

## **Freedom from Torture – Country Reporting Programme**

### **Torture in post-election Iran, 2009 - 2011**

#### **Summary report for the UN Special Rapporteur on the situation of human rights in Iran, December 2012**

##### **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 2011 Freedom from Torture provided treatment to more than 1200 clients from around 80 different countries. Every year our medico-legal report service prepares between 300 and 600 medico-legal reports (MLRs) for use 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 has been 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.

Freedom from Torture's MLRs are detailed forensic reports documenting physical and psychological consequences of torture. They are 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'. 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 are of Iranian origin and at least 16% of all MLRs we have produced over the past three years have been for Iranian clients.

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 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 human rights situation in Iran in fulfilling his important mandate. This is against the backdrop of presidential elections due in Iran in 2013, during which further human rights abuses are feared by the international community.

##### **Case sample and methodology**

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 cases, selected according to criteria of detention and torture within the relevant date range (January 2009 onwards) and consent to use anonymised cases for research.

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. The data collected was both quantitative and qualitative in type and was anonymised and aggregated before being analysed; the findings are presented in summary below.

### **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 and all identified themselves as heterosexual. Twenty one of the 50 cases were resident in Tehran at the time of detention, followed by seven cases in each of three Kurdish provinces and Shiraz city and three cases in each of Esfahan, Karaj and Ahwaz. The 50 cases comprised 32 (64%) ethnic Persians, ten Kurds, four Azeris, three Bakhtiari and a Lur. Forty cases identified as Muslim. Non-Muslims in the sample included two who identified as Christians (converts in exile), two as Ahl-e Haq, and six professing no religion or specific religious affiliation.

Twenty six cases (52%) said they were only politically active from the 2009 election onwards, with another 11 reporting activism or dissent prior to 2009 on issues including ethnic and religious minority rights, freedom of expression and women's rights. Another 13 (26%) claimed never to have been active or dissentient and were detained primarily on the basis of the activities of family members or others and a political opinion imputed to them. Individuals who were politically active only from the 2009 election onwards reported activities including attending pre-election meetings, supporting opposition candidates, disseminating political materials and attending demonstrations. Individuals claiming a prior history of activism had reported writing blogs, compiling and disseminating materials critical of the government, writing political slogans in public and taking part in informal (illegal) discussion groups, amongst other activities. Four Kurdish individuals reported various forms of Kurdish activism ranging from cultural activism to supporting illegal Kurdish organizations.

### **Arrest and detention patterns**

Twenty-nine (58%) of the 50 cases were detained most recently in 2009, 14 in 2010 and seven in 2011.<sup>1</sup> While 28 (56%) of all cases were detained only once in 2009-11, others were detained more than once and up to three times 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 periods.

**Reasons for arrests** The majority of cases (27, 54%) were arrested and detained at demonstrations and other protests between 13 June 2009 (the day after the election) and February 2011. Of these cases, many reported being detained arbitrarily when security forces descended upon demonstrators. Others were engaged in more specific activities that might have led to arrest such as: distributing leaflets, assisting others to escape arrest or assault by security forces, assaulting security forces, holding placards, chanting anti-government slogans, wearing green (identified with the opposition) and filming the events. Eight people were arrested for other kinds of activism around the 2009 election and its aftermath and nine because of imputed political opinion and activities of others associated with them, mainly family members. Two cases were detained for imputed religious dissent and four others for non-political offences such as infringement of alcohol laws and behavioral codes.

**Detaining authorities and place of detention** Eleven of the cases report being detained by the Basij (state militia), ten 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 plain clothed agents. In

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<sup>1</sup> It should be noted that there is typically a considerable time lag between when a person is detained and when they seek Freedom from Torture's medico-legal report services in the UK. It is therefore likely that evidence of detention and torture from 2010 onwards will increase as MLRs are completed for Iranian cases referred to Freedom from Torture more recently.

most 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 that were identified (usually on release) included: four prisons (two in or near Tehran), 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 (64%) also could not identify the specific place where they were detained, because they were blindfolded *en route* and/or because it was an unofficial facility and could not be identified.

**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 violence and ill treatment both during arrest and *en route* to the detention facility. Most described being beaten with batons, sworn at with obscenities and other verbal abuse. Other cases who were arrested from their home or other private address for activities (actual or alleged) connected to the election protests reported similar treatment, with family members being violently treated, subject to threats and verbal abuse and personal property being destroyed or illegally confiscated. Most people (86%), whatever the cause of arrest, reported that they were blindfolded and handcuffed *en route* to detention; in some cases they were fully hooded and cuffed in stress positions.

