

D1851

Psychological Report by **Name Irrelevant**

30.4.18

D1851

[Appellant]

and

The Home Office

[Respondent]

PSYCHOLOGICAL REPORT

On

D1851

By

Name Irrelevant

Name Irrelevant BSc, MSc, PhD, C.Psychol, DClinPsych, DClinHyp, AFBPSs

DOB

DPA

Nationality

Nigerian

On the instructions of

The appellant

Subject matter

Psychological Assessment examination

Date of examination

25.3.2018

Place of Examination

Twickenham

Date of Report

30.4.18

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Introduction

1. I am **Name Irrelevant**. I am a Consultant Chartered Clinical (Neuro)Psychologist registered with the Health Care Professions Council, a Chartered Clinical Psychologist, a chartered scientist registered with The British Psychological Society, Honorary Senior Lecturer at Kings College, University of London, PhD (University of London), MSc in Neuroscience (Institute of Psychiatry, Kings College, London), Diploma in Clinical Hypnotherapy, Psychology BSc (Hons). I am currently employed as a Consultant Clinical Psychologist with the NHS and the independent Sector.
2. Full details of my qualifications and experience entitling me to give an expert opinion are in my CV and summarised in Appendix 1.
3. **D1851** attended the interview alone. The interview lasted approximately 2 hours.
4. In this report the client's self-reported history is presented as stated by the client during the clinical interview. This is to inform as to the client's perceptions and views of the events relevant to the current proceedings. The information and conclusions presented are based upon the client's self-report and the information in the case.

Conflicts of Interest.

5. I do not know the client **D1851** professionally or personally. I do not know any of the parties involved in the current proceedings. There are no conflicts of interest in respect to the identified party. I have no other interest which might cause a conflict based upon the nature of the issues involved in the current proceedings. Should I become aware that this position changes between the production of this report and any hearing, I shall inform the instructing party immediately.

Background Information

6. The background information is set out as in my letter of instruction in these proceedings.

Instructions

7. This report has been provided following instructions from the appellant. I have been asked to give an opinion on the following issues:

1. **The psychological impact, if any, of being unlawfully detained in the UK.**

Process of Investigation

8. This report is completed based upon the information contained in the letter of instruction and the clinical assessment. Should further information become available an addendum report may be required.

My Investigation of the Facts and the Assumed Facts

9. I have considered what the Appellant has told me, and what is contained in documents provided as 'assumed facts'. The only facts of which I have personal knowledge are my findings on clinical examination set out in the section 'Psychological Assessment'.
10. Although psychology relies on the patient's account, i.e. history and symptoms to a larger extent than physical medicine, there remain certain clinical signs seen on psychiatric or psychological examination that do not rely on the content of the patient's account.

Documents

11. The documents examined are listed in Appendix 2.
12. Verbatim quotations are denoted by quotation marks (" "). When I have missed out seemingly irrelevant words these are shown with a series of full stops (.....). Where words are illegible I have marked them as dashes (-----).

Medical terms and explanations

13. I have indicated any psychiatric/psychological terms in bold type when first introduced. I have defined these terms and included them in a glossary in Appendix 3.

Relevant Background

14. A comprehensive summary to the case can be found in the papers provided and his witness statement.
15. **D1851** is a Nigerian national who was unlawfully detained in the UK for a period of 3 months. He was successful in a judicial review of the decision to detain him and now he is contesting the damages in the High Court.

16. **D1851** has been diagnosed with **Sensitive/Irrelevant** by his GP as a result of the conditions he faced whilst in detention.
17. In summary, **D1851** arrived from Nigeria to Cyprus in October 2013 to study at the University of Nicosia. Whilst there, he met his EEA national (Romania) wife **Name Irrelevant** **Name Irrelevant** online.
18. They got married in June 2014 after a period of getting to know each other. They got married in Cyprus but the plan for them was to have a bigger wedding in Nigeria at a later date. **D1851** could not join his wife immediately in Romania because he had to apply for a visa and his wife travelled back to Romania because she had her job. In August 2014, he travelled to Romania. **D1851** could not study in Romania because of the language barrier and the couple decided to move to an English-speaking country, the United Kingdom. His aim was to continue his studies at some point in the UK.
19. **D1851** wife moved to London ahead of him because they did not have the finances to support the two of them in London. On 19.05.2015, **D1851** was granted an EEA family permit valid for six months until 19.11.2015, as the family member of an EEA national. **D1851** started to work in late July 2015 and then he moved on to do health care assistance training in October 2015. Around August 2015 his relationship with his wife became strained and they experienced a lot of pressure and stress in their relationship. They both agreed that they would have some time apart.
20. **D1851** tried to get work with other companies and though he would be successful in the interviews when they did their checks as to whether he had the right to work in the UK, they then refused to give him the job. In August 2015, he made an application for a resident's card as the spouse of an EEA national who was exercising treaty rights in the United Kingdom. He made the application because he was aware that his family permit was due to expire in November 2015. **D1851** went through a process where he had to wait for a significant amount of time yet he had not heard anything from the Home Office.

