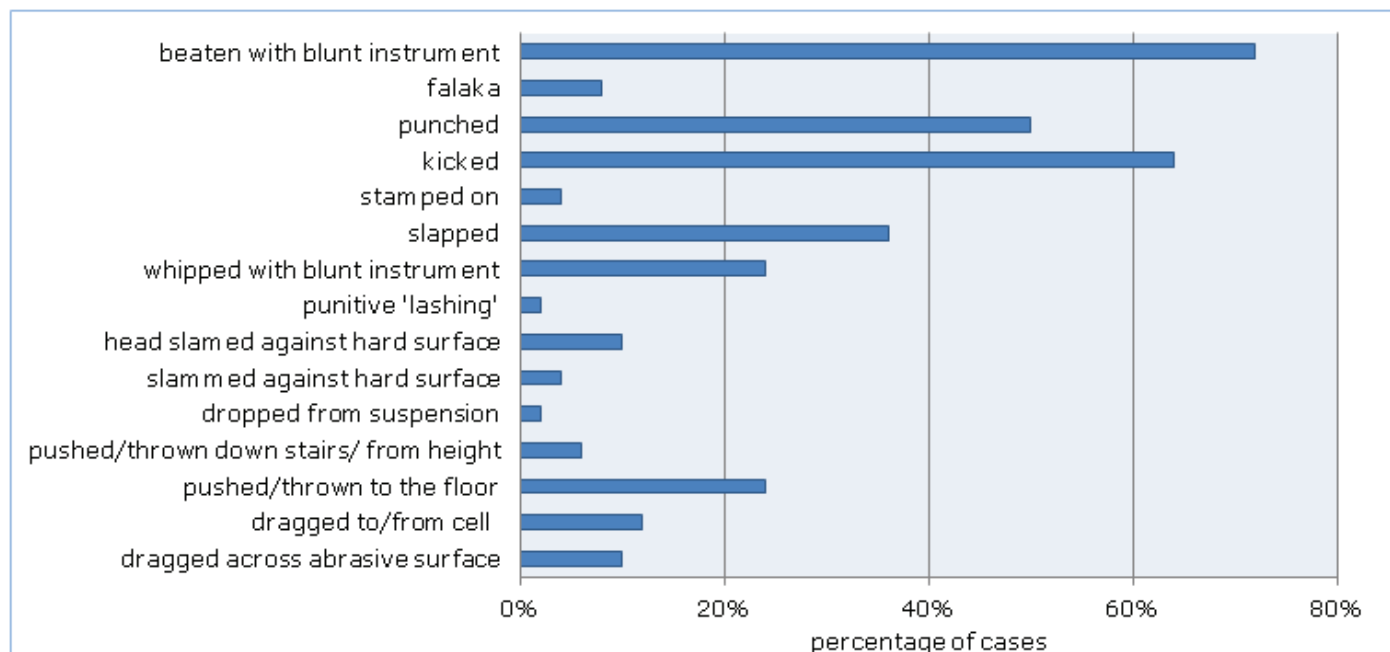
Table 11 Incidence of specific methods of 'physical' torture



Each type of torture and its incidence is further described below.

i. Blunt force trauma

The infliction of blunt force trauma (physical trauma caused to a body part, either by impact, injury or physical assault) was common to all cases and took a variety of forms for individuals and across the cases (see table 12 below). Common to all these forms was the reported brutality and violence of the assaults and the severe pain and trauma, both physical and psychological, inflicted on the victims. Nearly half the cases reported losing consciousness – in some cases many times – during beatings and other torture sessions, though it is not possible to determine whether this was due to head injury, pain or other causes. In 16 cases (32% of the whole sample) the blunt force trauma resulted in significant injuries such as broken limbs or other body parts, including the nose, teeth or ribs, or dislocations, which may or may not have been treated while in detention (see *Access to medical care in detention*). Individuals described bleeding, swelling and bruising after torture sessions, some of which resulted in scarring and other lesions, though blunt trauma may leave little or no physical trace after a matter of weeks unless the skin is broken.

**Table 12 Blunt force trauma – type/incidence**

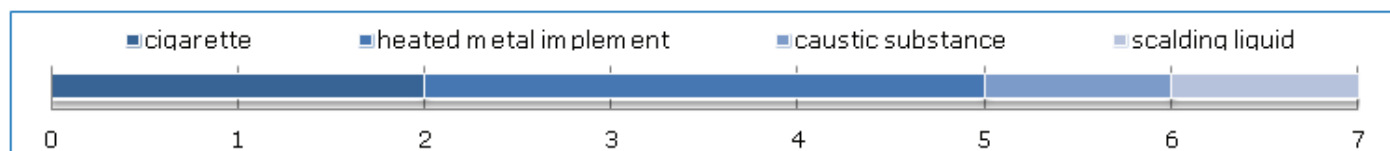
The main forms of blunt force trauma inflicted consisted of sustained assault by kicking, punching and slapping and of beatings with a variety of blunt instruments. These instruments included rubber or plastic truncheons, flexible or stiff cables, whips, wooden batons or sticks, plastic pipes, iron or other metal bars, electric batons, gun butts, belts and handcuffs. Across the cases people reported being assaulted or beaten on all parts of the body including face, head and neck, chest and stomach, back and buttocks, arms, legs, hands and feet, and genitals. Beatings were most commonly inflicted, however, on the head and face, arms and legs and back.

Other forms of blunt force trauma were also reported, including being forcibly thrown to the floor, against a wall or from a height (when the hands and sometimes feet were bound); having the hair violently pulled; the head slammed against a hard surface; and being dragged across a hard or abrasive surface.

The majority of cases (33, 66%) reported being blindfolded while being interrogated and tortured and 32 cases (64%) reported being bound, cuffed or restrained, sometimes in stress positions including suspension. This meant that they would have been unable to physically defend or protect themselves in any way during the infliction of blunt force trauma. Beatings and other forms of physical assault were reported to have been carried out concurrently with interrogation sessions in most cases, though some people reported that they were additionally beaten regularly in their cells between interrogations.

ii. Burns

Seven people (14%) were burned, some repeatedly, with heated metal objects, lit cigarettes or caustic substances/scalding liquid (see table 13 below).

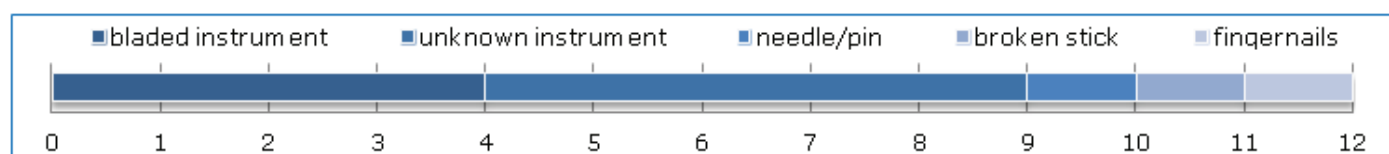
Table 13 Burns – number of cases/instrument

All were blindfolded and restrained, face down on a wooden bench or seated on a chair, while the burns were inflicted and describe intense pain. Five of the seven cases had between 1-5 burn scars on their backs, arms and hands, while two cases had over 20 burn scars documented in the MLR.

iii. Sharp force trauma

Nine people (18%) reported the use of sharp force trauma including on their face, arms, back and chest, in some cases more than once (12 instances across the nine cases, see table 14 below). Four of the nine people were cut with knives and a 'machete', while in five cases the instruments were not seen due to blindfolding or the perpetrator standing behind the victim.

Table 14 Sharp force trauma – number of instances/instrument



Two people were cut during sexual torture, one by the fingernails of the perpetrator and the other by a blade in the face when they attempted to resist assault. Two other people had cuts or penetrating injuries resulting from, in one case, needles being pushed under the fingernails and, in the other case, beating with a wooden stick that broke on impact and pierced the skin.

iv. Electric shock

Electric shocks were administered in five cases (10%) to different parts of the body, including the genitals, hands and feet, legs, nipples and buttocks. In one case the person was shocked concurrently with sexual torture.

v. Positional torture

Of the 32 cases (64%) who reported the use of positional torture, 16 (32%) were suspended by a variety of techniques, including upside down or with wrists bound behind the body, from hooks in the ceiling or bars on the wall. A wide variety of forced or stress positions were also described in 11 cases (22%), apparently designed to humiliate and to produce a powerful psychological response (see paragraphs below) as well as severe physical discomfort and pain. A number of other cases (five) reported the use of prolonged binding and restraint including shackling. Thirteen cases described being suspended and restrained in stress positions while being beaten and otherwise tortured, and six reported being interrogated while suspended. In nine cases, restraint was reported to have been used to facilitate the administration of a particular form of torture, such as burning, electric shock, asphyxiation or sexual torture.

