

30 YEARS
SUPPORTING
SURVIVORS



Freedom from Torture

Medical Foundation for the Care of Victims of Torture

Tainted Peace: Torture in Sri Lanka since May 2009



Freedom from Torture

August 2015

Tainted Peace: Torture in Sri Lanka since May 2009

Freedom from Torture

August 2015

Front cover photo: A Sri Lankan soldier stands in front of a war monument in Kilinochchi, Sri Lanka.

Back cover photo: A Tamil, who is a survivor of torture at the hands of Sri Lankan security forces, displays significant burns on his back.

Photos: Will Baxter <http://willbaxter.photoshelter.com>

Freedom from Torture

Freedom from Torture is the only UK-based human rights organisation dedicated to the treatment and rehabilitation of torture survivors. We do this by offering services across England and Scotland to around 1,000 torture survivors a year, including psychological and physical therapies, forensic documentation of torture, legal and welfare advice, and creative projects.

Since our establishment in 1985, more than 57,000 survivors of torture have been referred to us, and we are one of the world's largest torture treatment centres. Our expert clinicians prepare medico-legal reports (MLRs) that are used in connection with torture survivors' claims for international protection, and in research reports, such as this, aimed at holding torturing states to account. We are the only human rights organisation in the UK that systematically uses evidence from in-house clinicians, and the torture survivors they work with, to hold torturing states accountable internationally; and to work towards a world free from torture.

Survivors Speak OUT network

Survivor Speak OUT (SSO) is the UK's only torture survivor-led activist network and is actively engaged in speaking out against torture and about its impacts. Set up by survivors of torture, for survivors of torture, SSO uses first-hand experience to speak with authority for the rights of torture survivors. The network is supported and facilitated by Freedom from Torture and all network members are former Freedom from Torture clients.

To find out more about Freedom from Torture and the Survivors Speak OUT network please visit www.freedomfromtorture.org

Or follow us on Twitter [@FreefromTorture](https://twitter.com/FreefromTorture) and [@SSOonline](https://twitter.com/SSOonline)

Or join us on Facebook <https://www.facebook.com/FreedomfromTorture>

30 YEARS
SUPPORTING
SURVIVORS



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

Tainted Peace:

Torture in Sri Lanka since May 2009

August 2015

FOREWORD

By Kumar*, a Sri Lankan member of the Survivors Speak OUT (SSO) network

Sri Lanka now has some different people in power but meaningful reform at the root is needed before the culture of torture can be truly eradicated. To think that torture no longer takes place just because a few new faces are in place would be naive - it takes many years to change practices, attitudes, and a country where torture has become the norm.

That's why it is important that Freedom from Torture is throwing its weight behind publicising the experiences of Sri Lanka's torture victims, and like me, survivors, who have lived through hell and back.

A culture of torture prevails at all levels in Sri Lanka. During the 30 years of conflict, successive governments used torture as a weapon of fear and destruction. Since the war ended, torture has been practised openly so that people are aware of it and scared to act outside the set agenda.

This culture is deep-rooted and used as a means to push minority groups into submission.

Torture leaves families and communities in despair. Guns and violence may no longer be visible, but their aftermath remains for victims who may be subjected to discrimination and stigma for many years afterwards. Despite the end of the conflict, people are still searching for missing loved ones; and abductions and other human rights abuses continue. Laws for protecting minorities are ignored in practice.

These problems will not be solved by simply changing the political leadership.

Importantly, this report is based on evidence from Freedom from Torture's medico-legal reports and demonstrates that many Tamils, whether Hindu, Christian or Muslim, have been tortured in Sri Lanka

in the years since the civil war ended. Sinhalese are also not immune.

I nearly died in my torturers' hands. Torture ripped my family apart: our unit died overnight. I can't reveal my identity as it is still not safe for me to do so. I know that Sri Lanka's sophisticated intelligence operation means that they watch us and monitor our whereabouts even when we are outside of the country. I have first-hand experience of this after I was tortured following my return from the UK after the conflict ended in 2009.

That culture has not changed just because the conflict ended.

I want to work with other torture survivors to raise our voices and ensure that there is political will and continued international pressure to end torture in Sri Lanka.

The Survivors Speak OUT network has worked closely with Sri Lankan torture survivors to find out more about their first-hand accounts of torture and crucially, the change they want to see in Sri Lanka. The recommendations in this report are informed by the voices of Sri Lankan torture survivors in treatment at Freedom from Torture and that is an important step - our voices need to shape lasting positive change in Sri Lanka.

We are a small country and we need the United Nations to keep up the pressure and hold our torturers to account. Justice is not achievable without accountability.

No one should go through what we, the tortured, have. As you read this, I wonder how many people continue to suffer. How many continue to bear the scars of torture in such a way that they are no longer that person they once were?

* Kumar is not the SSO member's real name and has been used to protect identity.

ACKNOWLEDGEMENTS

This report was researched and written by Jo Pettitt, with research assistance by Dastan Salehi. The report was designed by Philip Cartland.

Freedom from Torture's country reports rely on the participation and support of survivors of torture who are willing to share their medico-legal reports (MLRs) with us for the purpose of research. We would like to acknowledge the contribution of our Sri Lankan clients, including those who shared their MLRs and those who gave their time to help us develop our recommendations and to provide valuable insight into the context of our research findings.

We would also like to acknowledge and thank members of the Survivors Speak OUT network for their collaboration with Freedom from Torture on this project and in the development of meaningful survivor participation approaches in our research and advocacy work.

These reports rely on the hard work of colleagues from across Freedom from Torture's centres and in all departments of the organisation. We would like to acknowledge the contribution of all those at Freedom from Torture who have in one way or another supported this project and to thank them.

We are particularly grateful to the staff of the Medico-Legal Report Service, including the doctors who prepare the medico-legal reports and our interpreters.

Research at Freedom from Torture is greatly supported by the work of our highly talented research interns. We would like to thank Dastan Salehi for his dedicated and meticulous work on this project and Emily Wilbourn for assistance in editing the report with such care.

We are grateful to the United Nations Voluntary Fund for Victims of Torture (UNFVT) for their generous support for the core activities of Freedom from Torture.

We thank Will Baxter for the photographs used to illustrate this report.

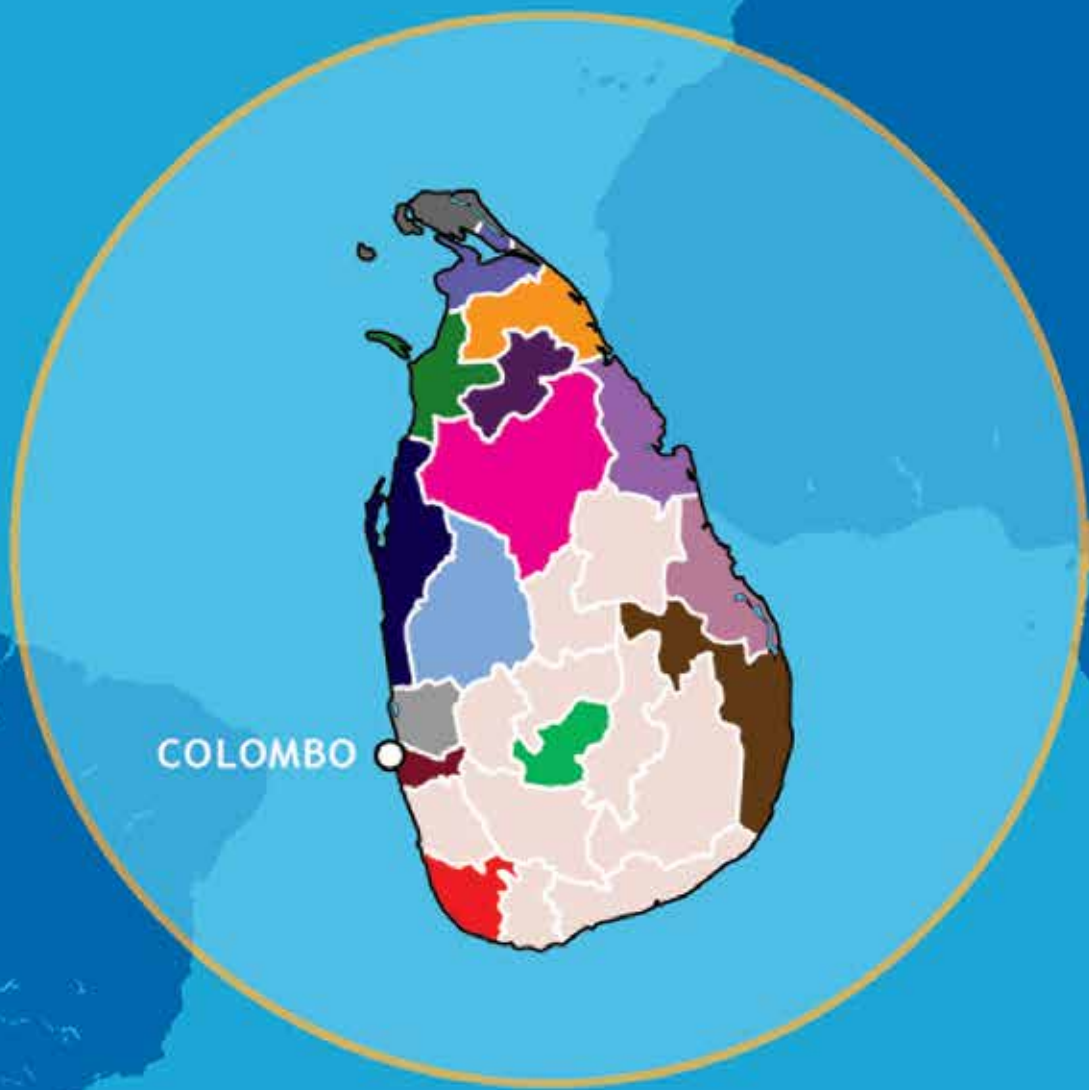
Web: <http://willbaxter.photoshelter.com>

For further information please contact:

Jo Pettitt, Lead Researcher

Email: jpettitt@freedomfromtorture.org
















Tel.: +44 207 697 7803



Findings of this study indicate that torture is widespread in state detention and occurs in facilities throughout the country under the control of the military, police and intelligence services. One hundred and forty-eight people were detained and tortured in state facilities of different types located in fifteen districts and seven of the nine provinces of Sri Lanka.

SRI LANKA

Torture was perpetrated
in fifteen districts of Sri Lanka

	Anuradhapura		Ampara
	Mannar		COLOMBO
	Mullaitivu		Kilinochchi
	Vavuniya		Trincomalee
	Galle		Jaffna
	Gampaha		Kandy
	Batticaloa		Puttalam
	Kurunegala		

GLOSSARY

- CID** - Criminal Investigation Department
- ICD** - International Classification of Diseases
- IDP** - Internally Displaced Persons
- IP** - Istanbul Protocol
- LTTE** - Liberation Tigers of Tamil Eelam
- MLR** - Medico-Legal Report
- NGO** - Non-Governmental Organisation
- UK** - United Kingdom
- UN** - United Nations
- UNP** - United National Party
- PTSD** - Post-Traumatic Stress Disorder
- STF** - Special Task Force
- TID** - Terrorism Investigation Department

TABLE OF CONTENTS

Summary	9
Introduction	13
1. Survivor profile	19
1.1. Age and sex	19
1.2. Ethnicity and religion	19
1.3. Association with LTTE	19
1.4. Torture on return to Sri Lanka from the UK	23
2. Detention context	27
2.1. Year of detention	27
2.2. Repeated detention	28
2.3. Reason for detention	28
2.4. Place of arrest and detaining authority	28
2.5. Detained from the airport	29
2.6. Place of detention	29
2.6.1. Location of detention facilities by district	29
2.6.2. Named detention facilities	30
2.6.3. Type of detention facility	32
2.6.4. Use of torture in detention facilities, by district and type	33
2.7. Violation of due process rights	34
2.8. Detention conditions	35
2.9. Duration of detention	36
2.10. Escape or release from detention	36
3. Evidence of Torture	39
3.1. Methods of physical torture	39
3.1.1. Blunt force trauma - beating and other physical assault	39
3.1.2. Burning	41
3.1.3. Sexual torture	44
3.1.4. Suspension and other forced positioning	49
3.1.5. Asphyxiation	51
3.1.6. Sharp force trauma and forced removal of nails	52
3.2. Psychological/environmental torture	53
3.3. Incidence of torture by sex	54
3.4. Physical and Psychological impact of torture	55
3.4.1. Physical evidence of torture - scars and other lesions	56
3.4.2. Physical evidence associated with particular torture methods	57
3.4.3. Pain symptoms associated with torture	59
3.4.4. Psychological impact of torture	59
3.5. Congruence of clinical evidence and attribution of torture	64
Recommendations	65
Annex - Incidence of torture by year of detention	71



A Tamil, who is a survivor of torture at the hands of Sri Lankan security forces, displays scarring from cigarette burns on his chest and arms (Photo: Will Baxter)

SUMMARY

This report is about torture practised by the military, police and intelligence services in Sri Lanka. It is based on a study conducted by Freedom from Torture of 148 Sri Lankan torture cases forensically documented by expert doctors in our Medico-Legal Report (MLR) Service, in accordance with the standards set out in the UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (known as the 'Istanbul Protocol').

The 148 cases all involve torture perpetrated since the end of the Sri Lankan civil war in May 2009. Together they reveal a disturbing picture of a tainted 'peace' in Sri Lanka.

Our research demonstrates that torture did not end when the fighting stopped. Rather, torture - including rape and other forms of sexual torture and extensive burning - remains integral to the machinery of repression in Sri Lanka and continues to be perpetrated with impunity.

The forensic evidence presented in this report covers torture committed in Sri Lanka from May 2009 to September 2013 but cases of more recent torture, including from 2014 and even 2015, have since been referred to Freedom from Torture. In 2014, for the third year in a row, Sri Lanka was the top country of origin for those referred to Freedom from Torture for clinical services.

For decades we have worked with Sri Lankans tortured under successive political leaders and we know from this experience that torture is an entrenched part of the state apparatus in Sri Lanka. Eradicating torture in Sri Lanka will require a radical transformation which has not been possible in the country yet despite political developments, including the change of President in January 2015.

Key findings

Key findings from our research indicate that:

- The Sri Lankan military, police and intelligence services have continued to practise torture - including rape and other forms of sexual torture and extensive burning - in the years of 'peace' since the end of the armed conflict;
- There is a network of torture facilities across Sri Lanka including unofficial detention centres;
- Those at particular ongoing risk of torture include Tamils with a real or perceived association with the Liberation Tigers of Tamil Eelam (LTTE) at any level and whether current or historic;
- The Sri Lankan authorities take a strong interest in the activities of the Tamil diaspora in the UK and many returning to Sri Lanka with a real or perceived past connection to the LTTE, at whatever level and whether directly and/or through a family member or acquaintance, have been tortured and interrogated about their activities and contacts in the UK;
- Perpetrators appear to commit torture without fear of consequences as suggested by the lack of due process reported and heavy scarring left on the bodies of victims; and
- Torture has had a devastating impact on the survivors whose cases feature in this study: evidence of significant psychological impact was found in all 148 cases, including a high proportion of survivors suffering ongoing symptoms of PTSD (post-traumatic stress disorder) and depression.



Torture following return from the UK

It is of particular concern to Freedom from Torture that more than one third of the people whose cases were reviewed in this study were detained and tortured in Sri Lanka after returning from the UK following the end of the armed conflict (55 of 148 cases or 37%). Most had been in the UK as students but three had claimed asylum and were forcibly removed after their asylum claims were rejected. All but seven of these people were detained within weeks of their arrival in Sri Lanka and the majority were specifically interrogated about their reasons for being in the UK, their activities and/or their contacts in the UK. Twenty-one people were accused of attending particular protests and demonstrations in the UK and eleven were shown photographs taken at these events.

Methods of torture

Methods of torture used across the 148 cases reviewed in the study included blunt force trauma, such as beating and/or assault (100% of cases), burning (78%) including with heated metal (48% of all cases), sexual torture (71%) including rape (39% of all cases), suspension and other forced positioning (45%), asphyxiation (38%), cutting or stabbing with sharp implements (17%), and/or electric shock (5%).

Psychological or environmental forms of torture included but were not limited to prolonged solitary confinement (70% of cases), being confined in the dark or being blindfolded for protracted periods (48%), threats of being killed and/or of further or different forms of torture (51%) and mock execution (4%).

Physical and psychological impact of torture

Our doctors documented extensive evidence of a wide range of physical and psychological consequences of torture.

One hundred and forty-six people (99%) had forensic evidence in the form of scars and other lesions found by our doctors to be consistent with the attributed cause of torture, including 111 (75% of all cases) who had lesions found to be consistent with burning as a form of torture

and 24 (16% of all cases) who had enduring physical evidence associated with sexual torture.¹

One hundred and thirty-one people had symptoms of post-traumatic stress disorder found to be directly related to the history of torture in detention (89%) and 122 had ongoing symptoms of depression related to this history (82%). Fifty-five people expressed ideas of self harm or suicide to their examining clinician (37%) and 19 reported having attempted suicide since escaping from detention (13%).

Recommendations

The full set of recommendations presented at the end of the report is informed by this study as well as discussions co-led by the Survivors Speak OUT network with Sri Lankan torture survivors in treatment with Freedom from Torture. Among our most important recommendations are those addressing the need for:

- The Member States of the UN Human Rights Council and Security Council to ensure without delay a genuine accountability process that meets the highest international standards and all of the following requirements:
 - i) The process must cover torture and other serious human rights abuses and associated international crimes committed by both sides to the armed conflict and by the Sri Lankan government in the years of 'peace' since the fighting ended;
 - ii) The process must be independent, credible, accessible to victims including those outside the country, transparent and otherwise fully human rights-compliant;
 - iii) Any findings on torture from the Office of the High Commissioner for Human Rights' investigation on Sri Lanka should be accepted and accountability delivered; and

¹ It should be noted that physical evidence of rape is often absent even as little as 72 hours afterwards and bodily injury is more likely to be documented than specific genital injury in a rape victim.

- iv) In order to satisfy the international community and win the confidence of victims, including those from the Tamil minority, the process must include strong international participation at every stage and level.
 - Sri Lanka to make its 'zero tolerance' policy to torture a reality by suspending from duty those accused of torture, ending use of 'agents' to arbitrarily detain and torture people, and launching criminal investigations and prosecuting those responsible no matter how powerful or senior they are within government or the military, police and security services.
 - Sri Lanka to become an active stakeholder in the Preventing Sexual Violence Initiative including by using the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict in efforts to tackle impunity for sexual torture, and involving survivors of sexual torture in an expert capacity.
- Sri Lanka to ratify the Optional Protocol to the Convention Against Torture and establish an effective torture prevention programme including extensive training within the military, police and intelligence services and measures to enable independent national and international monitors to make regular unannounced inspections of any place of detention including unofficial detention facilities.
 - The UK to ensure that individuals are not forcibly returned from the UK to a risk of torture in Sri Lanka including by updating its asylum policy for Sri Lanka to reflect further evidence contained in this report about (i) torture in peacetime Sri Lanka; and (ii) the particular risk for those returning from the UK with a real or perceived past connection to the LTTE, at whatever level and whether directly and/or through a family member or acquaintance.



A Tamil woman sits on a bus in Kilinochchi, Sri Lanka (Photo: Will Baxter)

INTRODUCTION

Torture has long been used in Sri Lanka to persecute minorities, crush dissent and stifle civil society. It is deeply ingrained in the fabric of the state and has persisted across the decades regardless of changes in Sri Lanka's political leadership. Survivors we work with are living testament to the fact that torture has tainted the years of 'peace' in Sri Lanka following the end of the civil war in May 2009.

Since Freedom from Torture was established in 1985, more than 5000 Sri Lankans exiled in the UK have been referred to us for torture rehabilitation, including psychological counselling, and forensic documentation by our expert doctors of the physical and psychological consequences of torture.²

Most, but not all, of our Sri Lankan clients have been Tamil and most, but not all, were tortured at the hands of Sri Lankan police, security and intelligence services. Torture is also known to have been used by the Liberation Tigers of Tamil Eelam (LTTE) and over the years we have provided clinical services to some of these survivors too.

In recent years, we have received an exceptionally high volume of referrals for Sri Lankans, primarily from the National Health Service (NHS) and other health and social care professionals in the UK and, in relation to our Medico Legal Report (MLR) Service, from lawyers representing Sri Lankan torture survivors in their asylum claims.

In 2014, for the third year in a row, Sri Lanka was the top country of origin for those referred to Freedom from Torture for clinical services. In 2014,

² Torture survivors may be referred to Freedom from Torture for rehabilitation services by anyone who is concerned for their welfare, although the NHS is the biggest single source of referrals. We carefully assess referrals via clinical intake processes at each of our treatment centres. Any references in this report to survivors of torture in 'treatment' with Freedom from Torture relate to those who enter this rehabilitation service following a successful referral. See the 'Survivor voice' section below for information about how we have worked with Sri Lankan torture survivors in treatment with us to include their voices in this report. Note that there is an entirely separate intake process for our Medico-legal Report (MLR) service and referrals to this service must come from the survivor's legal representative.

26% of all referrals we received were for Sri Lankans (341 out of 1,313). We also provided services to more Sri Lankans than any other nationality in 2014: 28% of all those in treatment with us were Sri Lankan (281 out of 990), and 30% of all MLRs we produced were for Sri Lankans (73 out of 240).³

Freedom from Torture has provided services to many Sri Lankans who were tortured during Sri Lanka's long civil war and we support calls from survivors, the international community and human rights defenders and others in Sri Lanka for accountability for torture and other serious human rights abuses and associated international crimes committed by both sides to the conflict, particularly in the gruesome final months in early 2009.

We are also committed to exposing and ensuring accountability for widespread use of torture in Sri Lanka in the many years since the end of the armed conflict.

"Torture has been happening for 30 years in Sri Lanka, but it got worse in 2009 as the conflict ended and afterwards" - Sri Lankan survivor of torture in treatment at Freedom from Torture

"We want the world to know torture is ongoing inside the country" - Sri Lankan survivor of torture in treatment at Freedom from Torture

From 2011 onwards Freedom from Torture has worked tirelessly to share our growing evidence of peacetime torture in Sri Lanka and demand justice for torture survivors. We have also challenged flawed asylum policies, particularly in the

³ Please note: some of those who received clinical treatment services from Freedom from Torture during 2014 are ongoing clients who were referred in previous years and some of those for whom a MLR was completed in 2014 were referred for this service in 2013. The 73 MLRs produced for Sri Lankans in 2014 were for a total of 70 people, three of whom had two separate MLRs in line with instructions received from their solicitors.



UK, that fail to properly acknowledge both the extent of ongoing torture in Sri Lanka and indications from our forensic evidence about who is at risk.

Freedom from Torture's evidence of peacetime torture in Sri Lanka was an important basis for concerns expressed by various UN human rights bodies - including the Committee Against Torture (2011)⁴ and the Human Rights Committee (2014)⁵ - about reports of continuing torture in Sri Lanka after the civil war. In 2013, the Committee Against Torture also relied on our clinical evidence when expressing concern about the UK's failure to reflect in its asylum policy evidence that 'some Sri Lankan Tamils have been victims of torture and ill-treatment following their forced or voluntary removal' from the UK since the end of the conflict.⁶

Freedom from Torture also supported the Office of the High Commissioner for Human Rights in its investigation on Sri Lanka including through a detailed submission based on the study presented in this report.

This report analyses our clinical evidence of torture of men and women in Sri Lanka since the end of the civil war in May 2009. It is based on all MLRs prepared by the independent Medical Foundation Medico-Legal Report Service at Freedom from Torture

4 CAT/C/LKA/CO/3-4. Freedom from Torture's submissions for the UN Committee Against Torture's combined 3rd and 4th periodic review of Sri Lanka, including the follow up process, are available at: http://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/LKA/INT_CAT_NGO_LKA_47_9519_E.pdf and http://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/LKA/INT_CAT_NGS_LKA_12933_E.pdf. See also Freedom from Torture, 'Out of the Silence: New Evidence of Ongoing Torture in Sri Lanka 2009-2011', available at: http://www.freedomfromtorture.org/feature/out_of_the_silence/5980.

5 CCPR/C/LKA/CO/5. Freedom from Torture's submissions for the UN Human Rights Committee's 5th periodic review of Sri Lanka are available at http://tbinternet.ohchr.org/_layouts/treaty-bodyexternal/Download.aspx?symbolno=INT%2fCCPR%2fICS%2fLKA%2f16069&Lang=en and http://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/LKA/INT_CCPR_CSS_LKA_18229_E.pdf

6 CAT/C/GBR/CO/5. Freedom from Torture's submission for the UN Committee Against Torture's 5th periodic review of the UK is available at http://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/GBR/INT_CAT_NGO_GBR_50_19803_E.pdf. Note that the evidence we supplied to the Committee Against Torture on the risk of torture and ill-treatment on return for certain categories of Tamils was based on MLRs we prepared as well as cases referred to us for treatment services.

for individual Sri Lankans tortured from May 2009 onwards, provided the client consented for their MLR to be used in our research.⁷ By August 2014 we had prepared a total of 160 MLRs for Sri Lankans tortured from May 2009 onwards, 148 of which were available to us for research and therefore form the basis of this study.⁸

Key findings from our research indicate that:

- The Sri Lankan military, police and intelligence services have continued to practise torture - including rape and other forms of sexual torture and extensive burning - in the years of 'peace' since the end of the armed conflict;
- There is a network of torture facilities across Sri Lanka including unofficial detention centres;
- Those at particular ongoing risk of torture include Tamils with a real or perceived association with the Liberation Tigers of Tamil Eelam (LTTE) at any level and whether current or historic;
- The Sri Lankan authorities take a strong interest in the activities of the Tamil diaspora in the UK and many returning to Sri Lanka with a real or perceived past connection to the LTTE, at whatever level and whether directly and/or through a family member or acquaintance, have been tortured and interrogated about their activities and contacts in the UK;
- Perpetrators appear to commit torture without fear of consequences as suggested by the lack of due process reported and heavy scarring left on the bodies of victims; and

7 The Sri Lankans whose MLRs feature in this study were referred by their legal representatives to Freedom from Torture centres in Birmingham, Glasgow, London, Manchester and Newcastle.