21. **D1851** was detained at Brook house, whilst reporting on 28.04.2017.

Interview with **D1851**

22. **D1851** told me that he is originally from Nigeria. He came to the UK on an EEA family permit. He said that his wife is an EU citizen.
23. He told me that he lived in Cyprus under the Cyprus law. He had a registered marriage with his wife in Romania after which he got a family permit to come to the UK.
24. He told me that he lived in Romania and his wife came before him. He accompanied her six months later.
25. **D1851** said that he and his wife were living in **DPA** in a one-bedroom flat. He said that three weeks after he got to the UK, his wife lost her job. She then got another job in **DPA** in **DPA** and they moved near there.
26. **D1851** said that whilst in the UK, he was trying to get his national insurance number so that he could work. He stated that about three to four months after he arrived in the UK, his relationship with his wife broke-down because of financial and employment stress. He said that they still loved each other and they decided to separate in order to see whether they were able to work on their relationship.
27. He said that his relationship with his wife did not seem to work out.
28. He told me that he is in a new relationship and he is living with his partner in **DPA**

29. **D1851** explained that the one year family permit has a six months duration in that he has to renew it to get a five year resident card. He said that he applied for renewal and it was refused by the Home Office on the basis that he did not provide proof of his relationship and his wife's identity card.
30. He said that the Home Office sent him a letter of refusal and a letter saying that he has to leave the UK and that if he does not, he would be forcibly removed. He also got a letter from a private firm that works with the Home Office telling him that he has to leave the UK.
31. **D1851** said that in the refusal of the application, he should be given the right to appeal however he was not given any right to appeal.
32. **D1851** told me that he spoke to the firm that works with the Home Office and told them that he has the right to live in the UK because he is a family member of an EU national. The company advised him to speak to the Home Office and scan the relevant documents to them. He said that he scanned the documents to this private firm called Capital. He said he scanned the originals of his marriage certificate, his and his wife's ID. He also called them and the lady at the offices said that she would send it on to the Home Office.
33. **D1851** said that he did not hear anything for six months though he was expecting to hear from them promptly. He was struggling to look for work because of his situation and he was struggling financially. He said that he was getting jobs but then when the employers called the Home Office, they were told that he does not have the right to work in the UK.
34. **D1851** said that since November 2015, he has been struggling to work and he felt that his life emotionally, practically and financially was paused. He said that he was solely relying on his partner for support which felt embarrassing and humiliating.
35. He said that he initially received the refusal of the application in January/February 2016. He said that he then sent the scanned documents to them thinking that they would send it to

the Home Office. Six months from that period, he had not heard anything and he thought that the Home Office had backed-off. It was not until he found out that he did not have the right to work in the UK that nothing had changed.

36. He told me that in September 2016, he received a letter saying that he had overstayed and that he was due to be removed and that he was also liable to be detained. He was told that he had to be reporting at Lunar House. **D1851** said that he went to seek legal advice from William Lamb and Co Solicitors who took on the case. He stated that his solicitor was shocked that he was going through this process and the firm wrote to the Home Office. He said that the Home Office asked for the same documents again that he had already sent to Capital who said that they would send it to the Home Office. He said that the Home Office requested "a copy" of proof that his wife was working in the UK and a copy of her ID and proof of relationship i.e. marriage certificate. They also wanted proof that they were living together. He said that he could not get proof that they were living together but he had sent them all the other documents they required. **D1851** said that the law does not say that you have to live with your wife to be in the country. **D1851** reported that he did not get a response until the mid to late May 2017. He said that he was waiting and getting really anxious and was hoping that the problem would be resolved.

37. He reported that he started to report at the Home Office in September 2016.

Personal History

Education

38. **D1851** told me that he completed his formal education in Nigeria up to high school level.
39. He said that in Cyprus, he was a computer engineering student. He paused his studies after a year because he went to Romania.

Family Background

40. He told me that his mother and father live in Nigeria. He has three siblings. **D1851** has an older brother and sister who live in Canada and a younger sister who lives in Nigeria.
41. **D1851** told me he comes from a very close-knit family where everyone is very supportive of each other. He reported having a very happy childhood and that he did not experience any significant negative life events.
42. **D1851** told me that he has not told his family about the current situation because it would be very upsetting for them and "it would break them".