Of those who were suspended, seven people reported that this occurred multiple times during their detention (10-12 times in one case) and for prolonged periods; up to several hours in some cases. The different forms of suspension reported included:

- *wrists bound together in front of the body, suspended with the toes either just touching the ground or just clear of the ground (sometimes also bound together)*
- *wrists bound together behind the body ('reverse suspension' or 'strappado'), suspended with the toes either just touching the ground or just clear of the ground*
- *ankles bound together, suspended upside down (in one case over water into which the head was repeatedly submerged)*
- *knees bent and hands cuffed under and behind the knees with an iron bar inserted through the back of the knee and crook of the elbows and then suspended ('chicken kebab' or 'parrots perch')*

Those who reported the use of forced or stress positions of different kinds said that they were required to hold them over prolonged periods or repeatedly or both, on a number of different occasions during their detention. People described these experiences as humiliating, bewildering and terror-inducing. In many instances they were also blindfolded or hooded as well as being brutally beaten or interrogated.

The different forms of forced or stress positions reported in these cases include the following:



- *stretched out face down on the floor with arms extended and the body weight taken on the fingertips*
- *doing press-ups/ standing on one leg/ holding cuffed hands above the head over a prolonged period*
- *standing facing the wall with hands cuffed and, without moving the feet, leaning against the wall resting on the forehead/ falling forward*
- *standing with hands cuffed above the head with weights hung from the scrotum*
- *confined inside a small container over a prolonged period*
- *sitting on the floor with a bag over the whole body, the hands cuffed behind the back and head lowered*
- *sitting on a chair with the legs positioned behind a bar fixed between the legs of the chair, both ankles and wrists cuffed/ wrists bound to the top of each chair leg and ankles bound to the bottom of the chair legs*
- *lying face down on a bed/cot with wrists bound to the front legs and ankles*
- *lying face down on the floor with the hands cuffed behind the back, the left arm drawn up from below and the right arm pulled down from behind the neck*
- *stretched into an X position with widely spread arms and leg, using pulleys or shackles*

vi. Asphyxiation/suffocation techniques

Five people reported the use of asphyxiation or suffocation techniques, including the repeated submersion of the head in water or in contaminated water containing urine and faeces. One person was 'waterboarded' on at least five occasions; they described being taken to a particular room and being handcuffed and shackled and put into a pit. Their head was covered with a towel and water was poured onto it creating a suffocating effect. Another was made to lie on the floor in an interrogation room while buckets of water were repeatedly thrown over their face; a guard then put his foot on the individual's chest to stop them moving and dripped water on their face for a prolonged period.

vii. Pharmacological or chemical torture

Three people reported that they were given medication by force, either during interrogation sessions or in their cells, which was described as mind- and mood-altering and extremely distressing. One person said that they were held down and had several tablets forced down their throat on several occasions. They described feeling as though they had lost control over themselves, laughing or crying uncontrollably or on occasions feeling that they had unlimited strength, causing them to throw themselves against the door or wall of their cell in an attempt to escape. Another case described being given medication during interrogation sessions which, they believed, exacerbated their feelings of fear and anxiety.

A fourth case reported that a substance was rubbed on the back of their legs, back, and on the back of the neck on a number of occasions during torture sessions which intensified the pain of being cut or beaten.

viii. Sexual torture

Given the high levels of shame and stigma attached to rape and sexual assault for men and women and the intense expression of shame and stigma reported by MLR clinicians examining Iranian clients, significant under-disclosure of sexual torture is highly likely among the cases in this sample.²⁶ Despite this, 60% of men and 60% of women in the sample (30 cases altogether) reported sexual torture including rape, molestation, violence to genitals and penetration with an instrument.

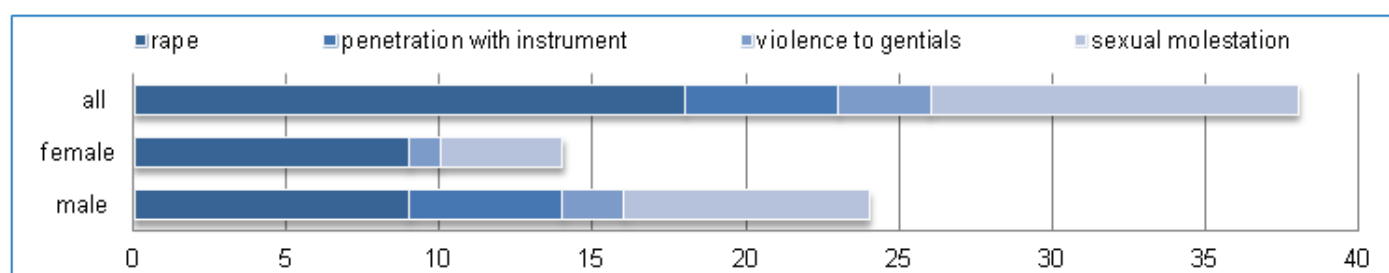
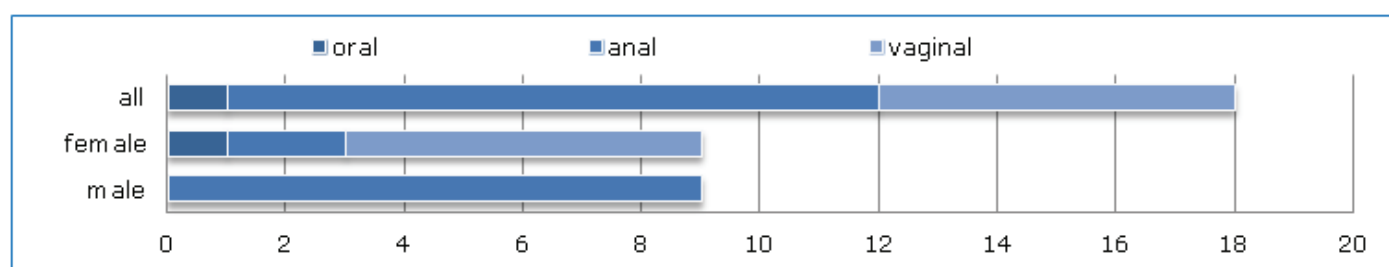
Table 15 Incidence of different forms of sexual torture in 30 cases

Table 15 above illustrates the incidence of different types of sexual torture among male and female cases in the sample (as distinct from the number of separate occasions on which sexual torture was perpetrated for any individual or the number of individuals who experienced sexual torture). Table 16 below illustrates the incidence of different forms of rape reported by 15 cases (nine male and six female) who disclosed this form of sexual torture, bearing in mind that some women disclosed more than one form of rape.

Table 16 Incidence of different forms of rape in 15 cases

Female cases

Six of the 10 women in the case sample (60% of female cases) reported sexual torture, all in several forms. All of the six women were raped either in the interrogation room or in their cell or both. All were raped on more than one occasion, in some cases many times, and all by two or more people across the different episodes. Some women were raped both anally and vaginally and one both anally and orally. Disclosure of rape in all cases was extremely problematic and all clinicians reported the intense psychological distress, including flashback symptoms, experienced by these women in talking about this aspect of their torture. In some cases, disclosure was only possible after extensive counselling and in others the clinician reported that they were not able to facilitate a full disclosure of sexual torture as the risk of re-traumatisation was too high. In some cases, the clinician specifically expressed the view that it was likely that further episodes of rape had taken place in addition to those disclosed, as well as the possibility of penetration with objects.

Four of these six women disclosed that they had experienced additional forms of sexual assault and sexual humiliation including forced nakedness (with clothing being violently removed), verbal abuse of an extreme sexual nature and sexual molestation. All described being forcibly restrained while the rape and sexual assault was taking place and most were treated with extreme violence – four reported being rendered unconscious.

Male cases

Twenty-four of the 40 men in the sample (60% of male cases) disclosed sexual torture, including anal rape in nine cases and anal penetration with objects in five cases. For all nine men who disclosed that they had been anally raped, clinicians reported significant difficulty in disclosure and high levels of shame and distress in recounting their experiences. Some men reported that there had been several perpetrators at one time, while others were raped by one man only, though sometimes repeatedly. Some reported that they were raped in interrogation rooms, while others were raped in their cell. In some cases, the rape was preceded by sexual molestation and threats of penetration and rape and in one case the individual disclosed having also been penetrated with objects on many occasions.

One person reported that the perpetrator, before raping him, issued threats that he would rape female family members in front of him; another said that the perpetrator threatened to post pictures taken



of the rape on the internet and to send them to his family. A further case reported being told by the perpetrator before being raped that something would be done to him that he would never be able to forget or talk about. This person described feeling like a 'mad man'; when he begged the perpetrator to stop, he only became more brutal. Another described how when he had begged for the assault to stop, the perpetrator had told him he was wasting his time calling to God for help, saying 'I am your God'. This person described feeling as though everything had been taken away from him at that moment and that he did not exist anymore (see 4.g.iv *Psychological symptoms associated with sexual torture and rape*).

