

WITNESS STATEMENT OF **D1527**
BROOK HOUSE INQUIRY

1. My name is **D1527** I was born on **DPA** in Egypt.

2. I am a practicing Sensitive/Irrelevant

3. I find it very difficult to discuss in detail the events which took place in detention, as I find talking about this very traumatic. I suffer from Post-Traumatic Stress Disorder and depression, and I experience flashbacks which make it difficult to recall details and go back over these events.

4. This statement has been prepared by my solicitor using my words as far as possible. We have mainly spoken in English in preparing this statement, though sometimes with an interpreter. However, I am not literate and so I have had help in formulating my evidence into coherent sentences, particularly where technical terms are required. I cannot remember many dates or technical details and these events were now over four years ago, so in order to assist the Inquiry, my representatives have prepared the statement below referring me to contemporaneous documentary records where ever they can. They have assisted me to set out what those documents show and where I recall incidents I have expanded from my recollection on what the documents explain. I confirm I have had all parts prepared on my instructions and various drafts read through to me and carefully confirmed by me. I have relied on my representatives to prepare this in a chronological way with reference to the relevant documents and previous evidence I have given. Some of the technical parts of the following statement have been explained to me rather than being read verbatim so that I am able to understand them. Nonetheless in preparing this statement I have attended conferences with my legal representatives over 7 occasions each lasting several hours amounting to a total of 18 hours and in addition I know my representatives have done many hours in the background and have

found the experience triggers difficult experiences. In addition, I know that my representatives have done many hours of work on this document to help in addition to our conferences.

5. A separate document “[D1527] Response to Rule 9 Questions” has been prepared largely by my solicitors and answers the Inquiry’s many questions more directly and with reference to my evidence where applicable.
6. I have not revisited my past prior to 2017 in any detail in preparing this statement. I have recounted that history at various times and to the extent it is of interest, the Inquiry should look for the most detailed account to the medical report of Dr Basu (see sections 6-11 of his 28 November 2017 report)¹. The report of Dr. Thomas² at paragraphs 8-40 and throughout is also helpful in recording what I could recollect at that time nearest to the events. The Inquiry should also read my two witness statements prepared for the High Court proceedings, the first dated 6 June 2017³, the second dated 19 January 2018⁴.
7. Prior to being detained in Brook House Immigration Removal Centre (“Brook House”) I had suffered mental health difficulties and suicide attempts which are set out in the medical reports of Dr Thomas⁵ and Dr Basu⁶. For instance, on 6 November 2015 I was hospitalised for five days after taking an overdose and that was referred to in the National Offender Management Service (“NOMS”) report of 6 June 2016⁷ which was available to the Home Office.
8. I do not remember the dates exactly myself, but from documents it is clear I was detained at Brook House between 05 April 2017 until 15 June 2017⁸. I was released following an order

¹ CPS000011

² HOM002997

³ DL0000113

⁴ DL0000111, pages 1-14

⁵ HOM002997

⁶ CPS000011

⁷ Appended at Annex I

⁸ CJS001070

of Mr Justice Cranston in the High Court on 13 June 2017 following a Judicial Review challenge of the lawfulness of my detention⁹.

9. Before being transferred to Brook House I was detained by the Home Office for almost a month at HMP Belmarsh (9 March- 5 April) and prior to that I had been on remand in the same prison. I was on remand in relation to charges which were in the end largely dropped (I pleaded guilty to two minor matters for which I did not receive a custodial sentence, as I explain below). I am told that while I was awaiting trial, NOMS prepared the 6 June 2016 report on me. It recommended that I be given a community order and advised that the chances of me reoffending were low. I also understand it described me as “a vulnerable young man”.
10. A witness statement of mine dated 6 June 2017 was filed with the judicial review claim (explained below)¹⁰. This was a short statement taken from me while I was still in detention in Brook House. It stated, in extract, in relation to the detention in Belmarsh as follows:

“I find it difficult to discuss the bad things that have happened to me in my life, but I have tried to set out here what my life has been like in detention for the past few months...

My time at Belmarsh [on remand] was difficult for me... They restrained me and put me in Healthcare wing for long periods. I was locked up in a room by myself, without my roommate. They wouldn't let me out of my room at all. It was a very distressing experience.

On 9th March 2017, I went to the court and my lawyer told me that the police would drop the serious charges against me if I pleaded guilty to two small offences. I didn't really understand what I was being asked to do and there wasn't an interpreter available before we went into court, but they told me I would be released if I did it so I agreed. I went in front of the judge and was told that I wouldn't have to go back to Belmarsh. This made me really happy. However, after the hearing, I was taken back into the cells at the court and then they moved me back to Belmarsh. I didn't understand why. Then someone came and told me I was being detained because of my immigration problems. This made me really upset and I fell into despair.

Going back to Belmarsh was awful. I was put back on the Vulnerable Prisoners wing which is where they keep child sex offenders, even though I hadn't done

⁹ DL0000119, pages 123-124

¹⁰ DL0000113

anything wrong. The other prisoners assumed that I had been to court and been convicted so they would harass me and try to attack me because they thought I was a paedophile. Time spent with the other prisoners was really scary, but it was almost as bad to be locked up in my room. Often we were locked up for 22-23 hours a day...

A few weeks after I was sent back to Belmarsh, someone from the Home Office came to see me. I didn't understand why they wanted to see me and they didn't bring an interpreter. I told them that I wanted a lawyer with me to help me follow what was going on. They went away after that.

My support worker Ben arranged for a lawyer to come and see me at Belmarsh. I was pleased that someone was here to help me, but I struggled to tell my lawyer much about my life at first. I don't like to talk with strangers about what has happened to me.

11. Once my lawyer started working for me, on 31st March 2017 he wrote to the Home Office¹¹. He stated that I met all three categories of "Rule 35" of the Detention Centre Rules 2001 (DCR 2001) indicating vulnerability under the Adults At Risk policy, namely that I was a detained person:

- 1) Whose health is likely to be injuriously affected by continued detention or any conditions of detention;
- 2) Who is suspected of having suicidal ideations; and
- 3) For whom there are concerns that they may have been a victim of torture.

My representative pointed out that if I were detained in an immigration removal centre, I should be referred to a GP for assessment as to whether I should be released. He referred the Home Office to the three categories of Rule 35 (rules 35(1); 35(2) and 35(3)). He noted that a GP report if produced would amount to "level 3" evidence and asked that a referral to a GP be urgently made. It was also requested that I be urgently transferred to an Immigration Removal Centre and it was alleged that I was being detained unlawfully. On 4 April there had been no decision on transfer communicated, and my solicitor again wrote to the Home Office.¹²

¹¹ HOM000495

¹² HOM000101_0007

12. On 5 April, and without response to the correspondence from my solicitors, I was transferred to Brook House¹³. My solicitor learned of the transfer and wrote a letter that very day requesting that a Rule 35 assessment be undertaken immediately. I understand that under Rule 34 DCR 2001, that was required anyway, but I confirm my recollection of what the records show: that I was not examined by a doctor within 24 hours. The following day, 6th April, a response to previous correspondence was received from the Home Office¹⁴. This stated:

“Finally, you have requested that now that your client has been transferred to a removal centre, he should be urgently considered for a Rule 35 assessment. The onus upon your client to raise any concerns he has about his continued detention to staff at the removal centre. Once these concerns have been raised and documented, then the Home Office will consider”.

13. My solicitor wrote again to the Home Office that day and commented that

“this is a woefully passive response and amounts to a complete misunderstanding of the Secretary of State for the Home Department’s duty of care to vulnerable detainees. It is unacceptable for the Secretary of State to absolve herself of responsibility for acquiring evidence of our client’s vulnerabilities. Once the Secretary of State for the Home Department has been put on notice that an individual is vulnerable and may be unlawfully detained under the *Adults at Risk* policy, she should take immediate steps to ascertain the seriousness of the situation by acquiring expert evidence through detention centre staff. It should not be left to a vulnerable detainee to approach staff themselves, particular in cases such as this one in which the detainee does not speak sufficient English to arrange a Rule 35 report.”¹⁵

By this time my solicitor had however managed to obtain a professional assessment of my vulnerability and it was enclosed with the letter. The psychotherapist’s report from Mr Brandao stated that:

“It is my professional opinion that [D1527] is a very vulnerable young man who is immensely troubled by his mental health issues including his traumatic life experiences. His low mood, difficulty in concentrating, disassociating process and

¹³ HOM000101_0005

¹⁴ HOM000101_0002

¹⁵ HOM000345

avoidance behaviour have a direct and extremely negative impact on his ability to access help, engage with services and to maintain his commitments... In my experience of working with other clients with similar backgrounds, those young people present an inability to engage or confront situations that could trigger emotions or memories related to their traumatic past experiences...

I strongly believe that, for his recover, [D1527] needs intense and specialist support which can ensure that he is appropriately medicate and complying with his treatment as well as receiving the emotional support and therapeutic input he so desperately needs. Keeping this in mind, I believe that it is extremely dangerous for this young person to be detained in a place that does not provide this support.”¹⁶

My solicitor’s letter went on to note that the psychotherapist had formed these views after 12 sessions with me, and that they were based on a deeper understanding that would be usual for a Rule 35 report. My solicitor asked that I be released in light of the evidence and the Secretary of State’s policy since he had identified that my continued detention was “extremely dangerous”.

14. I have seen a monthly progress report dated 6 April¹⁷. I am told that it is this document which sets out the matters considered by the Secretary of State when deciding to continue detention. I am told that it makes no reference to the correspondence from my solicitor and did not recognise my vulnerability.

15. My legal representatives have shown me the documents HOM005751 to HOM005757. I understand now that these are called Detention Reviews. I have never seen a document like this before. The reasons for my continued detention were not explained to me other than that I was there because the Home Office wanted to remove me.

16. I did not have any role in the detention reviews conducted by the Home Office. I was never sent these documents. I have never seen these documents before.¹⁸

¹⁶ HOM000345_0006/7

¹⁷ HOM000572

¹⁸ The Inquiry is referred to answers 32 and 33 of the detailed response to the Rule 9 questions

17. I did have access to legal advice and legal representation to challenge my detention. I was released from detention after a successful Judicial Review challenge with my legal representatives about my unlawful detention.
18. Initially I thought it would be better to be out of prison and it was good to be away from the dangerous criminals, but the detention centre was very scary in a different way. At paragraph 12.1.1.1 of Dr Basu's November 2017 report he records what I said to him, and I confirm that is accurate:

At interview, he told me that he found the prospect of moving to Brook House scarier than being at HMP Belmarsh as he had no idea what to expect. As it turned out, he told me that he felt worse at Brook House compared to Belmarsh because it was less predictable and one had no idea what was going to happen next. He told me that during his time in immigration detention he had the recurring intrusive thought that he would had to decide whether he was going to die at Brook House or in Egypt. He reported that he tried several times to kill himself at Brook House and was treated very badly by the staff there. However, given his previous experience, he had come to the conclusion that there was no point complaining.

He said that at Brook House there were particular times during the day when he was not locked up, and that he spent the first 15 days in a single room before then sharing. He told me that he was taken to E-wing frequently. He said that this experience was terrible throughout the time that he was at Brook House and that the mental health nurse "did nothing".¹⁹

19. I don't remember getting an induction at Brook House when I arrived. I have seen the induction records (CJS006036 and CJS006036) which say that I did not have an induction tour on 4 April but that I did have a tour on 5 April. I cannot confirm whether this is true or not, but I do remember having a very brief tour which was essentially them showing me where my room was and that was it. I don't recall getting a document called Information and House Rules. I don't recall signing the document CJS006036.

¹⁹ CPS000011_0021

20. I don't remember at what time this tour happened. I don't believe I ever had a proper induction. I was not given any written materials, or explained any of my rights as a detainee. I had to ask other detainees about the centre and about how things worked. Some detainees were there for a long time and they knew a lot and they were able to help.
21. Any information and questions asked when I arrived at Brook House by the G4S staff and healthcare were all done in English. There was no interpreter offered. I only spoke a little bit of English at the time, and so it was difficult for me to understand what was happening or to be understood. The only time an interpreter was ever offered was when you would be interviewed by the Home Office. To clarify I cannot read or write in English nor in Arabic.
22. There was no opportunity to follow up any part of the induction, what little there was. The G4S staff would just ignore you and not give you any attention. They were very dismissive, and I felt that I didn't want to try and get any help from them.
23. I don't remember meeting any of the welfare officers. I was just told where my room was and they took your property from you.
24. I have looked through the induction records with my legal representatives. I do not recall being asked any of the questions that they have written down. There are a lot of answers written down that I don't remember being asked, and I don't believe that these are accurate. I cannot confirm for certain, as I cannot remember, but I don't believe they asked me all of these questions. I can see that they did not tick to say that I arrived on ACDT, which is incorrect, as I was on ACCT at HMP Belmarsh when I was transferred. I also have seen that it says I had no thoughts of suicide or self-harm or any immediate or urgent needs. I do not remember ever being asked this. It was incorrect.
25. I don't recall ever being asked about whether I was suffering from depression. I arrived at Brook House on ACCT from HMP Belmarsh, so it should have been obvious that I was struggling with my mental health. If they had read my medical records they would have known

I was depressed. Everything should not have been on me to disclose, it was a very stressful situation and they should have read in advance what my issues were.