Criminal Convictions

43. **D1851** told me that he does not have any known criminal convictions.

Drugs and Alcohol

44. **D1851** said that he has never taken any drugs or illicit substances.

Mental and Physical Health

45. He stated that he does not have any physical health difficulties. He said that he suffers from

Sensitive/Irrelevant

46. He told me that he is currently taking **Sensitive/Irrelevant**

47. **D1851** told me that he experiences negative intrusive thoughts on a regular basis, "daily". He said that he still has nightmares but he cannot remember what the content of the nightmares is. He said that he wakes up sweating and this happens about two to three times a week.

48. He told me that he experiences flashbacks usually when he sees triggers that remind him of his time in detention such as the cells, violence, sounds of keys or TV programmes related to prison. He said that he does not just have ordinary flashbacks. He said that when he experiences flashbacks, he "literally breaks down". He said that he cries, his mood changes and he finds it very difficult to control his emotions.
49. He said that his appetite is not like it was before. He said that he has lost a lot of weight as a result of this situation, "it has taken a lot out of me". He told me that he used to be a gym addict but now he feels really anxious when he sees the gym because he associates it with being in detention. He said that whilst in detention, he felt disgusted going to the gym. In his head he could not see the benefit for himself and he was not motivated. He said that since his release, he cannot go to the gym because of the constant reminders of being in detention.
50. He told me he hardly goes out. This week, he went out on two occasions once because he had to send a parcel and the other the time was to attend this assessment.
51. **D1851** said that when he hears a loud bang, he gets very anxious and jumps. In detention, when "I was banged-up", it was really distressing and traumatic for him. **D1851** became very tearful in the assessment, he went quiet and stated that when the doors locked, he heard the other doors locking from faraway and it was a reminder "that I am going to have to be banged-up". He said that there was no air, no sign of life and he felt very trapped and anxious. He said that he experienced constant uncertainty because he did not know what each day was going to be like or what was going to happen. He said that words cannot describe what he went through "it was just horrible".

Past Medical History

52. No reported medical problems prior to his detention.

Drugs and Alcohol

53. **D1851** said that he has never taken any drugs nor has he been dependent on them. He does not drink alcohol.

Account of Traumatic Events

54. On 28.04.2017, he went for reporting at 12:30p.m. He was told to go to the back office to update his file, which he was confused about. **D1851** said that he followed the officers to the back office and two security officers asked him to empty his pockets. He was confused and did not understand what was going on. He told me that he waited for another hour after which another officer came to interview him. **D1851** said that this officer had a document with him regarding detention. **D1851** said that this officer asked him where he lived and whether he thought he had the right to live in the UK. **D1851** explained to him that he did have the right because he was a family member of an EEA national. **D1851** said that the officer told him he was going to be detained.
55. **D1851** told me that he explained his case to the officer and this officer told him that it was not his decision but the decision of his managers.
56. **D1851** said that he could not call his solicitors because he had no cash and they had taken his phone from him.
57. **D1851** recalled going into a room with four other people. He said that there was a phone but he could not speak to his partner or solicitor because he did not have any money. He said that he felt worried, scared and disorientated. He was "totally confused" and did not know what to do. He said that he found himself laughing for no reason and he thought "what is going on? What is happening to me?"
58. He told me that the third day after his detention, he was able to communicate with his partner who was extremely panicking and worried because she did not know where he was.
59. He said that initially, he was locked in a room in Lunar house at about 12:30/01:00p.m. He

said that at 11:30p.m a bus came to collect him to take him to Brook house. He said that he had to wait 10.5 hours in a room. He said that when he was waiting in the room, they bought ready-made food which he could not eat because he had no appetite.

60. **D1851** said that he was taken to Brook house where he waited for another 1 ½ hours before he was taken into the reception area. He said that when he was checked in, he had to wait another 2 ½ hours in a room and by this time it was already 02:30/03:00 a.m in the morning. His phone was taken because he was not allowed his smart phone. He said that he should have been given a small phone which he asked for and he explained that he needed the phone to call his partner. He was told that there was no phone available.
61. **D1851** said that his partner was extremely worried about him and of his whereabouts. He said that his partner was not sleeping, she went to the station many times in the hope that she would find him.
62. **D1851** said that he told the officers that he was hungry and he was given white rice and canned beans. He told me he could not eat beans and the food was also cold. He said that he was given dinner that was served at the detention centre at 05:00p.m that day. He ended up having the rice and a small coffee.
63. **D1851** told me that he had to wait in reception for another one hour because they did not have a free cell. He was then taken into the induction wing.
64. He recalled feeling very scared and shocked when he went into the wing because there was a strong smell of drugs, the place was very dirty and the staff were very unfriendly. He said that he was in a cell with a Moroccan guy and **D1851** realised that he was "not okay" mentally. He said that this man would talk to the walls and he was praying next to the floor near the toilet. **D1851** said that he was very upset, he was visualising his experiences and felt panicky and anxious.

