Protection not prison
Torture Survivors Detained in the UK

Mary Salinsky & Susi Dell

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Mary Salinsky is the former Research Officer at the Medical Foundation.

Susi Dell is a volunteer formerly working at the Medical Foundation. www.torturecare.org.uk
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EXECUTIVE SUMMARY

A report from the Medical Foundation for the Care of Victims of Torture

By Susi Dell and Mary Salinsky

The Medical Foundation considers that torture survivors should not be detained under Immigration Act powers, since the further detention of people who have already suffered so greatly is, from any moral standpoint, inadmissible. Detention of torture survivors can have serious psychological effects. It can compound the effects of previous detentions.

Current Home Office policy is that in certain circumstances survivors of torture may be detained. We know that people are detained who have not been identified and/or have not identified themselves, as survivors of torture. The Medical Foundation is particularly concerned that survivors of torture in detention are identified at the earliest possible stage and that all possible barriers to their release are removed.

We welcomed the commitment given at paragraph 12.4 of the White Paper Fairer, Faster and Firmer that "evidence of a history of torture should weigh strongly in favour of temporary admission or temporary release while a claim is being considered" and the acknowledgement of "the need to exercise particular care in the consideration of physical and mental health when deciding to detain".

The Medical Foundation is concerned that these commitments are not being honoured because there are no satisfactory mechanisms in place to ensure their implementation and that torture victims are still being detained despite ample evidence of torture available.

Medical Foundation doctors provide medical reports to document torture at the request of asylum seekers' legal representatives, including asylum seekers detained in the UK.

Research findings

Between 1 January 1999 and 23 June 2000 the Medical Foundation examined and documented the torture in their countries of origin of 17 clients who were detained in the UK under Immigration Act powers. The report found that all the clients examined had scars, signs and symptoms that they attributed to their torture in their country of origin and which the examining doctor found to be consistent with the history. All the clients (except one) showed some degree of mental distress although this varied across a wide spectrum, from tearfulness when describing torture to serious mental disturbance. Depression, suicidal ideation, feelings of hopelessness, rumination,
intrusive thoughts, flashbacks, loss of concentration, sleep problems and nightmares were the symptoms most commonly reported.

We know that in 11 cases the Home Office already had information from the applicants' asylum interviews that the clients had suffered torture. Staff in some detention facilities also provided evidence that the detainees had suffered torture. Fifteen of the men had physical problems, usually of pain resulting from torture; five of them suffered urinary problems following sexual assaults. The files of six of the men referred to treatment in detention, usually pain killers or anti-inflammatory medication. The files of seven of the 16 men with psychological problems mentioned that medication was being prescribed, usually sleeping tablets or antidepressants. The report details cases where the treatment was thought to be inadequate.

All the information about the detainees' past torture and their present distress that we have rehearsed here was made available to representatives making applications to the Home Office for release. Yet detention was maintained, in most cases for several months, after the medical reports were written. Yet there is no indication from the actions of the Home Office that this information was brought to bear on the decision to detain. Other factors, such as having used some form of deception, were seen as overriding.

The report concludes that torture survivors are detained, that information about their histories is not brought to bear on the decision to detain, that neither evidence of their torture, nor evidence of ill-health or mental distress available to detention facility staff lead to rapid release. None of this evidence seems to make any difference to whether or not detention is continued.

Six main recommendations are made:

- Greater use should be made of Port Medical Inspectors to carry out initial medical examination of asylum seekers;
- Factors telling against detention should be recorded when the decision to detain is made;
- Comprehensive physical and mental health screening should be offered to all on arrival in detention;
- Staff in detention facilities should receive training to recognise and deal with health care issues, including those of torture survivors;
- Legal representatives should ensure that any medical evidence of torture is sent both to the section of the Home Office that deals with the decision to detain, and to the section that considers the asylum application;
- Home Office officials reviewing a decision to detain should check whether there is any information on the asylum file relating to a history of torture.
PROTECTION NOT PRISON
TORTURE SURVIVORS DETAINED IN THE UK

A report from the Medical Foundation for the Care of Victims of Torture

By Susi Dell and Mary Salinsky

1 Introduction

The Medical Foundation considers that torture survivors should not be detained under Immigration Act powers, since the further detention of people who have already suffered so greatly is, from any moral standpoint, inadmissible. Detention of torture survivors can have serious psychological effects. It can compound the effects of previous detentions. Further detention puts torture survivors in circumstances of relative isolation, often exacerbated by their lack of English, thereby increasing the likelihood of their reliving and fixating upon past horrors, with few, if any, means of relief, increased anxiety and distress, and the possibility of self-harm and suicide.

We are aware that current Government policy is that in certain circumstances survivors of torture may be detained. We are also aware that people are detained who have not been identified and/or have not identified themselves, as survivors of torture. Our particular interest thus lies in ensuring that survivors of torture in detention are identified at the earliest possible stage and that all possible barriers to their release are removed.

Our starting point is the Government’s commitment given at paragraph 12.4 of the White Paper Fairer Faster Firmer that “evidence of a history of torture should weigh strongly in favour of temporary admission or temporary release while a claim is being considered” and the acknowledgement of “the need to exercise particular care in the consideration of physical and mental health when deciding to detain”.

To honour these commitments requires that those deciding to detain know any history of torture, and know about the health of the detainee. Our evidence suggests that there are still no satisfactory mechanisms in place to ensure their implementation.

Between 1 January 1999 and 23 June 2000 the Medical Foundation examined and documented the torture in their countries of origin of 17 clients who were detained in the UK under Immigration Act powers. This report is based on the cases of all 17. Six were detained only in immigration detention centres; 8 were detained only in prisons and the remainder were held at different times in both sorts of facility. All (except two) gave evidence of torture when interviewed by the Home Office about the reasons they wanted to claim asylum. All had medical reports prepared confirming their history of torture; we presume that the clients’ legal representatives had sent the reports to the Home Office as would be the normal practice. Yet detention was continued in all but two cases for between three weeks and six months after the medical reports were prepared. One client is still detained (as far as we know) after...
ten months. In only one case was the client released a few days after the medical report was prepared. The two clients who were released after five days and three weeks respectively were released on bail, i.e. released by a decision of the Adjudicator, not by the Home Office. These facts raise the questions: is the undertaking in the White Paper *Fairer, Faster and Firmer* that a history of torture should weigh strongly in favour of temporary release while a claim is being considered being taken at all seriously; what is the value—and meaning—of the Home Office commitment to review detention regularly?
## Clients’ details (information about age and nationality have been omitted to preserve clients’ anonymity)