26. Whenever I did see healthcare, no one ever referenced HMP Belmarsh. I don't know if they had my medical records from Belmarsh (I have been told that records say they did not) but no one ever referred to them at any point. But I had really bad experiences with my mental health at Belmarsh so I would have thought this would have been really important information for them to have on me for my arrival at Brook House.
27. I am told that the mental health referral form dated 4 April 2017 noted that I was not seen on admission but noted that I was on ACDT due to suicide threats²⁰. It says that I stated that I was on antidepressants but that they had not helped. I was described as quiet on admission and had a history of self-harm but did not want to elaborate.
28. The mental health nurse, on the referral form, ticked the following boxes: stress related, torture related, immigration issue, depressive disorder and suicide/self-harm.²¹
29. Whilst at Brook House, I was initially held on B Wing (the induction wing). I was later held on both C and D Wings at various stages. I also was held on multiple occasions on E Wing²².
30. On 7 April 2017 it was noted in medical records that I would not maintain eye contact and I was unhappy about the fact that I had had to wait a couple of days for my medication to arrive.²³ In fact I believe it took almost a week before the medication for my mental health arrived I reported feeling frustrated with regard to my immigration status and reported

²⁰ CJS000961

²¹ I refer the Inquiry to paragraph 7-13 of the detailed response to the rule 9 questions for further details of the initial few days.

²² I refer the Inquiry to answers 4 and 14 of the Rule 9 questions which sets out where I was located on various dates.

²³ DL0000111 – page 153

difficulty sleeping, particularly because I was unable to occupy myself if I was unable to sleep.²⁴

31. I am told that on either 9 or 24 April 2017²⁵, an officer at Brook House IRC called Calvin Sanders boasts that he hit my head against a table and bent back my fingers. The officer admitting this features at between roughly 21 minutes and 24 minutes into the Panorama documentary and DCO Callum Tulley has given evidence about it.²⁶ I am told that no record was made of the incident by staff at the detention centre despite his admission.

32. I do not recall this incident, which does not mean it did not happen. I should explain that I have flashes of memories of force being used against me, other times than what I have talked about in the statement below. A lot of the incidents are a blur for me, however. I find it very difficult to recall the difference between the events, or the order in which they happened. There were many other incidents that took place that were not recorded by Callum Tulley in his filming, but I'm not able to give details about specifics. At the time, I just accepted that this was how life was in detention. They are mixed in my head, and I really struggle sometimes to make sense of these. I know that there are more occasions than are revealed in documents where force was used against me, but I can't tell you when they happened, or in what order.

33. On 9 April 2017, it was noted in medical notes that I had a superficial cut on my left wrist which was washed with soap. It was not thought that it needed any stitches and a dressing was applied. I was not put on ACDT. I find it difficult to recall the exact days in which I self-harmed, and all the specific triggers for making me want to self-harm but I am told that the records do suggest that they often occurred around the same times as abuse by guards. I can confirm that this abuse did make me want to self-harm more than usual.

²⁴ The Inquiry is referred to Answer 75 of the detailed response to the Rule 9 questions

²⁵ My solicitors had initially thought the incident may have taken place on 9 April 2017 but the PSU suggest it may in fact have been 24 April 2017 (CJS001107_0018)

²⁶ The Inquiry is referred to Question 43 and the answer to that in Answer 43 of the detailed response to the Rule 9 questions.

34. On 12 April 2017, in Dr Basu's report it is recorded at paragraph 12.1.8 as follows:

12 April 2017: He had a pre-assessment for a Rule 35 report and had a mental health appointment scheduled for that afternoon. He was noted to be eating and drinking and had not self-harmed since his last review. His observation levels were reduced to four-hourly with "one conversation daily". He disclosed aspects of his background to Dr Oozeerally (see 'Background information' above). He was later seen by a mental health nurse and disclosed a little more of his previous experiences in Egypt. He presented as low in mood and tearful at times. It was noted that his affect was blunted with poor eye contact and he was quietly-spoken. There were signs of anxiety but no agitation at that time. There were no visible signs of psychosis or thought disorder. It was thought that he presented as depressed although it was noted that he had not taken his medication for the last few days. He had superficially self-harmed at the weekend and stated that he had current thoughts to kill himself. When asked how, he reported considering the use of his bed sheet to suspend himself and then kicking over a chair. He reported only sleeping for about four hours a night and he was reported to have looked visibly tired. He stated that he suffered from nightmares which woke him up. He was observed not to appear as though he had lost weight and it was reported that he tried to keep himself busy by playing pool. A Rule 35 appointment was booked for the following day.²⁷

35. On 13 April, the records show that I was seen by Dr Oozeerally in Brook House ²⁸. He filled out a pro forma.²⁹ In section 3 he stated:

"I have examined the detainee named above in my capacity as an immigration removal centre medical practitioner and hereby report that I have concerns that the detainee may have been a victim of torture".

36. The report continued "He has difficulty sleeping. He occasional memories of what has happened in the past but his feeling relate to his experiences, as well as the immigration case. He says there are two issues. He says he was seeing mental health team regularly before detainment and is currently on antidepressants. He says he tried to kill himself in Belmarsh

²⁷ CPS000011_0022

²⁸ DL0000111 page 155

²⁹ The Inquiry is referred to Answer 50 of the detailed response to the Rule 9 questions.

prison and he does not regret doing this. He has met with mental health team at the IRC and given a plan of how he plans to kill himself. He says he has negative thoughts every day and tried to end his life 3 days ago. He is now currently on ACDT.”

Below this, in Section 6 “Assessment” the report states:

“He appears credible. He may be a victim of torture and his scars are consistent with the account He clearly has mental health issues, but I am unsure whether detainment has a negative impact on this as he has tried to harm himself in the community”

37. My solicitors had sight of this report and on 13 April immediately wrote to the Secretary of State again³⁰. The letter noted that the *Adults at Risk* policy required a clear judgment to be formed of the impact of detention on a detainee and that the report had failed to draw a conclusion as to whether detention was deleterious. The letter again referred the Secretary of State to the report of the psychotherapist Tiago Brandao and stated it was essential that Dr Oozerally should examine me again and should consider the report of Mr Brandao. The letter concluded that failure to undertake these actions would render any decision to detain unlawful.

38. Dr Basu quotes from the medical records as to events on the 17-18 April:

17 April 2017: He appeared very upset and reported that he had not been having a good day. He was questioned but did not want to elaborate. Later that day, he complained of shortness of breath, poor sleep and forgetfulness. He also reported that he had self-harmed that afternoon by cutting his left upper arm. Three superficial marks were observed but did not require dressing. He said that he did not know if he was continuing to suffer from thoughts of self-harm or suicide. He was on two-hourly observations at the time.

18 April 2017: He again appeared very low in mood, mumbling at times when answering questions. It was noted that he had not been taking his prescribed medication for the previous three days because he kept forgetting to collect his medication. He was encouraged to continue socialising and he was not thought to be suffering from any active or current thoughts of suicide or self-harm. [Sensitive/Irrelevant] was added to his prescription. In addition, following the Rule 35 report, it was concluded that his

³⁰ HOM000215

continued immigration detention was appropriate.³¹

39. On 18 April the Home Office considered the Rule 35 report prepared by Dr Oozerally and concluded that my claim of ill-treatment in the past did not meet the definition of torture³². The document concluded that despite the expert report saying it was dangerous to keep me detained, in the view of the Home Office official, my needs could be managed sufficiently and effectively by the Healthcare Team within Brook House.³³

40. My recollection now is that I didn't really interact with anyone for the first 15 days or so. I was very scared; I was frightened that I was going to be put on a plane at any moment. I would self-harm during this time, and detention centre staff would come to my room. Sometimes they would come with healthcare, but I didn't feel like talking to them. The staff would say to me that I was just playing, that I was just self-harming for attention. The staff at HMP Belmarsh had said the same thing to me when I had self-harmed. This made me feel that no one would take me seriously, like they didn't care whether I lived or died. I felt like animals at a zoo were treated better than I was. At this time I did not care – I wanted to die, and so if no one took me seriously then maybe I would be able to kill myself.

41. I recall that on 21 April 2017, I was told by Nurse Karen Churcher that because I was self-harming that I would stay in Brook House for longer, as it was better for me to be in Brook House than to be outside³⁴. She said that I would not be released if I was self-harming. I could not believe this when I heard it. I was so shocked and upset, I tried to kill myself later the same day. I felt like I had no hope. Being in detention made me suicidal. I was told that because I was suicidal I would stay in Brook House. I saw no way out, except for trying to end my own life. After that I would not tell a nurse or a doctor if I had self-harmed, because I felt that

³¹ CPS000011_0023

³² HOM000644

³³ The Inquiry is referred to Answers 51-54 of the detailed response to the Rule 9 Questions

³⁴ DL0000111 – page 157

this would just make me stay in Brook House longer. I had some injuries from self-harm, I was seen by the nurse sometimes, but it was only ever very brief, and they didn't stay long. I understand that my solicitors later found this conversation recorded in my medical records and on 27 April 2017 made a complaint to the Home Office about the nurse on my behalf – see paragraphs 64-65 below. However I do not believe the Home Office took any action.

42. Dr Basu summarises the medical notes on 22-23 April as follows:

22 April 2017: He stated he was drinking water but did not feel like eating. He was later found to be increasingly non-communicative, providing only monosyllabic answers with poor eye contact. At other times he was noted to be playing pool and laughing with fellow detainees but continued to state that there was no point in anything.

23 April 2017: He reported suffering from headaches but declined any painkillers. He stated that he could not sleep, that the [Sensitive/Irrelevant] was not helping him much and that he would like something stronger. He also reported that he sometimes heard voices telling him what to do but could not elaborate any further.³⁵

43. I am told that the records show that on 24 April force was used against me³⁶.

44. While I was in Brook House, I experienced serious mistreatment and abuse from Brook House staff. I struggle to recall dates, and because of how traumatic my experience of detention was I find it difficult to give full details of some events and now it is many years later. With the help of my solicitors, I am able to state the following:

45. The first time I went to E Wing, they did not use force, but I was very scared that someone would hurt me. I remember a tall skinny officer came to my room, which I was sharing with two others, a Syrian and an Egyptian man, and told me I had to go to E Wing. I had recently cut my hand open, and one of my roommates had reported that I was self-harming.

³⁵ CPS000011_0024

³⁶ HOM000784

46. The officer told me that I had to go to E Wing with him, and if I didn't they would drag me there. There were a lot of officers that were called to take me by force to E Wing. They took my cell-mates out of the room. I was worried that because they had taken them out of the room, it was because they didn't want any witnesses. I was worried they were going to beat me up in the room. I was worried they were going to do anything they wanted to me. I walked with them because I didn't want them to hurt me. However, after I had been to E Wing, and learned how awful it was there, I never wanted to go again. Every time after this the officers used force on me to drag me to E Wing.
47. On one instance, I did not want to go to E Wing, and the staff forced me to go. They used a lot of force on me on this day. They put me in handcuffs, and grabbed me by my arms and my neck, and dragged me to E Wing. I could only move when they moved me, I couldn't move my arms or legs at all. They moved me like a puppet; they were controlling my arms and legs. If I struggled, they would wrestle me and try and stop me moving. They would slam me against a wall to stop me from trying to break free. There were about 6 people doing this, but I do not remember their names or their faces. They were being very rude to me, swearing throughout this while they dragged me to E Wing. I have difficulty in remembering dates, but having discussed this with my solicitors I believe this was on 24 April 2017. I know that force was used against me often to bring me to E Wing. I find it difficult to confirm that this is what happened on this date, but I believe that force was used on me to bring me to E Wing on this day. This was very scary; I could only move when they moved me. It made me feel helpless and trapped.
48. When I got to E Wing, after being dragged there, I asked for a TV, but I was not given anything. I was stuck alone with only my thoughts and this would have helped me to have something to think about. I tried to kill myself several times after this on E Wing. I do not remember exactly how many times it was or exactly how I attempted it. The bullying and the abuse I received made me feel more suicidal and hurt myself more. In my witness statement dated 19 January 2018 I gave the following description of these events and my experiences of being taken to E Wing at paragraphs 24- 38:

- 24) If I would do anything to hurt myself in Brook House, the staff would frequently put me on E-wing, which is where they put anyone who is badly behaved or not well. I hated being on E-wing, because I had to spend the whole day locked up by myself, just like I was at Belmarsh. When I am locked up on my own I am left with just my own thoughts. I would think back about what happened to me in Egypt and I would get very upset. This would not do anything to make me not want to hurt myself any more, and I would sometimes try and hurt myself when I was on E-wing.
- 25) E-wing was more frightening than being on the main wing. I was not allowed to come out of my room, someone was always there watching me. When I would try and sleep there was always someone watching. Seeing the officers always made me frightened that they would try and remove me by force. In the regular wing you wouldn't see the officers that often, but on E-wing they were there all the time. I constantly felt afraid that someone was going to try and drag me out. I was also scared I might be put on a plane by force. Being on E-wing was like a prison inside a prison. I felt more stressed here than anywhere. I felt the staff were much worse here than other staff. They were ruder to me here than anywhere else.
- 26) Being on E-wing felt like a banishment. I had been taken to E-wing because I was self-harming, but I was not given any help. It felt like I was being punished for self-harming.
- 27) The room in E-wing was virtually bare; there was no TV or anything. There is just a mattress, but no cover. Sometimes they give you a cover, but it is very small, not enough to cover yourself with. Sometimes there is a kettle, but they normally take this away. They don't allow cutlery in the room. They take everything out of the rooms so it is harder for you to hurt yourself I think. I told the officer who brought me to E-wing that I wanted a TV, because if there was nothing to distract me while I was locked up on my own I would be stuck with just my thoughts and I would feel worse and worse. My mind would be racing, I would have nothing to take my mind off it and I would become lost in my thoughts. I would be trapped in my own head, thinking about everything I went through in Egypt, and what was happening to me here in Brook House. I would think about everything that frightened me, I couldn't think about anything else. I would get more and more scared and upset the more I thought about things.
- 28) I was taken to E-wing after I had self-harmed or tried to commit suicide, but being in E-wing with nothing to take my mind off my thoughts just made me feel more suicidal. Being on E-wing is like a prison inside a prison. The officer told me that if I needed anything to tell the duty officer on E-wing, for example if I wanted any tea. After a while, I asked this officer if I could have a tea, but she said "I don't work for you". She was very rude to me, and I didn't ask her for anything else after this. I felt like no one cared about me. I think she did this deliberately to upset me. I had nothing in my room. Everything is in another wing. I had no kettle or anything, no cover for the bed. I only wanted a cup of tea, but I felt like she was showing that she is the officer and I was just a detainee, that she has power, and I can't do anything. This made me feel very little and insignificant.