8 This study both consolidates and adds to forensic evidence of post-conflict torture previously reported by Freedom from Torture to the UN for its scrutiny of Sri Lanka's human rights record - i.e. 50 cases included in our two submissions to the UN Committee Against Torture and an additional 40 cases included in our second submission to the UN Human Rights Committee - combined with all other MLRs we produced up to August 2014 for Sri Lankans tortured since the end of the conflict where consent for use in research was provided by the individual torture survivor (a further 58 cases).

- Torture has had a devastating impact on the survivors whose cases feature in this study: evidence of significant psychological impact was found in all 148 cases, including a high proportion of survivors suffering ongoing symptoms of PTSD (post-traumatic stress disorder) and depression.

The most recent detention episode covered by the study is from September 2013. It should be noted that it may take many months following their escape or release from detention for a survivor of torture to flee from Sri Lanka, travel to the UK and make an application for asylum. It can also take five or more months for Freedom from Torture to finalise an MLR, especially where there are multiple injuries to document or the survivor is particularly vulnerable. Freedom from Torture continues to prepare MLRs for people from Sri Lanka at a high rate and therefore more forensic evidence of torture of men and women in the post-conflict period, including more recent evidence, will become available in due course as further MLRs are finalised.⁹

Freedom from Torture notes recent political developments in Sri Lanka, including the change of President in January 2015, but cautions against any assumption that torture in the country has stopped or even reduced as a consequence. We know from our clinical experience of working with Sri Lankan torture survivors over decades that torture is an entrenched part of the state apparatus in Sri Lanka, enduring under successive political leaders.

“Torture has been a problem in Sri Lanka for decades. It won’t change suddenly like a dream” - Sri Lankan survivor of torture in treatment at Freedom from Torture

⁹ Since August 2014 when the research for this study was conducted Freedom from Torture has completed an additional 64 medico-legal reports for Sri Lankans (as of 24/07/2015). Of these, 56 document torture that was carried out in the post-conflict period (May 2009 onwards), including six where the person was tortured in 2014. This brings the total of MLRs produced by Freedom from Torture documenting post-conflict torture in Sri Lanka to 204.

Moreover, there is evidence of ongoing torture since Maithripala Sirisena became President in January 2015. Two Sri Lankans tortured after this power transfer have already been referred to Freedom from Torture for clinical services. Case materials for a further four cases have been shared with us by independent lawyers following consent from the individuals concerned. On 15 July 2015, the UK Foreign and Commonwealth Office stated that ‘[c]oncerns remain over torture and extrajudicial killings’ and cited information from the Asian Human Rights Commission about dismembered bodies showing signs of torture found in several areas around the country in March 2015.¹⁰

Research - aims and process

As part of our holistic approach to rehabilitation, Freedom from Torture seeks to protect and promote the rights of torture survivors by analysing and sharing evidence of torture that we have recorded over three decades since our establishment in 1985. In particular, we aim to contribute to international efforts to prevent torture and hold perpetrator states to account using forensic evidence contained in our MLRs.

Data for Freedom from Torture’s research on torture practices in particular states is sourced from individual MLRs that are prepared by the organisation’s independent Medico Legal Report Service (known as the Medical Foundation Medico Legal Report Service). In line with our data protection and confidentiality policy, we access only those cases where the individual has given consent - on the basis of anonymity - for their report to be used for research.¹¹

MLRs are considered a primary data source since they provide first-hand testimony of torture and clinical evidence related to that testimony. They

¹⁰ Foreign and Commonwealth Office, ‘Sri Lanka - in-year update July 2015’ (an update to the FCO’s 2014 Human Rights and Democracy Report) available at <https://www.gov.uk/government/publications/sri-lanka-in-year-update-july-2015/sri-lanka-in-year-update-july-2015>.

¹¹ As part of the process we use to anonymise material from the MLRs, potentially identifying details are omitted in reported research findings and in excerpts from MLRs that have been included in the report for illustrative purposes. In some instances the wording of MLR excerpts is changed in order to preserve anonymity, without altering factual content.



are detailed, expert reports prepared by doctors that document an individual's history of torture and its physical and psychological consequences through a forensic process of clinical examination and assessment which adheres to the international standard of the Istanbul Protocol (see below). Information from individual MLRs is extracted following a systematic process and recorded on a bespoke database. This data is anonymised and aggregated and systematically analysed. Further analysis of sub-sets of data according to potentially relevant factors is also carried out. This includes i) age, ii) sex, iii) ethnicity, iv) year of detention, v) detaining authority, vi) place of detention, vii) type of detention facility (police, military, intelligence) and viii) reason for detention.

Reporting of the research findings includes a description of findings observed across all cases, as well as a description of findings relating to particular sub-sets of the cases, as required.

Freedom from Torture medico-legal reports

MLRs prepared by the Medical Foundation Medico-Legal Report Service at Freedom from Torture are detailed forensic reports documenting physical and psychological consequences of torture. While the primary purpose of Freedom from Torture MLRs is to assist decision-makers in individual asylum applications - and for these purposes our doctors 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.

MLRs are commissioned by legal representatives on behalf of their clients and prepared by specialist doctors 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'.¹² Each is subject to a detailed

¹² It should be noted that Freedom from Torture will only accept a referral for an MLR, and proceed to full documentation, where the person is deemed to fall within the organisation's remit and where they meet the other intake criteria. For further information about Freedom from Torture's remit and referral process please see our website at: <http://www.freedomfromtorture.org/make-a-referral/5175>.

clinical and legal review process.

It should be noted that the Medical Foundation Medico-Legal Report Service has been accepted by the UK Home Office as 'having recognised expertise in the assessment of the physical, psychological, psychiatric and social effects of torture.'¹³ Policy instructions to Home Office decision-makers state the following: 'Clinicians and other health care professionals from the Foundations¹⁴ are objective and unbiased. Reports prepared by the Foundations should be accepted as having been compiled by qualified, experienced and suitably trained clinicians and health care professionals.'¹⁵

Documentation process

The torture documentation process includes reviewing an individual's history as presented in documents relating to his or her application for asylum, taking a history as narrated by the individual, and assessing the history in relation to clinical findings in accordance with the Istanbul Protocol and Freedom from Torture's own methodology.¹⁶ Clinical findings are obtained through a full physical examination, including an assessment of physical symptoms and the observation and documentation of all lesions (injuries and wounds including scars), a full mental state examination and the documentation of psychological symptoms and signs of

<http://www.freedomfromtorture.org/make-a-referral/5175>.

¹³ Home Office, Asylum Policy Instruction: Medico-Legal Reports from the Helen Bamber Foundation and the Medical Foundation Medico-Legal Report Service, Version 3.0, 17 January 2014, 3.1, available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/275522/medico-legal.pdf.

¹⁴ This refers to the Medical Foundation Medico-Legal Report Service and the Helen Bamber Foundation.

¹⁵ Home Office, Asylum Policy Instruction, *op cit.*, 3.1. As explained in our 'Methodology Employed in the Preparation of Medico-Legal Reports', 'Freedom from Torture doctors are mainly general practitioners, so their prior training and practice give them a valuable breadth of experience in all medical fields. Some have additional specialist qualifications and experience in fields such as paediatrics, dermatology, gynaecology and psychiatry. Victims of torture may have physical and psychological symptoms affecting many medical systems of the body, so a generalist approach is vital to their assessment'. See Freedom from Torture (formerly Medical Foundation for the Care of Victims of Torture), *Methodology Employed in the Preparation of Medico-Legal Reports on Behalf of the Medical Foundation*, June 2006, page 6, available at: <http://www.freedomfromtorture.org/system/tdf/documents/methodology%20mlr.pdf?file=1&type=node&id=5175>.

¹⁶ Istanbul Protocol, *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, United Nations New York & Geneva (2004). Freedom from Torture, *Methodology, op cit.*

torture. Previous clinical diagnoses and treatment of physical or psychological ill-health arising from torture, where known, are also considered as part of the overall clinical assessment. Lesions attributed to torture are differentiated - by the patient themselves and independently by the doctor - from those with a non-torture attribution such as accidental injury, self-harm or a medical intervention such as surgery.

Doctors will consider the possibility of fabrication in assessing the narrative and in reaching their conclusions will seek to establish the degree of congruence between the given narrative, other available evidence (such as physical evidence of torture or any external diagnoses or treatment) and the psychological presentation.¹⁷

The Istanbul Protocol emphasises that while the presence of evidence provides positive corroboration of an account of torture, its absence or limited presence does not prove that torture, or a particular method of torture, did not take place.¹⁸ Similarly, the ‘strength’ of evidence of torture that can be documented does not necessarily correlate to the ‘severity’ of the torture that was perpetrated or to the extent of its impact on the individual.¹⁹

Level of detail - data available for research

The level of detail about any particular aspect of the experience of detention and torture requested by a doctor, or reported by an individual, during the MLR documentation process will vary from person to person. This is due to the nature of torture itself and the distress experienced when a person is asked to recall traumatic memories.

...It must be remembered that the very process of human rights documentation may conflict with the needs of individual survivors. Recounting the

*details of a traumatic experience may trigger an intense reliving of the event and, along with it, feelings of extreme vulnerability, humiliation and despair.*²⁰

Psychological responses such as avoidance and dissociation - that can occur at the time of torture and/or during recall - and the way that traumatic memories are stored and recalled will all affect a person’s retelling of their experience (see 3.4.4. for details on psychological responses to torture).²¹ Whether the person was subjected to forms of sensory deprivation or rendered unconscious will also affect their memory of key events, as will the current health of the individual. For example sleep deprivation and poor diet will negatively affect concentration, as will depression.²² In addition, ‘...culturally determined attitudes to taboo topics, culturally determined expectations regarding confidentiality ... feelings of shame and corresponding assumptions about other people’s judgements ... and lack of trust’ are all important factors making disclosure more difficult for survivors of torture, especially sexual torture.²³

An experienced doctor at Freedom from Torture made the following observations in our publication *Rape as a Method of Torture*, noting that ‘any list of the abuses suffered by our clients is almost certainly incomplete’: ‘... Questions about the torture and the circumstances of detention are very distressing for our clients. They may have begun to cope with their memories and their confidence may be returning, yet in the interview they are asked to describe the finest details of what was done to

20 Burnett A., and Adlington, R., ‘Sexually Transmitted Infections as a Consequence of Rape’, in Peel, M. (ed), *Rape as a Method of Torture* (2004), page 153, available at: <http://www.freedomfromtorture.org/document/publication/5191>. See also Physicians for Human Rights and Human Rights First, *Leave no Marks, Enhanced Interrogation Techniques and the Risk of Criminality*, August 2007, available at <http://physiciansforhumanrights.org/library/reports/leave-no-marks-report-2007.html>.

21 See Herlihy J., and Turner S.W., ‘The Psychology of Seeking Protection’, *International Journal of Refugee Law*, (2009) 21 (2): 171-192.

22 See Freedom from Torture, *The Poverty Barrier: The Right to Rehabilitation for Survivors of Torture in the UK* (2013), for discussion of poverty, including chronic insecurity, poor housing conditions and inadequate diet, experienced by survivors of torture in the UK and its impact on their mental and physical health. Available at: <http://www.freedomfromtorture.org/document/reports/7466>.

23 Herlihy and Turner, *op cit.*, page 184 at paragraph 4.4.

17 *Istanbul Protocol, op cit.*, paragraph 287 vi. See also Home Office, *Asylum Policy Instruction, op cit.*, 3.3: ‘Foundation clinicians can be assumed to have considered the possibility of ‘a false allegation’ of torture in forming a clinical view as this is required by the Istanbul Protocol: Paragraphs 105(f) and 287(vi) require the report writer to consider whether the clinical picture suggests a false allegation of torture.’

18 *Istanbul Protocol, op cit.*, paragraph 161.

19 *Ibid.*, paragraphs 157-159.



*them, by whom and how many times. Even the doctors who have long experience of writing medico-legal reports are cautious about probing these painful areas. Many patients are unable to speak of the acts done to them which they find unbearable to recall and impossible to put into words to a stranger and through an interpreter... Equally, the descriptions of how they were held captive and how they coped with their day-to-day needs for water and food, light, air and personal hygiene, and how they were affected by temperature and by episodes of ill health are never more than sketchy. For these reasons any list ... of the abuse suffered by those who have survived torture is representational rather than comprehensive.*²⁴

However, Freedom from Torture doctors also observe the potential therapeutic value for survivors of torture in giving their account and having someone bearing witness to their experiences: '*... It has been observed in numerous instances that thoughtful, careful testimony taking and examination has a major therapeutic effect on victims of torture. For many it is the first time that they find the words to describe their ordeals. Putting unspeakable torture into words is an important step in rehabilitation.*'²⁵

²⁴ See Clarke, P. 'Women Who are Raped', in *Rape as a Method of Torture*, *op cit.*, Chapter 3.

²⁵ Freedom from Torture, *Methodology*, *op cit.*, page 2 Testimony taking.

Survivor voices

The research study at the heart of this report is based on forensic evidence prepared by Freedom from Torture's specialist doctors, but we have also worked to facilitate direct input into the report by Sri Lankan torture survivors receiving treatment services at Freedom from Torture. We have done this by incorporating their testimony, including their views about the historical and current context in Sri Lanka and messages they wish the world to hear about their experiences as well as their hopes that those who tortured them will be held to account.

Survivors Speak OUT, an activist network run by and for former clients of Freedom from Torture, organised and co-led a number of workshops with Sri Lankan torture survivors in treatment with us to discuss the research and inform the development of the recommendations presented at the end of the report.

1. SURVIVOR PROFILE

The survivors whose torture is described in this report are all men and women from Sri Lanka who were detained and tortured at least once since the end of the conflict in May 2009. A third of these 148 people had also been detained at some point between the years 2002-9.

1.1. Age and sex

Of the 148 MLRs reviewed 125 were for men (84%) and 23 were for women (16%). The majority of men and women were aged 26-40 (98 people), though there were a number of younger men, aged 18-25 (35 people). A smaller number of men and women were aged 41-60 (14 people) and one man was aged 60+.

1.2. Ethnicity and religion

The overwhelming majority of the 148 people were of Tamil ethnicity; 139 people and 94% of all cases. Six people were of Sinhalese ethnicity and three described themselves as having mixed ethnicity.

The majority of those with Tamil ethnicity were Hindu (91 people, 65% of Tamil cases); the others were Christian (33, 24%) and Muslim (15, 11%). Four of the six people of Sinhalese ethnicity were Buddhists; one was Hindu and the other Christian. Of the three describing mixed ethnicity, two were Christian and one was Muslim.

Of the six people of Sinhalese ethnicity, four had an imputed association with the Liberation Tigers of Tamil Eelam (LTTE) and one was a voluntary supporter, which they reported had led to their detention, while the sixth was associated with another political organisation (the United National Party 'UNP'). Of the three people who were of mixed ethnicity, two had an LTTE association that led to their detention and one was also associated with the UNP (see 1.3).

1.3. Association with LTTE

The profile factor - other than ethnicity - that was reported by the vast majority of people to have led to detention and torture by state authorities was an actual or perceived association with the LTTE. Of the 148 people, 142 described an association with the LTTE at some level and/or said that they had been associated with the LTTE by the Sri Lankan authorities in some way (96% of all cases). The LTTE association related directly to themselves or to members of their family, or to both (see Figures 1 and 2). For some people the association was real and for others it was wrongly imputed to them by the authorities. Either way, this was the key factor that reportedly led to their eventual detention on one occasion or more.

Other than the 142 who were in some way associated with the LTTE, six people said they had been detained due to other profile factors, unrelated to the LTTE. Three of these were associated with a political opposition group (UNP); one had reported human rights violations and another was detained when found in possession of a documentary film revealing human rights violations committed by the Sri Lankan army at the end of the conflict in 2009. The sixth person was detained in connection with a family member who was reportedly an arms dealer.

These cases demonstrate that ordinary people of Tamil ethnicity with links to the LTTE - even where these links were minimal or at a relatively low level - as well as those for whom such links were merely suspected or were completely false, were detained and tortured and that the detention of people with these profiles has continued well into the post-conflict period.

Types of association with LTTE

Of the 142 people who were in some way associated with the LTTE, 51 had either been a member or had given different forms of support to the LTTE



at some point prior to being detained (35% of all cases; 24 members and 27 supporters). A further 42 people said they had been forcibly recruited to the organisation or had been forced to provide support to the LTTE at some point (28% of all cases; 29 forced recruits and 13 involuntary supporters).

However, 49 of the 142 people said that the authorities had imputed an association with the LTTE to them and had detained them on this basis (33% of all cases). Of these 49 people, just over half, had a family member who had been involved with the LTTE at some level, even though the person had no involvement themselves (25 people, 17% of all cases). However 24 others said that they had been wrongly associated with the LTTE by the authorities and had no connection with the organisation (16% of all cases). These 24 people are distinct from the six referred to above who were detained for reasons other than an association with the LTTE.

Family association with the LTTE

Just under half of all 148 people said that their family members had no connection with the LTTE (72 people, 49%). The other 76 people described

different forms of involvement of members of their family with the LTTE (51%). For most of these people at least one person in their family was a member of LTTE or had provided voluntary support at some point (60 people, 41% of all cases). A smaller number reported that family members were forcibly recruited or forced at some point to provide support to the LTTE (11 people, 7%). Five people reported that the authorities had wrongly associated a family member with the LTTE.

Among the 76 people who reported a family association with the LTTE, 25 had no connection themselves but had been detained on account of the actual or imputed activities of someone else in their family (see Figure 3). However, the other 51 people with a family connection to the LTTE said that they had also been involved in some capacity, either on a voluntarily or involuntarily basis. For all these people their detention was attributed to one or other or both factors, depending on the particular circumstances of the case.

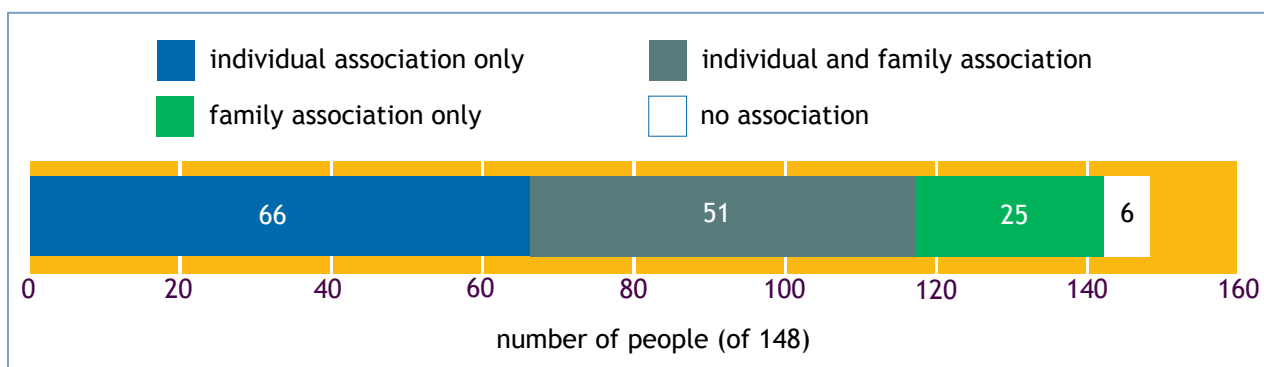
Figure 1: Associations with the LTTE (of 148)

Type of association with the LTTE	number of people	incidence (of 148)
member - voluntary	24	16%
supporter - voluntary	27	18%
member - forced recruit	29	20%
supporter - involuntary	13	9%
imputed association - family connection	25	17%
imputed association - no connection	24	16%
no association	6	4%

Figure 2: Family association with the LTTE

Types of family association with LTTE	number of people	incidence (of 148)
member - voluntary	43	29%
supporter - voluntary	17	11%
member - forced recruit	9	6%
supporter - involuntary	2	1%
imputed association - no connection	5	3%
no association	72	49%

Figure 3: Individual and family associations with the LTTE



Sixty-six people described an association with the LTTE that led to their detention, where there was no reported involvement of other members of their family with the LTTE.

Members and supporters of the LTTE

Those who described themselves as members or supporters of the LTTE had been recruited in a variety of ways, including through family and friends and through recruitment campaigns at schools and universities and in their communities. Some described becoming involved after they had been detained and tortured and others after family members had been killed by the Sri Lankan authorities or had suffered other human rights violations. Some people described becoming involved with the LTTE due to the desperate nature of the situation around them, especially during 2008-9 when the conflict intensified.

Some people said that they had undergone weapons and combat training as well as the physical and self-defence training that all LTTE recruits reportedly underwent, although no one in this sub-group said that they been involved directly in combat. Some said they had carried out support roles in the field of combat or in LTTE camps such as digging bunkers, carrying or transporting the wounded to safety, providing first aid, preparing food and carrying out guard duties. Others said they were involved with activities such as transporting food and other goods, running errands and delivering letters, making uniforms, fundraising, campaigning and intelligence gathering.

Of those people who described themselves as supporters of the LTTE some had carried out duties similar to those who described themselves as members; others had provided goods and services to LTTE members or had been involved in LTTE social and cultural activities.

Forced recruits and involuntary supporters

Some of the men and women who said that they were forcibly recruited attributed this to the LTTE requirement that one person from each family join the organisation. Some said that when the war intensified in 2008-9 and the LTTE became more desperate to recruit they abandoned the one person per family rule and forcibly recruited 'boys and girls of any age'. Some people said that even though one person from their family had already joined or been taken, they were also either compelled to join or to carry out support activities. Others said that while they had initially supported the LTTE on a voluntary basis carrying out a variety of tasks and roles as requested, they had subsequently been compelled to join the organisation and undergo training.

Of the forced recruits some, though not all, described being taken to camps where they received different forms of training and were held for months or even years. Some people were eventually allowed to go home or escaped. Others escaped at the end of the conflict when the camps were overrun by the Sri Lankan army. Only two people in this sub-group reported having been involved, against their will, in combat. The others said that they had



refused to engage in combat and were not forced to do so, or were excluded for health reasons. Some described attempting to escape rather than fight.

All forced recruits said they received physical and self-defence training and many were also trained to use weapons although they said they had not been forced to use them and most did not undertake full combat training. They were involved in a variety of other roles either in LTTE camps or in the community. Those held in camps described preparing food, cutting logs, digging bunkers and trenches, filling sand bags, transporting the wounded and dead from battle lines to field hospitals, treating the wounded, loading and transporting supplies and equipment, administrative duties and guard duties. Those working for the LTTE on an involuntary basis but living in the community described being involved in fundraising, transporting goods, delivering letters and other errands, supplying fuel and equipment, distributing food, supplying medicines, gathering intelligence and giving shelter to LTTE members.

Many of those who ended up working for the LTTE in some way said that they were living in LTTE controlled areas and that there was little choice.

Imputed association

People described multiple ways in which they had been wrongly linked to the LTTE by the Sri Lankan authorities, leading to their detention. As previously noted, for many people a member of their family was, or had been, involved with the LTTE in some

way and the authorities appeared to assume that they were also involved. Many other people reported that they only discovered that friends, acquaintances, work colleagues, employers and even family members were in some way connected to the LTTE when they were themselves detained and interrogated. They said that they were either assumed to be guilty by association with these people or that they had unknowingly carried out activities for the LTTE at the request of these others.

Some people had been involved in humanitarian or other voluntary sector work in the Tamil community, while others had been in some way critical of the government on human rights issues and it was assumed by the authorities that they were supporters of the LTTE. Other people who were living and working in Tamil and LTTE controlled areas were apparently considered to be LTTE supporters on this basis alone. Some people with businesses who were supplying goods and providing services to their communities said they were accused of providing goods (such as food and medicines) and services (such as telecommunications and transportation) to the LTTE, irrespective of the fact that if this had happened, it was unknowingly.

Figure 4: Incidence of torture on return from the UK among cases in this study

year of most recent detention	all cases detained in that year	cases with profile 're-turned from UK'	incidence among the cases detained in that year
2009	61	4	7%
2010	19	4	21%
2011	31	18	58%
2012	22	17	77%
2013	15	12	80%
all cases	148	55	37%

1.4. Torture on return to Sri Lanka from the UK

It is a striking feature of this study that more than one third of the people whose cases we reviewed were detained and tortured since the end of the conflict in 2009 after return from the UK (55 of 148 cases or 37%). Prior to return to Sri Lanka, most had been in the UK as students while a small number were in the UK on work visas or to visit family. Three people had claimed asylum.

Figure 4 (previous page) shows an increase in incidence among the cases reviewed of people who were detained at some point after returning from the UK, from 7% among those detained in 2009 to 80% among those detained in 2013, although it is acknowledged that when broken down by year the numbers are small.