<table>
<thead>
<tr>
<th>Client no</th>
<th>Status when detained</th>
<th>Detention facility</th>
<th>Length of detention</th>
<th>Time from report to release</th>
<th>Method of release</th>
<th>Status now</th>
</tr>
</thead>
<tbody>
<tr>
<td>16125</td>
<td>Appeal dismissed</td>
<td>HMP Rochester</td>
<td>3 months</td>
<td>(sent to hospital)</td>
<td>Bail from hospital after 13 months</td>
<td>TA</td>
</tr>
<tr>
<td>17073</td>
<td>Illegal entrant (claimed asylum when detained)</td>
<td>Campsfield</td>
<td>(1) 2 months (2) 10 months</td>
<td>6 months</td>
<td>(1) Bail (2) Appeal upheld</td>
<td>Refugee</td>
</tr>
<tr>
<td>17089</td>
<td>On arrival</td>
<td>Campsfield</td>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
</tr>
<tr>
<td>17174</td>
<td>Appeal dismissed</td>
<td>HMP Rochester and Tinsley</td>
<td>9 months 2 weeks</td>
<td>(deported)</td>
<td>Deported</td>
<td></td>
</tr>
<tr>
<td>17522</td>
<td>On arrival</td>
<td>HMP Belmarsh</td>
<td>6 months</td>
<td>1.5 months</td>
<td>Bailed</td>
<td>TA</td>
</tr>
<tr>
<td>17798</td>
<td>On arrival</td>
<td>HMP Belmarsh</td>
<td>4 months</td>
<td>3 weeks</td>
<td>Bailed</td>
<td>TA</td>
</tr>
<tr>
<td>17875</td>
<td>On arrival</td>
<td>Tinsley and HMP Rochester</td>
<td>8 months</td>
<td>3 months</td>
<td>Appeal upheld</td>
<td>Refugee</td>
</tr>
<tr>
<td>18424</td>
<td>Pending deportation</td>
<td>Tinsley and Campsfield</td>
<td>Not known</td>
<td>Not known</td>
<td>Deported</td>
<td>Deported</td>
</tr>
<tr>
<td>19209</td>
<td>After prison sentence pending deportation</td>
<td>HMP Haslar</td>
<td>9 months (to end March 2001)</td>
<td>Still detained</td>
<td>Still detained</td>
<td>Still detained</td>
</tr>
<tr>
<td>19275</td>
<td>On arrival</td>
<td>HMP Woodhill, HMP Rochester</td>
<td>9 months 3 weeks</td>
<td>5 months</td>
<td>Released</td>
<td>ELR</td>
</tr>
<tr>
<td>19503</td>
<td>On arrival</td>
<td>HMP Wandsworth</td>
<td>4 months 3 weeks</td>
<td>5 days</td>
<td>Bailed</td>
<td>ILR</td>
</tr>
<tr>
<td>19549</td>
<td>Illegal entrant</td>
<td>HMP Haslar</td>
<td>6 months</td>
<td>3 months</td>
<td>Bailed</td>
<td>Appeal dismissed; seeking JR</td>
</tr>
<tr>
<td>19726</td>
<td>1.5 months after application for asylum</td>
<td>Harmondsworth</td>
<td>3 weeks</td>
<td>Report done after release</td>
<td>Released</td>
<td>ELR</td>
</tr>
<tr>
<td>19968</td>
<td>3yrs 4 months after application</td>
<td>HMP Woodhill</td>
<td>1 year 8 months 2 weeks</td>
<td>2 months</td>
<td>Appeal upheld</td>
<td>Article 3 ECHR protection</td>
</tr>
<tr>
<td>19969</td>
<td>Illegal entrant (applied on detention)</td>
<td>HMP Blakenhurst</td>
<td>1 year 8 months 2 weeks</td>
<td>2 months</td>
<td>Appeal upheld</td>
<td>Article 3 ECHR protection</td>
</tr>
<tr>
<td>21249</td>
<td>Caught working while on TA</td>
<td>Tinsley</td>
<td>11 months</td>
<td>4 months</td>
<td>Bailed</td>
<td>Appeal remitted for re-hearing</td>
</tr>
<tr>
<td>21502</td>
<td>On arrival</td>
<td>Campsfield</td>
<td>2 months</td>
<td>1 month</td>
<td>Removed to Denmark</td>
<td>Removed to Denmark</td>
</tr>
</tbody>
</table>

**Abbreviations:** TA Temporary admission; ELR Exceptional Leave to Remain; ILR Indefinite Leave to Remain; JR Judicial Review; ECHR European Convention on Human Rights.
Places of Detention

Of the 17 men, 4 were detained in Campsfield, two in Haslar Prison, two in Belmarsh Prison and one each in Tinsley House, Blakenhurst Prison, Woodhill Prison, Harmondsworth and Wandsworth Prison. Four men had been detained in two institutions: three of them in both Rochester Prison and Tinsley House, and one in both Woodhill and Rochester Prisons.

At what stage in the asylum process were the men detained?
Seven of the 17 clients were detained on arrival, three because they gave false information to Immigration Officers, two as possibly returnable to other EU countries under the Dublin Convention, and one on national security grounds. The reason for the detention of the remaining client is not known.

Three were detained following the dismissal of their appeals, one of whom was found working without permission.

Two were detained as illegal entrants, having been in the UK some time and not been in contact with the immigration authorities. One of these was regarded as being a risk to national security.

Two were detained some time after applying for asylum (one and a half months and three years four months respectively) but before the Home Office had made an initial decision on their asylum claim. One of these a few weeks after his arrival used deception to try to go to Canada to join his family, the other was detained as a risk to national security.

One further client was found working in breach of his temporary admission (TA) conditions, and one other continued to be detained following completion of a prison sentence for a criminal offence (theft) while awaiting deportation.

At what stage were referrals made to the MF?
Seven of the men were referred before the Home Office had made a decision on the case, seven were referred after the Home Office had refused their claims, and three were referred after their appeals had been dismissed.

By the time they were referred, seven men had been in custody for up to two months, another seven had been detained for between two and six months, and two men (both terrorism suspects) for more than a year. (Information was not available for one man.)