65. He said that this Moroccan man was talking to the wall, he was mumbling to himself, he was burning incense sticks and the room was full of smoke. **D1851** was in the same cell as him for one week and this experience was very traumatic and difficult. He was then taken to another wing out of the induction wing. He said "I was banged-up at about 10:00 p.m at night and the door would open about 07:30/08:00 a.m. in the morning.
66. He said that he would have breakfast at 08:00/09:00 in detention centre and then at 12:30 p.m they were locked up again with no fresh air or opportunity to go out. He said that they were in the cell for 1 – 1 ½ hours and then they would get lunch. At 05:00p.m they would be locked up again and spend between one and two hours in the cell and then they would get dinner. He said that they finished dinner around 07:00/07:30p.m and by 10:00p.m "I was banged-up again". **D1851** said he was in detention for 86 – 88 days.
67. He told me that he contacted his solicitor who contacted the Home Office. He said that the case had been transferred to NRC. His solicitor contacted NRC and he was told by them that they had not received his file to review it.
68. **D1851** said that the first two weeks in detention he was waiting for his file to be transferred to NRC and all this time he was in detention. He said that the conditions were horrible, nobody gave him any attention when he was unwell with cold and flu symptoms, the conditions were "dire" and it was torturous for him.
69. He said that mentally he was struggling, he was shocked, upset, frustrated and he could not believe that this was happening to him. At times he was disorientated that he thought that he was in a dream.
70. **D1851** told me that he has grown up in a culture where if you have a problem with the police, you are seen as an outcast, a bad person and looked down on. He said that he has never experienced anything like this in his life before.

71. **D1851** told me that the solicitors chased the Home Office in the past for a response but they did not receive anything. He said that in the third week of May, a response came, he believes it was 15th or 18th of May. He said that he received a letter which stated that he would be removed from the country on the 23rd or 25th of May on a chartered flight. He said that he then received another letter on the 23rd of May which was a decision related to the documents that the solicitor had sent in November/December 2015.
72. He stated that Home Office had made a decision to remove him before making a decision in relation to the documents that were sent to them a significant time ago. He stated that in the letter of 23rd May, the Home Office refused his stay in the UK without giving him an explanation as to why his application was refused. He reiterated that they did not provide any reasons. He stated that instead, the Home Office went on to write about the process of how he would be removed.
73. **D1851** told me that he went into detention thinking that it was the Home Office and the government making the relevant decisions and if he was on the right side of the law he would be okay. He said that when he told the other detainees, they were laughing at him and they told him that "once you are in detention, you are a Home Office's dog".
74. **D1851** said that he wanted to speak to an immigration officer to explain his situation and he would attend the relevant times that the service was being offered at the detention centre, however no one turned up. He said that there was a notice saying that if you wanted advice, you had to turn up at a certain time. He requested to see an officer three times yet no one saw him. **D1851** said that the officers only see you when they want to and if they do see you, it is only to tell you bad news "I felt like there is no end to this".
75. **D1851** said that he spoke to other people and they were shocked as to why he was in detention. He said that about 60% to 70% detainees at the detention centre were ex-convicts and going home following their release.
76. He decided to go to the library and read through the information on EU rights. He said that

he realised that he did have rights. **D1851** told me that he has spent so much money to get his situation rectified however he had to end his contract with the solicitors because he could not afford it and he was left alone. He said he applied himself for a judicial review. He said that the Judge realised that he might have a case. He stated that he was detained unlawfully and his case was transferred to the High Court. **D1851** told me that it was at this point that he felt that he could not pursue the case any further alone. He was worried that he would be treated unfairly. He said that he went online, did a lot of research and found someone who could represent him.