Freedom from Torture has repeatedly voiced our concern about the risk of torture for Tamils returning to Sri Lanka from the UK who in the past had an actual or perceived association at any level with the LTTE but were able to leave Sri Lanka.²⁶ As noted elsewhere (see 2.1) findings relating to patterns of detention and torture in particular years are based on the relatively limited number of MLRs available for review and it is not possible to attribute statistical significance to them. However, and while other factors may be involved, **the findings described here do seem to indicate an ongoing risk of detention and torture for certain categories of Tamils returning to Sri Lanka from the UK, which may have increased in the last few years.**

²⁶ For example, 24 cases, including both MLR and treatment clients, with this profile were reported on in: 'Freedom from Torture briefing: Sri Lankan Tamils tortured on return from the UK', 13 September 2012, available at: <http://www.freedomfromtorture.org/document/briefing/8478>.

"We all escaped because of torture and after facing all this trouble we are at risk of being returned to this situation... It is very upsetting for me because my life could have ended in the camps. These feelings can only be explained by people who have had the fear. Now I have faced it" - Sri Lankan survivor of torture in treatment at Freedom from Torture talking about his experience of detention in the UK in late 2014 and his ongoing fear of removal to Sri Lanka

Profile of those detained on return from the UK

Most of this sub-group of 55 people had travelled to the UK as students or as dependents of students (47 people; 44 on student visas and 3 on dependent visas). A small number of others had travelled for employment or family visits (two and three people respectively). Many had been in the UK for years before returning to Sri Lanka; others for a shorter period. The majority had returned to Sri Lanka for what was meant to be a short visit (28 people). Most of the others had returned at the end of their planned stay in the UK or when they were unable to renew their visas (19 people). Five people had attempted to travel on to a third country when their UK visa expired and they were forcibly returned to Sri Lanka from another country en route.

Other than the 52 who had travelled to the UK as students, as dependents of students or for employment or family reasons, three people had made applications for asylum in the UK and had been forcibly removed to Sri Lanka when their claim was ultimately refused.²⁷

²⁷ One was removed in 2005 and although interrogated and threatened at the airport, was not detained at that time. This person was later detained in 2009 (at the airport), having been forcibly removed from a third country. Another was removed to Sri Lanka in 2011 and detained at a checkpoint six months later, at which point he was interrogated about attending demonstrations and other activities while in the UK. The third person was removed in 2012 and detained at the airport where he was questioned about his time in the UK.



Association with the LTTE

Among these 55 people a majority had some sort of connection with the LTTE in the past, whether this was as a member or supporter on a voluntary or involuntary basis (34 people, 62%). Ten of these 34 people also had LTTE connections through family members. All but one of the remaining 21 people had been accused by the authorities of an association with the LTTE because a family member or someone else connected to the person had been in some way involved ('imputed association'), as described at 1.3 (20 people, 36%). Only one person had no association with the LTTE and was detained on other grounds (association with a political opposition group) (see Figure 5).

These findings seem to indicate that a past connection with the LTTE, at whatever level and whether directly and/or through a family member or acquaintance, was at least a contributory factor in the detention and torture of 54 of the 55 people by the Sri Lankan authorities after return from the UK. The fact that they had returned from abroad and from the UK in particular may have attracted the attention of the authorities and contributed to their raised profile. Since the end of the conflict, the Sri Lankan government has repeatedly stated in international fora that it perceives there to be a continued threat of LTTE resurgence from outside Sri Lanka and has expressed particular concerns about the activities of Tamil diaspora communities in Europe (including the UK) and elsewhere.²⁸

28 See for example '112th Session of the Human Rights Committee, Consideration of Sri Lanka's 5th Periodic Report under the International Covenant on Civil and Political Rights, 7-8 October 2014, Information by the Government of Sri Lanka to questions raised by the Human Rights Committee, in addition to an earlier written response given by the Government of Sri Lanka to the 'List of Issues' and the Opening Statement of Leader of

"There are CID officers on every corner of every road in Sri Lanka; there are CID informants everywhere, they become friendly with families. These officers become very personal with local communities and that is how they find out whether people are visiting them from abroad. If anything happens in the family, the news easily gets to the Sri Lankan officials" - Sri Lankan survivor of torture in treatment at Freedom from Torture

Interval between return from the UK and arrest

Forty-eight of the 55 people who were detained following return from the UK were arrested within weeks of their arrival in Sri Lanka (87% of 55). Many of the 48 were arrested immediately at the airport following security checks (18 people). The majority of the others were picked up within a few days of their arrival - 22 people were arrested within seven days and six within 14 days; the other two were arrested within two to three weeks. All but five of these 48 people had travelled back to Sri Lanka in the years 2011-13, as shown in Figure 6 (43 people).

The other seven people reported a longer interval between their return from the UK and arrest: three were arrested 1-6 months later and four were arrested 1-4 years later (see Figure 6). Most of these people had returned to Sri Lanka in the years 2009-10.

the Sri Lanka delegation, available at http://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/LKA/INT_CCPR_AIS_LKA_18459_E.pdf.

Figure 5: Associations with the LTTE of those tortured on return from the UK

Profile - LTTE association	number	Incidence (of 55)
member or supporter - voluntary	(12 + 12) 24	44%
forced recruit or involuntary supporter	(5+5) 10	18%
imputed association	20	36%
no association	1	2%

Figure 6: Interval between return to Sri Lanka and arrest

interval between return and arrest	on arrival	1-14 days	2-3 weeks	1-6 months	1-4 years	Total
returned 2013	6	4	0	1	0	11
returned 2012	8	6	1	0	0	15
returned 2011	4	14	0	1	0	19
returned 2010	0	2	1	0	0	3
returned 2009	0	2	0	1	1	4
returned pre-2009	0	0	0	0	3	3
Total	18	28	2	3	4	55

As noted above, 18 people were detained directly from the airport on their return to Sri Lanka. Of the other 30 people who were arrested soon after arrival, having passed through the airport, 19 were picked up from their home address and seven others were ‘abducted’ by plain clothed security officials from the street. Two people were arrested at checkpoints, one following a street identification check and one when reporting at a local police station, as instructed by security officials at the airport.

Interrogation about the UK

The majority of this group of 48 people who were detained immediately or within weeks of return were questioned during interrogation about their reasons for being in the UK, their activities and/or their contacts in the UK, among other things (33 people, 69% of 48). Many people were accused of having attended particular protests and demonstrations while in the UK (21 people) and some were shown photographs taken at these events, which the authorities claimed identified them (11 people). Others were asked to give information about people in the UK and/or were accused of carrying out fundraising or other activities on behalf of the LTTE while in the UK. It is possible that other people were also interrogated about the UK and their activities there, since details related to interrogation were not included in all the MLRs (see Introduction, Level of detail - data available for research).

Involvement in political activity in the UK

Of the 55 people arrested at some point after return from the UK, 14 said that they had been involved in some form of low level political activity while in the UK (25%); 41 had not engaged in any such activity. In all 14 cases this consisted of attending lawful demonstrations and other protests related to the human rights situation in Sri Lanka and the treatment of civilians at the end of the conflict by the Sri Lankan authorities. A few people said they had also attended meetings and other activities related to Sri Lanka, though none said that they had been involved in what might be considered high level political activity. Of these 14 people, 12 were arrested either immediately at the airport or within a few days of their arrival in Sri Lanka. The other two were arrested two weeks later and one month later respectively. Of those seven people who were not arrested at the airport, four were arrested from home, three were abducted from the street and one was arrested at a checkpoint. All 14 people were questioned during interrogation about their activities in the UK and thirteen of them were questioned specifically about attending protests and demonstrations. In eight of the 13 cases they were shown photographs or video footage of people attending demonstrations in the UK, which the Sri Lankan authorities claimed identified them.



Previous detention

Fourteen of the 55 people had a history of detention in Sri Lanka related to a real or imputed association with the LTTE prior to travelling to the UK (25%). Only three of these people had subsequently participated in protests, demonstrations or other political activities while in the UK. Eleven of the 14 were arrested immediately at the airport on return. The other three were arrested within days of their return, from home or from the street (see Figure 7 below).

As Figure 7 shows, five people who were previously detained before 2009 had returned to Sri Lanka two or three years after the end of the conflict but were nonetheless arrested either at the airport on their return, or a few days later from their home.

The other nine people had all been detained in 2009 before travelling to the UK. When they returned to Sri Lanka between two and four years later, well into the post-conflict period, all but one was arrested immediately at the airport. The other was abducted from the street less than two weeks later.

Figure 7: Previous detention and arrest on return to Sri Lanka

year of previous detention	year of return	interval between previous detention and return	interval between return and arrest	where arrested
pre-2009	2011	2 years +	immediately	airport
pre-2009	2011	2 years +	immediately	airport
pre-2009	2011	2 years +	4 days	home
pre-2009	2012	3 years +	7 days	home
pre-2009	2013	3 years +	immediately	airport
2009	2011	2 years	11 days	street
2009	2012	3 years	immediately	airport
2009	2012	3 years	immediately	airport
2009	2012	3 years	immediately	airport
2009	2012	3 years	immediately	airport
2009	2012	3 years	immediately	airport
2009	2013	4 years	immediately	airport
2009	2013	4 years	immediately	airport
2009	2013	4 years	immediately	airport

2. DETENTION CONTEXT

Torture in all 148 cases was reported to have been perpetrated in detention by state actors including the Sri Lankan military and/or branches of the police and intelligence services such as the Criminal Investigation Department (CID) or the Terrorism Investigation Department (TID).

Torture was practised in a variety of state-run facilities in Colombo and in different regions of Sri Lanka including but not limited to the Northern and Eastern provinces. Many detainees were moved around between army camps, CID/TID facilities and unknown/undisclosed locations as well as conventional police stations, prisons, camps for Internally Displaced People and so-called 'Rehabilitation Centres'.

2.1. Year of detention

As noted in the Introduction, MLRs were selected for this study only on the basis that i) Freedom from Torture had prepared the MLR ii) the person was detained and tortured in 2009 onwards (with torture taking place after May 2009) and iii) they gave consent for their MLR to be used for research. It is not possible to infer the overall prevalence of detention and torture in Sri Lanka in a given year from the number of MLRs available to Freedom from Torture for research. Many factors may influence referral patterns to Freedom from Torture, only one of which will be the prevalence of detention and torture in the country that year. The lack of reliable information relating to detention in Sri Lanka and the lack of statistics for people seeking asylum in the UK disaggregated by those who

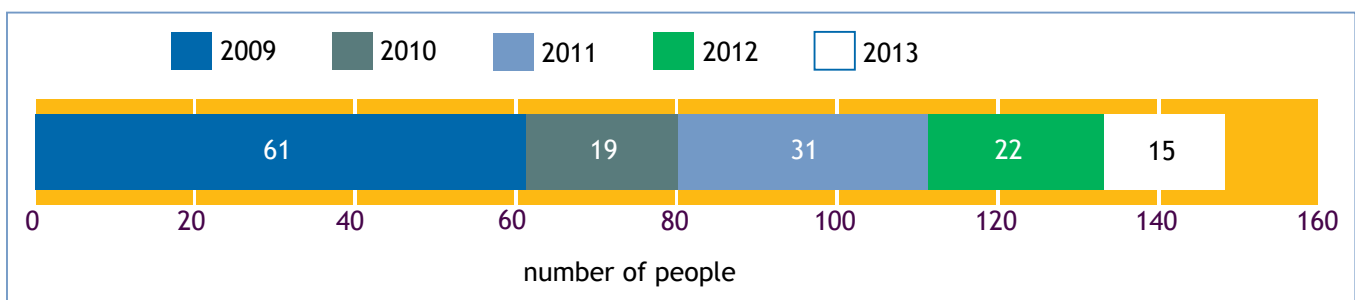
have been tortured and the year in which they were detained also makes it difficult to make statistical inferences from these cases to a wider population.

However, while findings related to patterns of torture in particular years are based only on the MLRs reviewed, they do demonstrate that people have been detained and tortured in each of these years. Furthermore, the patterns and treatment described in these cases may indicate what happened to others also detained in that year.

The number of people detained in each of the years 2009-13 is shown in Figure 8 below. Among the 148 people, 61 were detained in 2009 at the end of the conflict or in the months that followed. The numbers of people detained in each of the years 2011-13 ranged from 15-31, with the largest number having been detained in 2011. The most recent date of detention among these cases was September 2013. MLRs for people detained in 2014 were not yet available for research. (As explained in the Introduction, we have continued to receive referrals and are in the process of documenting or treating many survivors of torture who were detained and tortured in Sri Lanka more recently).

A third of all 148 people had also been detained prior to the end of the conflict during 2002-9 (49 people 33%). Most of these were detained again once in the post-conflict period, although five were detained twice before finally leaving the country. (See Annex for information about torture patterns in relation to the year of detention).

Figure 8: Number detained in each of the years 2009-13 (of 148)





2.2. Repeated detention

The majority of people were detained once since 2009 (122 people, 82%). However 26 of the 148 people were detained on more than one occasion since 2009. Of those 26, 20 were detained twice, five were detained three times, and one individual was detained on four occasions during the post-conflict period. In total among the 148 people, 181 episodes of detention were reported for the period 2009-13.

2.3. Reason for detention

As described at 1.3 the reason for detention for the majority of people, irrespective of the year in which they were detained, was reported to be a real or imputed association with the LTTE. Time spent in the UK appears to have been an additional factor that drew the attention of the authorities. A small number of people were detained due to (non-LTTE related) political activity or other reasons (see 1.3).

2.4. Place of arrest and detaining authority

The largest number of people described being arrested from their own home - 56 detention episodes. There were an additional five episodes where people were arrested from the home of relatives or friends. Together these represent a third of all 181 detention episodes (34%).

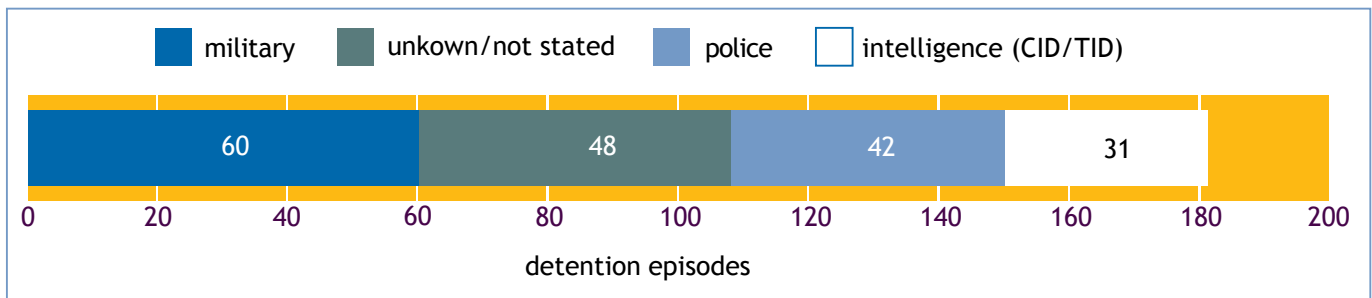
Bearing in mind that some were detained more than once, most other people reported being arrested i) from the airport (27 episodes), ii) from the street (26 episodes) or iii) during the end stages of the conflict when the Sri Lankan army overran areas previously controlled by the LTTE (24 episodes). A further 11 people were arrested from a check-point during at least one detention episode. Many of them described having been identified to the authorities by someone at the checkpoint.

Other places from which people reported being arrested included their workplace, medical facilities, a train station and a police station (during reporting following a previous detention).

The arresting authority for the largest number of detention episodes was the military (60 episodes). However many people identified police or intelligence officers (mostly described as CID, a few described as TID or Special Task Force) as the detaining authority (42 and 31 of the detention episodes respectively). Many other people said the arresting official could not be identified as they were not wearing uniform (though they were armed); for other people this information was not recorded (together 48 episodes) (see Figure 9).

Those detained by unidentified non-uniformed officials, as well as some of those who said they were detained by the CID, described a form of abduction by armed men from the street or their homes, who blindfolded or hooded them and took them in 'white vans' to unknown locations.

Figure 9: Detaining authority reported in 181 detention episodes



“... He was returning from a trip to purchase items for his shop in his van. Another van pulled in front of his van, forcing it to stop. He got out of the van to find out what was happening and was dragged into the other van. There were four guards in the van but no other civilians. He was slapped on the face and blindfolded and his hands were tied. He was driven for approximately two and half hours. He did not know where he was taken.” (MLR excerpt)*

“... A few days after being home with his family several men knocked on the door in the night. The men swore in Sinhalese and were dressed in civilian clothing. They did not state who they were. The men were armed with automatic rifles and at least one pistol. His identity card was taken. He was dragged out of the house and his wrists were secured behind his back with handcuffs. The men pushed him onto the floor of a white minibus. Two of the men sat with their feet on him. A blindfold was then put over his eyes so he was unable to see anything. Eventually the vehicle stopped. He was dragged along the floor by the handcuffs and placed in a hot room that smelt of blood and excrement. The blindfold was removed.” (MLR excerpt)

* All MLR excerpts are taken from MLRs prepared by Freedom from Torture doctors and included in this study. Where necessary potentially identifying details have been omitted and/or wording has been changed in order to preserve anonymity. MLRs from which excerpts have been taken are identifiable to the researcher only.

2.5. Detained from the airport

A total of seventy-one people said that they had travelled or lived abroad before returning to Sri Lanka, where they were subsequently detained. Of these 71 people, 27 reported being arrested

and detained from Colombo airport on return to the country (18% of all 148 cases and 38% of those returning from abroad). As described at 1.4, 55 people had returned from the UK before being detained; twenty of these were arrested and detained from the airport. Twenty-one people had travelled abroad to other countries (with five people having travelled to both the UK and other countries), of whom nine reported being arrested on return at the airport.

2.6. Place of detention

2.6.1. Location of detention facilities by district

Information about the incidence of detention in particular locations in the country was recorded. Ten districts in the Northern, Eastern, Western, Southern and Central provinces of Sri Lanka were identified as potential locations of detention on the basis of previous research by Freedom from Torture.²⁹ These districts and their respective provinces were: Colombo (Western), Jaffna, Kilinochchi, Mannar, Mullaitivu, Vavuniya (Northern), Batticaloa, Trincomalee (Eastern), Galle (Southern) and Kandy (Central). Of the 148 people, 118 were detained for at least one episode in a facility in one of these districts. The other 30 people were detained either in a different district, subsequently identified as Gampaha (Western), Ampara (Eastern), Puttalam, Kurunegala (North Western) and Anuradhapura (North Central), and/or in an unknown location (see Figure 10).

It should be noted that some people reported being held in more than one detention facility during a particular detention episode and some were detained more than once since 2009. In the 181 reported episodes of detention there were 202 detention ‘incidences’, where an ‘incidence’ refers to the person being detained in one location. Some detention episodes therefore consisted of two or more ‘incidences’.

The majority of the detention episodes in the 2009-13 period occurred in Colombo and Vavuniya

²⁹ Freedom from Torture, *Out of the Silence, op cit.*, pages 9-10.



Districts (Western and Northern provinces), although many also occurred in unknown locations. People described being taken either immediately or after an initial period of detention to an unknown detention facility. For some this was described to be near the place of original arrest; other people described being driven for a matter of hours before reaching the place of detention.

The use of detention facilities in Vavuniya is particularly high among those who were detained and tortured in 2009. Large numbers of Tamil civilians were rounded up by the Sri Lankan Army in the Northern province during the end of the civil war in April and May 2009 and many of the people whose cases were reviewed described having been detained during this period. Places of detention that were located in Vavuniya and described by these people include: Menik farm, Joseph Camp, Omanthi and Negombo prison.

The use of detention facilities in Colombo was also high during 2009, although this is not necessarily indicative of where people were originally arrested since many people described being driven long distances before reaching their place of detention, or being moved from one facility to another following interrogation and torture. Facilities in Colombo such as Welikada prison and the CID headquarters

(‘4th floor’) were used as a place of detention and torture in all of the years 2009-13. By contrast few people were detained in facilities in Vavuniya in 2012-13. The other district with a relatively high number of detention episodes reported in most of the years 2009-13 is Galle, where Boossa prison is located.

The use of unofficial facilities is reported in every year, 2009-13.

2.6.2. Named detention facilities

Ninety-seven of the 148 people were able to name at least one of the places where they were detained and tortured; some people named more than one facility. Figure 11 (following page) shows named facilities with more than one reported detention episode and the number of reported episodes for each of them. The Criminal Investigation Department Head Quarters in Colombo (also known as ‘4th Floor’) and Boossa Prison in Galle had the largest overall number of incidences of detention and torture. Joseph Camp, Menik Farm, Omanthai, Chettikullam Camp and Verpankullam were all IDP camps in Vavuniya District used by the Sri Lankan Army during and after the war. Negombo Prison in Gampaha District and Welikada Prison in Colombo also

Figure 10: Location of detention facilities and number of reported detention episodes

district	province	number of episodes
Colombo	Western	57
Gampaha	Western	5
Jaffna	Northern	6
Kilinochchi	Northern	3
Mannar	Northern	2
Mullaitivu	Northern	3
Vavuniya	Northern	36
Batticaloa	Eastern	8
Trincomalee	Eastern	5
Galle	Southern	15
Kandy	Central	1
Other districts	N Central, N Western, Eastern	10
Unknown	Unknown	30
		181

Figure 11: Detention facilities (more than one episode of detention)

name of detention facility	district	province	episodes
Boossa Prison	Galle	Southern	13
CID Building (4th Floor)	Colombo	Western	13
Welikada Prison	Colombo	Western	10
Joseph Camp	Vavuniya	Northern	9
Menik Farm	Vavuniya	Northern	8
Omanthai	Vavuniya	Northern	5
Negombo Prison	Gampaha	Western	5
Chettikullam Camp	Vavuniya	Northern	4
Verpankulam	Vavuniya	Northern	3
Wellawette Police Station	Colombo	Western	2
Mirihana Police Station	Colombo	Western	2
Panagoda Army Base	Colombo	Western	2
TID Building	Colombo	Western	2
Nelukallam Camp	Vavuniya	Northern	2
Maruthane Police Station	Mullaitivu	Northern	2
Kurunegale police Station	Kurunegale	North Western	2
Anarudapura Army Camp	Anuradapura	North Central	2

Figure 12: All named detention facilities

Military facilities	District	Province	Police stations	District	Province
Manthikai Camp	Jaffna	Northern	Jaffna Police Station	Jaffna	Northern
Mugamalai Camp	Jaffna	Northern	Maruthane Police Station	Mullaitivu	Northern
Nagar Kovil Camp	Jaffna	Northern	Batticaloa Police Station	Batticaloa	Eastern
Wiswamadu	Mullaitivu	Northern	Dehiwala Police Station	Colombo	Western
Joseph Camp	Vavuniya	Northern	Kochikadai Police Station	Colombo	Western
Menik Farm	Vavuniya	Northern	Wellamptiya Police Station	Colombo	Western
Omanthai	Vavuniya	Northern	Kotahena Police Station	Colombo	Western
Puthukullam Camp	Vavuniya	Northern	Kirulapone Police Station	Colombo	Western
Poonthottam Camp	Vavuniya	Northern	Wellawette Police Station	Colombo	Western
Paratkulam Camp	Vavuniya	Northern	Mirihana Police Station	Colombo	Western
Maruthamadu Camp	Vavuniya	Northern	Kurunegale police Station	Kurunegale	N-Western
Chettikullam Camp	Vavuniya	Northern			
Verpankulam	Vavuniya	Northern	Intelligence facilities	District	Province
Nelukallam Camp	Vavuniya	Northern	CID/TID Building (4th Floor)	Colombo	Western
Plaintain Point	Trincomalee	Eastern	Borella Interrogation Centre	Colombo	Western
Kanniya	Trincomalee	Eastern			
Kaluvanchikudi	Batticaloa	Eastern	Prisons	District	Province
Green Road	Batticaloa	Eastern	Welikada Prison	Colombo	Western
Karaitivu Camp	Batticaloa	Eastern	Negombo Prison	Gampaha	Western
Kattankudy	Batticaloa	Eastern	Boossa Prison	Galle	Southern
Puttalam Camp	Puttalam	N-West	Kandy Prison	Kandy	Central
Panagoda Base	Colombo	Central			
Anarudapura Camp	Anuradapura	N-Central			



had several incidences. Of the detention incidences at Menik Farm, three were reported to have taken place at Zone 1 (Ananda Kumarasamy) and three at Zone 3 (Arunachalam Village). One took place at Zone 4 and in the other case the exact location is not specified.

Figure 12 (previous page) shows all the named detention facilities by type - army camps, police stations, prisons and intelligence facilities - and location, including district and province.

2.6.3. Type of detention facility

Types of detention facility were broadly categorised for data collection purposes as: military, police, intelligence, prison, unofficial, and security forces unspecified (when it was unclear or unstated which branch of the security services ran the detention facility).

As indicated in Figure 12 and Figure 13, military facilities (including IDP camps) were most frequently used to detain people. They were reported to have been used in 30% of the detention incidences. The military camps were almost all located in the Northern and Eastern provinces, though three named camps were located in the North Western, North Central and Central provinces.

Police stations, intelligence facilities and prisons were also commonly reported to have been used. The main intelligence facility and most of the police stations were located in Colombo, but others were in the Northern, Eastern and North-Western provinces.

Of the 29 people detained in prisons, 28 were held at Boossa, Welikada or Negombo prisons in the Western and Southern provinces respectively. However, many people did not specify the type of detention facility they were held in.