3 Medical evidence of torture

Of the 17 reports, five were done by Dr Peel, four by Dr Beynon, three each by Drs Forrest and Joyce, and one each by Drs Fisher and Wyatt. Most reports were completed within a few weeks of the referral, some within days.
All the clients examined had scars, signs and symptoms that they attributed to their torture in their country of origin and which the examining doctor found to be consistent with the history. Several clients had a dozen or more scars resulting from torture although the clients did not try to attribute all their scars to their torture. The medical reports also commented on the clients’ mental state where this was relevant.

**Reported torture methods**

<table>
<thead>
<tr>
<th>Torture method</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beating</td>
<td>17</td>
</tr>
<tr>
<td>Whipping, beating with implement</td>
<td>14</td>
</tr>
<tr>
<td>Handcuffs, chains, tying</td>
<td>10</td>
</tr>
<tr>
<td>Kicking, punching</td>
<td>10</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>9</td>
</tr>
<tr>
<td>Deprivation of food</td>
<td>8</td>
</tr>
<tr>
<td>Enforced nakedness</td>
<td>7</td>
</tr>
<tr>
<td>Suspension</td>
<td>7</td>
</tr>
<tr>
<td>Blindfolding, hooding, being kept in darkness</td>
<td>6</td>
</tr>
<tr>
<td>Enforced positions</td>
<td>6</td>
</tr>
<tr>
<td>Loss of consciousness</td>
<td>5</td>
</tr>
<tr>
<td>Denial of toilet</td>
<td>5</td>
</tr>
<tr>
<td>Falaka</td>
<td>5</td>
</tr>
<tr>
<td>Burning</td>
<td>4</td>
</tr>
<tr>
<td>Solitary confinement</td>
<td>4</td>
</tr>
<tr>
<td>Threats of violence/death to self</td>
<td>4</td>
</tr>
<tr>
<td>Sight/sound of others being tortured</td>
<td>4</td>
</tr>
<tr>
<td>Broken bones</td>
<td>4</td>
</tr>
<tr>
<td>Deprivation of fluid</td>
<td>3</td>
</tr>
<tr>
<td>Semi-suffocation</td>
<td>2</td>
</tr>
<tr>
<td>Electrical torture</td>
<td>2</td>
</tr>
<tr>
<td>Deprivation of sleep</td>
<td>2</td>
</tr>
<tr>
<td>Cold water</td>
<td>1</td>
</tr>
<tr>
<td>Threats of violence to others</td>
<td>1</td>
</tr>
</tbody>
</table>

This table indicates the number of clients reporting a particular method of torture. Clients may well have experienced a type of torture more than once. Sometimes methods are combined (e.g. being beaten while suspended) to maximise pain.

*Beatings with implements* involved: sticks, clubs, electrical cables, gun butts, belts, canes, batons, rubber hoses, “lathis” (canes) and “patta” (whips); these latter two are particular to the Indian sub-continent. Sometimes the beatings were so severe the victim lost consciousness. Two clients reported broken bones from beatings.

*Falaka* is the practice of beating on the soles of the feet; it is excruciatingly painful to legs and spine.

*Suspension* was in a variety of positions: upside down, by the wrists when the hands had been tied behind the back. One client had his hands fastened to a pole that had been passed behind his knees; the pole was then balanced between two desks.

*Semi-suffocation*. Two clients had cloths or sponges soaked in foul water forced into their mouths leading to inhalation and swallowing of the foul liquid.
**Threats.** Many clients feared for their lives when attacked by security forces with guns threatening to kill them or to mutilate them severely. Threats to family members—on occasion carried out in front of the clients—were forms of psychological torture. One client saw his family killed in front of him. **Other forms of torture** included being cut with knives, mock execution, being doused with cold water when unconscious, being required to sit or squat in unnatural positions for long periods, having a hot bright light shone in their eyes. Verbal abuse and humiliation were common. **Conditions in detention** Clients were held in solitary confinement or in grossly overcrowded cells, having to use the floor as a toilet. Food and drink were withheld or were of poor quality and limited in amount. Often there were no washing facilities at all. Some cells were dark or were lit by a continuously burning light bulb.

**Mental health at time of examination: symptoms reported or observed**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty sleeping</td>
<td>15</td>
</tr>
<tr>
<td>Nightmares</td>
<td>11</td>
</tr>
<tr>
<td>Depression</td>
<td>11</td>
</tr>
<tr>
<td>Poor concentration</td>
<td>10</td>
</tr>
<tr>
<td>Distressed</td>
<td>6</td>
</tr>
<tr>
<td>Intrusive thoughts</td>
<td>6</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6</td>
</tr>
<tr>
<td>Feeling isolated</td>
<td>5</td>
</tr>
<tr>
<td>Suicidal</td>
<td>4</td>
</tr>
<tr>
<td>Jumpy or shaky</td>
<td>3</td>
</tr>
<tr>
<td>Headaches</td>
<td>3</td>
</tr>
<tr>
<td>Panic attacks</td>
<td>3</td>
</tr>
<tr>
<td>Weeping</td>
<td>3</td>
</tr>
<tr>
<td>Irritable</td>
<td>2</td>
</tr>
<tr>
<td>Flashbacks</td>
<td>2</td>
</tr>
</tbody>
</table>

These are all symptoms commonly reported to Medical Foundation doctors who examine survivors of torture. The sleeping problems were usually increased by nightmares about the torture suffered. Feelings of distress and isolation were compounded by being held in prison with those convicted of or charged with serious criminal offences, by not understanding why they were detained and by being held with people who did not speak their language. Doctors noted that some clients were suicidal. Several clients were described as depressed. Clients reported disturbances to their mental processes in terms of intrusive thoughts, flashbacks, poor memory and poor concentration. All the clients (except one) showed some degree of mental distress although this varied across a wide spectrum, from tearfulness when describing torture to serious mental illness.

Medication was prescribed for several clients, generally to help them sleep but in two cases to alleviate depression. Three clients were found to have a diagnosis of clinical depression, three were found to be suffering from Post Traumatic Stress Disorder (PTSD) and two more to have PTSD symptoms. One was diagnosed with paranoid schizophrenia; he also had persecutory and grandiose delusions and auditory and visual hallucinations.
Detention of torture survivors: stages of the process

Paragraph 12.4 of the White Paper of July 1998 says: “The Government recognises the need to exercise particular care in the consideration of physical and mental health when deciding to detain. Evidence of a history of torture should weigh strongly in favour of temporary admission or temporary release whilst an individual’s asylum claim is being considered.”