- 29) The officer who brought me to E-wing was also very rude to me. Whenever he would see me, he would give me a dirty look, like I was nothing more than rubbish to him. This would make me feel upset also. The fact that he was a manager was even more upsetting, because he had even more power than the rest of the officers. It would make me feel even more worthless. He would also say things to me, but I don't remember what he would say. I don't remember his name, but I still remember his face. He was white, and was tall and skinny with dark hair. He didn't have any facial hair. He was wearing a white t-shirt, so I think he was a manager.
- 30) On one occasion, a guy who I was sharing a room with called for the staff because I was self-harming, and the staff said I had to go to E-wing. I refused to go; I did not want to be on E-wing. I was sharing a room with two other people at this time, and they said that if I did not leave they would kick the other two people out of the room and I would have to stay in this room on my own on constant watch. After they took the other two detainees out of the room, they tried to get me to leave the room by force. They grabbed my hands, my clothes, and tried to rip the bedding and mattress from underneath me so that I would fall out of bed and they could carry me to E-wing. After they said they would force the other two to leave I agreed to come with them to E-wing. This was very embarrassing and humiliating for this to happen in front of others. I felt that other detainees thought that I was a crazy person, because the staff were dragging me by force.
- 31) Many of the staff were very rude to me. They would treat me like I was an animal. They were the officers, they had all the power. I never felt like I could talk to anyone or make any complaints about what was happening to me. I had made a complaint in prison but no one took anything seriously. The staff at Brook House were the same, I felt like I could not say anything as it would just make things worse for me.
- 32) Sometimes even when I was not on constant watch I was kept on E-wing. Whenever I would ask for anything I would be ignored or they would be very rude to me. I asked to buy something from the shop, but they told me to wait, as I was not allowed to leave E-wing. They said they would go and get this for me, but only when they felt like going. I waited for 2-3 hours before anyone went. The shop is only 2 minutes away, it is not far for them to go. They know I could do nothing while I am stuck in my room, and I felt that they were showing how they had all the power and I didn't. I felt very powerless. When I would ask to go to [Sensitive/irrelevant] to pray, they would say I was not allowed to go. There is no rule saying whether I can go to [Sensitive/irrelevant] it would depend completely on whether the guard would let you go. I believe they did this because they didn't like me. I think he did it deliberately to upset me.
- 33) I kept asking to go to [Sensitive/irrelevant] for two days. I asked an officer called Yan who would often be on E-wing. I remember him very well; he is bald, and relatively well built. He was always very rude to me. He would treat me very badly, like I was not important to him at all. It made me feel like I was worthless. He would seem to think that he was the boss and I was the prisoner, and therefore he can do whatever he wants. I felt he didn't like me. I don't know whether he didn't like me because I am a [Sensitive/irrelevant] but I believe so.

I asked Yan if I could go to [Sensitive/irrelevant] and he said "I'm not going to take you to the fucking [Sensitive/irrelevant]. This made me very upset. Going to [Sensitive/irrelevant] would help me feel better, and would help me take my mind off what had happened to me in Egypt.

- 34) Sometimes they would lock the door to my room in E-wing. They would do this sometimes when they would feel upset or angry or did not want to deal with me. Sometimes the door was locked for 2 days. They wouldn't let you out of the room at all, except for when they would give me 2 minutes to have a shower. One time I was having a shower and Yan came in and said I had to come out. He opened the door to the shower and came in and told me to get out. One day I asked if I could have a shower and they said no.
- 35) I would hurt myself in a lot of different ways. As well as cutting myself with sharp objects, I would bang my head on the table or walls. I understand that in the Panorama documentary one of the detention centre staff talked about banging my head against the table and bending my fingers back. I do not remember much about this incident to confirm any details about this.
- 36) I was self-harming and trying to kill myself regularly. On some days I would try numerous times. Whenever someone reported this or saw me do it they would take me to E-wing. I was frightened to go to E-wing, which is why I refused to go.
- 37) On one instance, I did not want to go to E-wing, and the staff forced me to go. They used very bad force this day. They put me in handcuffs, and grabbed me by my arms and my neck, and dragged me to E-wing. I could only move when they moved me, I couldn't move my arms or legs at all. They moved me like a puppet; they were controlling my arms and legs. If I struggled, they would wrestle me and try and stop me moving. They would slam me against a wall to stop me from trying to break free. There were about 6 people doing this, they were being very rude to me, swearing throughout this while they dragged me to E-wing. I have difficulty in remembering dates, but having discussed this with my solicitors I believe (with assistance from my lawyers) this was 24 April 2017. This was very scary, I could only move when they moved me. I made me feel helpless and trapped.
- 38) When I got to E-wing, I asked for a TV, but they did not give me anything. I was stuck alone again with my thoughts. I tried to kill myself several times after this in E-wing. I do not remember exactly how many times it was or exactly how I attempted it. The bullying and the abuse I received made me feel more suicidal and hurt myself more.

49. As to the events of 25 April 2017, I gave the following account at paragraphs 39-49 of my witness statement of 19 January 2018, which I confirm to be accurate:

- 39) The next day, which I believe to have been 25 April 2017, I cut my t-shirt and tied this around my neck. An officer came to stop me, and cut the t-shirt with a knife or something similar. I was choking, and I don't remember everything that happened. When this

happened, I was having a flashback, and I'm not thinking or noticing what the people around me are saying or doing. I see myself somewhere else, back in Egypt, and I don't remember properly what is going on at the time, because I feel like I am somewhere else. I remember people swearing at me, but not about what.

- 40) After they removed the t-shirt from my neck, I was placed forcefully on the floor of the cell, in the middle of the room. I was on the floor for a few minutes, I am not sure exactly how long. After a short while I sat on the bed in the cell. I took the battery out of my phone and I put it in my mouth.
- 41) I don't remember much about putting the battery in my mouth, but I remember it being taken out by force. I did not take it out myself. I know that people were talking about me and being rude to me, but I don't remember any of this. I wasn't listening to them, I did not feel like I was there in that room. I felt like I was somewhere else. I just wanted to die, I didn't care about anyone else or what they were saying.
- 42) Shortly after the battery was removed from my mouth, I tried to strangle myself using my hands. I know that after this one of the detention centre staff sat on my head and strangled me. I am not able to remember too much about this, only that I wanted to kill myself. There was some shouting, and then a lot of people came into the room. It is difficult for me to remember exactly who did what and when because there were so many people that came into the room that day. There were at least six people in and around the room when the incident happened. I know that the man who strangled me was called Yan. He was the man who told me that he was not going to take me to "the fucking Sensitive/irrelevant".
- 43) I remember being strangled. I remember someone saying something to me while it was happening, but I don't remember what it was. I know that it was threatening however. I remember at the time that I thought that I was going to die, that the man doing this to me was going to kill me. I remember having a panic attack, and hyperventilating. I felt like I was having a heart attack. I was lying on my side and I was salivating a lot. I know that a nurse came to see me, but she only stayed for a minute at most.
- 44) After being strangled I was left on the floor of the cell. No one tried to help me up. I was there for about 30 minutes, maybe slightly more. I don't remember anyone saying anything to me while I was on the floor. I felt like I was in a different world, I don't remember much.
- 45) The next day, the doctor came to see me. He asked me what happened. I said I didn't know, that I didn't remember. He said when you do remember come to see me, and then he left. He didn't ask me any questions, didn't try and find out how I was. He was very dismissive. He didn't even bother to find out what had happened. He stayed for less than 30 seconds and then moved on. This was the only time I saw a doctor on E-wing. He had not even come to see me, he was doing a round and just came in for a few seconds. I nearly died the previous day, but no one did anything. No one seemed to care.

- 46) On what I believe, with help of my lawyers, to have been 4th or 5th May 2017, I went to the office and asked for a plate for some food. I was with another detainee, who I shared a room with. We had both not eaten for a long time. I had several periods in which I did not eat anything. At this point I had not eaten for around 3 weeks. The lady in the office said that she had seen both of us in the queue taking food earlier, and so she was not going to give us anything. I said this was not right, we have not eaten anything for a long time, we were not in the queue earlier. I told her that I had not eaten anything from them for 30 days. She said that she had seen us, and that she would not give me a plate.
- 47) I got very angry about this, and left and went to my room. An officer asked me what had happened and so I told them. One officer eventually brought me a plastic plate. At this point, I was so angry that I broke the plate and put it in the bin. I told the officers to leave me alone, and I closed the door to my room. I put tissue on the window in the door so no one could see in. After a while, I left the room, but the officers were still there. An officer approached me from either side. I told them to leave me alone, but they got closer and closer to me, so I jumped from the balcony onto the suicide netting. I had taken a piece of the broken plate and I held it against my neck. I remember seeing Callum, the officer who was doing the undercover filming for the BBC, on the stairs coming up towards me. I told him that if he came upstairs I will jump from the netting.
- 48) The netting is next to the stairs, which are open all the way to the floor. If you jump from here you can jump all the way to the floor. A lot of officers and nurses came running and were trying to talk to me. I didn't speak to any of them. Two other detainees who spoke Arabic were talking to me in Arabic, and were trying to get me to come off the netting. They were speaking to me for maybe 20 minutes. Eventually, they managed to convince me to come off the netting. I went with one of the men, he was from Palestine, into his room. All of a sudden all of the officers rushed into the room and grabbed me by force. I put the back cover of my phone in my mouth. They forcibly removed this from my mouth, and dragged me to E-wing.
- 49) When these incidents happened, I didn't tell my lawyers because I thought this was normal in detention. When I complained in prison nothing happened, I was told the man who attacked me was just doing his job. Who could I complain to? The manager was friends with the staff, not with the detainees, he would do nothing if I said anything. There was so much happening I just thought it was a part of being in detention. I had never been in prison before. I didn't know what the rules are, or what normal is. I didn't know what was normal in this country.

50. I would like to comment further on these events.³⁷ I have spoken with my legal representatives who have helped me understand what 'de-escalation tactics' are. No one said anything to me

³⁷ The Inquiry is referred to Answers 46 and 108 of the detailed response to the Rule 9 questions

that I can remember to try and calm me down or anything similar. They just grabbed me and moved me forcefully.

51. No one ever asked for my account of what happened. I have never heard of or filled in a debrief form before. I was never asked for this information after any of the uses of force against me.

52. I don't think that the force was reasonable. In that situation, when someone is trying to end their own life, you need someone to come and help you. You are in a crisis, and you need someone to get you down from that crisis. But the officers don't do that. They use force, they bend you and squeeze you, they make you feel more pain. If someone is speaking to you and trying to calm you down, that might help, but they don't do that, they bend your neck, your hands, your fingers, they make you feel worse, rather than trying to make you feel better.

53. I did not have a battery in my mouth while I was trying to strangle myself. My recollection is this was removed before I tried to strangle myself with my hands³⁸.

54. I have seen that Yan Paschali has said that we smoked a cigarette together and that I apologised to him later that day.³⁹ He has said that I gave him a hug and shook his hand.⁴⁰ It shocks me to have learned this. This is just a lie, all of it. Firstly, I do not smoke, and I never have done. I don't think that officers are even allowed to smoke in the wing. I did not shake hands with him. I did not smoke with him. I did not apologise to him. All of this is a lie. I can't believe he would say this. This is the officer who strangled me, who was racist to me, who told me he was going to put me "to fucking sleep". This never happened, and it never would.

55. There was no relationship between me and Yan Paschali. He didn't like me, he was racist to me, and he told me I couldn't go to [Sensitive/irrelevant] and I couldn't have a shower when I was on E Wing. That was my only interaction with him.

³⁸ The Inquiry is referred to Answer 44 of the detailed response to the Rule 9 Questions

³⁹ CPS000019

⁴⁰ SXP000127

56. After this, I did have some injuries, some stiffness and soreness, and pain and redness in my neck, but the most serious impact of this was the harm it caused my mental health. I still suffer from flashbacks to this day, and to being strangled. He said he was going to kill me. I thought I would die. It was so traumatic for me. This is inside my head and isn't going to leave any time soon. Anything that happens to the outside of the body can heal easily, but anything inside your head is very difficult to get better.
57. I just thought to myself after this that I wanted to die. I wanted to die more than I had before. I was already making regular attempts to try and end my life, but I just felt more and more hopeless. I felt so helpless and alone in my cell after all the officers left.
58. This is not the right way they should be doing things. You have had enough already to the point where you don't care about your life, and that you want to kill yourself. If someone uses force on you, who causes you more pain when you are feeling at your most vulnerable, this makes you feel so much worse. It makes it much more likely that I would want to harm myself again after this, because my life became worse.
59. The officers don't care if you feel better or worse. They don't care how you feel. It felt like I was a problem that they just had to deal with for a moment, rather than a person who is trying to kill themselves and who desperately needs help.
60. The nurses and doctors don't care if you feel better either. I had tried to end my own life several times in Brook House. Each time, if a nurse saw me, they would just ask if I was OK and that would be it. They weren't trying to understand why I felt this way or why I would want to try and end my own life. It always felt like they had something else to do, and I was just a nuisance that was stopping them doing something else. It felt like they all thought they had more important things to deal with than a suicidal man.
61. It makes you feel worse, because these people should help you, but they don't, they make you feel worse. I never felt like they took me seriously, or cared about how I felt. If you have a

bad thought, you should see the doctors or the nurse, but I wouldn't go to them because they wouldn't ever do anything to help me. Because of this, I would just feel worse and worse by myself, and felt that no one would ever help me. If you said you wanted to hurt yourself, they would just take you to E Wing. I hated E Wing so much, it made me feel so much worse, and it made me feel like I was being punished for feeling suicidal. I was scared to talk about how I was feeling, because I felt I would either be ignored or I would be punished.