All cases that reported sexual torture reported being restrained, usually with handcuffs, when the assaults took place. Those cases who reported anal penetration described very brutal attacks during which they were penetrated, sometimes repeatedly, with objects including batons and bottles. One reported screaming and swearing and banging his head against the floor in pain, in response to which the perpetrator offered some water from a bottle which turned out to be urine.

Two cases reported violent assault to their genitals, while a further eight described being sexually molested, in some cases with batons or sticks being pushed between their legs and around their anal region and genitals, while being verbally abused and threatened with penetration or rape. Others had their clothing forcibly removed and were then sexually molested. Some clinicians, in reporting these incidents, remarked that they thought it likely or possible that rape or penetration had occurred, though in those cases where it was felt appropriate to ask directly, these individuals either denied this or said that they could not remember further details.

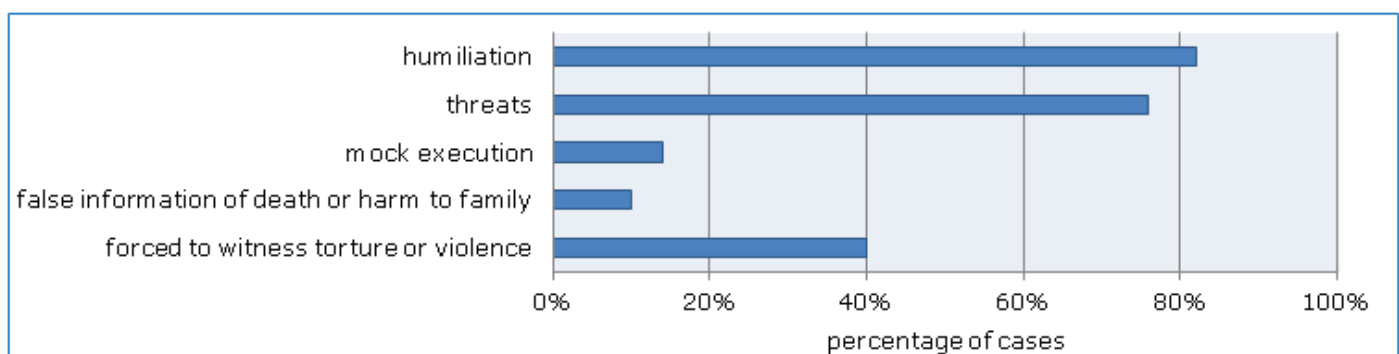
d. Methods of psychological and environmental torture

Psychological and environmental forms of torture, which were highly prevalent in this case sample, included but were not limited to humiliation (82%, 41 cases), solitary confinement (68%, 34), verbal abuse (64%, 32), threats of death (44%, 22) and threats to family (30%, 15), sleep deprivation (24%, 12), and mock executions (14%, 7).

e. Psychological torture

Psychological forms of torture included the extensive and persistent use of humiliation in 41 cases (82%), particularly verbal abuse and profanities directed towards the individual or members of their family, especially female family members (see table 17 below). Being forced to perform humiliating acts (most but not all with a physical element causing pain and physical stress) and enforced nakedness or removal of clothing were also prevalent across the cases, with clinicians widely reporting the strong psychological impact of this treatment. Threats of death, of further torture, of prolonged detention and of harm to family members were also reported in 38 cases (76%) and a small but significant number of cases reported the use of mock executions.

Table 17 Incidence of different types of 'psychological' torture



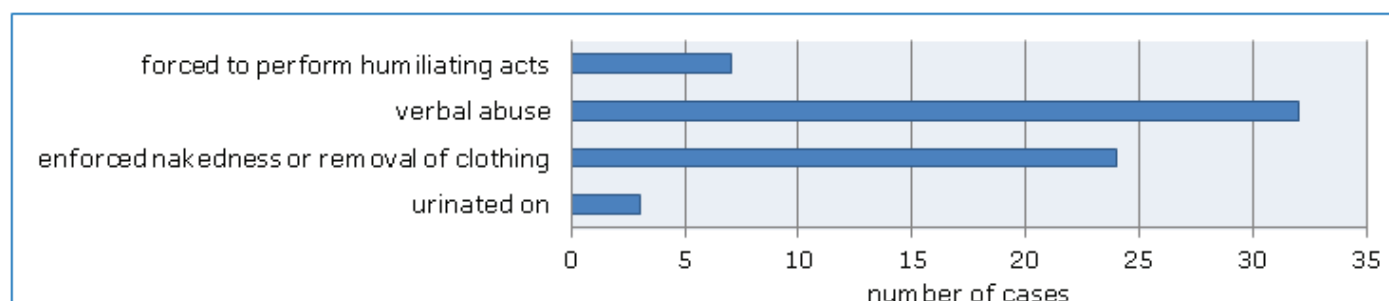
These forms of psychological torture are further described below.

i. Humiliation

A significant number of cases described being forced to perform humiliating acts by their interrogators or by their guards (see table 18 below); many of these had a physical element that additionally caused pain and physical stress (see 3.c.v *Positional torture*). Some enforced acts appeared to have no other purpose than to confuse and humiliate, for example one person described being routinely taken from

his cell blindfolded and being instructed by the guards to duck and bend down as he was walking between rooms. He later realised that there were no obstructions and that the only intent was to humiliate him. In another case the individual was told by their guards, while handcuffed and blindfolded, that they were in an open space and should start running with a view to escaping detention. He ran into a wall and was then told he had gone the wrong way and should run the other way, only to hit another wall. Most people described being laughed at and mocked when forced to perform such humiliating acts.

Table 18 Incidence of different types of humiliation



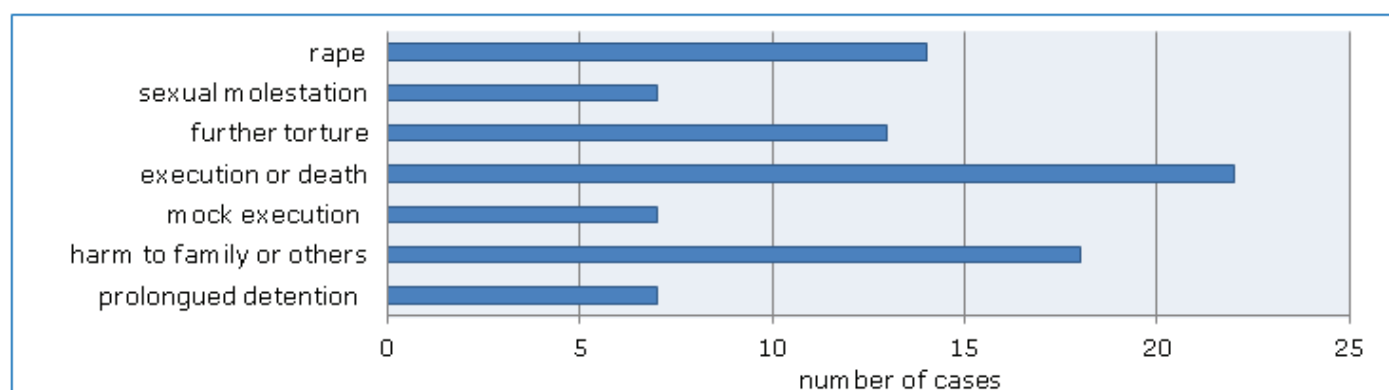
Persistent verbal abuse was a feature across the cases from the time of arrest and for the duration of detention, though it was not specifically commented on in all cases. A commonly reported feature of the abuse was that it was focused on obscenities and sexual swearing directed to the individual and to their family members (especially female family members), of the type that produced intense anger and shame.

Forced removal of clothing or enforced nakedness was reported in nearly half the cases. Some reported being stripped to their underwear throughout their detention; others were stripped naked for particular torture sessions or during sexual torture. In many cases, male and female, individuals reported being verbally abused and sexually molested following removal of their clothing. Others reported that they were photographed when naked or during sexual torture. One case reported being urinated on regularly in their cell before being beaten; two others reported having urine thrown over them. One person's head was repeatedly submerged in a toilet full of urine and faeces.

ii. Threats

Threats were widely used to induce terror and to enforce compliance, particularly to force a confession to alleged offences (see table 19 below). Many who were raped were also threatened with further rape (which was often carried out); many who were molested were also threatened with rape or penetration, as were others who did not report having been actually subjected to sexual torture. Others cases reported being threatened with long-term incommunicado detention, while many were threatened with further torture, or specific types of torture.

Table 19 Incidence of types of threat



Nearly half the cases (22) reported being threatened with execution or death in detention. People reported being told this would be their last day, that they were next in line for execution, that they should write a will, that many people had been killed or 'disappeared' in the same detention facility without anyone knowing about it. Seven people (14%) suffered a mock execution, where they believed



that the threat of death would be imminently carried out. In one case this included being taken to a prison yard where there was a hangman's noose rigged to a wooden scaffold with uniformed security force personnel standing by. This individual reported having the noose tied around their neck and their hands cuffed behind their back and being told they would be executed as 'mohareb' ('enemy of God'). After a few minutes the guards began to laugh and they were brought down from the scaffold and dragged back to their cell. Another individual was subjected to a fake trial in which they were sentenced to death before the mock execution, also a simulated hanging.