When Foundation doctors examined the 17 detainees, their medical reports in each case supported the accounts of torture which the men related. Given what the White Paper says about the detention of torture survivors, was the Home Office unaware of what these men had suffered when the decision to detain them was made or subsequently reviewed?

Information on this was available for 16 of the cases. It can be looked at in two stages. The first is whether, before they received the medical reports, Home Office officials were aware that the men had histories of torture. The second is the question of what action the Home Office took once the doctors’ reports became available. The first issue revolves mainly round the asylum interviews.

Asylum interviews

In eleven cases there was evidence in the files (copies of asylum interviews, Home Office refusal letters or other correspondence) that the Home Office was aware that the men had given accounts of torture. In two other cases (16125 17089) the men spoke of harassment, but the interviewer did not try to elicit details. In two cases (17073 17174) the men did not mention ill-treatment in their interviews.

No questions, no information

In his asylum interview, an applicant (17073) told the interviewer that he had been detained in India on two occasions. He said nothing about ill treatment, and the official did not ask what had happened during his detention. The medical report detailed the tortures he said he suffered on each occasion. It included falaka, being beaten, sexually assaulted, suspended upside down, having his legs forced around a roller. In another case (17089) the record showed the interviewing officer asking the man, “You said you were detained. How long for?” “Three months.” No question was asked as to how he was treated during this time, and the interview passed on to other subjects. The medical report gave the client’s account of what had happened during these three months: he had been chained up, beaten with rifle butts, cut with knives and made to crawl on gravel. His scars were found to be fully consistent with the account he gave.

Leads not pursued

The asylum interview of client no 16125 recorded him being questioned about his detention for political activities. “How long were you held?” “I was held for about 3 days during which time I was subjected to all kinds of harassment and just anything you can think of.” The official did not ask what had happened, and went on to other matters. The medical report gave the man’s account of these three days, during which he was stripped, manacled to a wall, cut, sexually assaulted, and made to watch the
rape of his girlfriend. The doctor found the “most overwhelming physical and psychological support for his story”.

Claimants who said in asylum interviews that they were torture victims
Ten cases fell into this category. The following are some examples. One man (17875) was detained on arrival because his travel documents were seen to be forged. He said in his asylum interview that he had been arrested and detained for political activities on two occasions and tortured each time. The officer asked for no details. He received a refusal letter from the Home Office. He had been held for five months when a medical report was requested for an appeal. It gave an account of beatings, whippings, forced positions, sexual assaults and death threats. His scars were found to be highly consistent with the account he gave. His appeal was successful.

Another example was client no 19275 who was detained “in the interests of national security” when he claimed asylum on arrival. In his asylum interview on entry he said that he had been detained in his country of origin several times and tortured. The interviewer did not ask for any details. He saw the Foundation's doctor after three months. The medical report gave an account of beatings, whippings, being suspended and burned. The doctor found his scars to be fully consistent with his story, as were the psychological symptoms. He was held for another five months after the medical report was made. He was then released on temporary admission, and subsequently granted ELR.

Another case (21249) was that of a man who had been granted temporary admission, but was detained when he was found to be working. In his asylum interview he had volunteered a detailed account of what he had suffered when imprisoned for political activities: it included sexual assaults, being beaten and suspended upside down. He was detained for seven months before he saw the Foundation's doctor, by which time he had been refused refugee status and was appealing. The Adjudicator declined to adjourn the case in order to have evidence from the Foundation, and then refused the appeal. Among his reasons for refusing the appeal was that he did not accept that the appellant had been tortured. The Medical Foundation doctor found the man’s scars to be consistent with the account of torture he gave, and that he was in physical pain as a result of what he had suffered. He remained in detention for a further four months, when his application for an Appeal Tribunal was granted, and he was bailed.

One case (19503) was unusual in that the asylum interview showed that the interviewing officer took the initiative in raising the subject of torture. The man had said that he was imprisoned, and he was asked, “Were you tortured at all?” He replied, “I was tortured in different ways...which I am embarrassed to talk about.” Later in the interview the officer returned to the subject: “Can you explain about the torture in prison?” At first the reply was “No, I can’t, it’s impossible.” But then he proceeded to give more details. Nevertheless, although these serious efforts were made to obtain good information about torture, detention was continued for another three months. He was then bailed, shortly after a medical report was done.

An especially disturbing case was that of client 19549, who was detained as an illegal entrant. He told the officer who interviewed him soon afterwards that he had been held and tortured by beating and burning. His detention continued. A medical report was furnished after three months. It gave more details about what the man had
suffered, including severe sexual assaults. The doctor reported that the man’s scars were consistent with his story, that he was in pain as a result of what was done to him, and that he was in a seriously disturbed mental state. A bail hearing made on the strength of this report was unsuccessful. The Immigration Service were then requested to release the man in the light of the medical report. Their reply did not refer to the White Paper. “The Secretary of State has reviewed the case most carefully... He is aware that Mr X is an illegal entrant who gave the police false addresses and a false name… Mr X's claim for asylum has been refused and he has an outstanding appeal against this decision. Furthermore representations based on your medical report have been rejected by the Integrated Casework Directorate who have expressed doubts as to Mr X's credibility. He is not persuaded that Mr X has any incentive to remain in contact if released from detention but you may be assured that the situation will be reviewed regularly.” Further unsuccessful bail applications were made. By the time of his eventual release on bail, he had been detained for six months. The case is among the most disturbing in the sample, because it shows evidence of torture and ill health being presented to, and disregarded, by every authority at every stage. He said he was tortured in his asylum interview, but was and remained detained. Repeated bail applications based on the medical report were refused. And a direct approach to the Home Office resulted in the response quoted above.

Evidence of torture noted in detention centre

One man (21502) was detained on entry because he was thought to be a Dublin Convention case. There was no record of an asylum interview in the file. His solicitor obtained photocopies of the Campsfield medical record. It documented the man's mental and physical state: he was depressed, not eating, suffering stomach pains and vomiting. The record said that while imprisoned in his own country he had been beaten, sexually assaulted and given electric shocks, that his shoulder and feet were very painful, that he had scars on arms and legs, a hole in the anal (sic) cleft, that he had seen people killed in front of him in prison, and that he was “distressed, inconsolable and disorientated”. His solicitors sent these photocopies to the Immigration Service and asked for his release. The reply was: “Your client failed to be frank about his journey to the UK and his circumstances in France. This undermines his credibility to the extent that I do not consider he can be trusted to comply with the terms of any temporary admission which might be granted; he will therefore remain detained for the present..... I have taken account of the points you have raised regarding his physical state, and the medical records attached, but having checked with the authorities at Campsfield, I am satisfied that he remains fit for detention.” This man remained in Campsfield until he was returned to Denmark under the provisions of the Dublin Convention two months later.