Twenty-nine people reported being taken to an unofficial detention site from their original place of detention such as an IDP or other army camp, or directly following abduction by plain-clothed officials (so called 'white van' abductions).

Unofficial detention sites included houses and other buildings and derelict or ad hoc structures in remote areas. Many were reported to be located in or near Colombo or in Vavuniya, though most people had no idea where they were taken as they were blindfolded and often driven considerable distances from the place where they were originally detained or abducted.

As described, the majority of detention episodes took place in the Northern, Eastern and Western

Figure 13: Incidence of detention in different types of facility

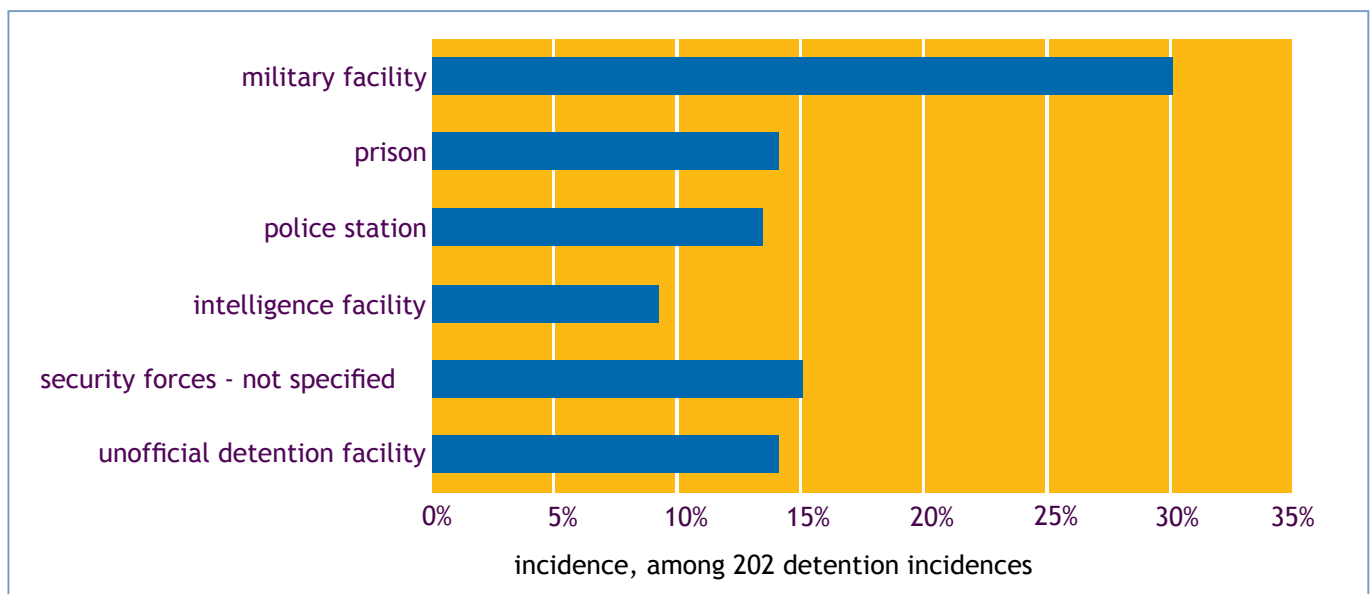


Figure 14: Use of torture in detention facilities by district, where ‘Y’ indicates that the torture method was reported and ‘N’ indicates that the torture method was not reported

Location	beating	sexual torture	rape	burning	forced positioning	asphyxiation
Batticaloa	Y	Y	Y	Y	Y	Y
Colombo	Y	Y	Y	Y	Y	Y
Galle	Y	Y	Y	Y	Y	Y
Jaffna	Y	Y	Y	Y	Y	Y
Kandy	Y	Y	Y	N	N	N
Kilinochchi	Y	Y	Y	Y	Y	Y
Mannar	Y	Y	Y	Y	Y	N
Mullaitivu	Y	Y	N	Y	Y	Y
Trincomalee	Y	Y	Y	Y	Y	Y
Vavuniya	Y	Y	Y	Y	Y	Y
Other	Y	Y	Y	Y	Y	Y
Unknown	Y	Y	Y	Y	Y	Y

Figure 15a: Use of torture in detention facilities by type of facility, where ‘Y’ indicates that the torture method was reported

type of facility	beating	sexual torture	rape	burning	positional torture	asphyxiation
intelligence facility	Y	Y	Y	Y	Y	Y
police station	Y	Y	Y	Y	Y	Y
prison	Y	Y	Y	Y	Y	Y
unofficial facility	Y	Y	Y	Y	Y	Y
not specified	Y	Y	Y	Y	Y	Y
military facility	Y	Y	Y	Y	Y	Y

Provinces, which is unsurprising given demographic and other profile factors. **However, it is notable that episodes of detention and torture occurred in state facilities of different types located in 15 districts and seven of the nine provinces of Sri Lanka. These findings indicate that torture is widespread in state detention and occurs in facilities throughout the country under the control of the military, police and intelligence services.**

2.6.4. Use of torture in detention facilities, by district and type

As Figure 14 shows, beating and sexual torture were reported to have been perpetrated in detention facilities in all districts in which people were detained, while rape was reported to have been perpetrated in detention facilities in all but one

district (Mullaitivu). Similarly, burning and forced positioning, including suspension, were reported to have taken place in all districts other than Kandy and asphyxiation in all districts other than Kandy and Mannar.

Evidence from these 148 cases shows not only that torture - including beating, burning, sexual torture, forced positioning and asphyxiation - is prevalent across Sri Lanka, but also that it is perpetrated in many different types of detention facility. The evidence in these cases implicates Sri Lanka’s military forces and police and intelligence sectors in an apparently widespread practice of torture in military camps, police stations, prisons, intelligence facilities as well as in unofficial facilities. See Figures 15a and 15b.



Figure 15b: Use of torture in specific detention facilities, where ‘Y’ indicates that the torture method was reported

place of de-tention	beating	sexual torture	rape	burning	positional torture	asphyxiation
CID 4th Floor	Y	Y	Y	Y	Y	Y
Boossa Prison	Y	Y	Y	Y	Y	Y
Welikada Prison	Y	Y	Y	Y	Y	Y
Joseph Camp	Y	Y	Y	Y	Y	Y
Menik Farm	Y	Y	Y	Y	Y	Y

2.7. Violation of due process rights

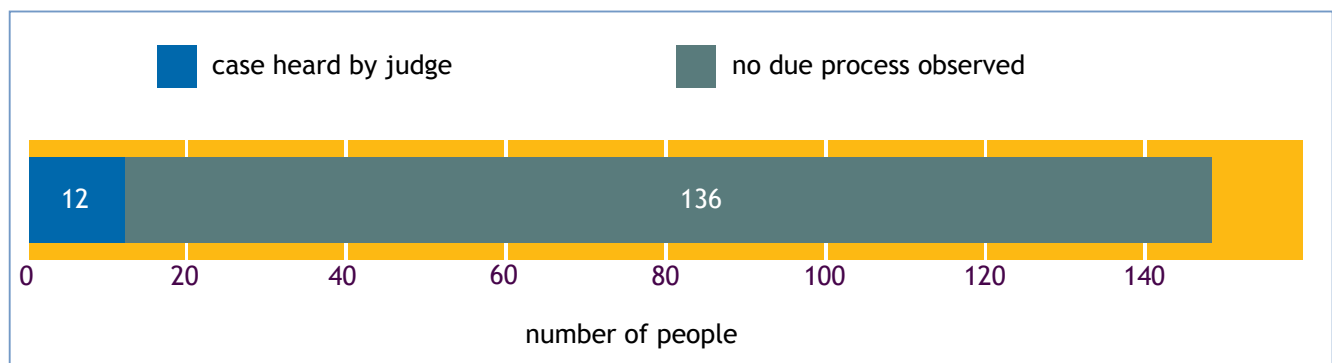
One hundred and thirty-six of the 148 people were detained without observance of any due process rights (92%). For example there was no formal charge or sentencing, no access to legal representation, no hearing before a judge, no official notification to family members and no access to an independent medical examination.

“If someone is arrested they should be handed over to the court; when a Tamil person gets arrested they get taken to the secret camps and they get tortured, tortured, tortured and many people die there. If the government charges them and takes them to court it will become known to the media, the government wants to avoid this” - Sri Lankan survivor of torture in treatment at Freedom from Torture

Twelve (8%) people reported appearing before a judge but for most no other due process rights were observed. For example, only three of these 12 said they had access to legal advice or representation and only two said they were formally charged with an offence. The charges related to i) allegedly assisting someone associated with the LTTE (the person reported no knowledge of the activities of their friend or their association with the LTTE) and ii) attending a demonstration in London (it is not clear what the charge was). The first person was sent to a rehabilitation camp and the other was fined and released on bail with reporting requirements. This latter person was subsequently detained with no due process rights observed. The only other person who had access to a lawyer and a hearing before a judge was also released on bail with a fine and also subsequently detained, this time with no observance of due process rights.

Others who said that they had been taken from detention to attend some form of hearing in front of a judge, often alongside other detainees, did not have legal representation and the hearings

Figure 16: Cases heard by a judge and those where no due process rights were observed



invariably ended in adjournments. One person said that she was informed that she had been tried in absentia and sentenced to three months in detention pending an investigation.

Interrogation and forced ‘confession’

More than a third of people were forced to sign documents after being tortured (50 people, 34% of all cases). For most these ‘confessions’ or statements were written in a language they did not understand (Sinhalese) or they were blank sheets of paper. Furthermore, twenty people said that they were forced to inform on or to identify others (14%) (see section 3.2).

2.8. Detention conditions

Very poor detention conditions were reported by the 148 individuals as follows:

- **Solitary confinement**

The use of solitary confinement was highly prevalent in all types of detention facility, with one hundred and three people reporting that they were confined alone for prolonged periods (70% of cases).

- **Denial of access to adequate food and water**

Ninety-three people reported the denial of adequate food and water during their detention including being given rotten and fouled food, in quantities insufficient to prevent hunger and to meet even basic nutritional requirements (63% of all cases). Proportionately more of those held in police detention and in unofficial detention facilities reported these conditions compared to those detained in other types of detention facility (76% of those detained in police detention and in unofficial detention facilities).

- **Small cell or overcrowded cell**

Sixty people described being detained in cramped conditions in a small cell and 17 were kept in an overcrowded cell (41% and

11% of cases). Small cells were reported to have been used in all types of detention facility, but the majority of those held in overcrowded conditions were detained in prison.

- **Denial of light or constant darkness**

Seventy people reported that there was little or no light in their cell. Some were kept in conditions of constant darkness for protracted periods (47%). This was most commonly reported among those held in intelligence facilities, although it was reported to be relatively common in all types of detention facility.

- **Unsanitary conditions and poor toilet facilities**

Eighty-five people reported irregular or no access to toilet facilities and described conditions where detainees were forced to urinate or defecate in their cells (58%). For some, toilet facilities were provided but were inadequate, for example a bucket or bottles in cells. Poor sanitation was common in all types of detention facility though most frequently reported by those held in prisons.

- **Access to medical treatment**

The overwhelming majority of people did not report access to medical treatment whilst in detention.



As Figure 17 shows, poor detention conditions were widespread irrespective of where the person was detained. Use of small and inadequate cells and the denial of light was commonly reported by those detained in facilities in Vavuniya. The use of solitary confinement, though highly prevalent overall, seems to have been slightly more prevalent in detention facilities in Colombo.

2.9. Duration of detention

As Figure 18 below shows, most detention episodes were six months or less in duration and many of these were less than a month in duration (together 68 people, 46%). As described below, most people reported escaping from detention when a family member was able to locate them and bribe an official or through other means (see section 2.10).

Nineteen people were detained for more lengthy periods of between one and three years (13%). Most of these were held in military camps with a smaller

number held in prisons and two people in unofficial detention sites. Most of these detention facilities were located in Vavuniya, with a smaller number in Colombo and in Galle (prisons). For all but one of these people no due process rights were observed.

2.10. Escape or release from detention

One hundred and five of the 148 people said they were only able to secure release from their latest episode of detention after family members had located them and were able to bribe officials to secure their release (71% of all cases).

“The people, who cannot pay a bribe, get tortured and die eventually or are executed.” - Sri Lankan survivor of torture in treatment at Freedom from Torture

Figure 17: Detention conditions (most recent episode)

Detention Conditions	detained in Colombo	detained in Vavuniya	all 148 people
solitary confinement	74%	67%	70%
small/inadequate cell	33%	47%	41%
overcrowded cell	11%	0%	12%
denial of adequate food and/or water	58%	58%	63%
unsanitary conditions/poor toilet facilities	61%	47%	58%
denial of light/constant darkness	47%	64%	47%

Figure 18: Duration of detention (most recent episode)

duration of detention (most recent episode)	number of people	incidence
< 1 week	18	12%
< 1 month	50	34%
1-3 months	26	18%
3-6 months	21	14%
6-12 months	14	9%
1-2 years	17	12%
3-4 years	2	1%
	148	100%

“... After seven days, the men came into his room and said, ‘Do you want to go out?’ He was terrified, thinking ‘They are going to kill me.’ They blindfolded him and tied his hands, again using a cloth, and dragged him outside, and into a van. They drove for what he thinks was approximately 45 minutes and then stopped. He was told to ‘Get out and don’t look behind. Just go.’ His blindfold was taken off and he was pushed out. For a few minutes he could see nothing. When his eyes became accustomed to the light, he saw a petrol station ahead of him. He walked towards it, and then heard the horn of a vehicle behind him. When he turned, he recognised that it was his brother.” (MLR excerpt)

“... One day he was blindfolded and driven for about two and a half hours. At the destination he was met by members of his family, who had paid a bribe. The officer who handed him over said ‘if I ever see you again I will shoot you’. He knew this was a real threat as the officer was going to report that he was dead.” (MLR excerpt)

“... An army officer came to his cell and took him out blindfolded and handcuffed. He thought he was going to be killed. He was taken on a three hour drive and then released to a man who had been paid a bribe by his father.” (MLR excerpt)

“... On the following morning he was released. He had not been expecting this and thinks that his father paid a bribe to the police in order to get him released. Before he was released he had to sign a document but he does not know what the document said as it was in Sinhalese which he cannot read and (even if he had been capable of reading it) he was not given time to read it. Before he was released a policeman held a gun to his mouth and said that if he told anyone what had happened to him ‘we will kill you.’” (MLR excerpt)

A small number of other people said that they had managed to escape from detention either unaided or with the help of a sympathetic guard or other official (10 people, 7% of cases). More than a quarter reported having been released from detention in some way or another, though it is not clear if any formal process was involved (40 people, 27% of cases). Six of these 40 people had reported some minimal form of due process during their detention, including a hearing before a judge, some of whom said that they were eventually released on bail conditions, including payment of a fine and/or signing weekly at the local police station. Some others who were released said that this happened without explanation. For example they were simply taken out of the detention facility and driven to a location where they were released from the vehicle.



A Tamil who was tortured by Sri Lankan authorities (Photo: Will Baxter)

3. EVIDENCE OF TORTURE

The evidence of torture presented here derives from the medico-legal reports (MLRs) prepared by Freedom from Torture doctors for 148 Sri Lankan men and women, all of whom were detained and tortured in Sri Lanka since the end of the conflict in 2009 (see Introduction for details of the MLR documentation process and research process).

“The CID has a very particular torture methodology. The first method of torture by the CID is that they beat you on the soles of the feet, which is unbearable and breaks people; they also use another method where they put sand or cement into a pipe and beat you with it; there is usually a delayed reaction to this treatment. They have wires and nylon, which they twist around parts of your body. This leaves marks all over your body.” - Sri Lankan survivor of torture in treatment at Freedom from Torture

“... They also use suffocation where they shove your head into dirty water whilst being questioned or they use a method where they tie something to your neck and tighten it so you can't breathe. If they are still not satisfied with the answers then they increase the severity of the torture, including using heated iron rods to burn you. They put your head in between a wooden drawer and restrain you whilst they beat you and burn you or they restrain you by your neck and tie your hands. They also slam your fingers in drawers” - Sri Lankan survivor of torture in treatment at Freedom from Torture

3.1. Methods of physical torture

The torture documented in our MLRs is presented in summary below and in further detail for each method of torture. General detention conditions are discussed at 2.8 and the physical and psychological impacts of torture are discussed at 3.4.

Methods of ‘physical’ torture described by the 148 men and women included:

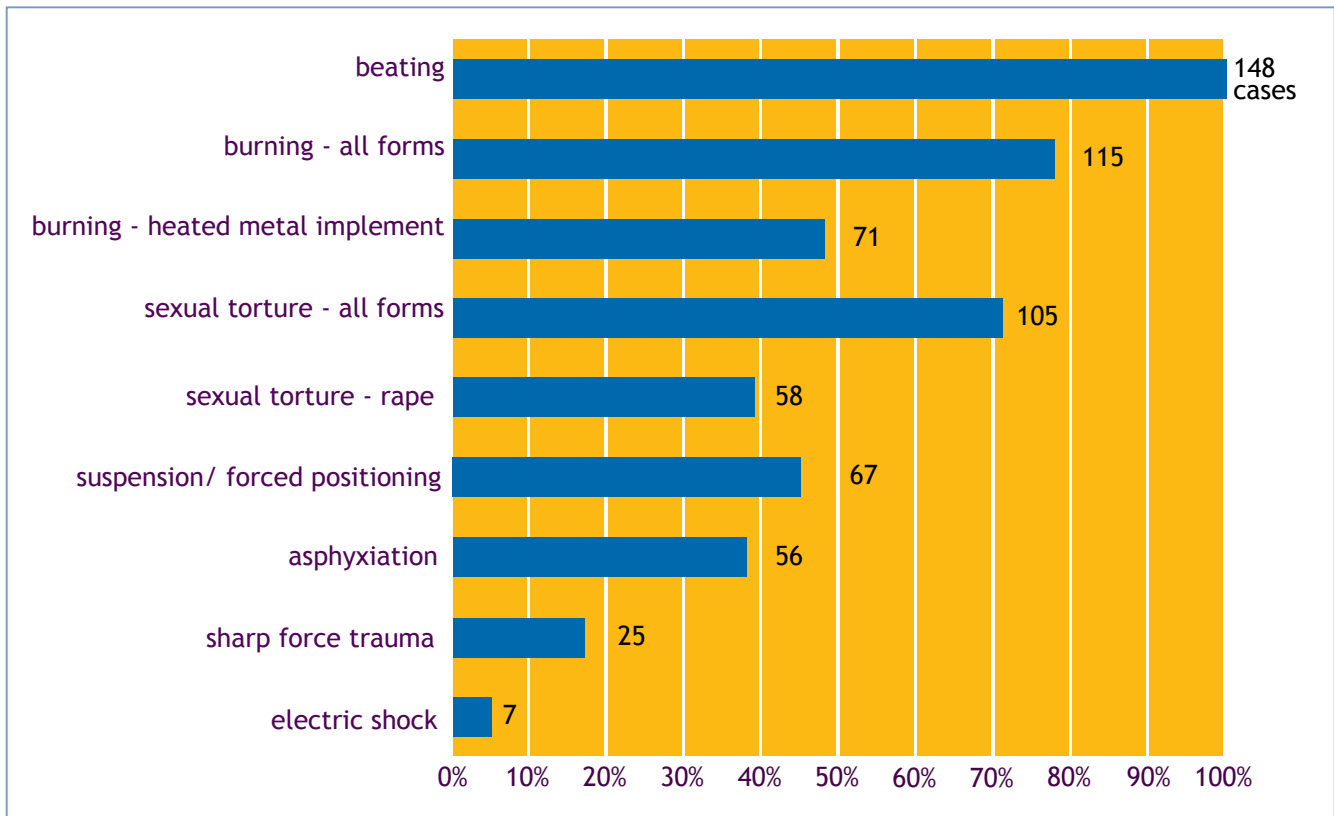
- **Beating**, assault and other forms of blunt force trauma in all 148 cases (100%);
- **Burning** including with cigarettes, heated metal and other implements in 115 cases (78%), of which 71 were burned with heated metal (48% of all cases);
- **Sexual torture** including rape, violent assault to genitals, sexual molestation and forced nakedness in 105 cases (71%), including rape in 58 cases (39% of all cases);
- **Suspension** and other forced positioning in 67 cases (45%);
- **Asphyxiation** in 56 cases (38%);
- **Cutting or stabbing** with sharp implements in 25 cases (17%); and/or
- **Electric shock**, in seven cases (5%).

3.1.1. Blunt force trauma - beating and other physical assault

All 148 men and women were subjected to blunt force trauma of various forms (physical trauma caused to a body part, either directly by assault with a blunt object or indirectly via forced impact with a solid surface such as a wall or floor) during interrogation sessions and while in their cell. People described being beaten with a variety of instruments on many parts of the body, including the soles of the feet (known as ‘falaka’) and the head, as well as being slapped, punched or kicked by their interrogators or guards.



Figure 19: Incidence of methods of torture across the 148 cases



Such beatings often took place concurrently with other forms of torture, including while the person was suspended or otherwise restrained in a stress position. Many people were beaten concurrently with rape or other forms of sexual torture, or while resisting sexual torture. The majority of those who disclosed sexual torture reported that, among other things, they were stripped naked during beatings and other torture (47% of all cases, 67% of the 105 people who disclosed sexual torture).

The blunt instruments used to beat and/or whip 90% of the men and women (133 people) included both rigid and flexible objects such as:

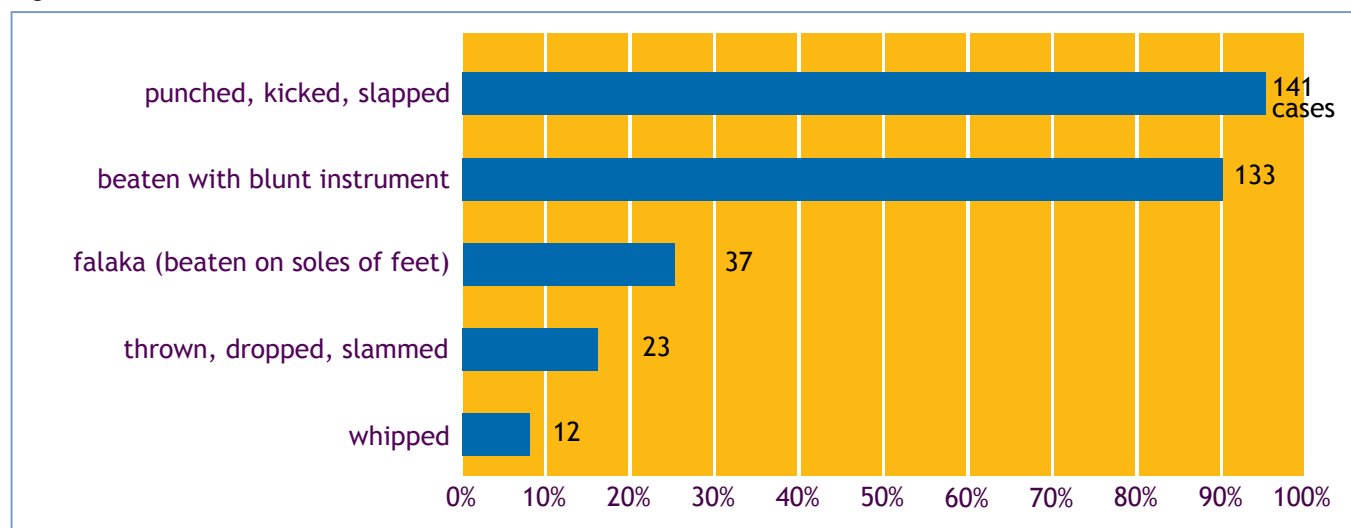
- Wooden stick or baton of various types;
- Stiff metal cable or rigid metal bar (rounded or flat);
- Plastic 'S-lon' pipe filled with cement, sand or mud;
- Rifle or pistol butt;

- Rubber baton or truncheon;
- Flexible cable or whip; and/or
- Palm stem or bamboo cane.

Other than beatings with such instruments, most of the 148 men and women (95%, 141 people) described being physically assaulted, usually repeatedly during their detention. This included being slapped, punched, trampled on, stamped on and/or kicked with heavy metal-capped boots on different parts of the body including their head, hands and feet knees, genitals, abdomen and back. Some reported being thrown to the floor or against the wall or other hard surfaces. Many also reported being dragged while bound along hard and abrasive surfaces, for example to and from their cell or across the interrogation room.

Some people reported being beaten on the top of the head with a baton, with wads of cotton or other materials used to prevent laceration and skull fracture. One person said that a metal cap had been placed over their head before they were beaten over it with a stick.

Figure 20: Incidence of 'blunt force trauma'



Many people reported losing consciousness during such beatings and other physical assaults. On some occasions when they came round they were still in the interrogation room and were subjected to further torture. On other occasions they found themselves back in their cell when they regained consciousness.

“... He was hit on face with a pistol butt. He was suspended upside down from a pulley by his feet. They beat him with wire cables, sticks and an iron rod across his back.” (MLR excerpt)

“... He was told to put his hands on the table palms downward and they hit him across the fingers with a plastic pipe. They then laid him face down on a bench and beat the soles of his feet, his heels and his back with the same pipe. This was very painful and, as he tried to avoid the blows, he fell on the floor. They then kicked him all over including on his head. He was made to kneel upright and was beaten over the backs of both heels.” (MLR excerpt)

3.1.2. Burning

One hundred and fifteen people reported being burned as part of their torture - more than three-quarters of all cases (78%). Of these people, nearly a third were burned with more than one implement (34 people, 149 episodes of burning altogether) and many suffered multiple burns during the same or different episodes of torture.