**Due process during detention** All 50 cases reported being held incommunicado and tortured. The majority (80%) described interrogation that was concurrent with torture episodes (sometimes alternating). Most (74%) reported that they could not see their interrogators as they were kept blindfolded and in the majority of cases interrogation appeared to be focused specifically on forcing a confession to actual or alleged offences. These included attending demonstrations, belonging to or being active in illegal political groups, organising protests and involvement in other dissentient actions. Interrogation also focused on links with or on the activities of others, including family members. Some, particularly those who were or had been resident abroad, were questioned about links with foreign agents and exiled political groups and activists.

Nearly half the cases in the study (48%) said they were forced under torture to sign confessions or statements about future activities; all but three of these had not seen the contents of these documents. Six cases reported refusing to sign confessions despite being tortured with the stated intent of forcing them to do so. In most cases individuals reported being given a conditional release following a confession, while some were transferred to prison, pending formal summons to attend court.

In most cases no formal charges were made (88%) and there was no access to legal counsel (96%) or a judicial process (88%). Of the 50, only six cases received charges in front of a judge, all following a confession forced under torture. Of these, only two had access to legal counsel, who had sight of the specific charges. Offences that people reported being accused of during interrogation sessions and formal charges they were threatened with included: 'waging war against God' ('mohareb'), 'insulting Islam', 'insulting the Supreme Leader', 'disturbing the peace', 'participating in political and student assemblies', 'co-operating with anti-revolutionary groups', 'having links with the UK and with foreign groups', 'propaganda against the regime' and 'assaulting an officer', amongst others. Only five people reported being taken to court and one reported being tried in absentia.

Eight cases reported being moved to prison after periods of interrogation and torture, three of whom said torture continued in prison. Two cases were released from prison to psychiatric hospitals and at least six others were also transferred from detention to hospital for treatment. All of these cases were eventually able to secure release or to escape with the intervention of family members.

**Detention conditions** Detention conditions for a significant proportion of cases were extremely poor and in nearly 70% of cases included solitary confinement in a small cell. Half or more cases also reported experiencing unhygienic conditions, poor quality and inadequate food, a hard surface to sleep on with inadequate bedding, no access to natural light and inadequate access to a toilet.

The majority of cases received no medical treatment while in detention. Of the eight who were transferred to hospital, three were taken to psychiatric hospitals and the others reported being transferred for treatment following rape and for specialist medical care due to acute injuries to the head, shoulder and knee respectively. Seven others reported access to limited medical treatment in the detention centre, most of whom had injuries arising from sharp force trauma sutured, some without anaesthetic; two of these were also treated for a fracture and a dislocation caused by blunt force trauma. One person reported being treated following rape.

**Duration of detention and escape or release** More than 70% of the detentions were less than a month and just under half were less than a week in duration. However, a significant number of people were detained for longer, with two cases being detained for more than a year and three cases being detained for 7-12 months. Overall, 57 of the 62 detention episodes in 2009-11 were for six months or less. Eight people were able to secure a conditional release or to escape from detention following transfer to a medical facility and seven cases reported that they escaped from detention rather than being formally released, in most cases with assistance. A further 12 people 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. Eight people 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.

More than 40% of cases fled Iran within a month and an additional 20% within three months of being released from or escaping their most recent detention (note that in many cases this was not the first period of detention). Most of the individuals left Iran within a year of being released, with a small number remaining in Iran for up to two years and two people remaining for more than two years before eventually being forced to seek protection abroad.

### **Pattern of torture episodes**

More than half the cases (58%) said that they were interrogated and tortured in a room different from their detention cell, although some 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.

The authorities responsible for interrogation and torture in these cases appeared intent on ensuring that they could not be identified by, in the majority of cases, keeping people blindfolded or hooded whenever they were out of their cells, with the likely additional intent of increasing their fear, disorientation and suffering. A few reported that their blindfolds were removed for certain episodes of torture or interrogation but on most of these occasions their captors were not identifiable. Only two people reported seeing uniformed personnel in the detention facility, in one case wearing green and in the other, dark blue uniform. 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 in most cases.

In 34% of cases people reported being tortured at least daily and sometimes several times a day in detention, while for 15 cases the frequency of torture was not recorded. Eight people reported being subjected to a limited number of episodes of torture (1-3) during their detention, though the duration of detention was relatively short in these cases. The remaining 10 cases reported no regular pattern and said that they could not predict when they would be taken for torture or interrogation episodes. In

these 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.

### **Specific forms of torture disclosed**

**Methods of physical torture** Methods of physical torture described by the 50 cases and documented in the MLR included: blunt force trauma including beating, whipping and assault (100% of cases); sexual torture including rape, molestation, violence to genitals and penetration with an instrument (60%); suspension and stress positions (64%); use of water (32%); sharp force trauma including use of blades, needles and 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.