77. **D1851** said that he was released on bail on the condition that he has to report and reside at a particular address.
78. He stated that eventually, the Home Office conceded that he was detained unlawfully.
79. **D1851** reiterated his experiences. He said that when stepped into the induction wing of Brook house, there was a heavy smell of marijuana which he later came to know was the drug 'spice'. He reported that drugs there were plentiful and readily available and the smell of it was everywhere. He said the bins were full, the detention centre was dirty and there were used plates with food left in them unattended on the tables. He recalled that his cell was very dirty, the walls were dirty and the floors were sticky. He said that there were stains on walls and bits of food that had hardened over time. The smell in the cell was of sweat, the sheets were old and had blood stains on them. He complained to the immigration officers because he was not prepared to sleep on the sheets in this condition. He recalled that the sink was filthy with stains all over it and the toilet had clumps of faecal matter stuck inside of the rim. When he complained, he was told that it was the duty of the detainee to clean their cells and not the duty of Brook house. He was shocked and taken aback by this. He said that he did not feel safe in his room, he could not sleep at night and this affected him mentally in that he was anxious and on edge all the time. He was scared about what would happen to him if somebody did not like him and he also said that he was detained with people who had a history of criminal offences.

80. He said that a week after he was detained, he suffered from **Sensitive/Irrelevant** and requested to see a doctor or a doctor at the health centre. He was only seen two or three days later and when he requested nasal drops, he was told that the he could not have this and they could not give him anything. He said that whilst in detention, he did not always eat properly. He said that by the time it was his turn to have lunch, there would be no food left. He would return to his cell without any food. He said that he was in a very stressful environment, without any food, poor sleep and no support. He recalled that there would be detainees screaming and shouting which also created more fear and stress because of uncertainty. He felt that he was being tortured because he did not have any food, it was difficult to get any support from immigration officers, his stomach was hurting the whole night and he was scared and anxious.
81. He recalled that an occasion where he was maltreated and mishandled whilst in detention during the forceful removal of his cell-mate. . He recalled about eight to ten officers came into the cell to remove his cell-mate. **D1851** was sat on his bed and he did not move or interrupt them. He said that around four officers pinned down his cell-mate and then some of them came over and pinned him down. **D1851** said that there was no need for this because he had always remained compliant and did not cause any disruption to them. He said that the officers told him they were pinning him down to protect him but he did not understand this.
82. **D1851** reported that he has seen many other detainees be forcibly handled and maltreated and he felt disgusted, scared and anxious. He said that many people in Brook House were taking either drugs or antidepressant tablets. He recalled that one night, his cellmate started running around the cell and hitting walls saying things that did not make sense. **D1851** called emergency line for around 30 minutes but nobody came to help. He said that this was really shocking and traumatic for him to witness.
83. He said that on another occasion, a Pakistani national who was a detainee, threatened him because he wanted to intervene when he was playing pool. He threatened that he would kill him and he was going to cut his head off. **D1851** was really scared because he had never experienced anything like this before. He said that there was no immigration officer present

or no protection at all. He said that immigration officers would not do anything even if they witnessed something or if he or anyone else reported it to them.

Symptom Progression

84. **D1851** said that since his release from detention, he has been having nightmares on a daily basis. He said that he has vivid imagery and flashbacks of what he has been through such as the environment, not having any protection, feeling really isolated and scared.
85. He said that he wakes up crying, sweating and as if he is still there.
86. He said that he hardly goes out by himself and he is reliant on his partner.
87. He told me that he has nightmares and flashbacks on a daily basis and it feels like everything just happened yesterday.
88. **D1851** said that he finds it very difficult to concentrate or keep a clear mind because of his experiences to date.
89. He said the experiences frequent breathlessness, panic and feelings of being on edge.
90. He recalled experiencing flashbacks of his experiences and nightmares consistently since the traumatic event took place. **D1851** reported that he is always feeling unable to relax and often lays in bed thinking about what happened without being able to sleep.

Psychological Examination

91. **D1851** arrived on time. He had poorly modulated eye contact throughout the assessment. He presented as anxious and low in his mood. He was adequately dressed. There were no signs of self-neglect.

92. He was observed as being tense and anxious.
93. When describing past events, his demeanor changed, his volume of speech was very low, he avoided eye contact, and frequently showed symptoms of agitation and anxiety through physical restlessness, fidgeting with his hands and looking away. Following the describing of events, he would become less responsive, look down and he had difficulty following the conversation. This suggests a degree of dissociation.
94. His mood was generally low, with little interest in things. With regard to avoidant symptoms, he reported that he would spend time alone.
95. With regard to reliving experiences, he has nightmares and flashbacks where he relives his experiences of being in detention.
96. In terms of autonomic hyperarousal, he has difficulty sleeping and difficulty concentrating.
97. With regard to anxiety symptoms, he reported numbness or tingling, feeling hot and feeling unable to relax.
98. **D1851** reported actively trying to avoid prompts that trigger thoughts of his traumatic experiences.
99. He reported feeling "completely lost" when he thinks about what has happened.