62. On 26 April 2017 my solicitor wrote to the Home Office as follows⁴¹:

Serious Concerns about the welfare of our client.

We have been informed that our client is currently on ACDT on the Healthcare wing at IRC Brook House. He has expressed suicidal intentions to his support worker and stated that he is refusing food in an attempt to end his life. Our client has not eaten for 7 days and we have serious concerns that further detention will cause him serious injury or death.

We request that you urgently arrange for a Rule 35(1) Report to be carried out on our client to assess the effect of detention on his mental and physical health. Due to the deterioration in his mental health over the past 14 days, it is not sufficient for you to rely on him to approach detention centre staff himself to raise these concerns. Furthermore, we request that the Rule 35(3) report, completed on 13th April 2017 is re-assessed in light of the further evidence of the effect of detention on our client's health.

Use of Rule 40

Our client has informed us that he was removed from association yesterday, but he was not served with written reasons for this decision. We remind you that the Detention Centre Rules, Rule 40 (6) states that detainees will be provided with written reasons within 2 hours of the decision.

We request that you immediately send us a copy of the reasons for using Rule 40. If no written reasons were produced, then please inform us of the action you intend to take against detention staff for unlawfully segregating our client.

63. I am told that the written reasons requested were not served on me or my legal representatives.

I understand that it is now known in light of the Panorama undercover filming, that there is

⁴¹ HOM000241

filmed evidence of collusion between officers and a nurse called Jo Buss after I was assaulted on 25th April not to write up the assaults against me as “use of force”.⁴²

64. The next day, on 27 April, my solicitor wrote to the Home Office again, having now obtained and read the Brook House medical records⁴³. I understand that those records did not record the assaults by staff on me, so my representative was in no position to make representations on those incidents at the time. I did not even know that I was able to make a complaint about this abuse.

65. However, my representative wrote a further letter in light of these records stating as follows⁴⁴:

“ We have received and considered our client’s medical records from IRC Brook House. The medical records indicate that our client has been informed by Healthcare staff he may not be released from detention due to his mental health issues. We believe that this is causing our client to significantly under-report the extent of his mental health problems because he is concerned that speaking honestly to Healthcare staff will prolong his detention.

In particular, we refer you to a note made by Nurse Karen Churcher on 21st April 2017. She informed our client that:

Home Office have not released him despite receiving his rule 35. It was explained that often if there is a risk that he may harm himself they will not release as detention is a safer place for him. He than [sic] stated he just wants to die. Does not matter if in here, outside or in another country.

We request that you urgently review the capacity of Healthcare staff at IRC Brook House to manage our client’s complex mental health needs. In light of the comments of Nurse Churcher, we no longer consider that IRC Brook House offers care of sufficient quality to ensure that our client can be safely detained. We note that you have not responded to our correspondence sent yesterday, 26th April 2017, which requested the following:

1. Disclosure of rule 40 notice
2. A rule 35 (1) report to review the effect of continued detention on our client’s health.

⁴² The Inquiry is referred to Answers 46 and 108 of the detailed response to the Rule 9 questions

⁴³ HOM000241

⁴⁴ HOM000241

66. I confirm that despite this correspondence, no further Rule 35 examination was undertaken or report prepared⁴⁵. I also confirm that no rule 35(1) or (2) report was ever completed having regard to my suicidality and mental health issues⁴⁶.

67. On 3 May a holding response was sent from the Home Office saying inquiries were being made about the matters raised on 26 and 27 April. I understand that the records show that no further Rule 35 report was ever made despite the repeated requests from my solicitors.

68. On 4 May 2017 I jumped on the Delta Wing netting. I was unlawfully and forcefully relocated to E Wing on 'Rule 40'. I am told this incident is partly recorded on the Panorama programme and in the additional footage⁴⁷. I further set out my recollection as follows.

69. On 4 May 2017, I went to the welfare office and asked for a plate so I could get some food. I was with another detainee who I shared a room with. We had both hardly eaten for a long time⁴⁸. I had several periods in which I did not eat anything. At this point I had not eaten from the canteen for around 3 weeks. I had only occasionally eaten some small items from the shop. I did not feel like there was any point to eating, because I wanted to end my own life. I didn't feel any hope or any point in doing things to keep myself well and alive, as I didn't want to live anymore. The female officer in the welfare office, Precious Okolie Nwokeji, had said that she had seen both of us in the queue taking food earlier, and so she was not going to give us anything. I know that this is her name as I have seen the BBC additional footage with my legal representatives and I knew that it was her.⁴⁹ I was not asking for any food, I was just asking for a plate. I said that this was not right, we have not eaten anything for a long time, we were

⁴⁵ The Inquiry is referred to Answers 56 and 57 of the detailed response to the Rule 9 questions

⁴⁶ The Inquiry is referred to Answers 60 and 61 of the detailed response to the Rule 9 questions

⁴⁷ The Inquiry is referred to Answers 47 and 48 of the detailed response to the Rule 9 questions

⁴⁸ The Inquiry is referred to Answer 92 of the detailed response to the Rule 9 questions for more details on food refusal

⁴⁹ KENCOV1012 – V201705040021

not in the queue earlier. I told her that I had not eaten anything from them for 30 days. She said that she had seen us, and that she would not give me a plate.

70. She was very aggressive and confrontational. It made me very angry. I went back to my room and I said I don't want to eat anything. Whatever I had from the shop I put in the bin. An officer asked me what had happened and so I told them. One officer eventually brought me a plastic plate. At this point, I was so angry that I broke the plate and put it in the bin. I told the officers to leave me alone, and I closed the door to my room. I put tissue on the window in the door so no one could see in. After a while, I left the room, but the officers were still there.
71. I asked the officers to leave me alone, but they started circling me. It was stressing me out, making me feel anxious, and I started to panic. To escape from this, I jumped onto the anti-suicide netting. I had taken a piece of the broken plate and I held it against my neck. I remember seeing Callum, the officer who was doing the undercover filming for the BBC, on the stairs coming up towards me. I told him that if he came upstairs I will jump from the netting.
72. The netting is next to the stairs, which are open all the way to the floor. If you jump from here you can jump all the way to the floor. A lot of officers and nurses came running and were trying to speak to me. I found this even more stressful – I had jumped on the netting because I was frustrated and overwhelmed by all the officers rushing to me, and so them trying to get to the netting or to tell me to come down was only making me more stressed out.
73. I think some other detainees were laughing at me, making comments, but I can't remember what they were saying. But this was making me feel more upset and anxious.
74. When the officers were speaking, I felt angrier. A Palestinian detainee helped to calm me down, I can't remember what he was saying to me, but it did help. After a while, I agreed to come off the netting, but I said I'd only do this if there were no officers around. I went into

the Palestinian detainee's room. I think his name is DX He had a roommate who was also Palestinian, but I don't remember his name.

75. When I was in the Palestinian detainee's room, a lot of officers came in⁵⁰. My recollections are that first DCM Steve Dix and Michael Yates came into the room and told me that I had to go to E Wing. After a while, Steve Dix asked for other officers to come in, who I understand to be Ryan Bromley, Mohammed Shaukat and Ben Wright. I know these names after having reviewed footage and disclosure with my legal representatives. They said I had to go to E Wing and I said no. I have said above all the reasons I hated being on E Wing. I did not want to go with them. So they used force on me – there was no negotiation, no 'de-escalation'. I had my phone in my hand. I think I may have said something like I might swallow it.

76. Ryan Bromley grabbed my arm and shoulder, and then Michael Yates grabbed my other arm and shoulder. This is what I remember happening, I remember the faces of the men who did this to me, and was only able to confirm their names after seeing the CCTV footage and discussing this with my legal representatives. I know that the Use of Force Reports say various things about who use force on me, but they all tell different stories, and this is what I remember. I know that Michael Yates used a lot of force on me this day. He was very aggressive with grabbing my arm and twisting it behind my back. It was very painful, much more than just holding me to restrain me. I felt like he was being as hard as possible to deliberately hurt me.

77. The officers dragged me from the room to E Wing. I know that while I was being dragged, there were moments where I stopped and the officers spoke to me. I do not remember what was said. I have reviewed the CCTV footage with my legal representatives which has helped to jog my memory of these events⁵¹. I previously wasn't able to remember all the details of all the uses of force against me, as I have tried to block these out of my mind, or they have been

⁵⁰ The Inquiry is referred to Answers 66 and 67 of the detailed response to the Rule 9 questions for detail of what the documents and footage show

⁵¹ Disk 41 05 May 2017 1727

so traumatic they have blurred together. I remember DCO Shaukat grabbing me around my neck and dragging me through a doorway. He had my head all the way through his arm like in a headlock, and he used a lot of force on me. His arm was around my neck. It was very painful. I was forced down into a crouch, my back was bent down and they dragged me through the door and down the corridor. I have read the use of force reports and I can see that this was never recorded⁵². I have also seen that Ben Wright, who was there throughout all of this, did not write a Use of Force Report. There is another officer there throughout the use of force, although he was not involved and did not touch me at any point. He had glasses and a beard, and I had seen him around the centre, but I do not know his name. He also did not write a Use of Force report about what he had seen. I am not surprised about this, as I know that officers would fake reports and cover things up, like with what happened when I was strangled by Yan Paschali. Because of this, I wasn't able to talk about this incident with my legal representatives other than to say that there was a lot of force used on me this day.

78. I do not agree with what Steven Dix says in his use of force report, that I am going for something in my pockets. I did not have my hands in my pockets at any moment. I do not agree with him when he writes that he told me to take my hands out of my pockets and that I refused and said no. My hands were not in my pockets, which you can see from what the other officers have said in their report. If my hands were not in my pockets, I could not have refused to take them out⁵³.

79. I have gone through the use of force reports with my legal representatives, and they have explained the contents of them to me in full⁵⁴. I can see that there are big differences with each report. I remember that DCO Ryan Bromley was the first officer to use force on me. I understand that the reports all say different things. I can confirm that he was the first person to use force on me, because you can see him in the CCTV footage holding my arm and shoulder. Once an officer uses force on you as part of a restraint, I understand that they have

⁵² HOM000319

⁵³ The Inquiry is referred to Answer 47 of the detailed response to the Rule 9 questions

⁵⁴ CJS005530

to keep holding you. So as he was the first officer that rushes in the room after Steve Dix, and you can see him holding my arm and shoulder, he was definitely the first officer who used force on me. I know that officers make things up all the time about what happened. It does not surprise me that they all say something different. I remember being put in handcuffs. I have seen that DCO Shaukat says in his report that I was aggressive. This is not true. I was upset, and I was scared that the officers were going to hurt me and that I was going to be dragged to E Wing, but I never acted aggressively towards the officers. I know that they always had all the power, and I had no power, and so I was too frightened to ever be aggressive. I understand that the report of Steve Dix does not say that I was acting aggressively.

80. I remember that my hand was hurting from my wrist from how much they were bending my hands, and from the handcuffs. I think I did have a scratch from the handcuffs, and some marks from when they bent up my arms, but I am not sure.

81. On 20 May 2017 my solicitors had arranged that I should meet with Dr Thomas who interviewed me for 2.5 hours in a room in Brook House with the help of an interpreter. I have set out some of her report below.

82. I understand that the records show that the Independent Monitoring Board viewed my food refusal log on 22 May 2017⁵⁵ and considered the possibility of asking me to sign a life directive concerning treatment if it became necessary in relation to the continued food refusal⁵⁶. I understand that these matters were not disclosed in the court proceedings that followed shortly after.

83. On 31 May 2017 Dr Thomas was able to finalise her lengthy independent medical report.⁵⁷ It was sent by my solicitors immediately to the Home Office and a further request that I be released from detention was made and judicial review proceedings were threatened by pre

⁵⁵ IMB000036

⁵⁶ The Inquiry is referred to Answer 94 of the detailed response to the Rule 9 questions.

⁵⁷ HOM002997

action letter.⁵⁸ I would ask that the Inquiry read the report in full because it records things I said at that time which are detailed and specific. Some of what I explained there is painful and I prefer not to rehearse again. I confirm that Dr Thomas' report of what I said to her is accurate⁵⁹. Some extracts of the Dr Thomas report are as follows:

41. I interviewed **D1527** on 20th May 2017 in a private interview room at IRC Brook House where he is currently detained. An Arabic interpreter was also in attendance.

42. **D1527** presented as a casually dressed young man who appeared objectively both extremely anxious and very low in mood with flat affect. His eye contact was extremely poor throughout the interview and he barely looked at the interpreter or I directly throughout the 2 ½ hour assessment.

43. On several occasions in the course of the interview, I noted that **D1527** appeared close to tears and visibly upset. He always restrained himself from crying, however, which appeared to be something he was actively trying to avoid, perhaps due to feelings of shame.

44. On one occasion, when talking about painful events from his past (the murder of his friend **Name Irrelevant** in Egypt) **D1527**'s eyes glazed over and he became frozen in expression and posture and appeared dissociative. He then immediately asked to leave the room for a break and only returned after about five minutes. It is my view that this subject had overwhelmed him. **D1527** said, on returning from the break that he had needed a few moments to compose himself as he had felt so distressed.

45. On other occasions, especially after returning following the break, **D1527** was quite monosyllabic in his delivery and had to be asked a number of follow-on questions to elicit the required information. This was so evident that the interpreter commented on it also. It appeared that this was in an attempt to minimise distress as evidently felt before he asked for a break.

47. **D1527** currently presents with psychiatric symptoms of Major Depressive Disorder secondary to his past and current life circumstances, with a secondary diagnosis also of (complex) Post-Traumatic Stress Disorder (PTSD). His depressive condition is currently rated as severe with acute suicidality and his PTSD moderate-severe. The severity of his current symptoms places him at significant psychiatric risk

⁵⁸ HOM000168

⁵⁹ The Inquiry is referred to Answer 55 of the detailed response to the Rule 9 questions.

and he also shows psychotic features of depression as described further below:

48. I note that there is broad corroboration between the content of [D1527]'s provided medical records and the following diagnostic account. Reference is made in his records to depression, significant anxiety with panic and recurrent suicidality.