A solicitor uses the White Paper

An asylum seeker (19726) who had temporary admission was detained because he used deception in order to try to travel on to Canada to join his family. He had not had an asylum interview, and the Home Office are unlikely to have been aware that he had been tortured. He had been detained for two weeks when his solicitor wrote to the Home Office to say that his client was a victim of torture but that there would be a delay before he could be seen by a doctor from the Medical Foundation. The solicitor
told the Medical Foundation: “I referred to the undertaking given to the Medical Foundation that victims of torture will not be detained unless overriding issues require it. I also referred to the Forms and Procedure on Detention issued in October 1999, paragraph 66 of which refers to Special Needs. Temporary admission was granted the next day.”

Detention after medical reports were made
As has been said, each medical report gave support to the history of torture that the victim described. In the light of what the White Paper says about the detention of torture survivors, it might therefore have been expected that most detainees would have been released when the reports became available. In fact this happened only once, when the man (19503) was released on bail a few days after the report was made. In all other cases where release was eventually effected, detention continued for periods ranging from 3 weeks to six months. (12 cases in all, excluding two where the time of release was not known, one man sent to hospital, two deported and one who was still detained at the end of the data collection period. Three of the men (17522 17798 19275) seemed particularly clearly to fall within the terms of paragraph 12.4 of the White Paper, as their asylum claims were still being considered by the Home Office.

Another example was client no17073 detained as an illegal entrant. He said nothing about torture in his asylum interview (see page 6). The Home Office refused him refugee status. He changed solicitors and the new ones referred him for a medical report. This gave an account of torture that included being suspended upside down from a rope attached to a hook in the ceiling; being made to lie naked face down on the floor and having police stand on his back and pull his legs and arms backwards; being beaten on the body and soles of the feet; being sexually assaulted with electric shocks, and having his legs pulled apart and forced backwards round a roller. The doctor reported that his scars were completely consistent with the account that he gave. The report said that the victim was now depressed, without hope, waking with nightmares most nights, and in constant pain, especially in his back, inner thighs and legs. Despite this report, the man remained in detention for six more months, when he won his appeal before a Special Adjudicator.

It is possible of course, that in some cases there were arguments in favour of detention that were strong enough to outweigh the presumption against it. For two of the men this did appear to be so, since the Home Office alleged that they were still actively involved in terrorism in their home countries. But there were not many cases where the reasons given seemed strong enough to justify the continued detention of people who were known to have suffered torture. The reasons usually turned on the way that the men had come to the UK, with false papers or claims. The standard Home Office argument was: because a person has used subterfuge in one matter, he is not to be trusted in any other. (See case 19549 on page 7-8 and 21502 at page 8.) So, to take case 21502, a refugee who failed to say that he had come to the UK via France, could therefore not be trusted on temporary admission with reporting conditions. The blanket application of this argument made a mockery of para 12.4 of the White Paper. It also raised another question: what is the value—and meaning—of the Home Office commitment to reviewing the cases of detainees on a regular basis? If such reviews do take place, then on the evidence of this sample they never bring fresh thinking to bear on the case, or take fresh information into account. In not one case did the
medical report documenting torture or serious mental disturbance lead the Home Office to release a victim of torture.

Bail

Information was sought from solicitors and from the files. For two men no information was available (17089 18424), and a third was detained so briefly that no application was necessary. One man (16125) who was mentally ill was transferred from Rochester Prison to a secure psychiatric unit, and he was released from there on bail when his condition improved. In four of the remaining 13 cases no applications were made. Two of these four men were being held as suspected terrorists, another was subject to deportation action following a criminal offence, and the fourth was a Dublin Convention case. There were nine men for whom bail applications were known to have been made. In three cases they were unsuccessful. In one of these three the medical report had not been made at the time of the application. Whether the reports were used in the other two applications is not known, as we lack information on the dates of the hearings.

One of the three refused men (19275) had been detained “in the interests of national security”. His solicitor said that the bail hearing before a Special Immigration Appeal Commission was unsuccessful because of secret evidence advanced by Treasury solicitors. This evidence was not disclosed to the applicant’s solicitor, who could therefore not challenge it. That the evidence was not in the end persuasive was demonstrated when after more than eight months detention, temporary admission and then ELR were granted.

Six men had success with their bail applications at some point, but all spent substantial periods in detention, none less than four months. Bail was clearly not a way of getting out of detention swiftly. At least three of the six men were known to have made previous unsuccessful applications. One obstacle was the high level at which bail guarantees were set. In the two successful cases where the details were on the files (17522 17798) the released men had been required to find sureties totalling £5,000. In each case, the detainee had to combine bail sureties from three or four sources. In another case, discussed further below, the detainee could not take up bail because cash deposits of £2000 were required.

In one case (17073) an illegal entrant was bailed after two months. He had been living out on bail for almost a year, when his sureties terminated their guarantees, and he was detained again. He remained in detention for another ten months, when he won his appeal.

Was there any evidence that the men who got bail had been helped in this by their medical reports? For four people this did not appear to be so, as their detention continued for more than three months after the reports were made. But in two cases it seemed that the reports had been instrumental in getting the men bail. In one of these (17798) the solicitor said that this was the case. Two previous applications had failed, and the successful attempt was made within four weeks of the medical report becoming available. In another case, where information from solicitors was not available (19503) it seemed likely that the report had been relevant; the man had been in detention for nearly five months and was bailed within four days of the report being made.
The solicitors for one of the six bailed men (19549) had made at least three previous unsuccessful attempts. The medical report was available on each occasion. It recorded the history of torture, the scars and the victim's current physical pain and mental disturbance. According to his counsel, the first Adjudicator refused the bail application on the grounds that detention was an accepted treatment for a survivor of torture. A further application was made four months later. This time a different Adjudicator set terms so high that the Haslar Visitors Group could not meet them. Two cash deposits of £1000 with a further recognisance of £500 were required. It was not until this man had been detained for six months that he was eventually released on bail. As mentioned on page 7 above, the case was disturbing in many ways.

How did the men get released?