As well as verbal abuse 18 cases (36%) also described specific threats of harm to family members (particularly female family members) and friends, such as the threat of rape or other forms of violence or of death. Five people reported that they were given false information as a way of exerting additional psychological pressure. People were told, for example, that their family members had died or were critically ill, or that they had been detained and tortured and had already confessed to an alleged offence or that if they did not 'confess', their family members would be raped or otherwise harmed in front of them. One person was told (falsely) that his wife had been arrested and was in a particularly notorious prison; the guard was reported to have said, 'You know what they do to women in that prison.'

Forced to witness torture or violence against others

Two people reported witnessing the torture of other detainees, including rape, and two reported being beaten alongside others, when initially detained in a 'holding cell' following arrest. One person was shown the prone, naked body of a fellow detainee who had been brutally beaten and told this was a warning of what would happen to them if they did not confess.

A significant number were exposed to the sounds of torture or distress of others - 17 cases (34%) reported this. People reported regularly hearing other detainees crying, screaming, shouting and moaning as they were tortured or in their cells. One case reported intense distress at hearing what they believed to be the sounds of a child being tortured, only to be told later that this was a tape recording being played to someone else as a form of torture. One person commented on the 'smell of infection' in the place where they were detained, due to the untreated wounds of fellow detainees.

iii. Forced to betray others

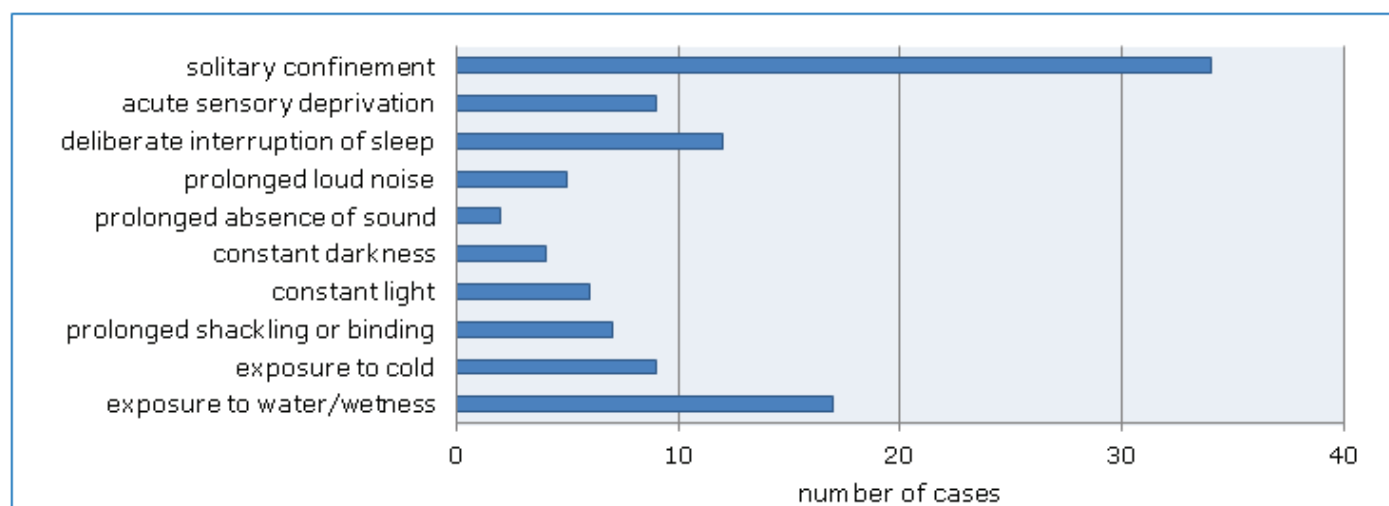
Three people reported that they were eventually forced to give limited information about family members or associates; all had been detained for an imputed political opinion arising from an association with these others. One person was given a temporary release from detention in order to find out more information about others to report back to the authorities, though they escaped Iran before complying with this request.

f. Environmental torture

i. Solitary confinement and sensory deprivation

The most prevalent form of environmental torture was the use of solitary confinement (68%, 34 cases), in small cells, mostly throughout the entire detention (see table 20 below). While the duration of solitary confinement was between a week and a month in the majority of cases, some were detained in this condition for several months and at least two cases for more than a year.

A few cases reported being kept in their cell in conditions of complete silence with nobody speaking to them other than during interrogation sessions and no sound coming from outside the cell. Four cases were kept in complete darkness in their cell and were blindfolded whenever they were taken out for interrogation.

Table 20 Incidence of environmental torture

Seven people were kept shackled throughout their detention, though more commonly people reported having their handcuffs and blindfolds removed when they entered their cells between episodes of interrogation and torture. In one case the person was blindfolded and restrained (tied to a wooden bed) in a cell alone for five days, during which time they were force-fed water and some liquid food and only occasionally untied in order to be taken to the toilet. Another particularly severe case reported being kept in solitary confinement throughout a 14 month detention, only being taken out for interrogation and torture or to use the toilet or a shower every 10 days or so.

ii. Deprivation of sleep

Twelve cases in the sample (24%) described having their sleep deliberately interrupted or that they were otherwise prevented from sleeping for prolonged periods during their detention, which produced a situation of chronic sleep deprivation and disorientation. Many reported that guards banged repeatedly on their doors or that water was thrown on them, or that they were woken and taken for interrogation as soon as they fell asleep. Some reported that they were deliberately kept awake by Qur'an recitations broadcast at very loud volumes for prolonged periods; others described having a very bright light bulb constantly on in their cell, which prevented them from sleeping.

The sleep deprivation and disorientation was reported to have been exacerbated in many cases by the detention conditions in which they were kept, including solitary confinement with no access to natural light or means of telling the time or knowing day from night. Most cases (33, see 3.a.ii *Use of blindfolds or hooding*) were also blindfolded or hooded when they left their cell and so had no way to orientate themselves once out of their cell.

iii. Use of water

As well as water being used to induce a suffocation effect as a method of torture (see, 3.c.vi *Asphyxiation/suffocation techniques*), 16 people (32%) described water being used deliberately in other ways (in some cases, more than one way). Individuals reported being hosed with cold water (two cases) and cold water being thrown on them during interrogation or while in their cells (eight cases). Five people reported that cold water was repeatedly thrown onto the floor of their cell which ensured that they were constantly sitting or lying on a cold, wet surface. Two cases reported that water was dripped on their head for a prolonged period while restrained during interrogation and another, that water was left constantly dripping in their cell, which they believed to be deliberate.



4. Physical and psychological impact of torture

a. Forensic evidence of torture

Forty-one cases (82%) had forensic evidence of physical trauma documented in their MLRs in the form of lesions (including scars)²⁷ arising from torture in detention in 2009-2011. MLRs for the other nine cases specifically focused on the psychological signs and symptoms of torture and, in four cases, were prepared by the person's treating clinician as examination by an independent doctor was not deemed clinically appropriate owing to a very high risk of re-traumatisation. Chronic pain symptoms, mostly attributed to blunt force, positional and sexual tortures, were also reported in 46% of cases (23) and nine cases documented fractures attributed to torture (18%).

Seventeen of the 50 cases sampled (34%) had up to five lesions attributed to torture, while 11 cases had significantly more. Four people had a very large number of lesions (more than 20) or groups of numerous individual lesions assessed together in relation to their consistency with the attributed causes of torture. In all cases where a physical examination was conducted and lesions as well as other signs and symptoms of physical trauma were documented, those attributed to torture were differentiated by the individuals themselves, and independently by the clinician, from those with a non-torture attribution such as accidental injury or self-harm.