49. Where there are seeming areas of discrepancy, such as the entry from [D1527]'s medical records of 6th February 2017 in which he reports 'feeling much better' with no thoughts of self-harm that day. I note that this was in the context of [D1527] being promised a television if he stabilised and that he would be released from E-Wing to the main wing again. It is then recorded that he had self-harmed again within 24 hours. This appears to be the pattern, or else one of minimization on [D1527]'s behalf, in reporting himself to be 'fine', missing appointments or not wanting to talk to anyone, only then to self-harm shortly afterwards.

50. I therefore consider that it seems [D1527] largely reported his mental state to prison and IRC staff to be better than it actually was and that this largely accounts for any noted discrepancy.

84. I never would report when I had self-harmed, it would only be when other people saw me do it that I would ever see anyone like a nurse or doctor. I never felt like I was able to say anything to a doctor or a nurse. Dr Thomas' report continues as follows:

52. He also appeared objectively tired and reported feelings of lethargy and exhaustion continually, not aided by his highly disrupted sleep pattern, as described further below.

53. [D1527] said that he feels continually low in mood and wishes there was a pill he could be given just so he could sleep for 24 hours continually and not have to cope with his life. He even asked in this assessment with due seriousness if there was any such medication. This indicates, in my view, his current levels of despair and wish to not be living his life as it currently is.

54. [D1527] reported that he cannot see any future for himself now and has no hope for a better outcome for himself. He said, *'it is all black and dark...I can't see anything good any more...I don't see any life for myself. How can I see a future if I cannot even see a life?'* This sense of a foreshortened future, despair and lack of hope is typical of severely depressed individuals.

55. [D1527] also described a loss of identity with which to give meaning or purpose to his life. He said in interview, *'I don't know who or what I am any more...I don't understand any of it any more'*. Such a fundamental loss of a sense of self or identity will also be augmenting his depressed mood significantly. [D1527] reported that, *'I*

never feel comfortable', which he clarified as meaning that he never feels at ease or relaxed at any point in the day.

56. [D1527] reported that he has no interest now in any intimate or partner relationships as he has no interest or motivation towards anything in his life now, including this. He said that he feels he '*wants nothing*' in his life now as he has '*given up on everything*'. He said that he does not even know if he cares any longer about being bailed from detention. I consider that this indicates the severity of his depressed mood currently. The above self-reports were matched by objectively authentic affect throughout their disclosure. The matter of psychological plausibility of reporting is discussed further below.

Sleep Disturbance

57. [D1527] described a much-disrupted sleep pattern currently. This is despite his prescription with sleep-enhancing anti-depressant medication ([Sensitive/Irrelevant]). Even with the medication, [D1527] said that he rarely sleeps more than an hour or two at night before startling awake, sometimes with nightmares as described further below (see PTSD). He then reported that he feels too on edge to go back to sleep again rapidly or easily and so tends to remain awake for a period of time before attempting to go back to sleep again and then the pattern tends to repeat.

58. If his sleep is this disrupted even with medication as prescribed, it can be ascertained how it would manifest in the absence of such medication. This indicates the real severity of this symptom currently.

85. I recall that I was prescribed [Sensitive/Irrelevant] in HMP Belmarsh. This was for stress and depression and to help me sleep. I couldn't get my medication for about the first six days at Brook House. I asked healthcare for this constantly, but they said it wasn't available. I think it took about a week for the [Sensitive/Irrelevant] to be available. Without this medication I felt a lot worse, and I could not get any sleep at all. I believe, as the doctor has recorded here, that I was prescribed [Sensitive/Irrelevant] later at Brook House. Dr Thomas's report continues:

Appetite Disturbance

59. This is currently a particularly severe symptom as reported by [D1527] [D1527] [D1527] reported that he has barely eaten for the last 30 days in the IRC and that he has not eaten any of the meals provided. He said that when he has eaten or drunk, it has only been through snacks bought from the IRC shop. He said that he only does this '*occasionally*' and listed the foods he consumes then as being only small snacks, such

as dates, plain bread, biscuits or milk. [D1527] reported that he has not eaten a cooked meal since he has been in the IRC (period of approximately 6 weeks by his self-report).

60. [D1527]'s IRC medical records document that this symptom may be more fluctuating than presented by [D1527]. His records do document poor eating patterns but on a less consistent basis than reported by [D1527]. They do, however, present a general picture of psychiatric decline and worsening symptoms. I consider that [D1527]'s potential exaggeration in this respect is to be noted, however, I also have concerns about the reliability of the medical records as noted above as they contain significant, known errors.

Suicidality and self-harm

67. [D1527] reported having felt recurrently suicidal since his arrival in the UK due to the highly traumatic nature of his past experiences and separation from his family and all he knew. He said that he made a serious suicide attempt shortly after his arrival here via overdose, following which he was hospitalised for a week and that he has felt recurrently suicidal since that time. A prior psychiatric admission in 2015 is indeed corroborated in his prison/IRC medical records. Triggers for suicide attempts documented appear to be auditory hallucinations compelling him to suicide and threats of removal to Egypt.

68. [D1527] said that this symptom has worsened due to the criminal charges against him, his time in prison and now being in immigration detention with risk of removal from the UK. [D1527] said that he had come to the UK *'to save my life and with some hope'* but that events which then evolved here in terms of his disputed age, breakdown of his foster placement and the post-traumatic impact of his past experiences, then caused this to dwindle and then dissipate.

69. [D1527]'s suicidality is currently a severe and acute symptom and this does not appear to be in any doubt. He described almost constant suicidal ideation, stating in interview that *'I want to die all the time'*. [D1527] estimated that he is currently making at least one attempt to end his life every day presently and sometimes tries more than once per day.

70. He said that he is thwarted by his roommate who always calls for help and by IRC officers who keep him under close observation. He estimated that he has made around fifty attempts on his life in all to date, beginning shortly after he first arrived in the UK and intensifying in prison and immigration detention. [D1527] said that he *'just wants them all to leave me alone and let me die'*. He commented in interview on the

irony of having tried so hard to survive both in Egypt and on his journey to the UK and now wishing to die, but said, *'I am tired. I have survived death more than once in the past, but now I know there was no point and so I now choose to die'*.

71. As also described elsewhere, [D1527] reported that he mostly tries to end his life by hanging himself and/or slitting his wrists. There is corroborative evidence in his medical records of significant suicidal ideation being expressed, nooses being removed from him and evidence that he had self-harmed by cutting (e.g. entries of 5th February 2017; 25th April 2017; 20th March 2017). The former entry indeed confirms that [D1527] has been placed on 'anti tear bedding' implying that he had previously ripped his bedding recurrently in attempts to make nooses with which to hang himself as he stated in this assessment. [D1527] did state that he experiences suicidal ideation *'a thousand times a day'* which seemed inevitably an exaggeration. This matter, however, is explained below and I do not consider it affects the overall credibility of [D1527]'s self-report symptoms in this regard for reasons given there (see Causation and Plausibility section).

72. [D1527] said in interview that he has ripped up his bedding many times in attempts to make nooses with which to hang himself. [D1527] indicated scars to his left wrist in this interview which he said were from such attempts.

73. Due to his recurrent and acute suicidality, [D1527] reported that he is frequently sent to 'E Wing' which he explained as a psychiatric wing where he is kept in isolation and under 24 hour / day observation to prevent him committing suicide. [D1527] said that, when on E Wing, he is not allowed out of his room unescorted. He has been on this wing many times, from a few days in a row to a week when his suicidality has been especially acute. The psychological impact for [D1527] of being on E-Wing is discussed further below.

74. [D1527] also reported frequent self-harming behaviour, such as by hitting his head on the wall repeatedly. He pointed to a visible dent in his forehead in the context of this interview, which he said was caused in this manner. He said that he harmed himself in this manner in 2015 when in police custody and has done so on a regular basis since that time, more at times of increased stress.⁶⁰

86. [D1527] reported experiencing frequent traumatic nightmares and night terrors relating both to his traumatic past experiences and his current situation. He stated that his roommate at the IRC tells him recurrently that he has been shouting out or

⁶⁰ The Inquiry is referred at this point to Answer 84 of the detailed response to the Rule 9 questions. The Inquiry has identified records of and instances of me repeatedly banging my head against a cell door on 23 April 2017.

screaming in his sleep. [D1527] said that he usually does not remember this on waking, but said that he often does awake *'feeling like my brain is exploding'*.

87. [D1527] also reported recurrent post-traumatic daytime flashbacks of his adverse earlier experiences in Egypt and on the journey to the UK. He said in interview that he often sees visual images of events and scenes from the past 'before his eyes', as if they are re-occurring in the here-and-now and are not just being remembered. He said that he particularly relives the scene in which he was tortured by [Name Irrelevant]'s family in Egypt and saw his friend killed by them. [D1527] reported that he is unable to get this image out of his head. He also reports frequent flashbacks of his traumatic journey by boat to the UK and both his fears at the time that he would die and the abuse of himself and other asylum seekers at the hands of the agents, whom [D1527] referred to as *'smugglers'*.

88. [D1527] reported that he especially gets these flashbacks in response to certain traumatic cues in the present. He named among these when he feels especially anxious or angry, when locked in at night by IRC staff or when IRC officers try to handcuff and restrain him (mostly when he is attempting to commit suicide) which, he said, reminds him of being held and tortured by [Name Irrelevant] family. This situation can then set up a vicious cycle in which the attempts to keep him safe from suicide in the present become re-traumatising and make him feel even more suicidal and prone to enact further suicidality.

95. Although it is unclear as to the accuracy of these entries, for reasons stated above, it is noted in [D1527]'s medical records that he denied any history of self-harming behaviour and suicidality in prison (e.g. entry of 13th December 2016) despite objective evidence of the same and is documented as having been reluctant to see the doctor and, when asked to do so, saying that all was well. There is a similar entry of 5th February 2017 in which [D1527] appears to have concealed a self-harm scar from staff and refused to talk about it. In my view, this is likely to be a post-traumatic avoidance phenomenon, if correct, of [D1527] attempting to conceal his psychiatric condition and distress in order to avoid having to talk and think about the same. There is also, of course, the possibility that he was trying to minimise his levels of distress in order to be released from E-Wing back onto the main IRC wing which he stated was his wish.

134. It can readily be seen from the above diagnostic assessment, [D1527]'s current psychiatric disorder renders him with impaired memory, concentration and orientation to time and place. His post-traumatic symptoms additionally cause him to confuse past and present at times and to sometimes be flooded by traumatic memories, flashbacks and affect. It can readily be seen that such a complex diagnostic picture will cause impairment to the ability to provide a coherent narrative of past, especially

traumatic, life events.

In relation to my experiences in prison, the doctor reported:

154. [D1527] reported that some officers in prison were very quick to restrain him if he mentioned feeling suicidal even if he was not enacting any attempt to harm himself at the time. It may well be, of course, that after a series of such attempts, that the prison officers had felt the need to pre-empt these. However, [D1527] reported that even the mention that he was feeling suicidal could lead to him being restrained or handcuffed. He said that on one occasion, where he said he felt suicidal, around thirty officers had come to his cell which he said he had found frightening.

155. [D1527] said that on one occasion in prison whilst he was being restrained when suicidal, the officer held him so tightly around his neck, that he said he could not breathe properly for several hours afterwards and an ambulance had to be called. [D1527] said that he made a complaint about this incident to the prison management and asked to give a statement to the police about the officer concerned. [D1527] said that this was not permitted however and that when the complaint was internally investigated, it was concluded that the officer concerned had been '*appropriately doing his job*'. [D1527] reported that he disputes this and maintains that the guard used undue force against him. Indeed, he maintains that he could have been killed by the officer and regarded his behaviour towards him as an assault. [D1527] said that he believes that the officer used unnecessary force, possibly due to his reported offending history.

156. In summary, [D1527] reported in this assessment that his experiences of being imprisoned were extremely frightening, stigmatising, traumatic and worsened his mental state, especially his suicidality, which has not improved, he said, since that time.

157. [D1527] instructs that the adverse treatment which he endured in prison on the grounds of his reported offending history, has continued within the IRC. He said that he has noted that one of the IRC managers, especially, treats him with some disdain and seems '*prejudiced*' against him. [D1527] again considers that this is likely to be because he has read his file and has jumped to conclusions about him based on whatever he has read. [D1527] did acknowledge, however, that in his current mental state, he may also be paranoid about such matters at times as he feels so sensitive about this area.

158. However, [D1527] reported in interview that this manager had said things to him showing an absence of compassion, such as that he must eat as otherwise '*you are*

causing us a lot of work and trouble' and similar things, rather than expressing any concern for his mental state.

159. [D1527] also reported having experienced racism at times from IRC staff, including, he said, a guard who had said to him aggressively '*what do you need to go to the fxxxing [Sensitive/irrelevant] for?*' when he had asked for leave from E-Wing to attend

[Sensitive/irrelevant] [D1527] said that he has also experienced other IRC guards threatening to deport him, swearing at and/or disrespecting him or his religion. His view is that this does not occur to other detainees as much as he, from his own observations and he considers that this may be due to IRC officers coming to conclusions about him based on his case file, particularly assuming that he is a sexual offender.

160. As noted above, [D1527] is frequently taken to the IRC's psychiatric wing, 'E Wing', when he is acutely and recurrently suicidal and there kept under 24 hour per day observation. [D1527] said that he hates going to E Wing and that it makes him feel '*much worse*' in mood and more suicidal when he goes there due to the constant scrutiny, solitary confinement with the exception of the observing officer(s) and lack of any privacy. [D1527] showed little insight into the rationale for his being taken to E Wing in interview, however, stating, '*they are trying to save me, but I don't want to be saved...I just want to be left to die*'.