Seven clients were released on bail (one by the Immigration Appeals Tribunal); four were released when their appeals were upheld, two were released but not on bail, two were deported, one was removed to Denmark under the Dublin Convention and in one case the outcome is not known. One client is (at the time of writing) still detained. Included in these figures are one client (17073) who was released on bail but re-detained when his sureties would no longer guarantee him. He was released again when his appeal was upheld. And one client who was sent to a secure psychiatric unit and then released on temporary admission with a care package.

Outcome of asylum applications

Three clients have been recognised as refugees; two have been given Exceptional Leave to Remain (ELR) and two have been allowed to stay on grounds relating to Article 3 of the European Convention on Human Rights (ECHR). Three clients are now in the UK on Temporary Admission (TA); two were deported, one removed under the Dublin Convention and one was still detained at the end of the study. Two clients still have appeals outstanding. The outcome of one application is not known.

5 Duration of detention

Our clients were detained for periods of between three weeks and one year 8½ months, the average being 8½ months. The figures show a different picture from the Home Office Asylum statistics. The Home Office figures show how long the population detained on a given day had already spent in custody; in 1999 about 16% had been held for over six months. The figures in the present study show the total period of detention for each person in the sample. The periods spent in custody are therefore longer, with ten clients being held for more than six months.
6 Health and the Provision of Health Care in Detention

As we had no access to the medical records of the prisons and detention centres, systematic examination of the care received by the sample was not possible. Such information as there was in our files came from
(1) the reports of the MF doctors
(2) Correspondence from solicitors. This sometimes referred to the client's health and treatment in detention, and occasionally included extracts from prison or detention centre medical records. In a few cases correspondence also contained copies of reports from consultant psychiatrists who had seen the client in detention or soon afterwards. But information from solicitors about clients’ health and treatment in detention was not systematically available across the sample. Nor did our request for such information, included in the forms sent out to solicitors, often prove fruitful.

Physical Health

From the information available, at least 15 of the men had physical problems, usually of pain resulting from torture; five of them suffered urinary problems following sexual assaults. The files of six of the 15 men referred to some sort of treatment in detention, usually by way of pain killers or anti-inflammatory medication. In two cases (17089 21502) there were in addition referrals to outside hospitals. That medication was prescribed does not of course mean that treatment was necessarily adequate or perceived to be such. For example (17522) a man who had been severely tortured more than ten years earlier was still experiencing pain in his back, hip and leg. He was prescribed anti-inflammatory medication.

There were cases where it certainly seemed that the prison or detention centre had not effectively followed up the man's physical problems. For example (17798) a man who after torture had been shot and left for dead complained of shotgun pellets still in his body. He had been in detention for three months when the MF doctor saw him, but it appeared that the problem had not been investigated. The MF doctor arranged for X rays to be done, and they showed pellets in the man's legs. In the same case the detainee reported that he was badly troubled by a urinary problem. It seemed that this had not been adequately investigated, and the MF doctor considered that laboratory testing of a sample and referral to a specialist were indicated.

Nor were scars that were documented by the Medical Foundation noticed by the prison authorities. In the one case where we have seen a copy of the health screening done on arrival in prison the section on “Abnormalities, scars etc.” the answer is “Nil”. When examined by an Medical Foundation doctor, 32 scars probably attributable to physical injury were found, many attributable to torture, several being on his face, hands and forearms where they would be easily visible.

Mental health

In all but one (17089) of the 17 cases the medical reports described disturbance in the men's mental state. Sleep problems, nightmares, depression, poor concentration, intrusive thoughts, anxiety and feelings of isolation were the symptoms most commonly reported.
The following are some examples from the reports:

- **Case 16125** Unable to sleep, pacing up and down all night, dreams of being detained, tortured and killed, feels blood running over him. Has made two suicide attempts in detention.
- **Case 17073** Depressed, hopeless, waking with nightmares most nights, in constant pain.
- **Case 17875** A consultant psychiatrist diagnoses severe depression and post-traumatic stress disorder. The MF doctor reports him as dejected, expressionless, with no restful sleep and nightmares of being interrogated. Constantly thinking of his past, with flashbacks and intrusive thoughts of his ill-treatment.
- **Case 19275** Frightened very easily, shakes if he hears an unexpected sound, or door opening. Worries about being sent back and being tortured again. Loss of concentration. Waking at night with palpitations feeling unable to breathe.
- **Case 19503** Hard to fall asleep, then wakes several times every night with nightmares and heart racing. Poor memory and concentration.
- **Case 19549** Exuding despair and hopelessness. Insomnia, nightmares every night, feelings of helplessness, loss of concentration and depression with suicidal ideas.
- **Case 19726** Seen three weeks after release on TA. Distressed, depressed, crying uncontrollably, difficult to sleep thinking of his family, suicidal feelings, feelings of hopelessness and anxiety.
- **Case 19968** Difficulty getting to sleep, and sleep disturbed by nightmares of police chasing him. Used to feel brave and able to cope, now feels weak and afraid. Preoccupied all the time with thoughts of his experiences. Depressed. Loss of concentration.
- **Case 19969** Intrusive thoughts prevent him getting to sleep; nightmares of running away from police. Frightened by noises, depressed, silent, solitary, cannot concentrate.
- **Case 21502** Clinically depressed and suffering from post-traumatic stress disorder. Flashbacks to his time in prison and at night nightmares of being back there.