By far the majority of people were burned either with heated metal objects and/or with lit cigarettes - 109 of those who were burned. Of these 109 people 71 were burned with heated metal objects (62% of those who were burned and 48% of all 148 cases) and 66 were burned with cigarettes (57% of those who were burned and 45% of all cases). Twenty-eight people were burned with both types of implement and six were burned with one of these implements and with another type of 'implement', as described below.

Twelve people were burned with 'implements' other than heated metal or cigarettes; these included a caustic substance (such as battery acid), electric shock (unknown implement), scalding liquid, molten material, burning paper (stuffed into the mouth and then lit), firecrackers (lit under the feet) and charcoal. Some of these methods of burning or of producing a burning sensation produced scarring and others did not (see 3.4.2).



The overall proportion of men and women who were tortured by burning is the same - 78% in both cases. Proportionately more men were burned with heated metal implements than women (51% and 30% of all male and female cases respectively), while conversely proportionately more women than men were burned with cigarettes than with heated metal, often in a context of sexual torture (70% and 40% respectively). Some men and women were burned with both types of implement.

“The authorities’ intention is to get whatever answer they want, so they use whatever method they can think of to get people to talk. When I was being tortured they tried to get me to sign a ‘confession’ but when I refused I was burned with an iron rod to get me to talk” - Sri Lankan survivor of torture in treatment at Freedom from Torture

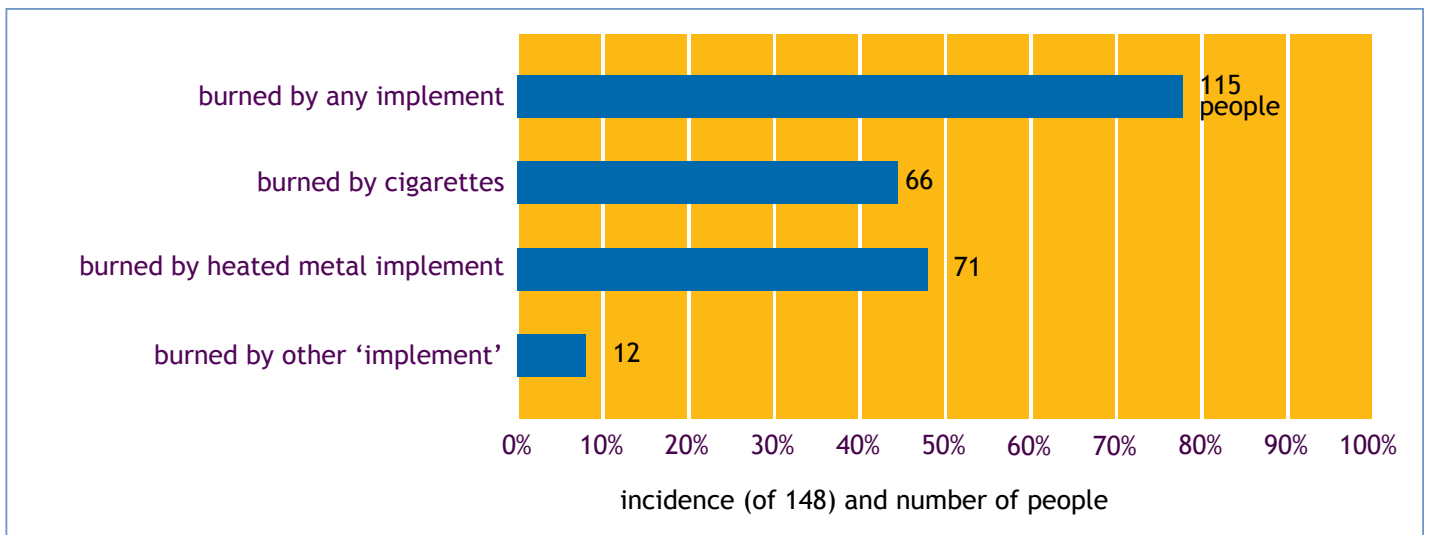
Those who were tortured by burning described being restrained, including being bound to a chair or face down on a bench or being suspended in a variety of positions. Some people were able to see the implement used to burn them and others were not, depending on the position in which they were restrained and the position of the perpetrator. A variety of heated metal implements were described by those who could see them, including metal bars, rods or pipes of various thicknesses, lengths and

shapes. Sometimes other objects such as a flat iron were described.

Some people described how several implements were used and heated in rotation; others said that the object was taken outside of the room to be reheated or was reheated in front of them before being applied again. Some reported that the object was held against the skin for a period, while others describe being ‘beaten’ repeatedly with the heated metal. People described being stripped naked or having clothing removed before they were burned. Between them they were burned on most parts of the body, including back and chest, legs, arms, hands, feet and genitals. The pain from this form of torture was so intense that many people described being rendered unconscious for periods of time, or described what are likely to have been dissociative episodes.

“... His hands were tied behind his back and cuffs were put on his ankles. A rope was then fixed to the ankle cuffs and he was suspended. In this position he was subjected to burns with heated metal rods to his arms, torso and legs. One rod was used to burn him whilst the other was re-heated outside the cell. The pain overwhelmed him. These episodes of burning were repeated over several days.” (MLR excerpt)

Figure 21: Incidence of burning (some people were burned with more than one implement)



“... The officers came and tied his hands in front of him with his arms crossed and kicked him on his knees so that he fell to the ground. Another officer brought a heated metal pipe about 20mm in width and burnt his back and legs with it. He lost consciousness.” (MLR excerpt)

“... As he was being interrogated he had cigarette burns inflicted on his arms and hand. If he tried to pull his hands away from the table during this process he was punched in the back.” (MLR excerpt)

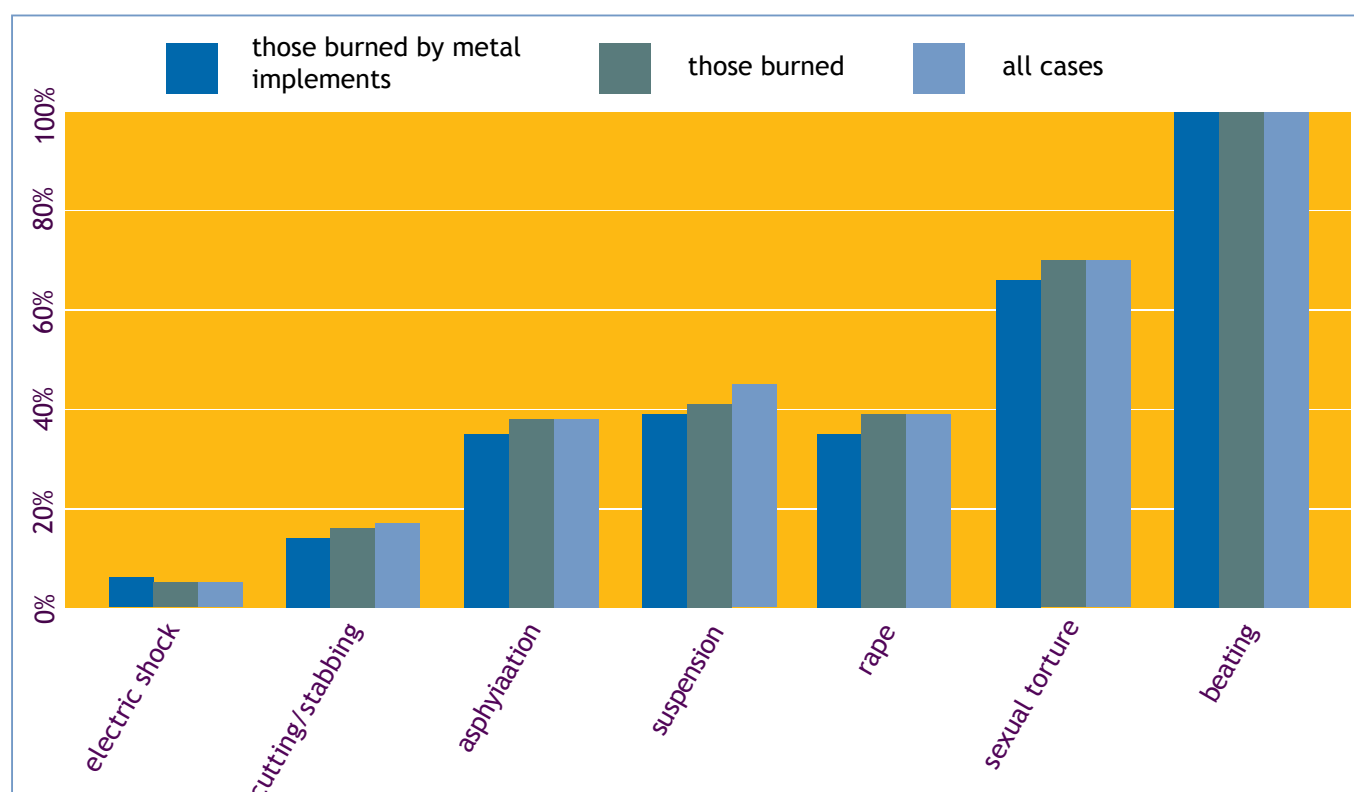
Torture episodes in which a person was burned very often included other forms of torture such as beating and other physical assault, different forms of forced positioning and suspension, asphyxiation and sexual torture. Indeed all those who were tortured by burning also suffered many other forms of torture during their detention in Sri Lanka, during the same episode of torture or during other torture episodes (see Figure 22 below).

The question of causation of burn injuries has been raised in the context of refugee status determination for Sri Lankans in the UK. Decision-makers in the Home Office and immigration judiciary have suggested that burn injuries may be ‘self-inflicted by proxy’ - i.e. caused by a third party at a person’s invitation rather than by torture - for the purpose of bolstering an asylum claim.³⁰

As Figure 22 (below) demonstrates, the range of torture methods used and incidence of use of these methods is very similar in the full set of 148 cases and in two sub-sets of cases comprising those who were burned and those specifically burned by heated metal implements.

30 Judicial guidance given in recent case law on this matter states: ‘Where there is a presenting feature of the case that raises self-infliction by proxy (SIBP) as a more than fanciful possibility of the explanation for scarring’ medical evidence must engage with the issue and the judicial fact-finder must address the matter and decide on all evidence available whether ‘the claimant has discharged the burden of proving that he or she was reasonably likely to have been scarred by torturers against his or her will’. See KV (scarring - medical evidence) Sri Lanka v. The Secretary of State for the Home Department, [2014] UKUT 00230 (IAC), page 1, available at: http://www.bailii.org/uk/cases/UKUT/IAC/2014/%5B2014%5D_UKUT_230_iac.html.

Figure 22: Comparing the range of torture methods reported in i) all 148 cases ii) sub-set - those who were burned and iii) sub-set - those who were burned with heated metal implements





In the context of ‘self-infliction by proxy’ arguments, the findings of our doctors that individuals in these cases who were burned by heated metal implements were also subjected to a range of other torture methods, for which there is forensic evidence (physical and/or psychological) documented in their MLR, is of particular importance.

In accordance with the Istanbul Protocol³¹, Freedom from Torture doctors routinely consider the issue of alternative causation of physical injury and psychological symptoms, including the possibility of fabrication of torture accounts and of injury through self-harm or by proxy (see also the Introduction - Documentation process, 3.4.1 - Physical evidence of torture, and 3.4.4 - Psychological impact of torture). The Istanbul Protocol emphasises that it is the overall evaluation of all the medical evidence that is important in assessing the strength of the evidence of torture, rather than that of any single lesion.³²

The widespread use of burning, and particularly the use of heated metal implements to inflict burns, is a particularly striking aspect of the findings from these 148 cases of torture in Sri Lanka. Burning with such objects will almost invariably leave physical lesions and therefore permanent evidence of the torture that has taken place (see 3.4.2).

31 *Istanbul Protocol, op cit.*, paragraph 287.

32 *Ibid.*, paragraph 188.

Freedom from Torture has previously expressed concern that the evidence of highly prevalent and widespread use of burning as a form of torture could reflect a policy of ‘branding’ people not only to inflict long term psychological and physical damage but also to ensure that the individual is easily identified in future as having been of adverse interest to the authorities.³³ These ‘branding’ practices, which leave permanent physical evidence, along with the reported context of detention without due process (see 2.7), are also strongly suggestive of a prevailing situation of impunity for the perpetrators.

3.1.3. Sexual torture

Evidence of sexual torture is extremely widespread among these cases. More than seventy percent of the 148 men and women disclosed different forms of sexual torture (71%, 105 people) and, where available, evidence of the physical and/or psychological impacts of this torture was documented by our doctors in their MLRs. Forms of sexual torture disclosed included rape (anal, vaginal, oral and/or instrumental³⁴), beatings on and other violence to the genitals, forced nakedness, sexual molestation, sexual humiliation and individuals being forced to commit sexual acts on others.

33 Freedom from Torture, *Out of the Silence, op cit.* page 23.

34 The definition of rape used here conforms to the accepted international definition that requires the penetration of the anal or genital opening of the victim with an object or otherwise the penetration of any part of the body with a sexual organ. See for example Definitions of Crimes of Sexual Violence in the International Criminal Court (as contained in the Elements of Crimes Annex and the Rome Statute) available at <http://www.iccwomen.org/resources/crimesdefinition.htm>.

Figure 23: Incidence of forms of sexual torture (some people disclosed more than one form)

form of sexual torture	among those who disclosed sexual torture (105 people)	among all 148 people
rape	56%	39%
violence to genitals	48%	34%
sexual molestation	34%	24%
sexual humiliation, threats	29%	20%
forced nakedness	67%	47%
forced to commit sexual act	15%	11%

Prevalence of sexual torture was particularly high among women, with 22 of the 23 women disclosing some form of sexual torture, 20 of whom were raped. Many women were additionally subjected to other forms of sexual torture such as forced nakedness, sexual molestation and being forced to perform sexual acts.

Overall prevalence of sexual torture among men was high, with 83 of the 125 male cases reporting this.

Among those who were subjected to sexual torture, male or female, the most common form was forced nakedness followed by rape and, in male cases, by violence to genitalia.

It is important to acknowledge the difficulty that survivors of torture often face when disclosing sexual torture, especially rape, due to intense feelings of shame and humiliation. It can take many sessions with a clinician writing an MLR before a survivor of torture feels comfortable enough to disclose sexual torture. Some survivors are never able to disclose sexual torture, or all aspects of what has been done, due to the high levels of distress and trauma induced by recounting the experiences. As a result, the incidences of rape and other sexual torture among these men and women may be even higher than the levels indicated.³⁵

³⁵ The following article examines issues of sexual violence and non-disclosure: Bögner D, Herlihy J, Brewin C.R., 'Impact of sexual violence on disclosure during Home Office interviews', *British Journal of Psychiatry*, (2007), 191(1), pages 75-81 available at <http://bjp.rcpsych.org/content/191/1/75.full#ref-20>.

Figure 24: Number of men and women who disclosed sexual torture (any) and rape

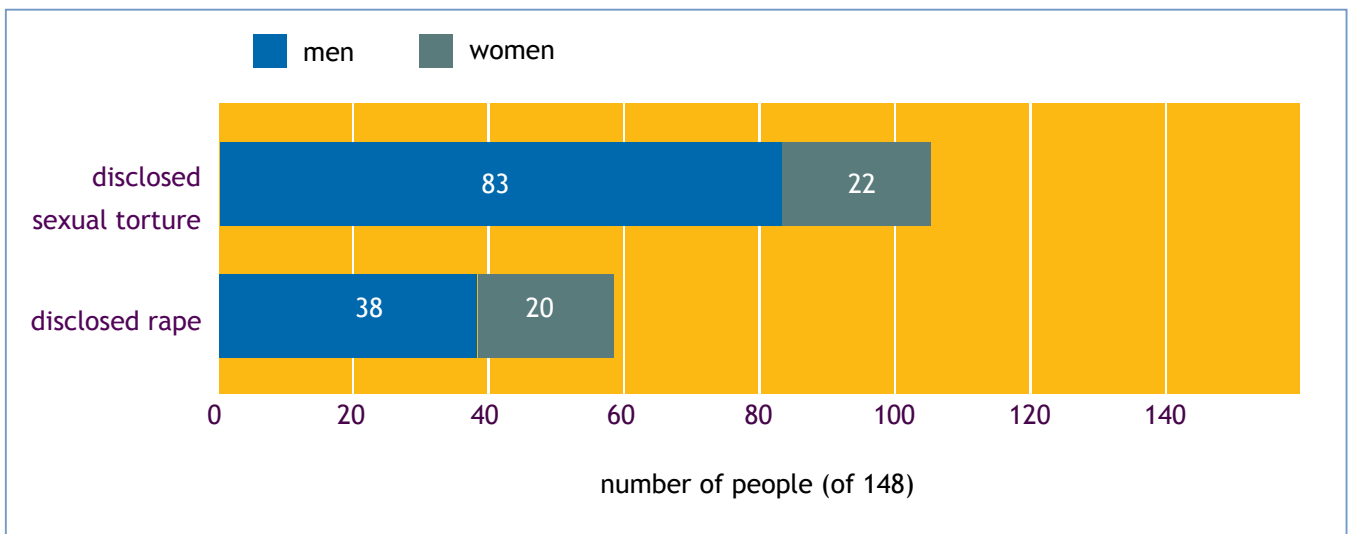
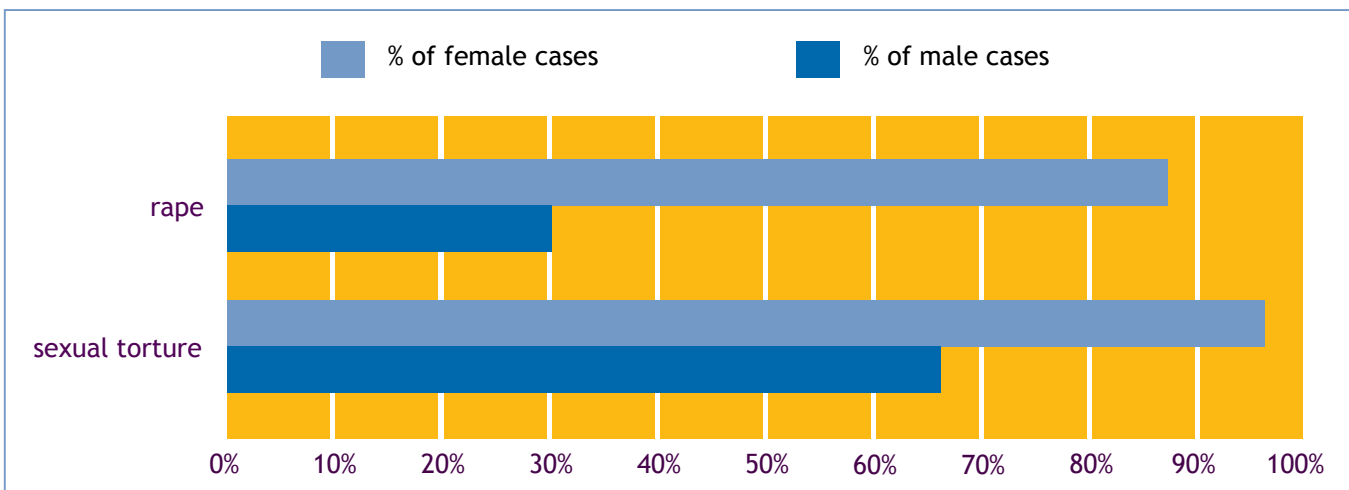


Figure 25: Incidence of rape and sexual torture among 125 men and 23 women





Rape

More than a third of men and women disclosed rape (58 people, 39%) and more than half of those who disclosed any form of sexual torture were raped (55%). Twenty-two of the 23 women reported sexual torture (96%) and 20 of them reported rape (87%). Two-thirds of men reported some form of sexual torture (83 men, 66%) and nearly a third of them reported rape (38 men, 30% of all male cases and 46% of those who disclosed sexual torture).

Many individuals reported being subjected to repeated episodes of rape and other sexual torture and to gang rape by multiple perpetrators. Additional forms of violence inflicted during rape included beatings and other physical assault, bites, cuts and burns, evidence of which was documented in MLRs.

Some women described being raped in interrogation rooms and others in their cells, sometimes repeatedly night after night by different officers. A few women reported that female officers accompanied the male officers and took part in the sexual humiliation and molestations. Some women said that the perpetrators smelled strongly of alcohol, sufficient to make the victim vomit in one case. Women described both vaginal and anal rape, often in the same torture episode, as well as rape with implements such as glass bottles and batons. They also described the considerable violence inflicted on them by the perpetrators during rape as they were restrained and punished for their resistance. Women were burned with cigarettes, beaten, bitten and scratched on their breasts and other body parts and cut or stabbed. Some said that drugs or alcohol were forcibly administered prior to the rape taking place.

“... She was taken by a guard at night to a ‘questioning room’ where several male uniformed officers were waiting, faces partially obscured. They sexually molested, bound and blindfolded her, drugged her, then each raped her in turn.” (MLR excerpt)

“... During the night army men came into her cell. One man stood watching at the door while the other raped her, and then they swapped so that the second man raped her too. The next night other men came to her cell. These men raped her vaginally and then anally. On both nights she recalls that the men had been drinking alcohol. On the second night she remembers one man holding her legs down and another burning her with cigarettes. She was bitten by her assailants and scratched with their nails.” (MLR excerpt)

Men who were raped described being subjected to anal rape, oral rape and rape with instruments such as a glass bottle, plastic or metal pipe or baton. Some men were raped on multiple occasions, either in their cell or in interrogation rooms during torture sessions. One man described having a plastic pipe inserted into his anus while he was suspended and barbed wire pushed through the pipe, which was then pulled out. He said that this happened repeatedly. Another man described being bound and blindfolded and forced into a kneeling position. He then had an object, which he later realised was a glass bottle, forcibly inserted into his anus where it was left for at least ten minutes causing him intense pain, while the perpetrators left him alone in the interrogation room.

Other forms of sexual torture inflicted on those men who were raped, during the same or other torture episodes, included having their testicles or penis squeezed, twisted, beaten or slammed in a drawer. Some men suffered sexual humiliations such as being forced to masturbate others and being urinated or ejaculated on or being forced to swallow semen or urine.

“... In the afternoon two men came into the room. Both men took it in turns to make him take their penis in his mouth and then took it in turns to anally rape him. Throughout this time they were swearing at him and calling him filthy names. They held a gun to his head some of the time and also hit him with the handle of the gun. After he had been raped several times he was left alone in the room with no clothes on. He was kept naked for the rest of the time until he was released.” (MLR excerpt)

Doctors described the intense difficulty that men and women had in making disclosures of sexual torture and the high levels of distress evoked by recalling these events. For some people it took several sessions before sufficient trust was established for a disclosure to be made while others were unable to give detailed information about what had occurred. In some cases the doctor recorded that sessions had to be halted for a period of time or abandoned altogether in order for the person to be given appropriate support to reduce and manage their level of distress.

“If you look at the Tamil community we have got a culture and a set of norms especially if you’re a woman. If a girl talks to a boy late at night then this is inappropriate. For communities like this, just talking to a man is inappropriate. Imagine what it is like to be raped in a community like this, there is nothing to live for. Even if a man holds a woman’s hand, the community thinks it is inappropriate. It is shameful if a boy tries to hold hands with a girl. People in our community do not talk about issues of rape; they hide it because they consider it shameful. They don’t talk about it in the community. One of the reasons is because they are sensitive and there is a lot of shame”
- Sri Lankan survivor of torture in treatment at Freedom from Torture

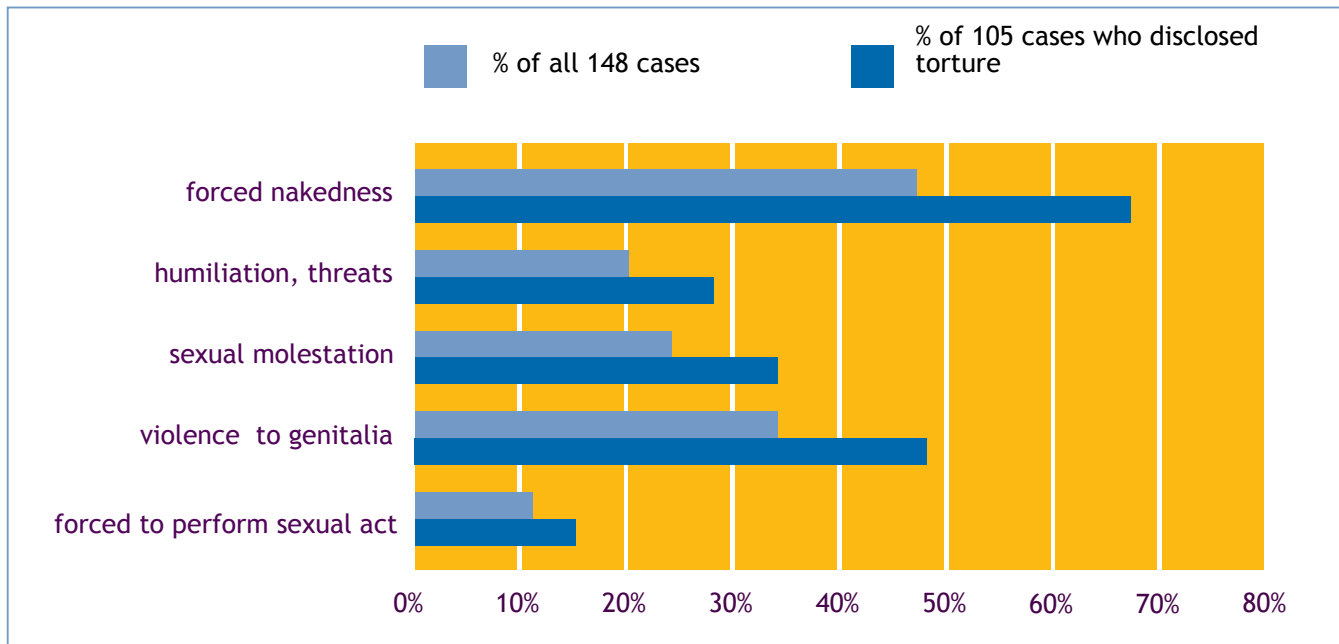
Other forms of sexual torture

The most common form of sexual torture reported by men and women was forced nakedness, with nearly half reporting this (61 men and 9 women, together 47% of all cases and 67% of those who disclosed sexual torture). As noted by doctors, forced nakedness causes intense humiliation and distress to men and women, as well as invoking a profound sense of vulnerability and fear that further sexual torture and particularly rape may be imminent.³⁶ People described being forcibly stripped of their clothing during interrogation and torture sessions that may or may not have included other forms of sexual torture. Some reported being kept naked in their cells during their detention and being kept naked in front of other detainees, including of the opposite sex. As well as those who disclosed forced nakedness, many others reported having some clothing removed or partial nakedness (being stripped to underwear for example) during torture sessions or throughout the detention episode.