161. As noted elsewhere, it also appears from [D1527]'s IRC medical records, that he has told IRC nursing staff that he is better than he is in order simply to be removed from E-Wing and placed back onto the main wing, only then to self-harm again shortly afterwards. This shows the ineffectual nature of such a measure for the containment and management of [D1527]'s psychiatric risk. In my view the current situation is untenable for both [D1527] and for IRC staff who are not doctors and are trying to do the job of trained medical personnel without the resources and training to do so. In my view, [D1527] should be in a treatment rather than a custodial environment currently and this is described further below.

162. It is my view that [D1527]'s removals to E-Wing are at best ineffectual therefore and, at worst, are contributing significantly to a very stuck and vicious cycle of self-harming behaviour, solitary containment, worsening mood and increased escalation of self-harming behaviour and intent to die.

86. What the doctor reports here is what I recall: I didn't feel like I could talk to healthcare about anything. They were always very dismissive and I didn't feel any confidence that they could do anything about how I was feeling. I felt like there wasn't any point in talking to them because they would do nothing for me.

87. I note that the doctor recorded at paragraph 159 of her report that I had said that the staff wrongly assumed I was a sex offender. Some of the evidence that has become available since shows that I was right about that. The BBC transcripts have revealed that DCO Sanders (who boasted about banging my head on a table and bending my fingers) was recorded on 9 May 2017 saying about me "he's a right dickhead" and "He's a fucking kiddy fiddler, man".⁶¹ I understand that the footage shows that the officers seem to have said this because they did not understand my security file. I do not know if they were permitted to have access to this personal data.

88. Whenever the staff used force against me I told the mental health team that I feel something tingling up my arm. It feels like something is moving in your body, up my arm, into my chest, and in my legs sometimes too. The nurse said this is what happens when you have a heart attack, but they didn't do anything about it.

E Wing

89. I can confirm that I was on E Wing multiple times while I was detained at Brook House. I cannot remember the dates or how long I was there for.

90. If I would do anything to hurt myself in Brook House, the staff would frequently put me on E Wing, which is where they put anyone who is badly behaved or not well. I hated being on E Wing, because I had to spend the whole day locked up by myself, just like I was at Belmarsh. When I am locked up on my own I am left with just my own thoughts. I would think back about what happened to me in Egypt and I would get very upset. This would not do anything to make me not want to hurt myself any more, and I would sometimes try and hurt myself when I was on E Wing.

⁶¹ KENCOV1015 – V2017050900016 CLIP3

91. I do not agree that it is correct for anyone to be put on E Wing. It feels like a prison within a prison. There is nothing there, just empty rooms. There are no sheets for the bed to cover yourself. Sometimes they give you a cover, but it is very small, not enough to cover yourself with. There are no kettles, no TV. They don't allow cutlery in the room. They take everything out of the rooms so it is harder for you to hurt yourself I think. You have nothing except for your thoughts. It is a punishment. They are punishing people for being vulnerable. That is what it feels like - it doesn't feel like you are there for your own good, it feels like they are there just to control you. To do anything you need the officer's permission. If you want to take a shower, you need the officer to let you go. If you ask the officer for anything, if you ask them to buy something from the shop with your own money, they will refuse to get it for you, they will refuse to let you out. They knew I could do nothing while I am stuck in my room, and I felt that they were showing how they had all the power and I didn't. I felt very powerless. When I would ask to go to Sensitive/Irrelevant to pray, they would say I wasn't allowed to go. There is no rule saying whether I can go to Sensitive/Irrelevant it would depend completely on whether the guard would let you go. I believe they did this because they didn't like me. I think he did it deliberately to upset me.
92. I kept asking to go to the mosque for two days. I asked an officer called Yan, who is the same officer who strangled me, if I could go to the mosque. He said "I'm not going to take you to the fucking Sensitive/Irrelevant" This made me very upset. Going to Sensitive/Irrelevant would help me feel better, and would help me take my mind off what happened to me in Egypt.
93. The officer who brought me to E Wing told me that if I needed anything to tell the duty officer on E Wing. I asked the duty officer, who I don't remember anything about except that she was a female officer, if I could have a tea, but she said "I don't work for you". She was very rude to me, and I didn't ask her for anything else after this. I felt like no one cared about me. I think she did this deliberately to upset me. I had nothing in my room. I only wanted a cup of tea, but I felt like she was showing that she is the officer and I was just a detainee, that she has power, and I can't do anything. This made me feel very little and insignificant.

94. The officer who brought me to E Wing was also very rude to me. Whenever he would see me, he would give me a dirty look, like I was nothing more than rubbish to him. This would make me feel upset also. The fact that he was a manager was even more upsetting, because he had even more power than the rest of the officers. It would make me feel even more worthless. He would also say things to me, which made me feel upset, but I don't remember now what he would say. I don't remember his name, but I still remember his face. He was white, and he was tall and skinny with dark hair. He didn't have any facial hair. He was wearing a white t-shirt, so I think he was a manager.
95. You are stuck on E Wing with your own thoughts, and nothing else. You would be put on E Wing if you are self-harming or are depressed, and it makes you feel more depressed and more wanting to self-harm. I told the officers who brought me to E Wing that I wanted a TV, because if there was nothing to distract me while I was locked up on my own I would be stuck with just my thoughts and I would feel worse and worse. My mind was racing. I had nothing to take my mind off what I was feeling. I was trapped in my own head, thinking about everything I went through in Egypt, and what was happening to me here in Brook House. I would think about everything that frightened me, I couldn't think about anything else. I would get more and more scared and upset the more I thought about things.
96. You don't share a room on E Wing. You are there completely on your own.
97. E Wing was more frightening than being on the main wings. Most people there are all having serious mental health issues. Being around people like that was very scary. You could hear people screaming, it was very frightening. I was not allowed to come out of my room, someone was always there watching me. When I would try and sleep there was always someone watching me. Seeing the officers always made me frightened that they would try and remove me by force. In the regular wing you wouldn't see the officers that often, but on E Wing they were there all the time. I constantly felt afraid that someone was going to try and drag me out.

I was also scared I might be put on a plane by force. Being on E Wing felt like being trapped in another prison. I felt more stressed here than anywhere.

98. I think the first time I went to E Wing, I accepted to go and went with them willingly, but after I had been there once, I never wanted to go back again. After this, they forced me to go, and used force to get me there. They wouldn't explain to me why I had to go.

99. Sometimes they would lock the door to my room in E Wing. They would do this sometimes when they would feel upset or angry or did not want to deal with me. Sometimes the door was locked for 2 days. They wouldn't let you out of the room at all, except for when they would give me 2 minutes to have a shower. One time I was having a shower and Yan came in and said I had to come out. He opened the door to the shower and came in and told me to get out. One day I asked if I could have a shower and they said no.

100. There was no access to any education, training, workshops in E Wing.

101. A doctor would come to you sometimes on E Wing, otherwise you didn't have access to health care. It was officer doing the checking not nurses. They would only come if you had an accident or if you self-harmed, and they would come the next day, not the same day. Sometimes they wouldn't come at all. Most of the time it would just be a nurse. They would come to you, not the other way around. On E Wing, you are not in charge of anything, not even yourself.

102. Dr Thomas' report continued:

163. In terms of future detention, the Home Office policy on adults at risk, refers to a 'risk of significant harm if detained for period likely to effect removal'. It is my view that [D1527] will be at risk of significant harm with further detention. I consider that [D1527]'s mental state will continue to worsen progressively and that his mental state will therefore become worse over the next six months detained, deteriorating at one, three and six months. Continued detention is therefore likely to cause harm, increasing the severity of his symptoms. I consider that if [D1527] is detained for a further three months, which I am instructed is the likely timescale, that

the likelihood of a successful suicide attempt will be high to very high, depending on the degree of close supervision he is under. He instructs that he has largely been prevented from a successful suicide to date by the actions of others rather than his own, i.e. he has relied on his roommate and IRC staff intervening to prevent him from ending his life rather than resisting himself. He states that he merely wishes to die and is angry with others for preventing him. There are no evident protective factors in existence to mitigate against a successful suicide as noted above.

184. **D1527** is not, in my view, receiving adequate psychological treatment within the IRC. He sees only nursing staff there and says he has not been reviewed by a doctor in the six weeks of his admission, despite his daily suicide attempts. He is prescribed anti-depressant medication which is correct, but this can never alone sufficiently improve his symptoms as described further below. He has not been seen by a psychiatrist, he reports, since being in immigration detention and has not had any access to psychological therapy or counselling. Although he did undergo counselling before his arrest, which he reported to have found helpful, he has received nothing further since this time other than occasional assessments.

185. **D1527** reported that he feels the IRC nursing staff '*don't understand anything about what I am experiencing....they just stop me killing myself and increase my medication*'. I consider that this is likely to be so, as IRCs are not medical facilities and nursing staff there are not specialists in the longer-term more complex management of individuals with severe and acute mental illness.

186. It is my view that this man should be in a hospital not an IRC setting given he is extremely unwell and traumatised and has been in receipt of little psychological help since the time of his traumatic experiences in Egypt. In light of this, it is my view that it is unsurprising that he has found himself in difficulties with the UK authorities given his levels of untreated mental ill health.

187. **D1527** reported in interview that he is of the view that unless he can be released from the detained environment of the IRC soon, '*that I will go completely crazy*'. I do concur that, if he remains much longer in his current situation, that not only is **D1527** likely to be successful sooner or later in ending his life, but that, even if not, his psychotic symptoms are indeed likely to intensify and worsen, making the likelihood of a psychotic breakdown and the development of a schizophrenic illness a real possibility, as he himself predicts.

188. As described above, **D1527** states that he has barely eaten or drunk in the approximately 6 weeks he has been detained at IRC Brook House. If so, this is likely to be having significant consequences for his physical health. Whilst his extremely poor eating and drinking, which is part of a picture of acute and chronic depressive

disorder, will not improve without treating the underlying depression, it may be that IRC staff have a duty to ensure that [D1527] is eating and drinking a minimal amount each day under medical recommendation and there might be ways of ensuring this, such as high protein/nutrient drinks which he could be prescribed and supervised drinking.

189. It is my view, as stated above, that [D1527]'s reported levels of low intake of food and fluids is equivalent in its potential impact to severe self-harm in terms of its potential consequences and that this therefore needs to be taken as seriously as his repeated suicide attempts and measures put in place. This will need to be undertaken in a compassionate and non-punitive manner to avoid the experience becoming aversive and worsening rather than improving his situation (e.g. if he is forced to intake food/fluid substitutes in an overly forceful manner as with his experiences of restraint currently). I recommend an urgent review of [D1527] by the IRC doctor to establish a plan for the amelioration of this symptom in a short-term manner. As stated above, it will only be resolved properly when his external situation changes and he is able to feel externally secure and to access needed help and treatment for his overall psychiatric condition.

199. [D1527] is clearly in considerable need of psychological treatment for the amelioration of his current psychiatric symptoms. As stated above, he reports that he has never been offered any psychological therapy since he has been in custody and detention, which I consider to be an oversight given his recurrent history of prior traumatisation, severe mental health problems and recurrent suicidality.

200. If [D1527] can be released from detention and is able to remain in the UK, I estimate that he will urgently need, in this order and as noted above:

a. To be discharged from detention to an appropriate hospital setting where he acute symptoms, especially his suicidality, can be treated until he is stable enough to be in the community;

b. Prior to discharge to be registered with a GP in his new residential area and provided with appropriate housing, social care and CMHT support with an NHS Care Co-ordinator and allocated Consultant Psychiatrist. He will also need a Social Care referral for a mentor/Social Worker/Probation Officer (if entitled to the latter) to assist him with re-orientation of his life and a reduction in self-sabotaging coping strategies.

c. To then be referred for longer-term psychological therapy when he is in a situation of external stability as described above.

200. In my view, [D1527] will require an absolute minimum of 12 months (ideally 24 months or more) of weekly psychological therapy with an experienced Clinical Psychologist or Psychotherapist or youth counsellor, skilled in trauma work. This can

be obtained through a local NHS secondary care psychological therapies service or via a reputable voluntary sector therapeutic organisation, preferably one with experience in working with traumatised refugees and asylum seekers.

103. On 7 June 2017 a claim for judicial review of my continuing detention under administrative powers from 9 March 2017 (when I was detained at HMP Belmarsh) through to the date of the claim and continuing was filed in the High Court.⁶² I had at that point been in detention at Brook House specifically since 5 April, just over two months.

104. Paragraph 2 of the Statement of Facts and Grounds stated⁶³:

“There is exceptional urgency to this claim on grounds of the particularly severe and acute suicidality of the Claimant; of his food and fluid refusal and his mental illness which are not being treated adequately or indeed at all in the immigration removal centre in which he is detained by the Defendant. The expert view of Dr. Thomas (whose report affords the only expert psychiatric evidence) is that the Claimant’s condition is being dangerously intensified and worsened by the conditions of his detention in an immigration removal centre and that a successful suicide attempt is highly likely if he is not released from detention.

105. At paragraph 5 the statement of facts and grounds explained:

By this claim the Claimant also seeks remedies in respect of what he alleges is an unlawful past and ongoing detention and a violation of his human rights in the course of that detention. These remedies are sought and pleaded in this claim form in order to obviate any argument of an abuse of process in a failure to bring these claims at the relevant time. However, the violations of his rights which are challenged are still ongoing such that the full extent of this claim cannot be articulated. Further, full disclosure of relevant documents is not yet available. Accordingly, it is envisaged that the Claimant will ask for the less urgent components of this claim to be dealt with separately to the urgent issue of release and that directions will be made in relation to those aspects of the claim. Agreement from the Defendant to this course will be sought in the interests of the proportionate use of court time and resources.