The files of seven of the 15 men with psychological problems mentioned that medication was being prescribed, usually sleeping tablets or antidepressants. The fact that something was prescribed does not necessarily mean that the treatment was adequate. There were a few cases where the data suggested that the case was not handled appropriately. One of these (16125) concerned a man who was detained, first in Tinsley House and then in HMP Rochester after his appeal was dismissed. His history of torture is given on page 6. He was receiving medication in Tinsley House and was examined by a GP there on account of his erratic behaviour. The GP reported that it was not in the patient’s interest to be sent to a mental hospital, since his detention was only for the purposes of removal to his country of origin. His solicitor believed he was mentally ill and arranged for a consultant psychiatrist to visit. By this time the man had been detained for two months. The consultant reported that he was suffering from paranoid schizophrenia and that inpatient psychiatric care was urgently needed. He was said to be a serious suicide risk and not fit to travel. He was transferred to a secure psychiatric unit. It is clear in this case that Tinsley House failed to deal with the case appropriately. The GP’s view that psychiatric treatment should not be pursued for a detainee who was to be removed was patently wrong.
Another case which raised doubts about whether appropriate medical care was given was client no 19549, whose circumstances and history of torture was described on page 7. The MF doctor described him as disturbed, severely depressed and unfit to remain in detention. The solicitor took this up with the Home Office. The Home Office consulted the Haslar medical officer, and sent his reply to the solicitor. It said that Haslar was able to manage the case, that the man had been on antidepressants but had now stopped them, and when last seen by the medical officer “was smiling and in good humour and with a good rapport.” The implication was that the patient was better. However, as the MF doctor pointed out: “There is little detailed assessment of Mr X’s mental state in this brief letter.” The MF doctor reported that this client was always initially pleasant, and that his distress only became apparent with deeper contact. He had himself seen the patient two days after the medical officer reported him to be smiling, and found him tearful, without hope and despairing. The MF doctor also pointed out that the fact that medication had been stopped did not mean that the patient was better. “He had taken the antidepressants prescribed...without noticeable improvement in his mental state...He had been on Prozac on the maximum recommended dose for just over two months, a period over which some improvement is likely to be found if the medication is going to be effective.” Medication had been stopped because of its ineffectiveness, not because it had provided a cure. “Since then no other antidepressant or active treatment such as psychological counselling appear to have been given for his mental distress.”

Evidence that detention exacerbates health problems

How far the psychological disturbance described in the reports was caused or exacerbated by detention could not be determined. As Dr Forrest put it in several cases: the torture, the exile and the present situation are all likely to be contributing factors. But there were cases where doctors' reports suggested that the man's detention in the UK had played an important part in the deterioration of his mental health. One of these was case 16125, who was transferred to a psychiatric unit from Rochester prison. His condition improved with treatment, and his consultant recommended that he should be discharged into the community with psychiatric supervision and monitoring. “Although Mr A is currently mentally well, the stress of further imprisonment would be likely to precipitate a further episode of his psychotic illness.”

Another case (17875) was that of a mentally ill man whose case was described at page 7. He was seen in Rochester prison by a consultant psychiatrist as well as the MF doctor. The MF doctor wrote as follows: “The theme of his current mental state centres around his detention in [his country of origin]. The depression is exacerbated by his current incarceration, and he spends his days ruminating on the past and particularly how his appeal for help in leaving his country might paradoxically bring him more to the attention of the authorities [of his home country] if he were to be deported. It was this that led him to contemplate suicide several weeks ago... It is self-evident that release from detention would improve his mental state.. but he would still be left with the depression and anxiety reaction to past events.”

The consultant psychiatrist in this case pointed out that the whole asylum issue threatened this man's mental health: “For so long as he is at risk of being deported
(whether or not there is objective evidence of risk) it is my opinion that there will be at best only a limited response to treatment...The trauma experience has simply not ended for so long as there is a possibility of enforced return. This has a significant bearing on prognosis. If he were to be returned..., it is my judgement that he would present a serious suicide risk.”

Another case of this kind was 19275, a man of whom the medical report said: “He describes the psychological symptoms of people who have been detained and beaten, and they are being made worse by his detention in the UK.” And in case 17174 the doctor wrote: “He feels ‘great tension’ due to his detention...He sleeps very poorly—prior to his detention he was sleeping better...Visibly anxious, particularly on repeatedly expressing his incredulity at his detention, and expressing a feeling of despair that no one is helping him... Much of his current psychological state is related to his current detention, resulting in understandable anxiety, which is expressed as feelings of tension and frustration.”

In case (19459) discussed earlier, the solicitors asked the MF doctor if he was fit for continued detention. The reply was: “It is obvious to me that this man's mental health is adversely affected by his continuing detention.” As it happened, this doctor was able to discover whether his opinion had been correct. The man was eventually released on bail, and the doctor saw him four times in the ensuing six weeks. He reported: “His mental state improved soon after release, although he still experienced difficulties in sleeping, together with nightmares during the first few days...Over the four sessions I saw him his symptoms improved. His sleep improved and his nightmares markedly settled...”

There was some further indication that detention had been the cause of illness in this man, who had spent nine months in the UK before he was detained as an illegal entrant. After his release on bail, the Home Office asked a psychiatrist to assess his mental state. Giving the history of the case, the consultant reported: “There is no objective evidence that in the several months that he apparently was living at large in this country that he was suffering from any significant psychiatric disorder. He appears to have made good contacts... to have found himself employment and formed a satisfactory relationship with a woman.” But “having been arrested there does appear to have been a deterioration in his mood with the development of more clear depressive symptoms. This is not surprising in the circumstances of him being detained and fearing that he would be deported.”

In a few cases the reports said that detention in this country was a particularly strong trigger for memories and fears arising from detention in the person's home country. In case 21502 described at page 8, the MF doctor reported that in her view the man’s health was being adversely affected by his detention. The locked doors, barbed wire and single room at Campsfield were said to be triggering memories and nightmares about his confinement in his country of origin. “He tells me he is eating very little and constantly vomiting, and although there may be an underlying physical cause for this, I am of the opinion that the symptoms are made worse because of his mental state and feeling of still being in prison. In my opinion his mental health and indirectly his physical state are being made worse by his detention.” In another case, where a man was in Belmarsh prison (17798) the MF doctor wrote: “the continual loud noise and shouting in his current cell block reminds him of his detention in the
police station in his country of origin where he could hear the shouts and screams of other detainees.” And in case 17522 a solicitor described his client as “mentally distraught at the hostile environment in Belmarsh”.

7 Detainees’ understanding of why they were in custody

No systematic information was available on this, but in a couple of cases the files referred a person's bewilderment at being detained. One (17174) has already been mentioned on page 15. The doctor wrote: “He is confused as to why he should be detained when he is seeking help. He is particularly upset by the fact that he is detained with convicted criminals, although he states he has done nothing wrong…Visibly anxious, particularly on repeatedly expressing his incredulity at his detention.” In the case of the man in Belmarsh (17798) who was referred to in the previous paragraph, the doctor's report also said: “he is bewildered by his imprisonment… given that he has claimed asylum and has not been charged with any offence, but is held with convicted prisoners under very strict conditions.”

Conclusions

Both UNHCR Guidelines and the Government’s own White Paper consider that the detention of torture survivors should be avoided. Yet this study shows that torture survivors are detained, that information about their histories is not brought to bear on the decision to detain, that evidence of their torture does not lead to rapid release, that evidence of ill-health or mental distress available to detention facility staff does not lead to rapid release. None of this evidence seems to make any difference to whether or not detention is continued. In not one case did the medical report documenting torture or serious mental disturbance lead the Home Office to release a victim of torture.