The main forms of blunt force trauma consisted of repeated and sustained assault by kicking, punching, slapping and of beatings with a variety of blunt instruments including truncheons, cables, whips, batons, plastic pipes, metal bars, gun butts, belts and handcuffs. People reported being assaulted or beaten on all parts of the body, though most commonly on the head and face, arms and legs and back. Most were blindfolded while beaten and many were restrained, meaning they were unable to defend or protect themselves.

Seven people were burned, some repeatedly and most with heated metal objects but also with lighted cigarettes or caustic substances. All were blindfolded and restrained and described intense pain. Most of the nine people subjected to sharp force trauma were cut with sharp or bladed instruments; two of these were cut during sexual torture, one by the fingernails of the man who raped him and the other by a blade when he attempted to resist assault. Electric shocks were administered in five cases to the genitals, hands and feet, legs, nipples and buttocks, by electrodes or 'clips' or some form of 'baton'. In one case the person was shocked concurrently with sexual torture.

Of the 32 cases subjected to positional torture, 16 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, apparently designed to humiliate and to produce a powerful psychological response as well as severe physical discomfort and pain. Many described being suspended and restrained in stress positions while being beaten and otherwise tortured, as well as being interrogated. In some cases, restraint appears to have been designed to facilitate the administration of a particular form of torture, such as burning, electric shock, asphyxiation or sexual torture. A small number reported the use of asphyxiation techniques, including the repeated submersion of the head in water or contaminated water containing urine and faeces. One person was 'water-boarded' on at least five occasions. Three people were given medication by force, described as mind and mood altering and extremely distressing.

Given the high levels of shame and stigma attached to rape and sexual assault for men and for women, significant under-disclosure of sexual torture is highly likely among the cases in this sample. Despite this, 60% of men and women in the sample reported sexual torture including rape, molestation, violence to genitals and penetration with an instrument. Six of the 10 women experienced sexual torture. All were raped in the interrogation room or in their cell or both, all on more than one occasion, some many times and all by two or more people. Disclosure of rape in all cases was extremely problematic and clinicians recorded the intense psychological distress and flashback symptoms experienced by these women in talking about sexual torture. In some cases, disclosure was only possible after extensive counselling and in some the clinician reported being unable to facilitate a full disclosure due to the high risk of re-traumatisation. Four of the six women disclosed that they had also been subjected to sexual humiliation including forced nakedness (with clothing being violently removed), verbal abuse of an extreme sexual nature and molestation. All described being forcibly restrained while the rape and sexual assault was taking place and most were treated with extreme violence; at least four were rendered unconscious.

Of the twenty-four men who disclosed sexual torture, nine were subjected to rape and a further five to penetration with instruments. In some cases several perpetrators were present and participating, in the cell or in the interrogation room; all cases were forcibly restrained. Those cases who reported rape and anal penetration described brutal attacks during which they were penetrated, sometimes repeatedly, including with objects such as batons and bottles. Two other cases reported violent assault to their genitals, while a further eight described being sexually molested while being verbally abused and threatened with penetration or rape. In all cases clinicians recorded observing high levels of shame and ongoing psychological distress and significant difficulty in disclosure.

**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 (40 cases), solitary confinement (34), verbal abuse (32), threat of death (22), threat to family (15), sleep deprivation (12), and mock executions (7).

Psychological forms of torture included the extensive and persistent use of humiliation in most cases, particularly verbal abuse and profanities directed towards the individual or members of their family (especially female family members). 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, particularly of further or different forms of torture, of death and of violence to family members, were reported in 76% of cases and used to induce terror and enforce compliance, particularly to force a confession. Five people reported being given false information that their family members had died or were critically ill, or that they had been detained and tortured and had confessed to an alleged offence. Seven cases were subjected to a mock execution, where they believed that the threat of death would be imminently carried out and the same number reported being forced to witness violence or harm to others in detention, including rape. Many cases (34%) described being exposed to the sounds of others being tortured or in distress in detention. While many cases reported the use of threats as well as torture to induce them to give information about others, in most cases they had no information or refused to give it. Four people said that they were eventually forced to give limited information about or name family members and associates.

The most prevalent form of environmental torture was the use of solitary confinement (68% of cases), in small cells, mostly throughout the entire detention. 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. Twelve people reported that they were prevented from sleeping or that their sleep was deliberately interrupted throughout the detention by guards banging on their cell doors, dousing them in cold water or taking them for interrogation as soon as they fell asleep. Others were kept awake by constant bright light in their cell.