Mood and anxiety

100. The Impact of Event Scale (IES) was administered to assess for the symptoms of Post Traumatic Stress Disorder (PTSD). This scale is a widely used, standardised assessment of symptoms of PTSD. It is a self-rating scale that measures the degree of psychological impact caused by a traumatic event. It reflects the degree to which individuals experience a

traumatic incident, the degree of intrusiveness these re-experiences have for them, as well as possible attempts by individuals to use avoidance/numbing mechanisms in dealing with the consequences of the event.

101. Creamer, Bell and Fallia (2003) suggest that a cut off scores of 33 on the IES indicates significant emotional distress. **D1851** **Sensitive/Irrelevant**

Sensitive/Irrelevant

D1851

D1851 scores on the IES suggest that he **Sensitive/Irrelevant**

Sensitive/Irrelevant

102. The Beck's Anxiety Inventory (BAI) was administered to assess for the symptoms of anxiety. This scale is a widely used, standardised assessment of symptoms of anxiety. It is a self-rating scale that measures the degree of anxiety an individual is presenting during the past month.

103. A cut off score of 30 out of a total of 63 is suggested as indicative of severe anxiety. **D1851** **D1851** total score for the BAI was 38, which is suggestive of significant presentation of anxiety over the last month, as precipitated by the traumatic events he experienced.

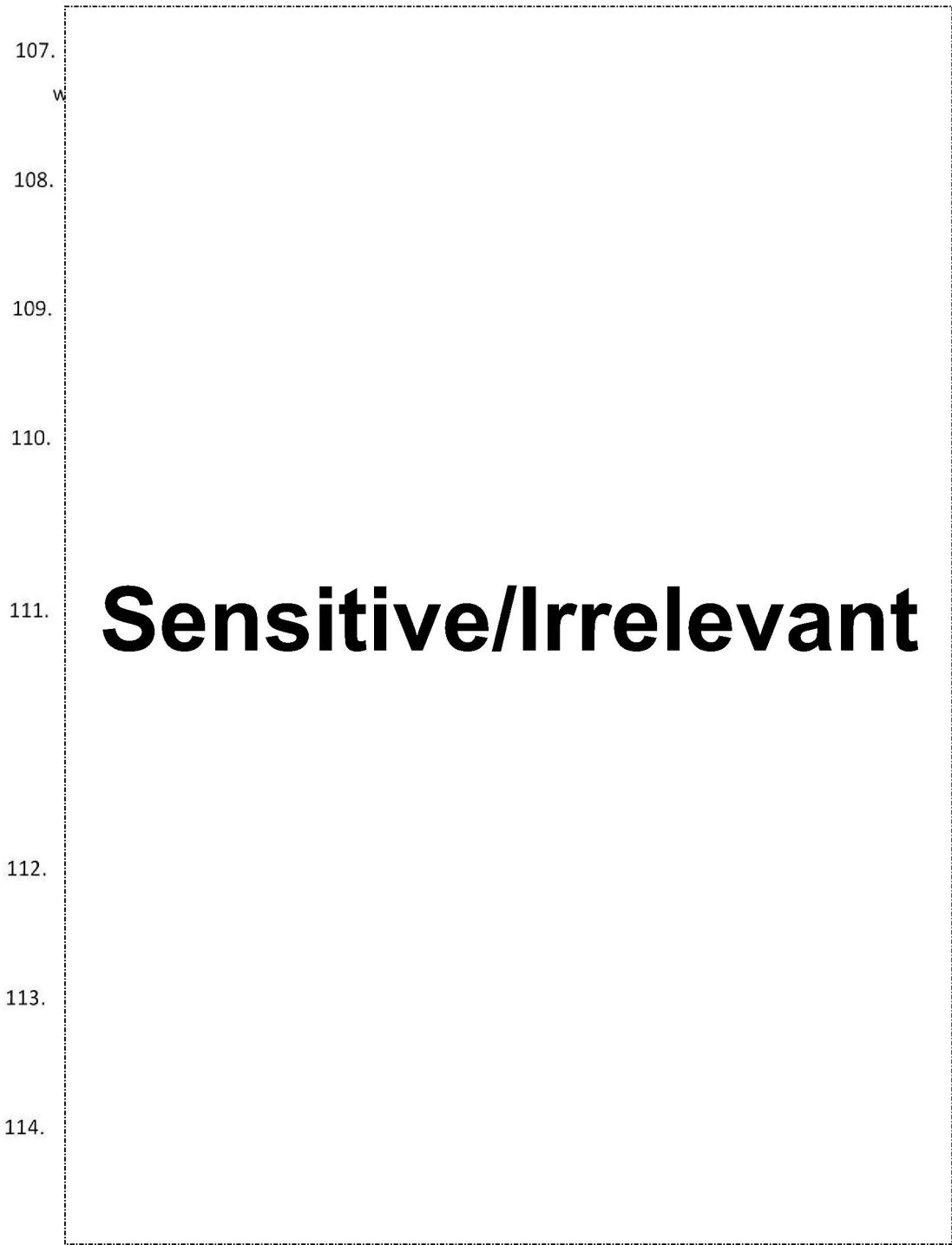
Issues that I have been asked to address