b. Physical impact of torture

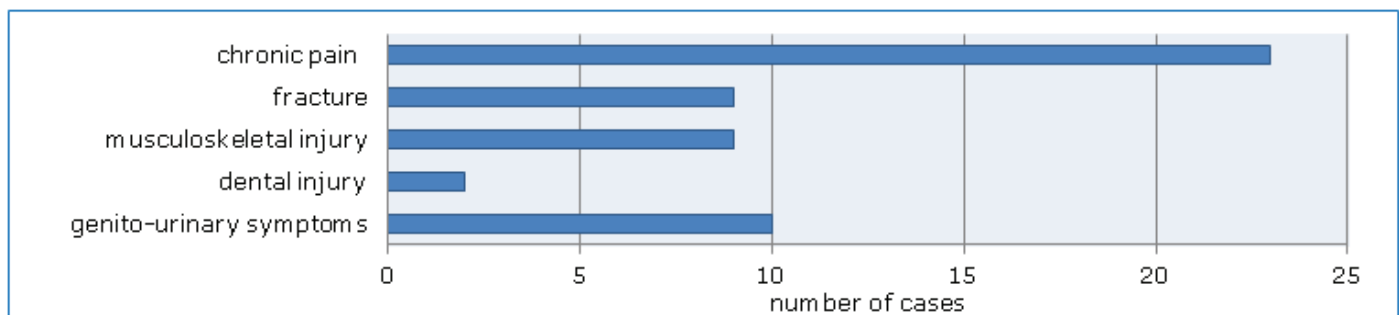
i. Loss of consciousness

Thirty-one of the 50 cases (62%) reported that they had lost consciousness at least once during torture and in some cases many times. Although not all cases reported the reason for the loss of consciousness, fourteen said that they lost consciousness when subjected to beatings or blows to the head and three cases whilst being suspended. Four people reported losing consciousness (though they may have experienced dissociative episodes), during rape and other forms of sexual torture.²⁸ One person said that as soon as they regained consciousness having been tortured, the beatings would begin again. Others reported that when they regained consciousness they found themselves back in their cell – some had cold water thrown on them to revive them. A few reported that they had been taken to medical facilities within the detention centre where they regained consciousness, although this may have been due to other injuries that required treatment (see 2.g.v *Access to medical care in detention*). One case was rendered unconscious and woke up in a hospital where they reported being treated for a head injury.

ii. Chronic pain

Chronic pain symptoms were reported and described in 23 cases (46%) (many of whom had multiple pain symptoms), all of whom had been subjected to blunt force trauma. Seventeen of these cases had also been subjected to suspension or other forms of positional torture and 15 cases to sexual torture. Sixteen people reported different kinds of musculoskeletal pain, including back pain and joint pain and thirteen reported suffering from chronic headaches. Between these cases, pain symptoms were reported in the following parts of the body: knees, hands, feet, shoulders, lower back, upper back, neck, head and face, chest and genitals.

Table 21 Acute physical injury and chronic symptoms attributed to torture



iii. Acute injury/symptoms

Nine cases (18%) reported having suffered fractures as a result of torture in detention, including the following:

- wrist (*falling onto an outstretched arm during a beating*)
- nose (*being forced to run into a wall when blindfolded and beaten*)
- fingers (*raising a hand to protect the head from baton blows*)
- shoulder (*blunt force trauma*)
- ankle and thigh bone (*pushed down a flight of stairs when blindfolded and handcuffed*)
- ribs (*blunt force trauma*)
- upper jaw (*blunt force trauma*)
- hand (*blunt force trauma*)

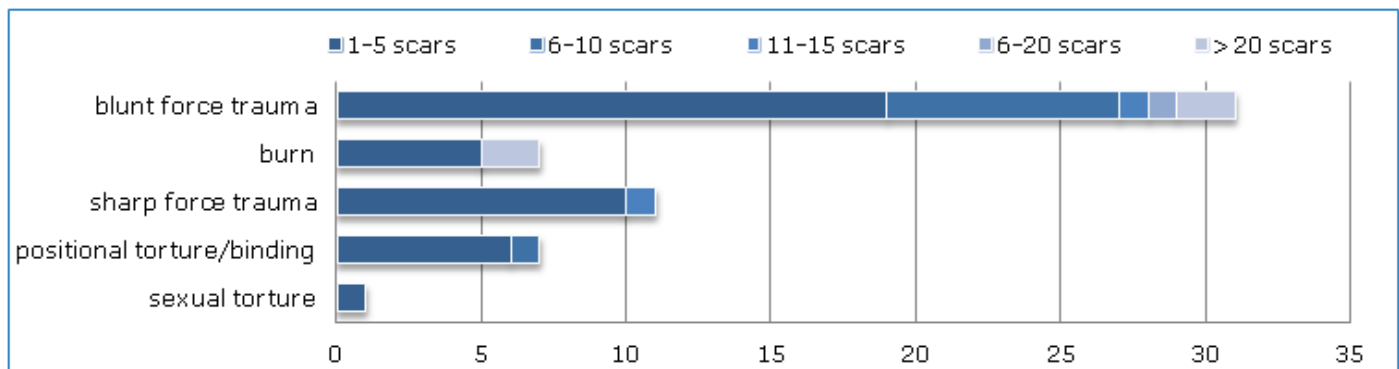
Two cases reported losing teeth or having teeth broken which had to be subsequently removed or repaired. Eight other cases reported injury to the musculoskeletal system, including dislocations and other damage to the back (prolapsed disc); knee joints (including damage to ligaments, cartilage or tendons); shoulder joints; finger and wrist joints.

iv. Genitourinary symptoms

Physical symptoms associated with rape and sexual torture were reported and documented in 10 cases in this sample and included anal bleeding and pain, vaginal bleeding and discharge, pain and swelling in the genitals, lower abdominal pain, pain on passing urine and sexual dysfunction of various kinds. In some cases symptoms were reported to be enduring, while in others they were reported to have occurred at the time of the abuse and for varying periods afterwards.

c. Scars/lesions attributed to torture, by torture method

Table 22 Number of scars/lesions attributed to a particular torture method, per case



i. Blunt force trauma

The form of torture that produced the largest number of lesions overall was blunt force trauma; more than 60% of cases had some or numerous lesions attributed to this cause. Freedom from Torture clinicians, using Istanbul Protocol guidelines to describe the level of consistency of the physical findings with the attributed cause of torture, found that in 26 cases there were lesions assessed to be 'diagnostic', 'typical' or 'highly consistent' of blunt force trauma as described by the individual (with no other possible cause, few or a few other possible causes).²⁹ However, as routinely observed by clinicians in MLRs, while individual scars and groups of scars are assessed for their level of consistency with the attributed cause in line with the Istanbul Protocol, *'...Ultimately, it is the overall evaluation of all lesions and not the consistency of each lesion with a particular form of torture that is important in assessing the torture story...'*³⁰ Although used in all cases in this sample, blunt force trauma very often does not produce enduring physical evidence, depending on factors including the force of the blow, the part of



the body hit, the length of time since infliction, whether the skin was broken and the healing process.³¹ In those cases where physical evidence of torture attributed to specific types of blunt force trauma was limited to scars or lesions found to be 'consistent' with this cause (the scar is non-specific in appearance and while it could have been caused in the way ascribed, many other causes are possible), other evidence including the individual's history, additional medical evidence and psychological findings, was carefully considered before an overall evaluation of the case was made by the clinician.

ii. Burns

All seven cases that reported being burned had lesions assessed by the clinicians as being 'diagnostic', 'typical' or 'highly consistent' of this form of torture, as ascribed. The possibility of self-infliction was considered by clinicians where relevant, for example, if the burn scar was on a part of the body potentially accessible to the individual for self-harm. As stated in the Istanbul Protocol, among the other things to be considered in '*formulating a clinical impression for the purpose of reporting physical and psychological evidence of torture*', clinicians should address the possibility of a '*false allegation of torture*' and whether the clinical picture suggests this.³² However, in all of the cases in this sample, this possibility was discounted by the clinician for reasons including the overall history of the case, the ready disclosure of non-torture scars, the presence of corroborative psychological evidence and the presence of a variety of other lesions attributed to other methods of torture.

In one case, more than 25 scars attributed to torture by burning with cigarettes and with heated metal objects were documented in the MLR. Eleven of these scars were assessed by the clinician to be 'diagnostic' and four 'highly consistent' with the attributed cause of burning with a metal instrument; a further three groups of scars were, together and in the context of the other scars and the full history and presentation, assessed to be 'highly consistent' with the attributed cause of burning with lit cigarettes.

iii. Sharp force trauma

Nine cases in the sample reported the use of sharp force trauma, inflicted with a variety of bladed or sharp instruments. Across these nine cases, five of the 12 scars were assessed by the examining clinician to be 'typical' of the attributed cause, one was assessed as 'diagnostic' and two as 'highly consistent', in accordance with Istanbul Protocol guidelines. The four scars or lesions assessed as being 'consistent' with sharp force trauma included those caused by a perpetrator's fingernails (inflicted during sexual assault) in one case and others where the instrument was unknown, although in all cases the overall history and pattern of torture was accepted by the clinician after an assessment of all of the available evidence.