⁶² DL0000119, pages 1-6

⁶³ DL0000119, pages 65-75

106. Paragraphs 8-11 of the Statement of Facts explained:

By his accounts as disclosed in recent interview with Dr Thomas (see report of 31 May 2017 in the bundle), he left Egypt following the discovery of his **Sensitive/Irrelevant** **Name Irrelevant**. The Claimant's recent disclosure is that his family murdered **Name Irrelevant** and tortured him. He escaped from Egypt by boat across the Mediterranean during which time he witnessed murders and rapes by the smugglers facilitating his crossing. He too was at least threatened and possibly abused during the crossing. He experienced further traumatising experiences in crossing Europe to the UK. He arrived in the UK in January 2014 and claimed asylum, when according to the FTT he was aged 17 (or 15 on his account). These events were not disclosed in the course of the asylum claim, probably (according to the evidence) for reasons related to the trauma and shame they engendered.

The Claimant was taken into foster care on arrival in the UK. He was given counselling and support by an organisation called Compass from early 2015. His support worker, Ben Feder, a social worker with the **DPA** Refugee Association **DPA** RA) has been working with him since April 2016 and a letter from Mr Feder is within the bundle. His role has included accompanying him to court and appointments, help to register with a GP and attend health appointments, advocacy around accessing care leaver entitlements, assistance to instruct an immigration solicitor and support to apply and enrol at a further education college. This input was provided in partnership with other agencies supporting **D1527**, including the **DPA** Leaving Care Team and Compass, his counselling service. Mr Feder speaks with the Claimant on a daily basis. Upon release Mr Feder would be responsible for making a supported referral to his local Community Mental Health Team (CMHT) to conduct an urgent assessment.

From 15 July 2015 until November 2016 the Claimant lived at two addresses in **DPA** provided by the **DPA** LAC leaving care service as a former looked after child. He will continue to be accommodated by those services on his release and given money to support himself, just as prior to his release (see the letter from **DPA** LAC).

On 18th May 2016 he was convicted of a **Sensitive/Irrelevant** and subsequently given a suspended sentence **Sensitive/Irrelevant** and made subject of a **Sensitive/Irrelevant** order. He was subsequently arrested in November 2016 and held on remand. There are conflicting accounts in the paperwork as to what these

charges were, but it appears that all or most of them were either not pursued, or that he was found not guilty on or by 9th March 2017.

107. Paragraphs 14-17 of the Statement of Facts dated 7 June 2017 stated:

The key evidence in this claim is the psychiatric report of Dr Thomas dated 31 May 2017 (“Thomas Report”), particularly paragraphs 152-163 and 183-190, 195 and 207. This explains that the Claimant is

“a traumatised man who presented in consultation in a manner entirely consistent with an individual suffering from severe symptoms of Major Depressive Disorder (severe) with additional symptoms of (complex) Post-Traumatic Stress Disorder (moderate-severe). His suicidality is particularly severe and acute” (Thomas Report paragraph 207).

He is undertaking near daily attempts at suicide, usually either by trying to hang himself or slit his wrists (Thomas Report, paragraphs 153, 160, 163). He is refusing food and drink (Report, paragraph 189). He appears to suffer from type 1 diabetes, also a matter of some urgency (Report, paragraph 190). While being held in detention he is not and has not been receiving adequate psychiatric care (Thomas Report, paragraph 184). It appears that during seven weeks of detention he has not been seen by a doctor in spite of near daily suicide attempts and recurrent placement on suicide watch in a specific wing of the detention centre. Seemingly the only treatment he has received has been the repeated prescription of Sensitive/irrelevant, a drug intended for short-term symptom relief only (Report, paragraphs 195 and 199). The maintenance of detention in an immigration removal centre is perpetuating and escalating the cycle of self-harm and suicide attempts (Dr. Thomas paragraph 162) and in Dr Thomas’ view

“if he remains much longer in his current situation... not only is D1527 likely to be successful sooner or later in ending his life but... even if not, his psychotic symptoms are indeed likely to intensify and worsen, making the likelihood of a psychotic breakdown and the development of a schizophrenic illness a real possibility” (paragraph 187 of her report).

Dr Thomas assesses that his mental state will progressively deteriorate, particularly after one month further detention and yet further within three months of her assessment. She assesses that within three months of further detention there is a high to very high likelihood of a successful suicide attempt.

As identified in the report of Dr Thomas, there is a high to very high likelihood of a successful suicide attempt in that three-month period, and a probable deterioration in

mental state leading to psychotic breakdown and the development of schizophrenic illness.

108. The claim challenged the legality of detention on four grounds. The third ground was that the Home Department had not acted with diligence in effecting removal and was argued in this way:

The Defendant's conduct in this case has been woeful. After detaining the Claimant on 9th March 2017, she delayed two weeks before approaching him to complete a bio data form on 22nd March 2017. The Defendant failed to explain the purpose of this interview to the Claimant and he requested that she allow him to obtain legal representatives to explain the process to him. At this point he was detained in HMP Belmarsh and had had difficulty obtaining legal representation. The Defendant did not assist him.

The Defendant then delayed arranging a further interview until 30th April 2017. The conduct of the interview is set out in detail in the Witness Statement of Alex Schymyck enclosed with this letter. The Defendant failed to properly brief the immigration officer in attendance and failed to arrange an interpreter, therefore only the bio data form was completed.

Over the past 12 weeks of detention, all the Defendant has achieved is the completion of a brief bio data form. The Defendant has not acted with diligence at all.

109. By the fourth ground of claim my representatives argued my detention was unlawful because the Home Department had failed to make proper inquiry into the impact of detention:

The evidence of the Claimant as seriously mentally ill, suicidal, and as a victim of torture is summarised above.

By a rule 35 Report dated 13th April 2017 the Defendant's own officer assessed that the Claimant was suffering from a serious mental health problem, indicating the effects of detention were "unclear". The Defendant failed to take any steps to inquire as to the nature of the issues with the Claimant's mental health. In so failing she failed to acquaint herself with the evidence necessary to properly consider whether to maintain detention.

That was of itself a failure of a public law duty (the *Tameside* duty) which vitiates the decision to detain.

(i) *Failure to take account of evidence*

The Claimant has now presented the Defendant with the evidence of the Claimant's mental illness, vulnerability and history of torture which she should have obtained prior to detaining him on 9th March 2017. The Defendant has still not taken account of this information and has not released the Claimant. That in itself is a further public law error.

(iii) *Detention contrary to policy*

Furthermore, if the Defendant had properly considered the evidence and had properly applied her most recent iteration of policy regarding the detention of Adults At Risk In Immigration Detention (6 December 2016) she would have released the Claimant in consequence of any proper assessment of the "Level 3" evidence which is now available to her and which should have been available to her earlier and in consequence of the likely timescale for removal.

110. In the skeleton argument for the Interim hearing, this ground was further argued as follows:

There is a long history of cases challenging the Defendant's policies and practices on detention of mentally ill people within immigration removal centres. In a number of cases in recent years, the courts were fiercely critical of the Defendant's failures, leading to findings of inhuman and degrading treatment contrary to article 3. In consequence, the Secretary of State has produced a new policy entitled *Adults At Risk in Immigration Detention* of December 2016. No case has yet considered the application of this policy.

The policy is accompanied by a Detention Services Order. The lawfulness of these two documents is not challenged in this claim. Indeed, if properly applied they are capable of setting the basis for properly safeguarding individuals at risk in detention. However, this case demonstrates a clear failure to apply the new policies. Such failures are well established to amount to public law errors which render detention unlawful. The Adults At Risk policy states at page 4 (B87):

"If the evidence suggests that the length of detention is likely to have a deleterious effect on the individual, they should not be detained unless there are public interest concerns which outweigh any risk identified"

At B89:

“Consideration should be given, *on the basis of the available information*, to whether the condition or impairment can be managed within detention through medication or other interventions. Even if a condition or impairment can be managed in detention, an individual must still be treated as being at risk as defined by this policy and the presumption will be that detention is not appropriate”.

At **B91**: the policy explains how to weigh the evidence. In this case “Level 3” applies:

“Professional evidence (for example from a social worker, medical practitioner or NGO) stating that the individual is at risk and that a period of detention would be likely to cause harm- for example increase the severity of symptoms or condition that have led to the individual being regarded as an adult at risk, should be afforded significant weight. Such evidence should normally be accepted and any detention justified in the light of the accepted evidence”

The timescale for such consideration is ordinarily 2 days from receipt of evidence (see **B98**)

The Claimant has now presented the Defendant with the evidence of the Claimant’s mental illness, vulnerability and history of torture which she should have obtained prior to detaining him on 9th March 2017. The Defendant has still not taken account of this information and has not released the Claimant, but nor has the Defendant herself produced a justification for detention in the light of that evidence. There is a clear breach of policy here which can be litigated in the main claim, but which is also highly relevant to the interim application in itself since there is no clear decision-making from the Defendant for it to seek to defend before the court on this application. It is simply not doing its job of assessing the continued justification for detention.

111. The claim sought an interim order releasing me from detention as well as damages, including damages for breaches of Article 3 ECHR, although at that time I had not really disclosed to them the assaults I had experienced: they had based the claim on the inhuman and degrading effects of detention in light of my psychiatric condition and personal history of abuse. The damages claim has been stayed for this Inquiry.

112. In the short witness statement of mine dated 6 June 2017 filed with the claim⁶⁴ it also stated as follows about Brook House:

... A few weeks after I was sent back to Belmarsh, someone from the Home Office came to see me. I didn't understand why they wanted to see me and they didn't bring an interpreter. I told them that I wanted a lawyer with me to help me follow what was going on. They went away after that.

My support worker Ben arranged for a lawyer to come and see me at Belmarsh. I was pleased that someone was here to help me, but I struggled to tell my lawyer much about my life at first. I don't like to talk with strangers about what has happened to me.

Once my lawyer started working for me I was moved to IRC Brook House. I thought it would be better to be out of prison and it was good to be away from the dangerous criminals, but the detention centre was scary in a different way. Lots of people get deported from the detention centre and I was really worried that they were moving me to Brook House to put me on a plane. I could see the airport as we drove into the detention center.

In the detention centre they don't look after me very well. If I do anything to hurt myself they just put me in E-wing, which is where they put anyone who is badly behaved or not well. I hate going to E-wing because I have to spend almost the whole day locked up by myself, just like I was back at Belmarsh. There are lots of people with really bad mental health problems in the detention centre and sometimes it seems like the staff are overwhelmed by it. They don't provide me with much attention, just put me on E-wing and hope I get better. I try not to tell them how I am feeling to avoid being moved to E-wing, but then my mood gets worse and worse until I start hurting myself and they move me anyway...

I try to kill myself on a regular basis. The staff took away anything that I might use to harm myself. Once they did that, I stopped eating to try and end my life. I only eat when I am having a good day and even then only very little bits of food, so I have lost a lot of weight in detention...

I am very worried about the future if I am left in detention. I can't see how things can get better. My problems will just get worse and worse. I want to go back to living with my friends in [DPA], like I used to before I was arrested. I still had some problems then, but I was much happier and didn't try to hurt myself and end my life every day...

⁶⁴ DL0000113

113. I am told by my legal representatives that the urgent relief procedure was used and that an interim hearing was listed quickly, on 13 June 2017. I am told that in listing this hearing Lavender J noted that there was an exceptional urgency to consideration of the question of release on grounds of the particularly severe and acute suicidality I was experiencing.⁶⁵ The order also required the Home Office to file a written statement of grounds on which she opposed the application for an order releasing me.

114. The day before the hearing, the Home Office, served a document entitled “Defendant’s Written Statement of Grounds” dated 12 June 2017⁶⁶. This set out the reasons for opposing my release. It stated that the Home Office was “in the process of considering Dr Thomas’ report” of 31 May 2017. The statement said that they did not have access to the my medical records including those from HMP Belmarsh and stated at paragraph 8 that:

In view of the above, Healthcare have only been able to base their assessments of the Claimant’s mental health from observations of his behaviour. At this stage, given that the Claimant is being monitored daily by Healthcare as a result of his stance at mealtimes formal food and fluid refusal. He is declining medical observations (e.g blood urine samples etc) but it is noted that he has been observed purchasing and consuming food and drink from the shop regularly. Healthcare consider that the risks posed by the Claimant’s mental health, as observed, are being managed effectively and appropriately.

At paragraph 11 the Home Office said:

11. In view of the matters raised above, the SSHD respectfully requests for a further period of one week within which to obtain her own medical opinion in relation to the matters raised above (assuming the Claimant complies with the requirement to attend an interview and provide disclosure of his records). The SSHD considers that Dr Thomas’ report, which is some 78 pages long, requires careful consideration with the benefit of Healthcare’s own assessment of the Claimant. As set out above, at present, Healthcare consider that the risks posed by the Claimant’s condition are being adequately managed in the detention centre.

⁶⁵ Annex II – Interim Relief Order of HJ Lavender 07/06/2017

⁶⁶ Annex III – Defendant’s Written Statement of Grounds 12/06/2017

115. Upon receiving this document, and in response, my representatives wrote to the Home Office with the following inquiries⁶⁷:

1. You state in paragraph 8 “In view of the above, Healthcare have only been able to base their assessments of the Claimant’s mental health from observations of his behaviour...” Please confirm the name and qualifications of the individual who has observed the Claimant and state when and how he was observed.
2. In relation to monitoring referred to at paragraph 8, please confirm by whom he is monitored and the qualifications of the monitor(s) with regard to psychiatric disorders.
3. In relation to paragraph 11, please confirm who at “healthcare” has given an opinion that he is being “adequately managed” and what their qualifications are with regard to psychiatric disorders.
4. In relation to the assertion at paragraph 11 that the SSHD has not had a chance to take account of the report, please identify whether this was considered within 48 hours as required by the AAR policy?
5. On what basis does the SSHD say that instead of 2 days stipulated in policy, she requires 19 days to consider evidence of an acute risk of suicidality?