104. **D1851** has been suffering from **Sensitive/Irrelevant** related symptoms as a result of his experiences of being detained in the UK. This view is based on clinical observation and assessment of **D1851**, standardised assessment and the fact that he does not have a history of mental health problems prior to his unlawful detention. He has also been diagnosed as suffering from **Sensitive/Irrelevant** by his GP.

105. **D1851** suffers from symptoms, which are characteristic of a **Sensitive/Irrelevant**

Sensitive/Irrelevant

106. The evidence for this is in his account and development of his symptoms following the negative and traumatic events, and the findings on psychological examination.



115. Please see below for the diagnostic criteria:

- a. The patient must have been exposed to a stressful event or situation (either short or long lasting) of exceptionally threatening or catastrophic nature which would likely cause pervasive distress in almost anyone.
 - b. There must be persistent remembering or reliving of the stressor in intrusive flashbacks, vivid memories or recurring dreams, or in experiencing distress when exposed to circumstances resembling or associated with the stressor.
 - c. The patient must exhibit an actual or preferred avoidance of circumstances resembling or associated with the stressor.
 - d. Either of the following must be present:-
 - i. Inability to recall either partially or completely some important aspect of the period of exposure to the stressor, OR
 - ii. Persistent symptoms of increased psychological sensitivity and arousal shown by any two of the following:
 - iii. Difficulty falling or staying asleep
 - iv. Irritability or outbursts of anger
 - v. Difficulty concentrating
 - vi. Hypervigilance
 - vii. Exaggerated startle response
 - e. Criteria 2, 3 and 4 must all arise within 6 months of the period of stress.
116. There is no evidence that **D1851** has a personality disorder of any sort. He cooperated with the assessment despite his distress, I found no discrepancy between his complaints and the objective findings on psychological examination. Overall, his description of symptoms and the signs he showed on interview were convincing.
117. People who malingering PTSD tend to recite symptoms in textbook learnt lists and this was definitely not the case here.

118. In my opinion feigning of symptoms is unlikely. This is not to say that **D1851** would always tell the truth or never embellish aspects of his account, but it is my opinion based on his psychological symptoms.

119

Sensitive/Irrelevant

120

121. **D1851**'s experiences to date, with the Home office have had a significant impact on his social, emotional and occupational functioning. His has not been able to progress in life from an occupational and social perspective because he has had to wait for the home office to respond to his application. Their allegedly disorganised response has had significant detrimental impact on **D1851**'s emotional wellbeing; he has felt anxious, worried, halted in his progress and he has had to experience constant uncertainty which has been destabilising for him.
122. **D1851**'s psychological state was further exacerbated by being unlawfully detained. His traumatic experiences of being in detention have led to **D1851** experiencing significant anxiety, depression, low self confidence and lack of faith in people and this has had a substantial impact on his mental state, his quality of life and his ability to function on a day to day basis.
123. Should further information be presented I am happy to write an addendum report to support the presenting information.

Statement of Compliance

I understand my duty to the Court and have complied and will continue to comply with that duty. This Report includes all matters relevant to the issues on which my expert evidence is given. I have given details in this Report of any matters, which might affect the validation of this Report. I have addressed this Report to the Court.

Rarely when the individual who has been assessed reviews my report with their legal representative they may state that they may not have been able to discuss the concerns fully, or for example they felt very nervous and this inhibited their ability to engage with the process. In these circumstances I am always happy to offer a further interview and indeed in my view in such circumstances it is essential that a further interview is offered or the validity of my report may be questionable

Statement on Conflicts of Interest

I confirm that I:

- (a) have no conflict of interest of any kind, other than any conflict disclosed in my report;

- (b) do not consider that any interest disclosed affects my suitability as an expert witness on any issue on which I have given evidence;
- (c) will advise the instructing party if, between the date of my report and the final hearing, there is any change in circumstances which affects my answers to (a) or (b) above;

EXPERT'S DECLARATION

1. I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.
2. I have set out in my report what I understand from those instructing me to be the questions in respect of which my opinion as an expert are required.
3. I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.
4. I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.
5. Wherever I have no personal knowledge, I have indicated the source of factual information.
6. I have not included anything in this report which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.
7. At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.
8. I understand that this report will be the evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.
9. That I do not consider that any interest which I have disclosed affects my suitability as an expert witness on any issues on which I have given evidence.