³⁶ See *Istanbul Protocol, op cit.*, paragraph 125.



Figure 26: Incidence of sexual torture other than rape



Fifty people disclosed different forms of violence to the genitalia, all but two of whom were men (48% of those who disclosed sexual torture and 34% of all cases). More than a third of these men were also raped on one or multiple occasions. The forms of sexual torture disclosed by them were described as causing intense pain and humiliation as well as fears of permanent damage to the sexual organs, and included the following:

- Beating and kicking in the genital area;
- Forcibly pulling, twisting and/or squeezing the genitals;
- Forcibly trapping the penis in a drawer or slamming a door on the penis;
- Tying a ligature around the penis;
- Piercing the penis with a sharp implement which is then rotated or pulled; and/or
- Burning the genital area with a caustic substance.

“... He was ordered to remove all his clothes, and was interrogated and beaten for several hours. During this time a length of twine was twisted around his penis, causing excruciating pain.” (MLR excerpt)

“... His penis was crushed in a drawer that was slowly closed in order to induce a confession. They were laughing when they were inflicting the injury.” (MLR excerpt)

“...With his hands tied a two inch nail was forced into his urethra and rotated causing pain, some bleeding and discomfort on passing urine for many days.” (MLR excerpt)

Sexual molestation and being forced to perform sexual acts on others were also fairly commonly reported. Sexual molestation was particularly common among women, bearing in mind that most women were also raped.

Around a fifth of people reported verbal abuse and threats during sexual torture, including threats to their life and of further sexual torture, although the incidence of this may be much higher since it is likely that not everyone would have thought it relevant to mention this when describing the other forms of torture that had occurred.

3.1.4. Suspension and other forced positioning

Suspension and other forced positioning is a common form of torture in Sri Lanka that can produce extreme pain and psychological distress but which may leave little, if any, visible evidence of injury. However, as a form of torture that is focused on inducing stress in tendons, joints and muscles, it may give rise to neurological and musculoskeletal injury as well as weakness and severe pain symptoms which can persist, sometimes for years.³⁷

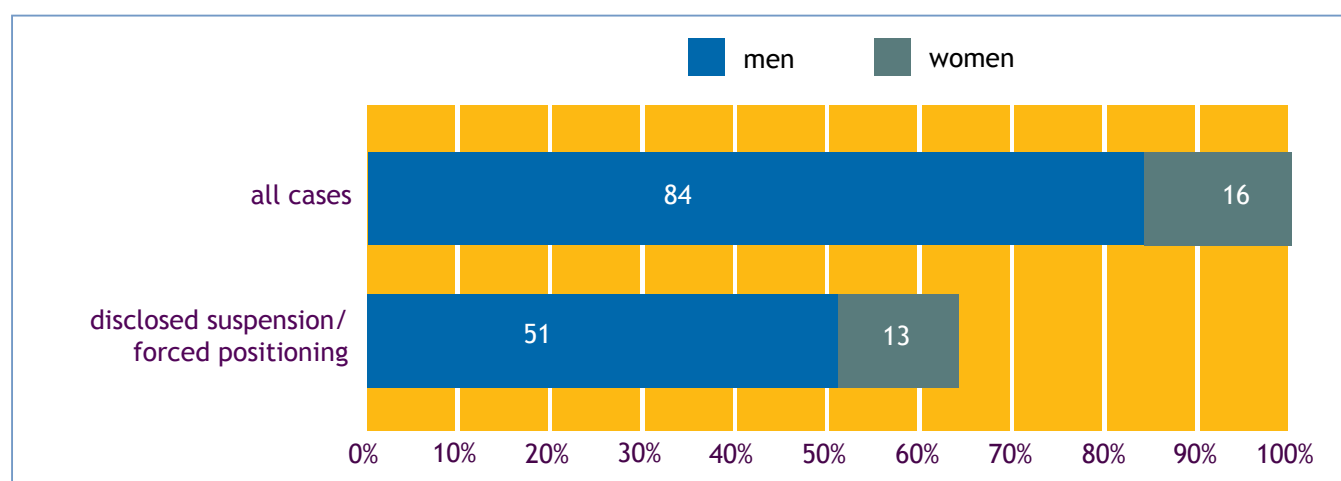
Suspension and other forced positioning was reported by 67 of the 148 cases reviewed (45% of all cases); it was the most common form of torture reported, after beating, burning and sexual torture. Of the 67 people who reported this form of torture, however, only three were women. The prevalence among men was 51% and among women was only 13%.

³⁷ *Ibid.*, paragraph 211.

Suspension was commonly reported to have been carried out concurrently with other forms of torture in the same episode. All those who reported suspension or other forced positioning were also tortured in other ways, whether concurrently or at some point during the same episode of detention. Among the 67 people who reported this form of torture, all were also subjected to beatings, 70% were burned and more than half reported the use of asphyxiation. The majority reported sexual torture (any type); a third were raped and nearly half disclosed violent assault to their genitals. Many people said that these forms of torture were carried out while they were suspended and in a position of absolute vulnerability (30 of those who were suspended reported forced nakedness during torture). Many people also described being threatened repeatedly while suspended, that they would be killed or that they would be subjected to further and different forms of torture. Many of the 67 people reported use of more than one form of suspension or other forced positioning during their period in detention and most reported multiple episodes.

A number of different forms of suspension are identified in the Istanbul Protocol, all of which are described among the 67 people in this study who reported this form of torture. Variations in the methods of suspension were described according to the practices of particular perpetrators and the

Figure 27: Incidence of suspension or other forced positioning





context, including whether the torture took place in a ‘torture room’ which was equipped with the necessary devices such as fixed anchor points and pulleys or in a more informal, improvised setting. However, the different forms of suspension may be summarised as:

- ‘butchery’ and ‘reverse butchery suspension’ where the person is tied by the wrists or the ankles and suspended either upright or upside down;
- ‘cross suspension’ where the arms are spread and tied along a horizontal bar before the person is suspended;
- ‘palestinian suspension’ or ‘strappado’ where the wrists are tied behind the back and the person is then suspended from the wrists; and
- ‘parrot perch suspension’ where the person is suspended from a bar or pole passed behind their knees and in front of their elbows which are held in a flexed position, with the wrists tied, sometimes to the ankles.³⁸

Other forms of forced positioning reported involved prolonged binding with cuffs or ligatures and tying or restraining people in contorted, hyper-extended or unnatural positions, causing distress, pain and in some cases injury. Binding or forced positioning was used in many instances in order to restrict movement to facilitate the infliction of other forms of torture such as sexual torture, burning and beating including ‘falaka’ (beating of the soles of the feet) which cause intense pain and potential resistance.

“... Sometimes he was suspended with a bar underneath his knees and his hands tied to his ankles so that the bar was ‘locked’ in position. He was then hung upside down, naked. He thinks that they may have kept him like this for an hour or more. While one guard questioned him another would beat him all over with a plastic pipe or beat the soles of his feet with a similar implement. At times they inserted a plastic pipe into his anus while he was hanging there” (MLR excerpt)

“... They tied his ankles and his wrists were tied behind his back. He was suspended upside down from a pulley by his feet. They beat him with wire cables, sticks and an iron rod across his back.” (MLR excerpt)

“... He was suspended upside down by a rope tied around his ankles on a pulley system above a tank of water. During interrogation he was repeatedly raised up and down so that his head was submerged in water. He felt terrified that he was drowning and choking, he gasped for breath when he was pulled out but was repeatedly immersed; he was kept under water so long that he lost consciousness several times. Another time he was suspended and a plastic bag was tied around his neck, the bag was filled with what smelled like petrol. He was forced to breathe the fumes and he felt as though he was suffocating and could not breathe; he lost consciousness several times.” (MLR excerpt)

³⁸ *Ibid.*, paragraphs 206-211.

Some people reported being left in suspended positions alone for extended periods of time, before being subjected to other torture and interrogation, either whilst still suspended or having been released from this position. Others described being suspended and immediately interrogated, with other forms of torture such as beatings and burnings occurring concurrently or following a refusal or inability to answer questions satisfactorily. The form of release from a suspended position was often in itself described to be violent, with people being simply dropped to the floor from a height with their hands and feet still bound and thus unable to break their fall. Most people described repeated episodes of suspension, in some cases taking place within a short space of time while others were suspended on different occasions during a protracted period in detention.

3.1.5. Asphyxiation

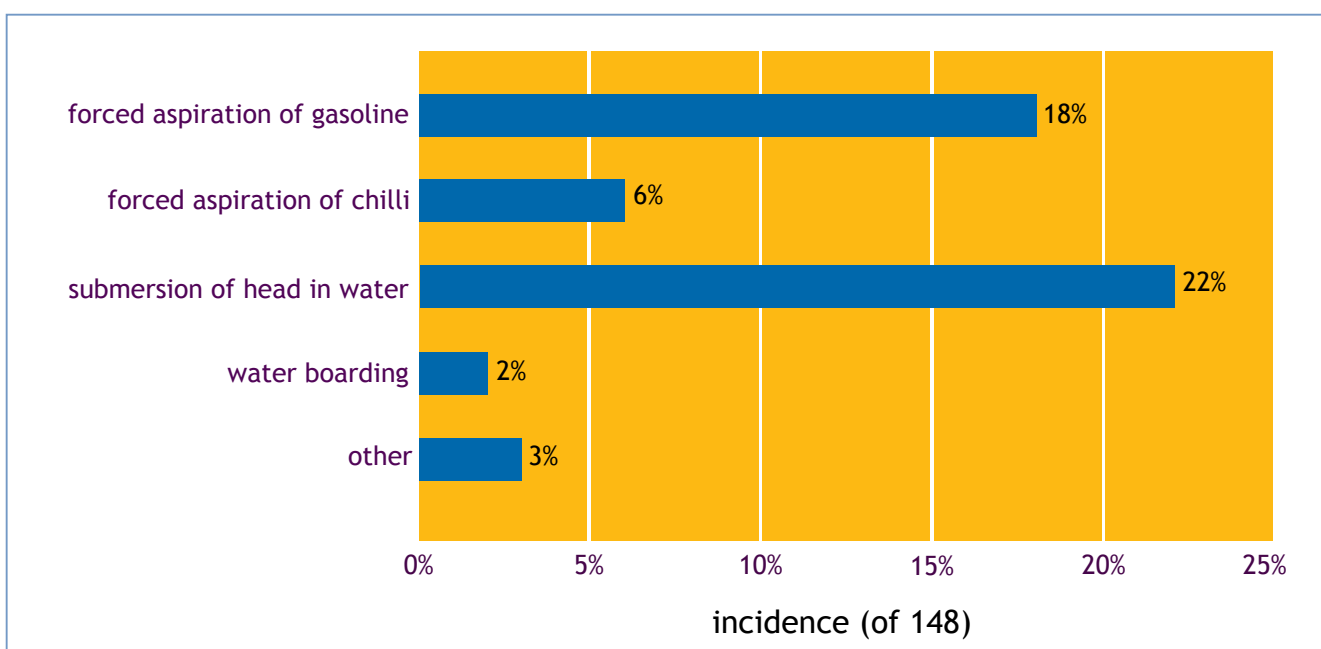
Near asphyxiation by suffocation is a common method of torture that usually leaves no mark and physical recuperation is likely to be fairly rapid, although many people who reported this torture said they were rendered unconscious.³⁹ Asphyxia, like head injury, can also lead to a variable period of amnesia for the time before and after the actual torture, making it difficult for some individu-

³⁹ *Ibid.*, paragraph 214.

als to describe what happened in detail or assess duration. Asphyxiation methods have significant psychological impact and cause severe physical discomfort; those who reported it described feelings of terror and the fear that they would die. Among the 56 people who reported this form of torture (38% of all 148 cases), some said that this was the worst form of torture they had endured. This was despite the fact that asphyxiation was commonly used during torture episodes that also included brutal beatings, different forms of suspension or other forced positioning and burning.

The asphyxiation method most commonly reported was the forcible immersion of the head in water to simulate drowning (known as ‘wet submarino’), often while the person was suspended upside down (22% of all cases). Also commonly reported were methods that induce difficulty in breathing, a burning sensation in the throat and intense fear of suffocation through the forced aspiration of petrol or chilli powder contained in a polythene bag tied around the neck (known as ‘dry submarino’); nearly a quarter reported these techniques (24% of all cases). A small number of people described the use of ‘water-boarding’ and a variety of other techniques such as a ligature tied round the neck, forced aspiration of smoke from burning chillies or petrol fumes poured on the floor around the head while suspended upside down.

Figure 28: Incidence of forms of asphyxiation





“... He was immersed in water to the point of near drowning on two occasions. He was blindfolded, hands tied. His head was then forced into a container full of water and held there until he thought he was about to die. His head was then lifted out again.” (MLR excerpt)

“... Whilst he was still hanging upside down they tied a polythene bag smelling strongly of petrol over his face and head, so that he could only breathe in the petrol fumes. He nearly lost consciousness and couldn't see.” (MLR excerpt)

“...Chilli was burnt and her head thrust into the fumes so that the smoke burnt her face and breathing passages. When she screamed, her head was pushed into a bucket of water; she thought she would die.” (MLR excerpt)

Many of the 56 people who reported this form of torture had experienced more than one form of asphyxiation; a total of 77 incidences of different asphyxiation techniques were reported. All but two of those reporting these torture methods were men. The incidence among men was 43% and among women was 9% (where the incidence in all 148 cases was 38%).

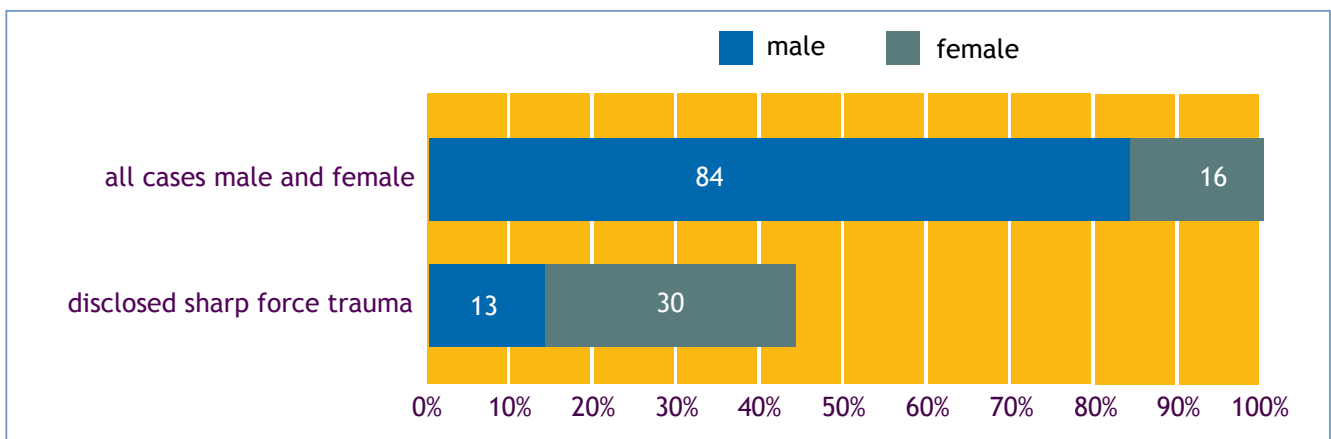
3.1.6. Sharp force trauma and forced removal of nails

Sharp force trauma is caused when the skin is cut with a sharp object such as a knife, bayonet or broken glass and includes stab wounds, incised or cut wounds and puncture wounds. It also includes scratches and bites. Twenty-five people (17% of all cases) reported these types of injuries inflicted during torture; seventeen of these were men and eight were women. The incidence of this form of torture among women was relatively high at 30%, compared with 14% of men.

There was a notable coincidence of sharp force trauma and rape, especially among women. Seven of the eight women who reported this form of torture were also raped and more than a third of all the women who were raped reported this form of torture (35%). In these cases women described being cut with sharp objects when resisting rape; they also described being bitten and scratched by those raping them.

Men and women also described being cut with a variety of sharp instruments in the context of torture episodes where they were, for example, suspended or otherwise forcibly restrained. A further six people, two of whom were women, said that they had finger or toe nails forcibly removed (4% of all cases). Three of these people were also cut with various sharp implements, such as a knife.

Figure 29: Incidence of sharp force trauma



“... He was escorted to a room where an important looking officer was seated at a table. His handcuffs were removed and he was asked to sign a document written in Sinhala. When he said that he would not sign a document he could not read one of the men took pliers from a drawer in the table and the men then used them to pull out the nails on the big toe and smallest toe on both his feet.” (MLR excerpt)

“... She was placed in solitary confinement between beatings. Each day she was removed from the room and beaten. During this time the interrogators pulled out finger nails on both hands and toe nails on both feet with pliers.” (MLR excerpt)

3.2. Psychological/environmental torture

In addition to ‘physical’ torture, many individuals were subjected to ‘psychological’ or ‘environmental’ forms of torture such as prolonged solitary confinement (70% of all cases), being confined in

the dark or being blindfolded for protracted periods (48%), threats of being killed and/or of further or different forms of torture (51%) and mock execution (4%).

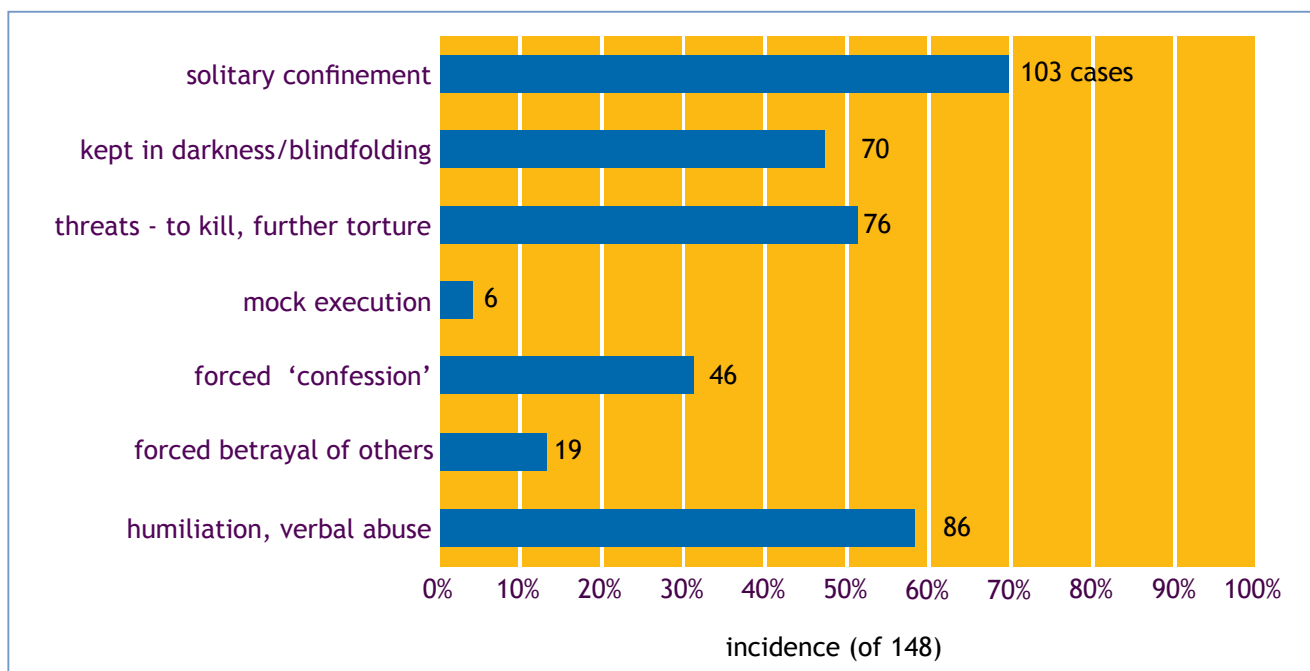
Specific threats reported by these individuals included the threat to cut off the person’s genitals and the threat to cut off the person’s fingers, while the following forms of mock execution were described: having petrol poured around the person while they were suspended upside down with the threat to set it alight and having a gun (unloaded) put to the person’s head and fired.

“... A man came in to his cell and asked if he wanted to say anything before death; he recited a Muslim prayer and the person pulled the trigger against his head and laughed.” (MLR excerpt)

“... They consistently threatened him with rape, saying ‘you are a faggot’ and ‘we will make a wife out of you’. One of the officers who interrogated him said ‘You have committed the ultimate treachery and for this we will wipe out you and your family.’”(MLR excerpt)



Figure 30: Incidence of psychological/environmental torture





As well as threats, other forms of verbal abuse were commonly reported and included abuse against the person based on their ethnicity and/or religion, sexual humiliation and abusive and sexual language in relation to family members (especially mothers and other female family members). Other forms of humiliation included being urinated on and being forced to drink one's own or another's urine.

"... They shouted abuse at him, 'We have to get rid of all the Muslims!' 'We have to get rid of all the Tamil-speaking people!' 'You have no rights in this country!' 'All the Muslims should be killed!'" (MLR excerpt)

"... The police officer constantly called his mother a 'whore' and used racial insults that he said were too rude to repeat but describing Tamils as filth and worthless." (MLR excerpt)

Nearly a third of all the men and women reported that following torture they were forced to sign a 'confession' (31% of all cases) - often in a language which they could not read (Sinhalese) or a blank document. Many of these people as well as others reported that following torture they were forced to inform on or to identify others (13% of all cases). While people reported immense distress at having taken such actions in the belief that this would end the torture, often this did not happen and the interrogation and torture continued.

Given the potential shame and guilt involved, the disclosure of forced behaviours, such as making a forced 'confession' and betrayal of others through identifying them to the authorities, is often very difficult for a torture survivor. It is therefore possible that the actual incidence of these forced behaviours is higher than the reported incidence.

"... At some point he was forced to sign documents in Sinhalese, which he couldn't read or understand. He assumed that it was some sort of confession of LTTE membership. His thumb prints were put on the document. After this the intensity of the torture abated a little but he was still tortured every day until his eventual release." (MLR excerpt)

"... Once a week for three weeks he was taken from the cell. He was blindfolded and put in a van. When the van arrived at the destination, his blindfold was removed and a hood placed over his head with two eyeholes. Men filed past the window of the van and he was asked whether he could identify any of them." (MLR excerpt)

3.3. Incidence of torture by sex

Of the 148 cases reviewed, 125 are men and 23 are women. Both men and women reported the same forms of torture, including beating, burning with different types of implements, sexual torture including rape, suspension and other forced positioning, asphyxiation and sharp force trauma with various implements. However, the relative incidence of different types of torture between men and women is variable (see Figure 31) indicating that in Sri Lanka while some forms of torture are routinely perpetrated irrespective of whether the person is male or female, others are more gender specific.

Figure 31: Forms of torture reported by 125 men and 23 women

form of torture	number		incidence	
	male	female	male	female
beating	125	23	100%	100%
burning - all	97	18	78%	78%
sexual torture - all	83	22	66%	96%
sexual torture - rape	38	20	30%	87%
positional torture/ suspension	64	3	51%	13%
asphyxiation	54	2	43%	9%
sharp force trauma	17	8	14%	35%

For example the same proportion of men and women were subjected to beatings (all cases both male and female) and to burning (78% in both cases), although it has been noted above that women were relatively more likely to have been burned with cigarettes and men with heated metal objects (see 3.1.2). However, the prevalence of rape is noticeably higher among women than men (87% of female cases and 30% of male cases), although the difference between men and women is less marked when all forms of sexual torture are taken into account. As previously noted (see 3.1.3), the incidence of violence to the genitals is much higher for men than for women. Given the barriers to disclosure of rape, especially for men, it is also possible that there is a significant under-reporting of rape among men.

Suspension and other forms of positional torture are, proportionately, far more commonly reported by men than women (51% of male cases and 13% of female cases); only three women reported this form of torture. While suspension of women seems to be rare, some women described the use of forced positioning or prolonged binding in a context of rape or as a form of restraint while other torture was inflicted.