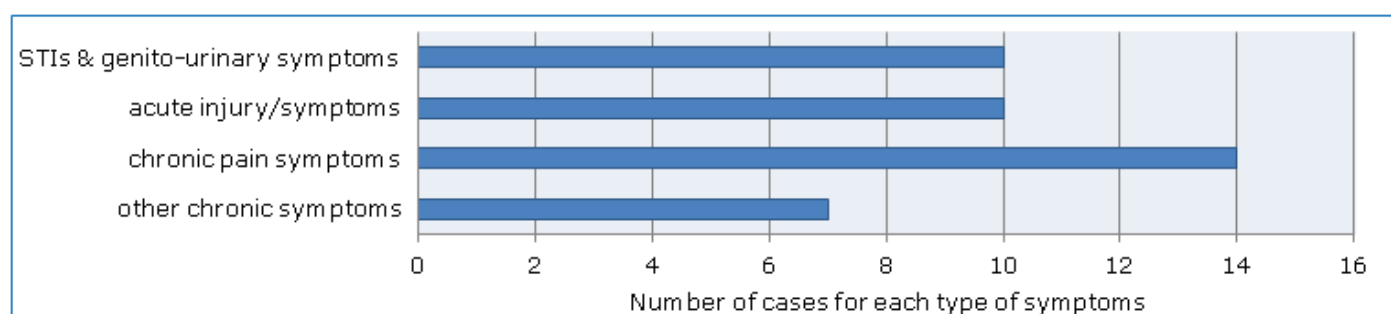
iv. Positional torture including suspension

Seven cases had scars, lesions and, in some cases, ongoing physical symptoms including chronic pain and restriction of movement attributed to positional torture - mostly different forms of suspension. Physical sequelae arising from suspension included damage to the shoulders due to the stress positions in which people were held over protracted periods, or damage to the wrists from handcuffs that were used to suspend the individual from devices in the ceiling. Two cases had scars on the wrists attributed to handcuffs used to restrain them while they were raped.

The scars and lesions attributed to positional torture were assessed by clinicians to have a high level of consistency with the attributed cause - four were described as 'typical' and one as 'highly consistent'. In two other cases the scars were more non-specific but nonetheless assessed as consistent with restraint with handcuffs when looked at in the round with other evidence.

d. Referral and treatment for chronic and acute physical symptoms

According to available information, 36 cases (72%) had either been referred to or had been medically treated in the UK by statutory health care providers for acute and chronic physical symptoms associated with torture in detention (see table 23 below).

Table 23 Referral/treatment for chronic and acute physical symptoms

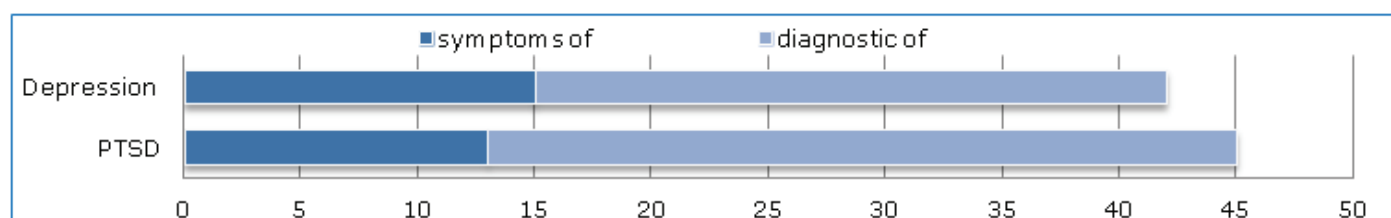
Fourteen cases were treated for chronic pain symptoms, but 10 cases were referred for acute injuries or symptoms related to these. Ten of the fifteen cases who had been raped had either been screened for sexually transmitted infections or were referred for such screening. Seven people reported being treated in Iran on release from detention for injuries arising from torture.

e. 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.³³

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 clinician'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. Clinicians will consider the possibility of a rehearsed or disingenuous narrative³⁴ 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 50 cases in this study included 45 people (90%) with symptoms of Post-Traumatic Stress Disorder (PTSD) related to the history of torture in detention (see table 24 below). Of these, 32 (64% overall) had symptoms reaching the diagnostic threshold according to the ICD-10 Classification of Mental and Behavioural Disorders.³⁵

Table 24 Symptoms/diagnosis of PTSD and depression attributed to torture – number of cases

In addition, ongoing symptoms of depression directly related to the history of detention and torture were reported by 42 people (84%), of which 27 (54% overall) had symptoms reaching the diagnostic threshold for depression.

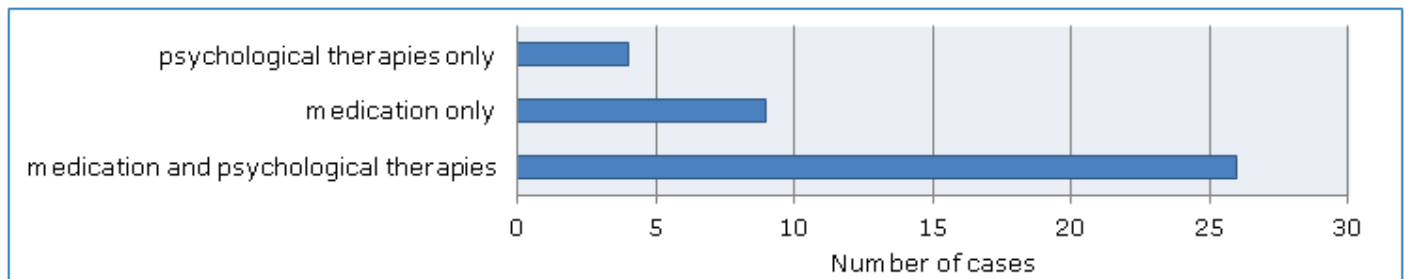
f. Treatment for depression and PTSD

According to available information, 39 of the 50 cases (78%) were in treatment for depression and/or PTSD symptoms at the time of the MLR documentation process, receiving medication and/or psy-



chological therapies from statutory health care providers. A total of 11 cases were receiving treatment services (psychological therapies) from Freedom from Torture during the period when their MLR was being prepared (see table 25 below).

Table 25 Treatment for psychological symptoms



In addition to those in treatment, in a further seven cases the examining clinician recorded in the MLR that they would be making a referral to the person's GP, recommending treatment or further treatment for psychological symptoms, or to Freedom from Torture's clinical treatment services for the provision of psychological therapies, or both, due to serious concerns about the person's mental health. Taken together, these cases (both referred for and in treatment) include all those found by the examining clinician to have symptoms and diagnoses of PTSD or depression related to their experience of detention and torture.

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.

g. Detailed psychological symptoms attributed by the examining clinician to torture

Detailed psychological findings documented in the 50 MLRs in the sample are grouped below according to the relevant Istanbul Protocol categories of 'common psychological responses' to torture.³⁶ They have been presented separately as symptoms of PTSD and of depression; 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.

i. Symptoms of PTSD

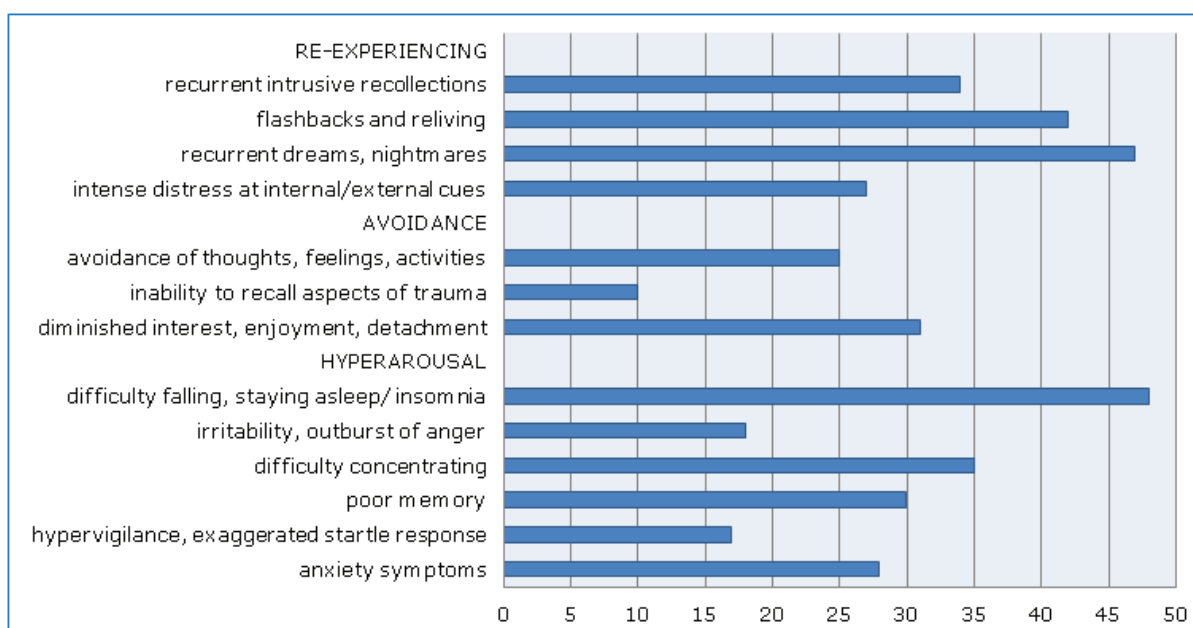


Table 26 Symptoms of PTSD - number of cases

Re-experiencing the trauma

'Re-experiencing' responses reported in the MLR included: *flashbacks* (84%, 42 cases) and *intrusive memories and thoughts* (68%, 34) where traumatic events are repeatedly re-experienced even when the individual is awake and conscious. *Recurrent nightmares* (94%, 47) including elements of the traumatic events in actual or symbolic form. Further common 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 (54%, 27).