### **Forensic evidence and psychological impact of torture**

**Forensic evidence of torture** Forty-one of cases (82%) had forensic evidence of physical trauma documented in their MLRs in the form of lesions (including scars) <sup>2</sup> 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. Chronic pain symptoms, mostly attributed to blunt force, positional and sexual tortures, were also reported in 48% of cases and nine cases documented fractures resulting from torture as described. Of the 50 cases sampled 17 (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 common attributed causes of torture. In all cases where a

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<sup>2</sup> It should be noted that 'lesion' includes scars, pigmentation changes or any other pathological change documented by the doctor.

physical examination was conducted and lesions as well as other signs and symptoms of physical trauma were documented, those attributed to torture were clearly differentiated by clinicians and the individuals themselves, from those with a non-torture attribution.

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).<sup>3</sup> It should be noted that 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. It is also routinely observed by clinicians that 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...*'<sup>4</sup>

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. Similarly most of the sharp force trauma scars were assessed as having this high level of consistency with the ascribed cause of torture. Physical evidence assessed as 'typical' or 'highly consistent' of positional torture was documented in seven cases and consisted of ligature or shackle scars and damage to the shoulders or wrists including dislocation, chronic pain and restriction of movement. Ten cases manifested physical symptoms associated with rape and sexual torture including 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.

According to available information, 36 cases (72%) had either been referred to or had been medically treated by statutory health care providers for acute and chronic physical symptoms associated with torture in detention. In most cases treatment had occurred in the UK, although a few people had also been treated in Iran immediately on release from detention. Many people were treated for chronic pain symptoms, but others had been referred for acute injuries or symptoms related to these. Most of those who had been raped had either been screened for sexually transmitted diseases or were referred for such screening.

**Psychological impact of torture** 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. Of these, 32 (64% overall) had symptoms reaching the diagnostic threshold according to the ICD-10 Classification of Mental and Behavioural Disorders.<sup>5</sup> 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. According to available information, 39 cases (78%) were in treatment for depression and/or PTSD symptoms at the time of the documentation process, receiving medication and/or psychological therapies from statutory health care providers. A total of 11 cases were receiving treatment services from Freedom from Torture during the period when their MLR was being prepared.

Signs and symptoms associated with PTSD were reported and observed to a very high level across the sampled cases and included flashbacks (84%) and intrusive memories and thoughts (68%) where traumatic events are repeatedly re-experienced even when the individual is awake and conscious.

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<sup>3</sup>United Nations High Commissioner for Human Rights, *Istanbul Protocol – Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (New York and Geneva 2004), paragraph 187

<sup>4</sup>Ibid, paragraph 188

<sup>5</sup>World Health Organisation, *ICD-10 Classification of Mental and Behavioural Disorders* (Geneva 1994)

Recurrent nightmares including elements of the traumatic events in actual or symbolic form and fear and severe anxiety responses to cues that trigger an association with the trauma were reported and/or observed during clinical sessions (94% and 56% respectively). Other typical symptoms included avoidance of thoughts, feelings and activities associated with the trauma, signs of which were observed in half the cases (50%). Some people also reported and demonstrated a marked emotional restriction or dissociation when recalling events related to their torture and a difficulty recalling these events (20%). A marked diminished interest, detachment and social withdrawal was also documented in 62% of cases, while almost all reported that they had difficulties sleeping (96%).

Other depressive features of PTSD and depression signs and symptoms documented in these cases included a persistently low mood in most cases (80%), increased fatigue (38%), as well as diminished appetite (60%). Difficulties with concentration and recall and scattered thoughts were also commonly reported and observed (70%), while feelings of worthlessness and guilt and a bleak or pessimistic view of the future were very commonly expressed (56%). Some individuals, particularly those who were raped, expressed a feeling of being irreparably damaged and a sense of their self identity having been permanently altered as a result of the torture, with devastating impact. Particular psychological responses to sexual torture and rape documented in those cases subjected to this included: intense and overwhelming feelings of shame; feelings of anger towards the abuser and/or internalised anger expressed as self hatred; fear and severe anxiety symptoms either generalised or related to those 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 or to make a full disclosure; social withdrawal and difficulty making relationships with others, especially men; sexual dysfunction; suicidal ideation, self harm and suicide attempts.

Overall twenty seven people (54%) in this case sample expressed ideas of self harm or of suicide during their assessment process that were directly related to their experiences of detention and torture in Iran and their ongoing symptoms of PTSD and depression arising from this trauma, as well as their experience of seeking protection in the UK in some cases (particularly the fear of removal). Ten people had indeed carried out acts of self harm (20%) and six had made suicide attempts (12%), some in Iran but mostly in the UK following flight. Some individuals had made several attempts and were considered to be at continued risk of suicide at the time of examination.

### **Overall conclusions on the clinical findings – congruence with 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 and/or psychological evidence 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.