Asphyxiation techniques are also far more likely to be used on men, on the basis of these findings in which only two women reported the use of this form of torture. Finally, as noted above (see 3.1.6), proportionately more women than men reported

the use of sharp force trauma with various implements (including human bites and scratches), often, though not always, inflicted in the context of rape and other sexual torture (see 3.1.3).

3.4. Physical and Psychological impact of torture

All forms of torture described in this report violate the fundamental human rights of the individuals concerned and have a profound effect on the survivors' immediate and long-term health and well-being. None is more or less 'severe' per se. Each person's history and experience of detention and torture is unique, including the particular conditions of detention and the forms and combinations of methods of torture they endured. It is the cumulative effect of these, combined with prior life experiences, the context in which the person lives and has been tortured and the degree of personal resilience or otherwise, that contribute to the nature and severity of the physical and psychological consequences of torture for any individual.⁴⁰

Methods of physical and psychological torture have been described separately although the distinction between physical, psychological and environmental torture is, to an extent, artificial.⁴¹ This is because

⁴⁰ For discussion of the relevance of context to working with survivors of sexual torture, see Patel N., Mahtani A., 'Psychological Approaches to Working with Political Rape', in Peel, M. (ed), *op cit.* See also Seltzer, A., 'Rape and Mental Health: the Psychiatric Sequelae of Violation as an Abuse of Human Rights', in the same volume.

⁴¹ *Istanbul Protocol*, *op cit.*, paragraph 145.



torture methods that might be described as physical are designed to have psychological as well as physical impact and may cause both short and long-term psychological as well as physical symptoms.⁴² Physical torture may or may not leave an observable physical trace; indeed some methods are designed to inflict high levels of pain and psychological distress without leaving a mark.⁴³ Torture that is designed primarily to have a psychological effect may also have a strong physical element or impact. It may also be difficult to distinguish between forms of environmental torture that are designed specifically to cause harm and increase the psychological and physical impact of other forms of torture inflicted and more general detention conditions, which may have the same effect for some people.⁴⁴

3.4.1. Physical evidence of torture - scars and other lesions

For the purpose of the MLR, Freedom from Torture doctors apply Istanbul Protocol guidelines to assess and describe the consistency of the findings of a thorough physical examination with the attributed cause of torture. The degree of consistency between the physical evidence and the attribution of a particular method of torture is described using the following terms: 'not consistent with', 'consistent with', 'highly consistent with', 'typical of' and 'diagnostic of' the attributed cause.⁴⁵

According to the forensic documentation process, all scars and other lesions will be examined and described by the doctor and the attributed cause will be recorded, whether this is torture or another cause such as accidental injury or surgery. The doctor will then make an assessment of the scars and other lesions attributed to torture - taking into account information about the type of implement said to have been used (or likely to have been used where this is not known), the position of the scarring on the body, the situation in which the injury was said to have been inflicted and

the circumstances in which the injury would have healed (detention conditions and access to medical help for example) - in order to determine the level of consistency with the attributed cause. The doctor will also consider what is known of the individual's life history and experiences to assess relative likelihood of other possible causes.

However, the Istanbul Protocol also reminds doctors that while the forensic documentation of torture requires that individual scars and groups of scars are assessed for their level of consistency with the attributed cause '...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.'⁴⁶

Of the 148 cases reviewed, 146 men and women had physical evidence in the form of scars and other lesions documented and described in detail in their MLRs, which the doctors found to be consistent - to a greater or lesser degree according to Istanbul Protocol standards - with the attributed cause of torture.

The two people who did not have enduring physical evidence of torture had described beatings that did not in these cases produce scars and other lesions, though psychological evidence in both cases was sufficient for the doctor to make an overall finding of consistency with torture as opposed to other causes.

Taken together these 148 cases amount to powerful evidence of torture perpetrated in Sri Lanka in the years 2009-13.

46 For discussion of the relevance of context to working with survivors of sexual torture, see Patel N., Mahtani A., 'Psychological Approaches to Working with Political Rape', in Peel, M. (ed), *op cit*. See also Seltzer, A., 'Rape and Mental Health: the Psychiatric Sequelae of Violation as an Abuse of Human Rights', in the same volume.

42 *Ibid.*, paragraph 145.

43 *Ibid.*, paragraphs 206, 212, 214.

44 *Ibid.*, paragraphs 139, 145.

45 *Ibid.*, paragraph 187.

3.4.2. Physical evidence associated with particular torture methods

Blunt force trauma

The method of torture that produced the largest number of lesions overall was beating with a variety of implements causing ‘blunt force trauma’. All 148 people were subjected to beatings and/or other physical assaults, 124 of whom had enduring lesions that were attributed to and found consistent with this form of torture, according to Istanbul Protocol (IP) standards (84%, 108 men and 16 women).⁴⁷ Blunt force trauma very often does not produce enduring physical evidence. Whether it does and the type of lesions that endure depend on many factors including the force of the blow, the part of the body hit (soft tissue or bone for example), the length of time since infliction, whether the skin was broken, the healing process and/or the conditions in detention. Instruments reported to have caused the lesions included wooden sticks or batons; stiff metal cable or rigid metal bars; plastic ‘S-lon’ pipes filled with cement, sand or mud; rifle or pistol butts; flexible cable or whips and palm stems or bamboo canes (see 3.1.1).

Burning

Full thickness burns will almost certainly produce scarring, while partial thickness burns which are relatively superficial may heal completely or persist

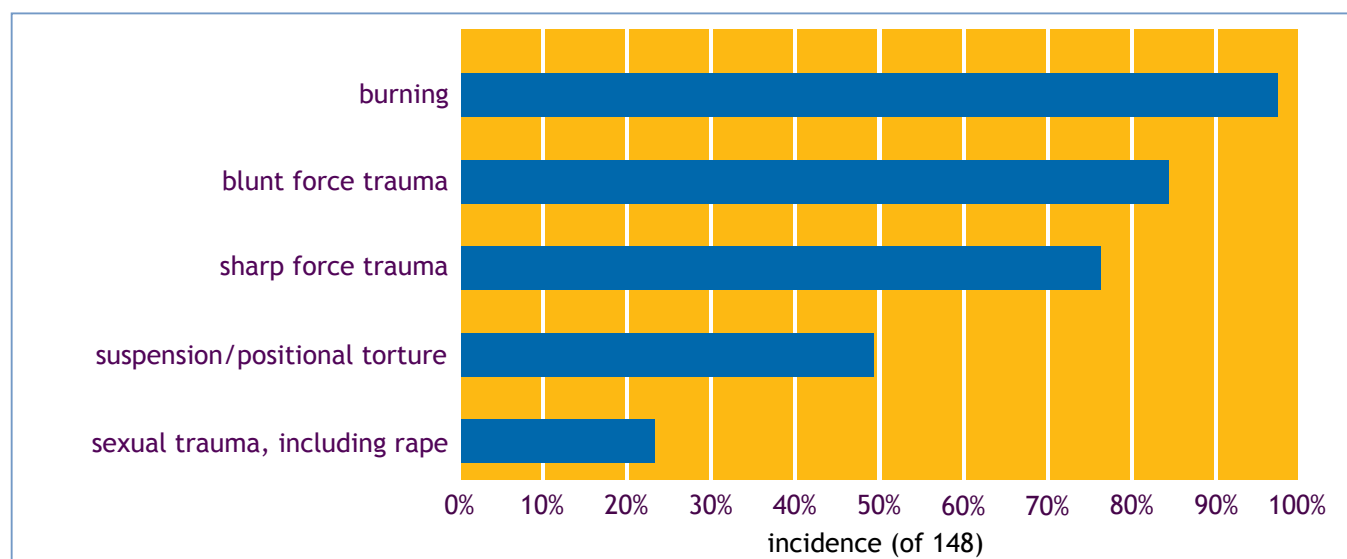
only as a change in pigmentation.⁴⁸ Among the cases reviewed, burning produced proportionately the highest number of lesions, including scars and more commonly, changes in pigmentation. One hundred and eleven of the 115 people who reported burning had lesions that were found to be consistent with this form of torture, according to Istanbul Protocol standards (97%, 93 men, 18 women). Many of the 111 people had multiple lesions on different parts of the body, in some cases attributed to more than one instrument of burning. Of the 111 people with physical evidence of burns, 71 had been burned with heated metal implements and 65 with cigarettes; 25 had therefore been burned with both implements.

Only four people who described some form of burning had no associated lesions. Three had described the sensation of burning induced by irritants such as chilli powder rubbed into the eyes or on sensitive areas of skin such as the genitals. One person was

⁴⁸ For example, the hotter the implement used the briefer the contact time, in fractions of a second, required for a burn injury to occur. However the depth and severity of a burn and consequent pigmentation change or scarring depends on a number of factors including the temperature of the implement used and of the skin, the contact time and pressure with which it is applied, factors affecting conductivity such as sweat on the skin, immediate and later treatment of the burn injury, infection in the wound and the general health and nutritional state of the individual. A partial thickness burn means the burn does not extend through the full thickness of the skin, and healing involves repair to the skin, often but not always with pigmentation change, leaving a ‘pigmented lesion’ that may persist for a variable time: weeks, months or even many years. A full thickness burn destroys all the skin tissue down to the dermis beneath, and healing will therefore involve production of scar tissue.

⁴⁷ *Ibid.*, paragraph 187.

Figure 32: Incidence of physical evidence associated with particular torture methods





burned with a cigarette and the injury caused was superficial and did not produce a permanent lesion.

Suspension or other positional torture

Thirty-three of the 67 people who reported suspension or other positional torture had enduring physical injury (for example to the musculoskeletal system), lesions (for example from ligatures or cuffs) and/or pain symptoms that were found to be consistent with this form of torture, according to Istanbul Protocol standards. This was nearly half of those who reported this form of torture (49%). While suspension and other positional torture will inherently have a strong psychological impact, the extent of physical injury depends on a number of factors including the exact method of suspension, how often and how long the person was held in the position, which in the cases reviewed was reported to have ranged from a number of minutes to a several hours. Other factors that might affect the extent of injury include the other torture that was inflicted while the person was suspended as well as body structure, pre-existing health and level of fitness.

Sharp force trauma

Nineteen of the 25 people who reported various types of sharp force trauma had physical evidence in the form of scars and other lesions that was consistent with the attributed cause, according to Istanbul Protocol standards. In the remaining six cases enduring physical evidence of injury was not found. This may have been due to the superficial nature of the original injury that was caused, for example by fingernail scratches or bites. Among the 25 people numerous other scars and lesions were documented that were attributed to other torture, such as beatings, burning and suspension or other positional torture.

Sexual torture

It should be noted that physical evidence of rape is often absent even as little as 72 hours afterwards and bodily injury is more likely to be documented than a specific genital injury in a rape victim. Of the 105 men and women who reported sexual

torture including rape, doctors documented enduring physical evidence associated with this form of torture in 24 cases (23%).

The forensic examination in relation to an allegation of this form of torture for the purpose of an MLR is as rigorous as possible, taking into account the willingness and capacity of the individual to undergo intrusive examination and the risk of re-traumatisation.⁴⁹ It is well recognised that direct physical evidence of rape in the form of lesions on the genital organs and/or anus is less likely to be found the longer the time elapsed since the assault.⁵⁰ Given the likely time lapse between sexual violation and examination for the purpose of an MLR, our doctors are careful not to infer that the violation has not taken place where such signs are absent.

While physical evidence of rape documented in MLRs may include lesions on the genital organs and/or anal area attributed to injuries inflicted during rape, other physical signs and symptoms commonly associated with rape may also be reported and recorded, including chronic pain and genito-urinary symptoms. In addition - given the level of violence inflicted on women and men during rape - incidental physical injuries including burns, blunt force trauma and sharp force trauma caused by knife wounds, human bites, fingernails and abrasion of the skin on rough surfaces, may provide further evidence of this form of torture. Of the 58 people who reported rape, associated physical evidence of one or more of these types was documented in 15 cases (10 women and 5 men).

In addition, sexual torture reported by men very often included violent assault to the genitals of one form or another which did not take place in the context of rape (see 3.1.3 for details). Of the 50 people who reported this form of sexual torture, nine had enduring physical evidence.

49 See Burnett and Adlington, *op cit.*, page 155: "... It cannot be over-emphasised that the benefit to the patient of any investigation or aspect of examination must be weighed against the risk of exacerbating or prolonging the patient's distress, and should not be performed without their full, unhurried consent."

50 Clarke, *op cit.*, pages 141-143.

3.4.3. Pain symptoms associated with torture

Thirty-six people reported chronic pain symptoms associated with torture. The majority reported musculoskeletal pain due to beatings and other torture, including back pain, pain in the arms and legs and joint pain (shoulder, hip, knees). Many people also described persistent ongoing headaches and/or migraines that had commenced since they were detained and tortured.

Pain is known in some instances to be a ‘somatic’ symptom that is largely psychologically determined with no obvious physical cause, for example arising from severe trauma. Pain symptoms may therefore be one manifestation of the ongoing psychological distress that torture survivors endure. This can include headaches and back pain as well as other ‘non-specific aches and pains’.⁵¹ However, in a context where the individual has been tortured, MLR doctors are trained to be alert to the strong possibility of neuropathic pain (pain due to nerve damage) underlying injury to the musculoskeletal system when pain is reported.⁵²

3.4.4. Psychological impact of torture

As noted in the Istanbul Protocol, while not everyone who has been tortured develops a diagnosable mental illness, many torture survivors experience ‘profound emotional reactions and psychological symptoms’.⁵³ The main psychiatric disorders associated with torture are PTSD and major depression, which though present in the general population are found to have much higher prevalence among traumatised populations such as torture survivors.⁵⁴

MLRs prepared by Freedom from Torture doctors routinely include a psychological evaluation, the overall purpose of which is to ‘assess the degree of consistency between an individual’s account of torture and the findings during the course of

the evaluation’.⁵⁵ The psychological evaluation is conducted in accordance with guidance given in the Istanbul Protocol and Freedom from Torture’s *Methodology Employed in the Preparation of Medico-Legal Reports* and with reference to diagnostic tools including the World Health Organisation Classification of Mental and Behaviour disorders and psychological research on memory and recall.⁵⁶

As explained in the *Methodology*, Freedom from Torture doctors, who are mainly general practitioners (GPs), are ‘extremely well qualified to assess psychological symptoms in the context of a medico-legal report’.

*“The majority of modern GPs have extensive experience in psychiatry both as a result of some time spent during GP training working in psychiatry departments and as GPs, where over 60% of consultations have a psychological component and 80% of psychiatric patients are managed by GPs. GPs have to decide who is referred for counselling and who needs specialist psychiatric care. GPs initiate treatment with anti-depressants and assess patients for suicide risk to determine the need for acute admission. GPs see the full range of patients, including those not coping well with everyday life, the acutely bereaved, victims of assault and rape and those with major psychiatric diagnoses...”*⁵⁷

In line with the process described in the Istanbul Protocol, the psychological examination conducted by Freedom from Torture doctors comprises the past and current health history, a full mental state examination and an assessment of social functioning.⁵⁸ Presenting symptoms and objective signs such as the behaviour and affect of the individual during

55 *Ibid.*, paragraph 261.

56 *Ibid.*, Chapter VI, Psychological Evidence of Torture, paragraphs 234-315; World Health Organisation, *The ICD-10 Classification of Mental and Behavioural Disorders* (Geneva 1994); Freedom from Torture, *Methodology*, *op cit.* For research on memory and recall, see for example Cohen, J., ‘Errors of Recall and Credibility: Can Omissions and Discrepancies in Successive Statements Reasonably be Said to Undermine Credibility of Testimony?’, *Medico-Legal Journal* (2001), 69 (1): 25-34. See also, Herlihy J et al., ‘Discrepancies in autobiographical memories - implications for the assessment of asylum seekers: repeated interviews study’, *British Medical Journal* (2002) 324: 324-7.

57 Freedom from Torture, *Methodology*, *op cit.*, page 6.

58 *Istanbul Protocol*, *op cit.*, paragraph 261.

51 Seltzer, *op cit.*, pages 108-109.

52 *Ibid.*

53 *Istanbul Protocol*, *op cit.*, paragraph 236.

54 *Ibid.*



clinical examinations from the beginning of the documentation process to the end are recorded and described in detail in the MLR, with examples.

The individual's reported experience of detention and torture and presentation of ongoing psychological symptoms is considered in light of their current behaviour, present life circumstances and views of their past and present life and of their future. A psychiatric diagnosis or diagnoses will be made if appropriate, taking account of diagnoses made by others such as a GP or an NHS psychiatrist. Consideration is given to how psychological symptoms relate specifically to the history of torture, while confounding factors and other possible causes are discussed.

In forming a clinical opinion for the purpose of reporting psychological evidence of torture Freedom from Torture doctors address the following questions, as indicated in the Istanbul Protocol:⁵⁹

- Are the psychological findings consistent with the alleged report of torture?
- Are the psychological findings expected or typical reactions to extreme stress within the cultural and social context of the individual?

59 *Ibid.*, paragraph 287.

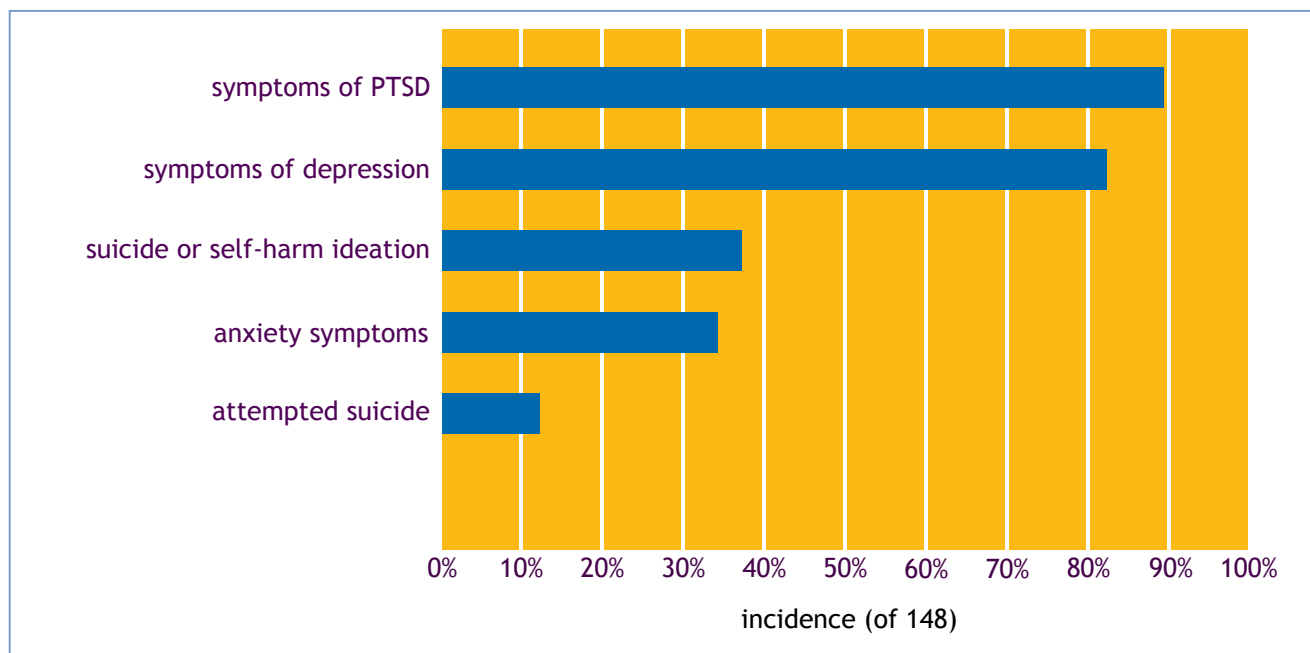
- What is the timeframe in relation to the torture events?
- Where is the individual in the course of recovery?
- What are the co-existing stressors such as forced migration, exile, loss of family and social role, and what impact do these issues have on the individual?
- What physical conditions contribute to the clinical picture?
- Does the clinical picture suggest a false allegation of torture?

A detailed clinical and legal review process ensures that in reporting their psychological opinion Freedom from Torture doctors fully explain any diagnosis they have made, discuss how the psychological symptoms relate to the history of torture and/or to other possible causes and directly address the possibility of fabrication of the clinical picture.

Evidence of PTSD and depression

According to the clinical examination and evaluation process described above, a high proportion of the 148 people had ongoing psychological symptoms, including of PTSD and depression, that were directly related to their history of torture.

Figure 33: Psychological symptoms associated with torture



Although, as noted above, not everyone who is tortured develops the full features of a diagnosable illness, many among these cases were assessed to have reached the diagnostic threshold for PTSD and depression. Some people described distressing and disabling symptoms of anxiety and/or past or present suicidal or self-harm ideation. Some had attempted suicide since their escape from detention, while others had carried out acts of self-harm.

Of the 148 people, 131 had symptoms of post-traumatic stress disorder (PTSD) that were found by Freedom from Torture doctors to be directly related to the history of torture in detention. This represented 89% of all cases. Of these people, 87 had symptoms reaching the diagnostic threshold for PTSD, according to the ICD-10 Classification of Mental and Behavioural Disorders, according to the examining doctor (59% of all cases).⁶⁰

In addition, MLR doctors found there to be ongoing symptoms of depression linked to the history of detention and torture in 122 cases (82% of all cases), of whom 74 presented with symptoms reaching the diagnostic threshold for depression (50% of all cases).

Other psychological symptoms documented in the MLRs and related to the history of torture included anxiety symptoms in 50 cases (34% of all cases) and ideation of self-harm or suicide in 55 cases (37% of all cases). Nineteen people reported having

attempted suicide since escaping from detention and ten reported having self-harmed (13% and 7% respectively).

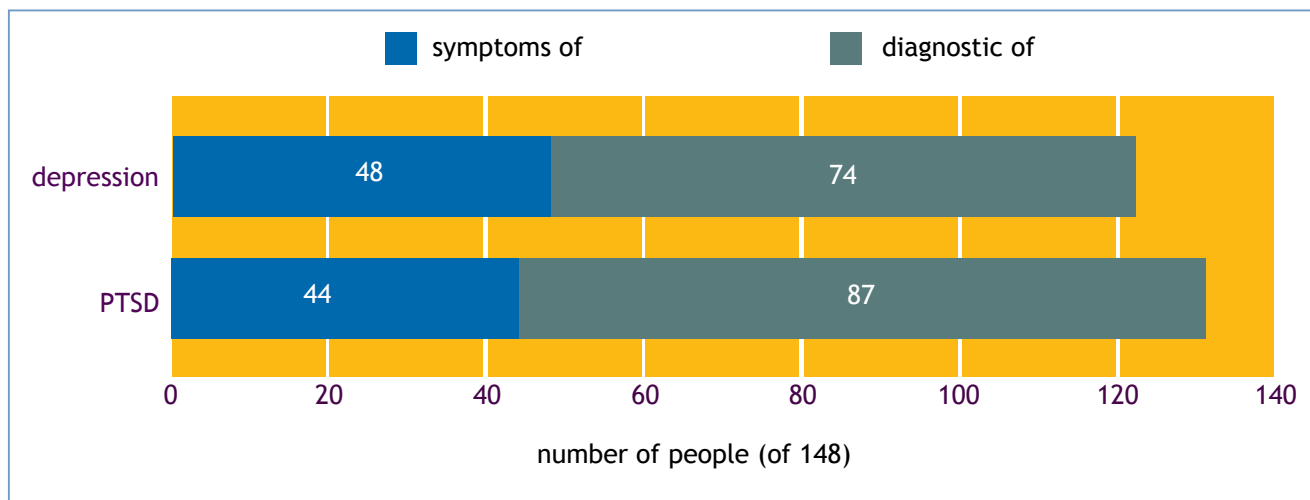
The extensive and detailed evidence of profound trauma associated with a history of torture described by doctors in these 148 MLRs provides further corroborative evidence of that torture, while also demonstrating the devastating and long-lasting psychological impact of torture on individuals, their families and communities.

“Even if we faced torture five or six years ago, we are still facing the pain. We have left our families, we have nothing. It is not easy... There is no peace in our lives” - Sri Lankan survivor of torture in treatment at Freedom from

“We are here like dead bodies, there is no life for us” - Sri Lankan survivor of torture in treatment at Freedom from Torture

⁶⁰ World Health Organisation, The ICD-10 Classification of Mental and Behavioural Disorders, *op cit.*

Figure 34: Psychological symptoms and diagnoses associated with torture





The common symptoms of PTSD and depression documented and described in detail in MLRs as they related to the individual were:

- **Re-experiencing the trauma**
Flashbacks and intrusive memories and thoughts where traumatic events are repeatedly re-experienced even when the individual is awake and conscious; recurrent nightmares including elements of the traumatic events in actual or symbolic form; fear and anxiety experienced in response to cues that trigger an association with the trauma, such as authority figures in uniform and particular sights and sounds associated with the experience of detention and the perpetrators of abuse.
- **Avoidance and emotional numbing**
Avoidance of any thought, conversation, activity, place or person that arouses recollection of the trauma; a marked emotional restriction or dissociation when recalling events involving trauma and a difficulty recalling these events; detachment and social withdrawal; avoidance of meeting people and of social interactions.
- **Hypervigilance**
Difficulties either falling or staying asleep; unusually high levels of irritability and angry responses; difficulties in concentrating and with memory and recall; marked 'hypervigilance' and exaggerated startle response; a generalised state of anxiety and anxiety related symptoms such as dizziness, fainting and hyperventilation.
- **Depression symptoms**
Low mood; markedly diminished interest in normal daily and normally pleasurable activities and increased fatigue; limited emotional affect; diminished appetite; insomnia or other forms of sleep disturbance; feelings of worthlessness and guilt; difficulty with concentration and recall and scattered thoughts; bleak or pessimistic view of the future; sense of foreshortened future; suicidal ideation and self-harm or attempted suicide.