Avoidance and emotional numbing

'Avoidance and emotional numbing' responses reported in the MLR included *avoidance of thoughts and conversations or activities, places and people that give rise to memories and recollection of the trauma* (50%, 25 cases). A marked *emotional restriction or dissociation* when recalling events involving trauma and torture and a *difficulty recalling these events* was also reported in ten cases (20%). *Detachment and social withdrawal and avoidance of meeting people and of social interactions* were documented in a significant number of cases (62%, 31).

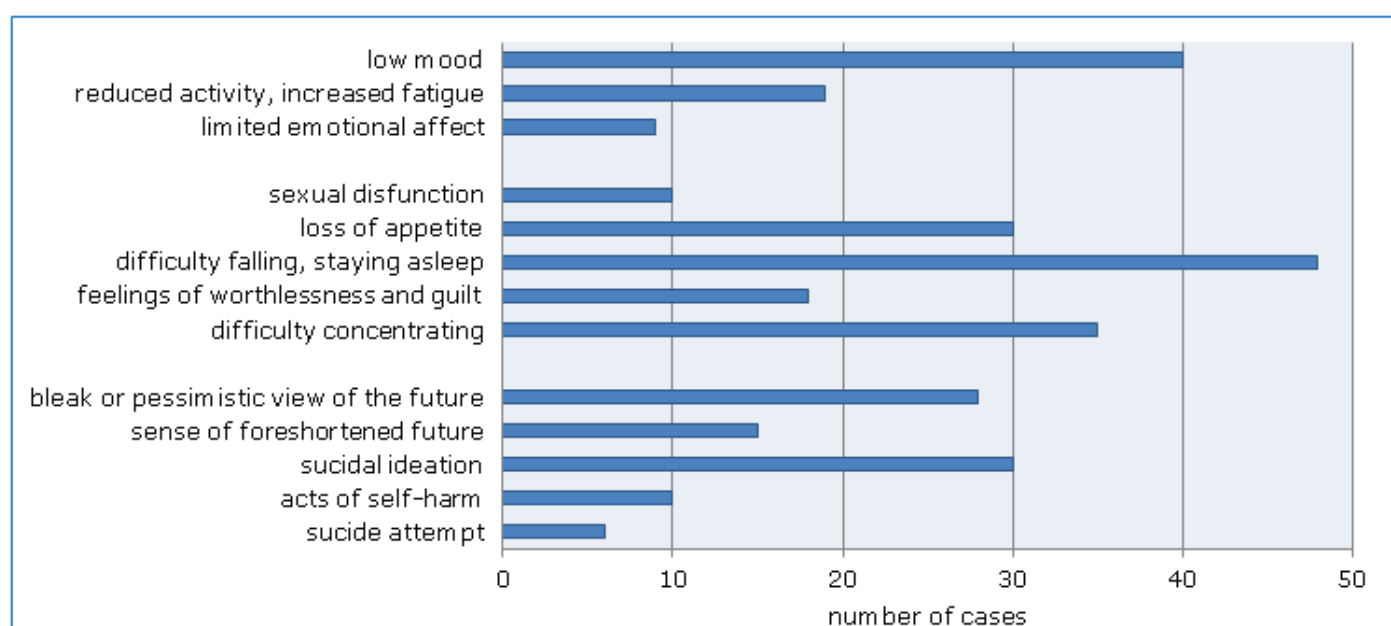
Hyperarousal

'Hyperarousal' responses reported in the MLR included: *difficulties either falling or staying asleep* (96%, 48 cases); unusually high levels of *irritability and angry responses* (36%, 18); difficulties in *concentrating* and with *memory and recall* (70%, 35 and 60%, 30 respectively); marked '*hypervigilance*' and *exaggerated startle response* (34%, 17); a *generalised state of anxiety and anxiety related symptoms* such as dizziness, fainting and hyperventilation (56%, 28).

ii. Depression symptoms

Other depressive features of PTSD and depression signs and symptoms documented in these cases included: *low mood* (80%, 40 cases); markedly *diminished interest* in normal daily and normally pleasurable activities and *increased fatigue* (38%, 19); *limited emotional affect* (18%, 9); *diminished appetite* (60%, 30); *insomnia* or other forms of *sleep disturbance* (96%, 48); feelings of *worthlessness and guilt* (36%, 18); *difficulty with concentration* and recall and scattered thoughts (70%, 35); *bleak or pessimistic view of the future* (56%, 28); sense of *foreshortened future* (30%, 15); *suicidal ideation* (54%, 27) and *self-harm or attempted suicide* (20%, 10 and 12%, 6 respectively).

Table 27 Symptoms of depression





iii. Damaged self-image

According to the Istanbul Protocol,³⁷ one of the aims of torture is to '*disintegrate the individual's personality. The torturer attempts to destroy a victim's sense of being grounded in a family and society as a human being with hopes, dreams and aspirations for the future ... the victim has a sense of having been irreparably damaged...*'. Some individuals in this case sample reported that their sense of self and self-identity was altered as a result of the torture they had experienced, particularly those who had been raped. People described feeling disintegrated by their experience, profoundly changed and damaged, less than human, wounded and unable to live as a normal person. As well as the impact on self-identity, the impact of torture on the individual's 'relational identity', their sense of self within their family and their community, was reported by some to have been irreparably damaged, with devastating impact in some cases.

iv. Psychological symptoms associated with sexual torture and rape

Thirty people had been subjected to sexual torture across the case sample; half of those reported rape (see *Sexual torture*). It is quite possible that other people in the case sample had also been raped or subjected to other forms of sexual torture but have been unable to disclose this to date. All of those who did disclose rape were reported to have done so with immense difficulty; indeed eliciting information about this aspect of their torture was considered by some clinicians to give rise to a serious risk of re-traumatisation and a deterioration in their mental state.

Twenty-six of the thirty cases who reported sexual torture were reported to have symptoms of PTSD, 18 to a 'diagnostic' level and twenty five cases were reported to have symptoms of depression, 17 to a diagnostic level. A particularly high incidence of 're-experiencing' symptoms was reported including flashbacks (25), recurrent dreams and nightmares (26) and intrusive recollections (21). Half or more cases were reported to demonstrate avoidance symptoms, including avoidance of thoughts, feelings and activities associated with the trauma (15) and an inability to recall aspects of the trauma (15), as well as a marked diminished interest in and detachment from their life and those around them (18). Twenty-five cases reported persistent severe sleep difficulties and 15 cases experienced high levels of anxiety.

Many of the 30 cases reported symptoms of depression, including low mood (24) and insomnia (25), loss of appetite (18), difficulty concentrating (21), a bleak view of the future (15) and suicidal ideation (17). Nine cases reported sexual dysfunction and twelve reported feelings of worthlessness and guilt, while 10 of the thirty cases had carried out acts of self-harm or suicide.

Specific psychological responses to sexual torture and rape are reported and documented in the MLRs including the following:

- *intense/ overwhelming feelings of shame*
- *involuntary and intrusive memories, nightmares and flashbacks of the events and of perpetrators*
- *feelings of anger towards the abuser and/or internalised anger, expressed as self hatred*
- *fear and severe anxiety symptoms, generalised or related to men or people who remind the person of their abuser*
- *avoidance of anything associated with the trauma, including being unable to remember anything or remember details of what occurred; being unable to disclose or fully disclose what happened*
- *social withdrawal and difficulty making relationships with others, especially men*
- *labile emotions including uncontrollable weeping and anger*
- *persistent low mood*
- *sexual dysfunction*
- *suicidal ideation, self-harm and suicide attempts*

v. Suicidal ideation, self-harm and suicide attempts

Twenty-seven of the 50 cases (54%) expressed ideas of self-harm or of suicide during their assessment process. Clinicians reported that this was directly related to their experiences of detention and torture in Iran and their ongoing psychological symptoms arising from this trauma.

Ten people (20% of the case sample) had indeed carried out acts of self-harm since arrival in the UK, two of whom had also self-harmed in Iran following their detention and torture. Six people (12% of the case sample) had made suicide attempts, five in the UK (four of these had also made attempts in Iran following detention and before leaving for the UK) and one in Iran, following their detention and torture. Some of these individuals were considered by the examining clinician to be at continued risk of suicide at the time of examination. Nine of these 16 cases who had self-harmed or made suicide attempts had been detained more than once in Iran in relation to political activities or imputed political opinion. All sixteen had been subjected to different forms of beating and assault, while nine had reported the use of positional torture and 10 had reported sexual torture. Of these latter 10 cases, eight had been raped. Three of the 16 cases had been subjected to mock executions and seven to repeated death threats.