I am told that no answers were ever given before, or at, the hearing.

116. I was not brought to the hearing from detention, but I am told that the Home Office instructed counsel who argued the court should not make an order requiring me to be released and asked instead that they should be given a further week to detain me and to prepare her own medical opinion, rather than rely on the independent report of Dr. Thomas of 31 May 2017. Despite having had the medical report since 31 May, by the 13 June 2017, the Home Office had not reconsidered whether to detain me or completed her consideration of the medical report. The skeleton argument is appended.⁶⁸

⁶⁷ Annex IV – Letter to GLD – 12/06/2017

⁶⁸ Annex V – Claimant’s Skeleton Argument – 13/06/2017

117. Thankfully Mr Justice Cranston was persuaded to make an order directing my release and I was released two days later, on 15 June 2017 in spite of the Home Office's request to keep me there longer while it decided whether it was proper to keep detaining me⁶⁹.

Healthcare

118. I didn't feel like I could talk to healthcare about anything. They were always very dismissive and I didn't feel any confidence that they could do anything about how I was feeling. I felt like there wasn't any point in talking to them because they would do nothing for me.

119. While I was in Brook House I had symptoms like I was having a heart attack a lot. The first time I asked for the nurse, because I felt like I was having a heart attack. I couldn't breathe, my chest was tight, and I felt a lot of pressure in my temples. The nurse said that nothing was wrong with me, just that my temperature was high. I was given two paracetamol to take. Some hours later, I still felt like I was having a heart attack, and so I asked to see a nurse again. They said that there was nothing wrong with me, that I was just playing. I felt like they didn't care about me. My experience over the time I was there was that this was their answer for everything: whenever there were any issues, they would just hand out paracetamol. I would have these symptoms a lot when I was in Brook House. They were like a heart attack or a panic attack.

120. I don't recall ever being explained what the emergency buzzer was for, or how it was used.

⁶⁹ DL0000119 page 123-124

121. I never reported when I had self-harmed by cutting myself, it would only be when other people saw me do it that I would ever see anyone like a nurse or doctor. I never felt like I was able to say anything to a doctor or a nurse.

122. I have been asked about self-harm and suicidality by way of food and fluid refusal. I had several periods in which I did not eat anything. At this point I had not eaten from the canteen for around 3 weeks. I had only occasionally eaten some small items from the shop. I did not feel like there was any point to eating, because I wanted to end my own life. I didn't feel any hope or any point in doing things to keep myself well and alive, as I didn't want to live anymore.⁷⁰

Care and Separation Unit

123. I have said in my previous statement that I was placed on the Care and Separation Unit ("CSU") while I was in Brook House. However, after looking at the disclosure with my legal representatives, I understand that I was actually placed on Rule 40 within E Wing, rather than in the CSU. I did not understand the difference, only that I had been placed within a prison in a prison. I don't remember when I was put on Rule 40 and for how long, but I know I was there on several occasions.

124. I have seen the documents CJS001072, HOM000338 and HOM000319 which say that I was placed onto constant supervision and onto Rule 40. I assume this is correct, but I cannot confirm as I do not remember any of the details.

125. I do not know why I was put on Rule 40. I can see that from the documents there were different reasons, but I never really understood why. I always believed I was just being punished for something.

⁷⁰ The Inquiry is referred to Answer 92 of the detailed response to the Rule 9 questions.

126. Being on Rule 40 was so traumatic. It was so much worse than being on regular E Wing. It felt like a prison within a prison within a prison. You had no freedom, nothing to do except to think about how upset you were. It made me feel more suicidal.

127. It's very difficult to explain how it is different, but you just feel like you are being punished for being suicidal. It is awful.⁷¹

Access to Legal Advice

128. When I was on Rule 40, I was not able to contact my lawyers. You can't access anything. From what I remember you don't have your phone, and so you can't contact anyone. It was not easy to get an appointment for someone to see me, not just for legal visits, but it was very difficult to get my friend to send me money in there⁷².

Release from Detention up until Present Day

129. When I was released from detention, I initially felt relieved. I thought I would feel free, like I would be released from my mental state, but everything that happened to me has stuck with me. I feel like I am still trapped inside my own head. I never forget what has happened to me.

130. I often experience flashbacks to detention. I feel like I'm still there. I feel like people are crowding me, that I'm being rushed by officers. One incident that always come back to me is when I was strangled. It's always in the back of my mind, I can't forget it, as much as I want to. I feel so upset whenever I remember this. It makes me feel like it's not worth living any more. It feels like this is how people are going to deal with you every day.

⁷¹ The Inquiry is referred to Answers 22 and 29 of the detailed response to the Rule 9 questions

⁷² The Inquiry is referred to Answers 30-34 of the detailed response to the Rule 9 questions

131. I worry that something similar will happen to me again. I have severe anxiety from seeing security officers or police officers because of this. I worry that they will hurt me. If I see a police officer in the street, I will try and cross the road or try and go in a different direction. If I can't, I'll start to panic, and I'll feel an anxiety attack coming on.
132. I get anxiety attacks a lot. When they happen, you don't know what is happening, your mind is somewhere else. I spend a lot of time alone by myself as I am scared of going outside much, and so I am often trapped with my thoughts. I try and take my mind off what happened to me, but it is too hard, nothing seems to help, I'm always thinking about what happened.
133. The medication I take is supposed to help my mood. I don't think it helps that much. I take **Sensitive/Irrelevant** tablet and **Sensitive/Irrelevant** a day. I get prescriptions for these every month. Before they issue a new month's dose, I speak with a GP and they review my mood, how I'm feeling. I don't think it helps.
134. I think the only thing that would make me feel better is if I didn't have to deal with or think about the Home Office any more. All the time I have to deal with them, all the worries about my immigration status, it triggers memories about what happened, and I cannot make any progress forward.
135. I have been waiting for almost two years for my discretionary leave application to be granted. While this is outstanding, even though I know that I have Section 3(C) leave to remain (as explained to me by my legal representatives), I don't have any ID, and I feel like I could be detained again at any moment. I'm constantly reminded of the Home Office and my immigration status. If I want to work, or go out, or see friends, or travel, I can't do it, and I think about the Home Office and my experiences in Brook House. I am trying to live a normal life, but I can't, because the Home Office hangs over everything.
136. Even wanting to go out of the city is too stressful and frightening. I don't have any ID to prove who I am or to prove that I am allowed to be in the UK. Someone might stop you and

ask you who you are and ask for your ID, and then I won't be able to show them anything. I would have to go to the police station. There is a constant fear of being arrested, detained, and abused.

137. I have been stopped by the police lots of times in **DPA**, and they have asked me for my ID. I haven't had to go to the police station yet, as I don't ever go more than a mile outside my house. I can tell them that I am from **DPA**, and that my house is just round the corner, and so they can just check their records then and there and they don't take me to the police station. **DPA** is not a good place to live or to work, and so there are a lot of police around. There are people doing and dealing drugs near where I live, and so there's a large police presence. I get stopped every few months. This makes me very nervous. I don't go outside much, because I am so worried about encountering the police. I am worried one day someone is going to believe that is me, and they will have to take me to the police station to check my fingerprints. I am worried about what will happen if they do.

138. I have never watched the full BBC Panorama documentary. I have watched a little bit, I have seen some clips, but I couldn't watch all of it because I was scared to watch it. I knew that I was inside the documentary because someone I knew from detention saw the program and called me to tell me he recognised me. He didn't see my name or face, as this was kept hidden, but he knew that it was me as he knew me well. He's no longer in the UK, he has been deported. I checked the documentary and I could see myself in small clips of it. I couldn't face watching the full thing. I saw myself on the netting.

139. I felt very bad after seeing those clips. I felt down. I was trying to forget what had happened to me, and then I saw myself on the BBC. Not only that, but someone saw me and recognised me, even though my face was pixellated. I was worried other people would know it was me as well. I was embarrassed, and I felt sick and ashamed that I would be treated like that, in distress. It brought back memories of what had happened to me.

140. It feels like this whole Inquiry process is taking forever. It is making it harder for me to deal with my thoughts. I have to talk about things that are very traumatic, and I've had to do this for a long time. I just want this to be over, and I want there to be justice for what has happened to me. No one who abused me has paid for what they did. It makes me feel like they can do whatever they want, that they can get away with it. If I were to do what they did I would be in prison right now. It feels like there is one rule for them and one rule for everyone else. No one from the Home Office has contacted me to apologise and nobody who detained me and kept me in detention has had anything happen to them as far as I know.
141. Back in Egypt, if you have power you can just pay a fine or something and you can get away with anything. If you don't have power, you have to suffer. I believed that the UK would be different to Egypt. It is why I came to the UK. I went through horrible abuse and torture in Egypt, and I came to the UK because I was told the UK had human rights, but I feel that those human rights are in name only. I don't feel like I have human rights here in the UK. I never have done. I never felt it once. If I had human rights here nothing like this would have happened to me.
142. The Home Office and G4S should not be able to get away with what they did. People have only seen a little of what was on the documentary. There is so much more that happens every day to every person, every minute. People only see what is shown on TV, they don't see how people are living, the stress, the abuse, the mental health problems people are going through. People there are detained for so long, and they have no idea when they'll be released, or if they'll ever be released. They are counting up, not down. In prison, you know how long your sentence is. A court will decide how long you should be locked up. There is no court that decides whether you should be in detention. It is just whatever the Home Office wants. There are no crimes to find whether you're guilty, no sentences, no time frame. You're serving a prison sentence without having committed any crimes. You don't have a piece of paper saying your name on it, and for that you are given a prison sentence forever. I know people and met people in detention who had been there for two or three years. You think you're going to be

one of them, living your life in detention centres. I felt I was going to be stuck there forever, or that I was going to die there.

143. When I was in detention, a nurse called Karen Churcher told me that it was better for me to be in detention rather than being released. She said that because I was suicidal I should be kept in detention. This made me feel so hopeless. I tried to kill myself the same day. When a nurse, who is supposed to be there to help you, tells you that you should stay in this horrible place because you are suicidal, it breaks any spirit you have left. It made me lose all hope. I was also really upset to find out that she also laughed along with the officers when I was on the suicide netting on 4 May 2017.⁷³

144. I want to make sure that what happened to me never happens to anyone ever again. I don't want anyone else to suffer. I am going to live the rest of my life with this trauma. I will always have this. I will never feel normal again. People are going to die if nothing changes. The Home Office don't care. They sit in their office making decisions and they either don't know what is happening to the people who are affected by those decisions, or they know and they don't care. The managers at the centre don't care. What are the rest of the staff going to do if the managers don't care? If they are letting this abuse happen, and even encouraging it, then the staff are just going to keep doing it. The manager should be better than the rest of the employees. They should be setting an example. But they are often the worst of all.

145. I have had a lot of time to think about what should happen from this Inquiry. My legal representatives have asked me what I want from all of this. I want there to be a time limit on people in detention. When a person knows they are going to be detained for a certain time, rather than not knowing and having to count up the days they are detained, their mind will relax. It is so upsetting and stressful to not know how long you'll be detained for. You could

⁷³ "If he didn't have to do the washing up, he didn't have to go that far did he... I don't know (laughing) it's a dirty plate" (KENCOV1012 – V201705040022 clip 2)

be there from one day to several years. I've seen that with my own eyes. I've seen people there for years, who have no idea when or if they will ever be released. If they knew the maximum time they will be there for, they will have hope, they will know when they will be released. They will be much less likely to want to kill themselves. Not knowing when I would be released, and being told that I was being kept in detention longer because I was suicidal, made me want to kill myself more.

146. If people are going to be detained, then if they have not done any crimes, then they should not be put in the same place as people with dangerous criminal records. There are people in detention who have fled horrible situations and who have been put in detention with horrible and dangerous people. When I was in Brook House, there was a boy there who could not have been older than 14 years' old. He was in there with serious criminals. What happened to him I didn't see, but he should never have been there. People from Syria, Afghanistan, all over the world, come to the UK for hope, but they are put straight in detention with dangerous people in horrible conditions. They have their hope taken away.

147. There also should be people who come in from outside the detention centre to do proper checks on what is happening. This should happen without the staff at the centre knowing it is going to happen so they can't hide all the bad things they are doing. They should show them the documents, show them how the healthcare is going. This should be a check from outside, rather than the people inside Brook House reviewing for themselves. It doesn't work how it is at the moment. If I am the manager reviewing what my own staff is doing, I can just do whatever I want to do. I can say that everything is fine. You can see people in the documentary forging documents and pretending that things are not happening. This happened to me when I was strangled. If someone dies they just don't care. They go home and relax. There needs to be someone holding them to account.

148. People who have mental health problems like me should not be in there. It is not safe and you only get worse. All they can do is lock you in E Wing when it gets bad. If they are going to keep people with mental illness in there it should be much better healthcare in detention centres. There are not enough staff there, they are overworked. There are serious problems with the people there already, they don't care and they don't have time to care. There are only ever one or two nurses and one doctor in the whole centre. There needs to be more, and there needs to be better healthcare. The doctors and nurses don't have time. It might be that these people don't care, but even if they did, there are too many people to see who are ill, and so they are not doing their job properly. This would not be such a problem if people with serious mental illness are not in there or are only in there a short time so they don't get worse like I did and end up wanting to die rather than keep being detained in there.

STATEMENT OF TRUTH

I confirm the following:

Where my statement refers to documents or sets out quotations from documents or my previous evidence these parts of the statement have been prepared by my solicitors and they have been summarised, explained or read to me as appropriate and I have agreed to their inclusion in this statement. I believe the statement to be accurate and the statement to present a true picture of the documentary history.

Where facts are stated in this statement as being from my own recollection, they are true or, where indicated, true to the best of my recollection, knowledge or belief.

Sig: **Signature** _____

Name: **D1527** _____

Dated: **19/11/2021** _____