- **Damaged self-image**

According to the Istanbul Protocol, one of the aims of torture is to '*... disintegrate the individual's personality. The torturer attempts to destroy a victim's sense of being grounded in a family and society as a human being with hopes, dreams and aspirations for the future ... the victim has a sense of having been irreparably damaged.*'⁶¹

Some people reported that their sense of self and self-identity was altered as a result of the torture they had experienced, particularly those who had been raped. People described feeling disintegrated by their experience, profoundly changed and damaged, less than human, wounded and unable to live as a normal person. As well as the impact on self-identity, the impact of torture on the individual's 'relational identity', their sense of self within their family and their community, was reported by some to have been irreparably damaged, with devastating impact for some people.

Psychological impact of sexual torture

Specific psychological responses to sexual torture and rape were explored and documented in the MLRs and included the following:

- intense/ overwhelming feelings of shame;
- involuntary and intrusive memories, nightmares and flashbacks of the events and of perpetrators;
- feelings of anger towards the abuser and/or internalised anger, expressed as self hatred;
- fear and severe anxiety symptoms, generalised or related to men or people who remind the person of their abuser;
- avoidance of anything associated with the trauma, including being unable to remember anything or remember details of what occurred; being unable to disclose or fully disclose what happened;

⁶¹ Istanbul Protocol, *op cit.*, paragraph 261.

- social withdrawal and difficulty making relationships with others, especially men;
- labile emotions including uncontrollable weeping and anger;
- persistent low mood;
- sexual dysfunction; and/or
- suicidal ideation, self-harm and suicide attempts.

“... Since his release from detention, he has suffered with very low mood. He has recurring thoughts of shame and feeling that there is nothing left in life for him. The low mood is with him all day every day, and he does not enjoy doing any of the things that he used to enjoy. He avoids talking about his ill-treatment with even close family members, is withdrawn, avoids mixing with people, has inability to recall important dates, has experienced loss of interest, feels detached and ‘switched off’ indicating periods of dissociation.” (MLR excerpt)

“... He has symptoms of PTSD following physical abuse, anal rape and sexual harassment. He suffers from intrusive recollections; frightening nightmares making him scream at night disturbing the household; flashbacks and day-time imagery, causing distress and triggering what he described as ‘fits’.” (MLR excerpt)

“... She reports poor appetite and nausea and is extremely weak. She has frequent head and chest pains and suffers from a poor memory. Often her mind is completely blank when attempting to answer questions. She has difficulty in settling to sleep until 1 am and then gets woken up by nightmares at least twice per night.” (MLR excerpt)

“... His over-riding recurring thoughts are of shame following the sexual abuse he suffered and fear of further harm to himself and his family, particularly if he were to return to Sri Lanka; his fear is profound and deeply disabling. His current risk of suicide or self-harm is moderate. He has thought of how he might attempt to take his own life, and thinks of it daily, but has a small but strong social support network in place in the form of his family.” (MLR excerpt)

“... She reports feeling intensely afraid; she is constantly disturbed by vivid memories of the abuse, day and night. She cannot tolerate dark, has frequent nightmares and wakes in a state of acute fear. She dislikes talking to people about experiences in Sri Lanka and she especially fears men.” (MLR excerpt)



3.5. Congruence of clinical evidence and attribution of torture

In the clinical opinion and concluding observations of the 148 MLRs reviewed for this report, examining doctors drew together the salient elements of the account of detention and torture and the clinical evidence that 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
- Possibility of fabrication or embellishment of the account of torture, or of alternative explanation for the clinical evidence.

In all 148 cases clinicians found there to be sufficient physical and/or psychological evidence to support the account given, and overall congruence between the clinical findings and the history provided by the individual of detention and torture in Sri Lanka in the given period.

RECOMMENDATIONS

The recommendations below are informed by the research presented in this report, based on forensic evidence from our doctors, as well as the lived experiences of Sri Lankan survivors of torture in treatment at Freedom from Torture. Discussions with these Sri Lankan torture survivors about the research and their views about changes needed for torture to be eradicated in Sri Lanka and the rights of survivors to be fulfilled were co-led by the Survivors Speak OUT network.

The Sri Lankan torture survivors who participated in these discussions emphasised that torture is rooted in historic systematic discrimination against Tamils, which was the initial driver of the conflict. It has been sustained by poor governance including deep corruption, long-term impunity and lack of transparency, all of which became hallmarks of authoritarianism in Sri Lanka in the years after the armed conflict ended in 2009. Discrimination against Tamils and other minority groups, many other serious human rights abuses and poor governance continue despite the ‘greenshoots’ of reform since the change of president in January 2015.

“It is important to consider not only what has happened, including what type of torture, but also why” - Sri Lankan survivor of torture in treatment at Freedom from Torture

This group of Sri Lankan torture survivors wants the world to know that torture, disappearances and extrajudicial killings are ongoing in peacetime Sri Lanka right up to the present time. As discussed in the introduction to this report, and despite the fact that it can take many months for torture survivors to escape and reach the UK, Freedom from Torture has direct knowledge of a number of specific cases of torture committed in Sri Lanka since January 2015. The group of survivors with whom we

discussed our research study described other cases, including examples that have not been reported in the press because families of the victims in Sri Lanka are too afraid to talk to the media.

These survivors emphasise that torture has been part of the modus operandi of the military, police and intelligence services in Sri Lanka for decades and that changing this requires a radical transformation which has not been possible in the country yet.

The North and East of the country remain militarised and many Tamil torture survivors in treatment with Freedom from Torture report that their families are still being harassed and remain under surveillance in Sri Lanka.

Reports in the Sri Lankan press of harassment and arrest at the airport and elsewhere of Tamils returning to Sri Lanka from different parts of the world are a source of deep concern for Sri Lankan torture survivors we work with. In March 2015, a spokesperson for the Tamil National Alliance warned the Tamil diaspora that it was still not safe to return.⁶²

Sri Lankan torture survivors in treatment with us who are awaiting determination of their asylum claims are highly distressed about the risk of forcible return to Sri Lanka due to poor decision-making and past resistance by the UK government to evidence from Freedom from Torture about the risk of torture for certain categories of Tamils returning to Sri Lanka from the UK.

⁶² 'Not safe for Tamil diaspora to return to Sri Lanka says TNA spokesperson', Tamil Guardian, 8 March 2015, available at <http://tamilguardian.com/article.asp?articleid=14028>.



“Why are countries deporting people to Sri Lanka when they know about these human rights violations? The reason people know about these violations is because we are here outside Sri Lanka. We are here and able to help stop violations from happening in the future, but the deportations are still happening” - Sri Lankan survivor of torture in treatment at Freedom from Torture

Sri Lankan torture survivors in treatment at Freedom from Torture are also highly concerned to ensure that perpetrators of torture and other serious human rights abuses in Sri Lanka are held to account.

“Whoever committed these crimes, whether in power or not and whether in Sri Lanka now or outside, they need to be punished”- Sri Lankan survivor of torture in treatment at Freedom from Torture

“Perpetrators have to be punished so future leaders cannot rise to commit these crimes again” - Sri Lankan survivor of torture in treatment at Freedom from Torture

There is a strong collective sense among Sri Lankan torture survivors we work with that human rights reform in Sri Lanka will not happen without concerted international pressure. Accordingly, the group of survivors who participated in discussions about this research asked Freedom from Torture to direct our recommendations first to the United Nations and the international community.

“We have placed our trust in the international community and we expect it to deliver a resolution for us” - Sri Lankan survivor of torture in treatment at Freedom from Torture

Recommendations for Member States of the United Nations Human Rights Council and Security Council

- 1) Ensure without delay a genuine accountability process that meets the highest international standards and all of the following requirements:
 - i) The process must cover torture and other serious human rights abuses and associated international crimes committed by both sides to the armed conflict and by the Sri Lankan government in the years of ‘peace’ since the fighting ended;
 - ii) The process must be independent, credible, accessible to victims including those outside the country, transparent and otherwise fully human rights-compliant;
 - iii) Any findings on torture from the Office of the High Commissioner for Human Rights’ investigation on Sri Lanka should be accepted and accountability delivered; and
 - iv) In order to satisfy the international community and win the confidence of victims, including those from the Tamil minority, the process must include strong international participation at every stage and level.
- 2) Maintain pressure on Sri Lanka to allow UN and other international human rights experts, including investigatory and forensic experts, to enter the country and freely visit communities and detention facilities, including in the North and East, with robust protection for those who meet and share information with these experts.
- 3) Provide extensive technical assistance to Sri Lanka to eradicate torture, bring perpetrators to justice, and fulfil the right to redress for torture survivors, including

compensation and the right to rehabilitation within the meaning of Article 14 of the Convention Against Torture to which Sri Lanka is a party. This assistance must not be a substitute for accountability and should include participation of torture survivors in an advisory capacity.

Recommendation for the UN Special Rapporteur on Torture and the UN Secretary-General's Special Representative on Sexual Violence in Conflict

- 4) Arrange to visit Sri Lanka as quickly as possible to address ongoing torture, including sexual torture, in peacetime Sri Lanka.

Recommendations for President Maithripala Sirisena

- 5) Ensure without delay a genuine accountability process for torture and other serious human rights abuses and associated international crimes that meets all of the requirements set out in recommendation 1 above.
- 6) Publicly acknowledge that torture, including sexual torture, is ongoing in peacetime Sri Lanka in violation of the absolute ban on torture set out in the Convention Against Torture and other human rights treaties to which Sri Lanka is a party, and reinforce the government's oft-stated policy of 'zero tolerance'⁶³ towards it.
- 7) As Commander-in-Chief of the Army, issue a clear and public command to the military not to practise torture including an announcement that perpetrators will be held to account. This should be issued jointly with the Commander of the Army, Lieutenant General Crishanthe de Silva.

Recommendations for the government of Sri Lanka

- 8) Make its 'zero tolerance' policy to torture a reality by suspending from duty those accused of torture, ending use of 'agents' to arbitrarily detain and torture people, and launching criminal investigations and prosecuting those responsible no matter how powerful or senior they are within government or the military, policy and security services.
- 9) Become an active stakeholder in the Preventing Sexual Violence Initiative including by using the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict in efforts to tackle impunity for sexual torture, and involving survivors of sexual torture in an expert capacity.
- 10) Establish a robust victim and witness protection programme to protect those alleging torture and their families from further ill-treatment and intimidation.
- 11) Reform the justice sector to ensure:
 - i) Anyone arrested is afforded due process including prompt access to legal representation of their choosing and to independent medical examinations;
 - ii) Any detainee, including in unofficial detention centres and 'rehabilitation' facilities, is released unless they are charged with an internationally recognisable crime or sentenced after a fair trial meeting international standards; and
 - iii) Exclusion in all circumstances of 'confessions' and other evidence obtained via torture.
- 12) Immediately repeal the Prevention of Terrorism Act and abolish the system of administrative detention as these are not compliant with well-established international legal standards.

⁶³ See Government of Sri Lanka's Response to the Concluding Observations issued by the Committee Against Torture (25 November 2012), page 1 available at http://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/LKA/INT_CAT_STA_LKA_47_11045_E.pdf.



- 13) Immediately close all unofficial detention facilities in Sri Lanka and publicly verify their locations.
- 14) Demonstrate serious intent to redress historic discrimination as a root cause of torture and address the current priorities and concerns of the Tamil minority, as identified by them, in the interests of long-term solutions and sustainable peace and reconciliation. This should include a programme of de-militarisation in the North and East of the country.
- 15) Immediately end routine monitoring and surveillance of the Tamil minority, in Sri Lanka and abroad.
- 16) Ratify the Optional Protocol to the Convention Against Torture and establish an effective torture prevention programme including extensive training within the military, police and intelligence services and measures to enable independent national and international monitors to make regular unannounced inspections of any place of detention including unofficial detention facilities.
- 17) Support survivors of torture across Sri Lanka to realise their right to redress including compensation and the right to rehabilitation within the meaning of Article 14 of the Convention Against Torture through the rollout of available, appropriate, and promptly accessible legal and health services, including specialist psychological therapies, services designed for survivors of sexual violence and psychosocial support.
- 18) Ratify the Rome Statute of the International Criminal Court with retroactive effect to ensure that the Court may investigate and prosecute international crimes committed in the context of the civil war, particularly the final stages, if necessary.

Recommendations for the government of the United Kingdom

- 19) Continue the UK's leading role in the promotion of reconciliation and human rights in Sri Lanka in line with commitments in the Conservative Party manifesto.⁶⁴ This should include:
 - i) Strong support for a genuine accountability process for torture and other serious human rights abuses and associated international crimes that meets all of the requirements set out in recommendation 1 above;
 - ii) Encouraging Sri Lanka to become an active stakeholder in the Preventing Sexual Violence Initiative including by using the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict in efforts to tackle impunity for sexual torture, and involving survivors of sexual torture in an expert capacity;
 - iii) Ensuring that individuals are not forcibly returned from the UK to a risk of torture in Sri Lanka, including by:
 - a) Exercising extreme caution when assessing the international protection implications of recent political developments in Sri Lanka mindful of:
 - Concerns noted by the Foreign and Commonwealth Office about ongoing torture in 2015;⁶⁵

⁶⁴ The Conservative Party manifesto promised to 'promote reconciliation and human rights in Sri Lanka, including through supporting the UN investigation into war crimes, which the Prime Minister was instrumental in securing following his historic visit to Jaffna'. The Conservative Party Manifesto 2015, p.79 available at <https://s3-eu-west-1.amazonaws.com/manifesto2015/ConservativeManifesto2015.pdf>.

⁶⁵ Foreign and Commonwealth Office, 'Sri Lanka - in-year update July 2015', *op cit*.

- Concerns from Freedom from Torture about the entrenched role of torture in the military, police and security services and the many steps Sri Lanka must take to eradicate torture (see above); and

- The possibility that torture will be used to silence potential witnesses who might testify in any accountability process.

b) Ensuring that the Home Office's asylum policy for Sri Lanka is updated to reflect further evidence contained in this report about (i) torture in peacetime Sri Lanka; and (ii) the particular risk for those returning from the UK with a real or perceived past connection to the LTTE, at whatever level and whether directly and/or through a family member or acquaintance.



A billboard featuring Sri Lanka's then President Mahinda Rajapaksa stares down at passersby on a street in Jaffna (Photo: Will Baxter)

ANNEX

Incidence of torture by year of detention

As noted in the Introduction, MLRs were selected for review only on the basis that the person was detained and tortured in 2009 onwards (with torture taking place after May 2009) and gave consent for their MLR to be used for research. It is not possible to infer that the number of MLRs available for research reflects the overall prevalence of detention and torture in Sri Lanka in a given year, given that many factors may influence referral patterns to Freedom from Torture for MLRs for people detained and tortured in any particular year, only one of which will be the prevalence of detention and torture in the country that year. The lack of reliable information relating to detention in Sri Lanka and the lack of statistics for people who make asylum applications in the UK disaggregated by those who have been detained and tortured also makes it difficult to make inferences from these cases to a wider population. However, while findings related to patterns of torture in particular years are based only on the cases reviewed, they may be

considered indicative of what happened to others also detained in that year.

Of the 148 people the largest number were detained in 2009, at the end of the conflict or in the months that followed (61 people). The numbers of people detained in each of the years 2011-13 ranged from 15-31, with the largest number having been detained in 2011. MLRs for people who were detained in 2014 were not yet available for research though, as outlined in the Introduction, Freedom from Torture has continued to document more recent cases.

Figure 35 gives the number of people who reported particular methods of torture in each of the years 2009-13, while Figure 36 give the incidence of methods of torture, relative to the numbers detained in the particular year.

It is clear from these findings that all the methods of torture reported in the 148 MLRs reviewed

Figure 35: Number reporting methods of torture, by year of detention

Year of detention	2009	2010	2011	2012	2013
total number detained	61	19	31	22	15
beating	61	19	31	22	15
burning	47	13	27	16	12
sexual torture	44	13	24	12	12
rape	21	12	16	7	2
suspension	27	8	17	8	7
asphyxiation	23	5	10	12	6

Figure 36: Incidence of methods of torture by year of detention, relative to number detained

Year of detention	2009	2010	2011	2012	2013
beating	100%	100%	100%	100%	100%
burning	77%	68%	87%	73%	80%
sexual torture	72%	68%	77%	54%	80%
rape	34%	63%	52%	32%	13%
suspension	44%	42%	55%	36%	47%
asphyxiation	38%	26%	32%	54%	40%



- beating, burning, sexual torture including rape, suspension and asphyxiation - were used in the immediate aftermath of the conflict ending in Sri Lanka and that their use has persisted long after the end of the conflict in 2009, up to and including the year 2013. While there is some variance in the relative prevalence of most forms of torture in particular years, the use of brutal beatings is a constant across all years. The high incidence of burning and sexual torture across all years is also particularly notable. The only form of torture where this evidence indicates an apparent decline in prevalence from 2009 to 2013 is rape. Possible reasons for this seemingly discrepant finding are discussed below, including the much higher proportion of men among those who were detained that year.

Findings related to particular forms of torture are summarised below.

Burning

The prevalence of burning is fairly similar irrespective of the year in which people were detained (see

Figures 37 and 38 below). While 78% of all the 148 people were burned, this figure ranges between 68-87% in each of the years 2009-13. The year with the highest incidence of burning was 2011 (87%), followed by 2013 (80%) and the year with the lowest incidence was 2010 (68%). Although the relatively small numbers of people detained in some years and the lack of other comparable data does not allow for statistical inference to be made on these numbers alone, the ongoing and apparently widespread use of this particular method of torture in Sri Lanka is strongly indicated in these findings.

It is particularly interesting to note that the use of burning by heated metal implements as a form of torture remained constant in each of the years 2009-13 (see Figure 39a below). In fact within these cases the incidence of this form of torture has increased in recent years, relative to the use of burning by cigarettes. For example, the percentage incidence of burning by heated metal among those detained in 2012 was 64% and in 2013 was 60%, compared with an average incidence of 49% over all the years 2009-13 (see Figure 39b).

Figure 37: Number of people detained and number burned in each year, 2009-13

Year of detention	2009	2010	2011	2012	2013
all those burned	47	13	27	16	12
all those detained	61	19	31	22	15

Figure 38: Incidence of burning among 148 people, 2009-13

Year of detention	2009	2010	2011	2012	2013
percentage burned, any implement	77%	68%	87%	73%	80%

Figure 39a: Number reporting burning, by method and year of detention (with some burned by more than one method)

Year of detention	2009	2010	2011	2012	2013
burned by heated metal implement	27	5	16	14	9
burned by cigarette	25	10	18	8	5
burned by other implement	7	0	1	1	3
total instances of burning	59	15	35	23	17
total people burned	47	13	27	16	12

Figure 39b: Incidence of burning, by method and relative to the number detained in each of the years 2009-13

Year of detention	2009	2010	2011	2012	2013
burned by heated metal implement	44%	26%	52%	64%	60%
burned by cigarette	41%	53%	58%	36%	33%
incidence of burning by any implement	77%	68%	87%	73%	80%

Sexual torture

Sexual torture including rape was perpetrated in each of the years 2009-13 in which the 148 men and women were detained.

The incidence of sexual torture of all types, relative to the numbers detained in each year, ranged between 54-80% of all those detained in each year, with an average incidence of 70% in each year; nearly three quarters of all 148 people (see Figure 41 below). It is notable that the highest incidences were in the years 2011 and 2013, with 77% and 80% respectively of people who were detained in those years reporting sexual torture. The lowest incidence was in 2012, with 54% of people detained in that year reporting sexual torture.

However the incidence of rape when disaggregated from other forms of sexual torture follows a slightly different pattern, with a much wider range of between 13-63% of all those detained in each year reporting this form of torture. As Figure 41 (below)

shows, the average incidence of rape across the years 2009-13 is 39%, but in the years 2010 and 2011 the incidence is noticeably higher, at 63% and 52% respectively. Conversely the incidence of rape appears much lower as a proportion of those detained in the years 2012 and 2013, with seven of the 22 detained in 2012 (32%) and two of the 15 people detained in 2013 having been raped (13%).

These findings may, at least in part, relate to the numbers of men and women who were detained in any particular year. Figure 42 (below) shows that the proportion of female detainees who were raped remained fairly constant in the years 2009-11 at more than 80%, though it is not possible to describe a pattern for the years 2012 and 2013 as there were no women in our sample detained in 2012 and only one in 2013 (who was raped). Among the men the pattern is more varied between the years 2009-13, with an apparently higher proportion of men raped in detention during the years 2010-11 (42-54%) than in the other years, while the proportion reporting rape in 2013 is strikingly low at 7%.

Figure 40: Number detained and number reporting sexual torture and rape by year of detention

Year of detention	2009	2010	2011	2012	2013
disclosed sexual torture (any)	44	13	24	12	12
disclosed rape	21	12	16	7	2
all those detained	61	19	31	22	15

Figure 41: Incidence of sexual torture and of rape, relative to the number detained in each year

Year of detention	2009	2010	2011	2012	2013
disclosed sexual torture (any)	72%	68%	77%	54%	80%
disclosed rape	34%	63%	52%	32%	13%

Figure 42: Incidence of rape in male and female cases, relative to number detained in each of the years 2009-13

Year of detention	2009	2010	2011	2012	2013
men who disclosed rape	25%	54%	42%	32%	7%
women who disclosed rape	89%	83%	86%	-	100%

Figure 43: Incidence of sexual torture (all forms) for men and women, relative to the number detained in each of the years 2009-13

Year of detention	2009	2010	2011	2012	2013
men who disclosed sexual torture (all)	67%	61%	71%	54%	79%
women who disclosed sexual torture (all)	100%	83%	100%	0%	100%



On these findings it is not possible to comment on the ongoing incidence of rape of female detainees given the lack of MLRs available for review. However, findings relating to male detainees indicate a relative decline in the use of rape as a form of sexual torture of men in this study in the years 2012-13.

With regard to sexual torture more generally, Figure 43 (below) shows that for female detainees the incidence of sexual torture of any type is consistently high in all years (83-100%; there were no women among those detained in 2012). The incidence of male detainees who disclosed sexual torture of any form is also fairly constant across the years 2009-11 at 61-71% of those detained in each year. This incidence falls to 54% in 2012, but then rises to the highest point in 2013 at 79% of all male detainees.

Taken together, these findings indicate that while the relative incidence of rape among male detainees in this study may have reduced in the years 2012-13, the incidence of other forms of sexual torture was ongoing at a fairly high rate. The main forms of sexual torture disclosed by men detained in these years were forced nakedness and violence to the genitalia, which were reported by most men.

Suspension

The use of suspension as a form of torture seems to be fairly constant in the years 2009-13. The average incidence relative to the numbers detained in a particular year is 45%, while the range between the years is relatively small at 36-55%. This form of torture seems to have been most commonly practised among the cases in this study in 2011, while the fewest cases are in 2012.

Asphyxiation

As Figure 45 (below) shows, torture by asphyxiation was used in all the years 2009-13. The average incidence relative to the numbers detained in a particular year is 38%, with a range of 26-54%. The highest incidence relative to the numbers detained in that year was in 2012 (54%), followed by 2013 and 2009 (38-40%). The year with the lowest incidence of this torture method was 2010 (26%).

Figure 44: Incidence of suspension and other forced positioning, relative to the number detained in each of the years 2009-13

Year of detention	2009	2010	2011	2012	2013
positional torture/suspension	27	8	17	8	7
all those detained	61	19	31	22	15
relative incidence	44%	42%	55%	36%	47%

Figure 45: Incidence of asphyxiation, relative to the number detained in each of the years 2009-13

Year of detention	2009	2010	2011	2012	2013
disclosed asphyxiation	23	5	10	12	6
all those detained	61	19	31	22	15
relative incidence	38%	26%	32%	54%	40%

30 YEARS
SUPPORTING
SURVIVORS



Freedom from Torture

Medical Foundation for the Care of Victims of Torture



Freedom from Torture

Freedom from Torture is the only UK-based human rights organisation dedicated to the treatment and rehabilitation of torture survivors. We do this by offering services across England and Scotland to around 1,000 torture survivors a year, including psychological and physical therapies, forensic documentation of torture, legal and welfare advice, and creative projects.

Since our establishment in 1985, more than 57,000 survivors of torture have been referred to us, and we are one of the world's largest torture treatment centres. Our expert clinicians prepare medico-legal reports (MLRs) that are used in connection with torture survivors' claims for international protection, and in research reports, such as this, aimed at holding torturing states to account. We are the only human rights organisation in the UK that systematically uses evidence from in-house clinicians, and the torture survivors they work with, to hold torturing states accountable internationally; and to work towards a world free from torture.

Tel: 020 7697 7777

Fax: 020 7697 7799

www.freedomfromtorture.org

Twitter: @FreefromTorture and @SSOonline

Facebook: <https://www.facebook.com/FreedomfromTorture>

Freedom from Torture

111 Isledon Road

London

N7 7JW

Registered charity no: England 1000340, Scotland SC039632