All 16 cases that had self-harmed or made suicide attempts were found by the examining clinician to have symptoms of PTSD, 10 to a diagnostic level. Thirteen cases had symptoms of depression, to a diagnostic level in seven cases, as reported in the MLR. The many symptoms of PTSD and depression reported for this group of cases include insomnia and persistent nightmares in all cases and flashbacks and intrusive thoughts in 15 and 13 cases respectively. Twelve cases were reported to demonstrate avoidance responses to their trauma as well as low mood and a bleak or pessimistic view of the future (15 and 13 cases respectively).



5. Conclusions

a. Congruence of clinical evidence and attribution of torture

In their clinical opinion and concluding observations for the MLRs in the 50 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 50 cases found there to be sufficient physical or psychological evidence, or both, to support the account given and an overall congruence between the clinical findings and the history of detention and torture in Iran in the given period.

b. Conclusions

The evidence in this report derives from a detailed review of 50 medico-legal reports, prepared by Freedom from Torture clinicians for individuals detained and tortured in Iran in the period leading up to – and for an extended period following – the presidential elections in June 2009, and who are now in the UK where they are claiming asylum or attempting to rebuild their lives after being granted refugee status.

Freedom from Torture's evidence indicates that torture was used by the Iranian authorities as part of a strategy for crushing political dissent in the context of the popular uprisings that surrounded these elections. All of the individuals whose cases featured in this study, including those with no prior history of personal or family activism, were denied due process and detained, often on multiple occasions, in severe conditions. In each case, the individual suffered a variety of methods of torture which were arguably designed to send a signal to the individual and their networks about the high price of political dissent in contemporary Iran. In many cases, the individual was forced to sign what they believed to be a 'confession' or other statement which was used against them in legal proceedings or could be so used in the future.

The individuals whose experiences feature in this report continue to live with the damage caused by the torture they endured in Iran and, for most, disclosure of the treatment they were subjected to was immensely difficult even in the safe context of a clinical environment in the UK. Freedom from Torture hopes that this research, based on the testimony of these survivors and the independent findings of our clinicians, will form part of the historical record of the events surrounding the 2009 presidential elections and that it will spur the international community to act through the United Nations to both hold Iran accountable for the torture perpetrated within its borders and seek more effective measures to prevent further torture in the country.

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 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 source for Freedom from Torture's research on torture practices in particular states is individual medico legal reports ('MLRs') prepared by the organisation's independent 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'.

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

1. Preliminary review of
 - i. literature 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 (UKBA Country of Origin Information Report), country specific policy (UKBA Operational Guidance Note) 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 an 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. 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

Endnotes

1. For example, Dr Abdolreza Soudbakhsh, a physician and professor at Tehran University, was reportedly shot dead after speaking to an international press outlet about his work examining victims of rape at the Kahrizak Detention Centre following the 2009 presidential elections. See Guardian, Iranian doctor murdered after examining rape victims, says his son, 25 August 2011, available at <http://www.guardian.co.uk/world/2011/aug/25/iran-doctor-murder-kahrizak-rapes>. Dr. Ramin Pouran-darjani, who testified before the Iranian parliament about prisoner abuse at the same facility during the presidential election period, was also found dead in suspicious circumstances. See New York Times, Iran: Doctor's Death Raises Questions, 19 November 2009, available at http://www.nytimes.com/2009/11/19/world/middleeast/19briefs-Doctorbrief.html?_r=0
2. See for example: UN General Assembly, Report of the Special Rapporteur on the situation of human rights in the Islamic Republic of Iran, 13 September 2012, A/67/369 paragraph 27; Human Rights Watch, World Report 2012: Iran, 2011, page 555; Human Rights Watch, Why They Left: Stories of Iranian Activists in Exile, December 2012, pages 29-30; Amnesty International From protest to prison: Iran one year after the election, 2010, page 16; Human Rights Watch, The Islamic Republic at 31: Post-election Abuses Show Serious Human Rights Crisis, February 2010, pages 11-13.
3. UN Human Rights Council, Report of the Special Rapporteur on the situation of human rights in the Islamic Republic of Iran, 28 February 2013, A/HRC/22/56 at paragraphs 30-33 and paragraphs 36-77 of Annex 1.
4. See Appendix 1 for information about Freedom from Torture's Country Reporting Programme.
5. Istanbul Protocol, Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, United Nations New York & Geneva, 2004 <http://www.ohchr.org/Documents/Publications/training8Rev1en.pdf>
6. See Appendix 1 for further information about research methodology for the Country Reporting Programme.
7. As explained in the introduction, our MLRs are prepared in accordance with the Istanbul Protocol.
8. For ease and consistency, ages were determined from the date of birth recorded in the MLR. There was a variable time lapse between the latest detention and the MLR documentation process.
9. Persian ethnicity was either explicitly recorded as such in the MLR or where ethnicity was recorded as 'Iranian', Persian ethnicity was inferred when no other ethnic identity was given, the preferred first language was recorded as Farsi and ethnicity was not otherwise discussed or mentioned in the MLR. There is potential room for error in this interpretation, since there is a possibility of non-disclosure of minority ethnic group status.
10. For example see Iran Human Rights Documentation Centre, Violent Aftermath: The 2009 Election and Suppression of Dissent in Iran, February 2010; Amnesty International, Iran: Election contested, repression compounded, December 2009; Human Rights Watch, The Islamic Republic at 31, op.cit.
11. Ibid.
12. Istanbul Protocol, op.cit.
13. Istanbul Protocol, op.cit; Freedom from Torture (formerly Medical Foundation for the Care of Victims of Torture), Methodology Employed in the Preparation of Medico-Legal Reports on Behalf of the Medical Foundation, June 2006, available at <http://www.freedomfromtorture.org/sites/default/files/documents/methodology%20mlr.pdf>
14. See for example The British Psychological Society Research Board, Guidelines on Memory and the Law: Recommendations from the Scientific Study of Human Memory, June 2008, paragraph 2, p 27: "...Some people dissociate during trauma. This means that they may spontaneously 'go blank', 'switch off' or 'leave' their bodies (often known as an out-of-body experience) in an attempt to distance themselves from the distress they are feeling. Generally, dissociating disrupts the trauma victim's ability to remember the entire event. Thus, people with PTSD may have 'gaps' in their memory for the traumatic event."
15. For discussion of the issue of memory and recall and the difficulty torture survivors may have in recounting specific details of their detention and torture, see the following references: Cohen J, Errors in Recall and Credibility: Can Omissions and Discrepancies in Successive Statements Reasonably Be Said to Undermine Credibility of Testimony? Medico-Legal Journal (2001) Vol. 69 Part 1, 25-34 and reprinted in International Journal of Refugee Law Vol .13 no3 2001; Herlihy, J., Scragg, P. & Turner, S. (2002) Discrepancies in autobiographical memories: implications for the assessment of asylum seekers: repeated interviews study, BMJ, 324, 324 -327; The British Psychological Society, Guidelines on Memory and the Law, op. cit., pages 24 & 26-7 and Istanbul Protocol, op. cit. Paragraphs 142 & 253.



16. Istanbul Protocol, op. cit., paragraphs 99(ii), 100, 138, 142 & 297 on the use of blindfolding.
17. Istanbul Protocol, op. cit., paragraph 145.
18. Istanbul Protocol, op. cit., paragraphs 206, 212, 214.
19. Istanbul Protocol, op. cit., paragraphs 139 & 145.
20. Istanbul Protocol, op. cit., paragraph 145.
21. Istanbul Protocol, op.cit., paragraph 161.
22. Istanbul Protocol, op. cit., paragraphs 157-159.
23. See for example The British Psychological Society, Guidelines on Memory and the Law, op. cit., pages 26-7; Herlihy, J., Scragg, P. & Turner, S, Discrepancies in autobiographical memories, op. cit., pages 324-7; Istanbul Protocol op cit, paragraph 253.
24. Istanbul Protocol, op cit., paragraph 271.
25. Istanbul Protocol, op cit., paragraphs 215-217.
26. Istanbul Protocol, op cit., paragraphs 215-217.
27. It should be noted that 'lesion' includes scars, pigmentation changes or any other pathological change documented by the doctor.
28. The British Psychological Society, Guidelines on Memory and the Law, op. cit., pages 26-27.
29. Istanbul Protocol, op.cit., paragraph 187.
30. Ibid, paragraph 188.
31. Ibid, paragraphs 189-192.
32. Ibid, paragraph 105.
33. World Health Organisation, The ICD-10 Classification of Mental and Behavioural Disorders (Geneva 1994), <http://www.who.int/classifications/icd/en/GRNBOOK.pdf>; Istanbul Protocol op cit, Chapter vi; Freedom from Torture (formerly Medical Foundation for the Care of Victims of Torture), Methodology Employed in the Preparation of Medico-Legal Reports on Behalf of the Medical Foundation, op cit.
34. Istanbul Protocol op cit., paragraph 287 vi.
35. World Health Organisation, The ICD-10 Classification of Mental and Behavioural Disorders, op.cit.
36. Istanbul Protocol op cit., paragraphs 241-249.
37. Ibid, paragraph 235.

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