Seven of the clients were detained on arrival. Of these, three now have either ELR or refugee status, their detention having continued throughout the decision making process. Two are pursuing their asylum claims having been released on bail. For these people the Home Office was not using a policy of detention in order to facilitate removal, although that was the policy for three of the clients in the sample. However, the client awaiting deportation for whom we have information was held for 8½ months before deportation was effected. This is surely a disproportionate length of time to detain anyone pending deportation, let alone a torture survivor. Seven of the clients in the sample were found to merit international protection; two were released without any change in their asylum status. We have no evidence that their torture history was instrumental in securing their release.

All the information about the detainees’ past torture and their present distress that we have rehearsed here was made available to representatives making applications to the Home Office for release. Yet detention was maintained, in most cases for several months, after the medical reports were written. And the Home Office already had information from interviews that these asylum seekers were torture survivors. Yet there is no indication from the actions of the Home Office that this information was brought to bear on the decision to detain—making a mockery of the White Paper undertaking. Indeed, where there is evidence on our files that the Home Office was
specifically asked to reconsider, their response was to refuse to release. Other factors, such as having used some form of deception, were seen as overriding. There is little evidence of the history of torture “weighing strongly in favour of temporary admission or temporary release while a claim is being considered”, nor of any “exercise of particular care in the consideration of physical and mental health when deciding to detain”. (Fairer, Faster and Firmer paragraph 12.4.) There are still no satisfactory mechanisms in place to ensure the implementation of this commitment.

Recommendations

There is a need for survivors of torture to be identified at any time when detention is being considered or being reviewed. One opportunity to obtain information about a history of torture and current health comes in any interview on arrival. Another opportunity could come from medical screening at port. But medical screening at port is focused upon detecting infectious diseases, not identifying factors that would militate against detention. The results of examinations by Port Medical Inspectors (PMIs) has been useful in the past in indicating that an asylum seeker is a survivor of torture; on occasion injuries such as bruising that fade over time have been documented by the PMI and have corroborated an account of torture given later when the bruising had faded. It would be very helpful if PMIs, with appropriate training, could be more widely used to examine asylum seekers at port and document, including photographing, any signs of injury.

We recommend that greater use is made of PMIs to carry out more thorough medical screening.

2 We consider that the written reasons should form a meaningful record of the reasons for the decision to detain. This decision involves a weighing of factors. We consider that to record only the factors militating for detention would be to record only half the decision-making process. We wish to see a record in all cases of which factors militating against detention entered into the decision-making process.

Where information has been obtained about a history of torture, or where there are health problems, one would expect these to be recorded. But there is nowhere to record such reasons on the form IS91R. The Medical Foundation was among the organisations responding to the Home Office’s consultation Detention New Forms and Procedures, a consultation, we are sorry to say, which closed on 21 January 2000 and has yet to report. We raised there, as in the debates on what is now the Immigration and Asylum Act 1999, the need to record factors militating against detention. This has not been done. The forms in question have not changed. We are extremely disturbed by this. We identified important changes that needed to be made to the forms and guidance without delay.

The form must set out the factors militating against detention. Those mentioned in the White Paper are age, mental or physical illness and a history of torture. Clearly these could not be included on the present form. There would need to be a new section. But, most importantly, the form must then explain, with express reference to these factors as they present in the individual case, why detention is being maintained in that case.
We recommend that the forms recording reasons for detention are changed to require the recording of factors militating against detention to be recorded where they are known. Reasons must be given why, in the individual case, detention is considered necessary.

3 In the case of those for whom detention on arrival is being considered, it is probably unhelpful to recommend direct questioning about torture before detention. We have long maintained that it is very difficult for a torture survivor, perhaps recently escaped from prison, tired, disorientated after a long flight, perhaps mistrustful of officials, to give a full account of torture to an Immigration Officer as soon as they arrive. They should not be expected to do this. It will help neither them nor the Home Office. Rather we would prefer to see a full and comprehensive physical and mental health examination offered within the first 24 hours to those detained.

We therefore recommend that all detainees are offered on arrival in detention comprehensive physical and mental health screening. This should be carried out by medical personnel with appropriate training in the health needs of asylum seekers, with interpretation wherever the patient or doctor regards interpretation as necessary, and with indications given to the medical staff of aspects on which to check, including any signs that the detainee might have suffered torture.

4 During the time a detainee remains in detention, every opportunity should be taken to note and pass on to the relevant authorities information that should be being taken into account when the decision to detain is reviewed. Where detention centres are concerned, the Rules improve the situation, in that they place duties upon the medical practitioner to alert the manager to detainees alleging a history of torture, duties on the manager to report this to the Secretary of State, and duties on staff to pay special attention to the health of detainees. However they do not do enough to ensure that health concerns will be detected or acted upon.

We recommend that detailed Operating Standards, now in development, should address the issues of information about detainees who may have suffered torture being identified and acted upon.

If the Health Care team are to pay to special attention to the conditions which may be found among immigration detainees, as Rule 33(3) enjoins upon them to do, then they must be able to recognise these conditions.

We recommend that provision is made in the Operating Standards for appropriate training of medical personnel, and other staff, to ensure that they can address health and well-being issues and that medical staff are able to receive training on issues relating to work with survivors of torture.

5 Our research has not enabled us to say whether, in every case at which we looked, the legal representative had sent the medical report to the Home Office. In the case of detained applicants, files are held by the Home Office at both Croydon (on the asylum claim) and at the port (on the decision to detain). It is important that officers reviewing the decision to detain have before them all the information that might be relevant to the review, including any evidence of torture.

We recommend that representatives commissioning medical reports documenting torture for clients held in immigration detention should ensure that copies of the report are submitted both to Croydon and to the port in question.
We know that in some cases in this research sample, the decision to continue detention was made in spite of medical evidence of torture and of medical evidence of physical or mental ill-health. However it is not clear that this was so for every detainee in this sample. If it was not, part of the reason may be that the officers reviewing the decision to detain were unaware of the existence of evidence of torture, or of physical or mental ill-health.

We recommend that Home Office officials reviewing a decision to detain should be required to ascertain whether there is any information on the file on the asylum application relating to allegations of torture or evidence of physical or mental ill-health.

Medical Foundation for the Care of Victims of Torture
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