10. That I will advise the party by whom I am instructed if, between the date of my report and the trial, there is any change in circumstances which affect my answers to either of the above two points.

STATEMENT OF TRUTH

I confirm that I have made clear which facts and matters referred to in this report *are within my own knowledge and which are not*. Those that are within my own knowledge *I confirm to be true*. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

I confirm that I am aware of the requirements of CPR Part 35 and PD35, the protocol for the instruction of experts to give evidence in civil claims (supplementing PD 35 para 13.5) and the PD on pre-action conduct and confirm that I have complied with them.

Signed:

Signature

Name Irrelevant

Consultant Clinical Psychologist, BSc, MSc, PhD, DCLinPsych, DCLinHyp, AFBPSs

Date: 30.4.18

APPENDIX 1 – My Experience and Qualifications

My professional practice has concentrated on psychological and neuropsychological assessments in adults. I am experienced in the delivery of psychological assessments and treatment within the general psychiatry settings. My assessments are robust and based upon sound scientific theoretical underpinnings.

I have extensive experience in working with Sri Lankan and Iranian Asylum seekers, individuals from India, Nigeria and Pakistan, Iran, victims of torture and in the assessment and treatment of **Sensitive/irrelevant**. I have also assessed individuals at risk of stigma and harassment as a result of her health, sexuality and religious beliefs. I provided numerous reports (over 200) reports for the immigration courts in relation to the assessment of **Sensitive/Irrelevant** in survivors of torture, assessing the best interests of children and psychological assessments of families from Sri Lanka, India, Nigeria, Turkey, Iran and Pakistan.

Academic Qualifications

Doctor of Clinical Psychology (DClinPsych)-University of London 2008

Diploma in Clinical Hypnotherapy- British College of Clinical Hypnosis 2005

Doctor of Philosophy (PhD) Psychological and cognitive medicine 2003

Master of Science (MSc) Applied Forensic Psychology, Institute of Psychiatry, Kings College, London – 1999

BSc (Hons) Psychology, City University 1995

Professional Qualifications

Chartered Clinical Psychologist – Health Professions Council – PYL06448

Chartered Psychologist British Psychological Society number - **DPA**

Chartered Scientist British Psychological Society number **DPA**

Registered Expert Witness- **DPA**

D1851

Psychological Report by **Name Irrelevant**

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Membership of Professional Bodies

Member of The British Psychological Society, BPS number **DPA**

Member of the British Society of Clinical Hypnosis

D1851

Psychological Report by **Name Irrelevant**

30.4.18

Name Irrelevant

BSc, MSc, PhD, DClinHyp, DClinPsych, CPsychol, AFBPSS

CONSULTANT CLINICAL (NEURO)PSYCHOLOGIST

HON. LECTURER IMPERIAL COLLEGE, LONDON

Mobile: **DPA**

Email: **DPA**

DPA

Nationality: British

PROFESSIONAL QUALIFICATIONS & EXPERTISE

Professional Qualification(s)

Chartered Clinical Psychologist

Assessment of Adults and Children

Areas of Expertise

- Adoption and Fostering
- Attachment and Family Dynamics
- Adult Mental Health
- Trauma, Abuse and Neglect issues
- Risk assessments
- Cognitive assessments
- Assessment of Autistic Spectrum Disorders
- Severe and Enduring Mental health diagnoses
- Personality Disorders

- Immigration and asylum family cases
- Personality traits
- Domestic Violence
- Emotional and Psychological abuse
- Drug & Alcohol Abuse
- Non Accidental Injury/Self-Harm
- Ability to Protect
- Assessment of Capacity
- Assessment of Impact of Mental Health on the Ability to Parent
- Assessment of head injury
- Fitness to Plead

Sensitive/Irrelevant

RELEVANT EXPERIENCE

I have experience of working both with the NHS and the independent private sector with primary care and secondary care children and families.

I am experienced in the provision of applying a wide range of psychological assessments, formulation and therapies to individuals, couples and families with complex mental health problems and also in conducting psychological assessments with children and adolescents.

I have experience in providing assessments of parenting, risk assessments and assessment of autistic spectrum disorders and assessment of attachment for both the NHS and the independent sector.

I am proficient in the use of different evidence based psychological and neuropsychological/cognitive assessments for use with children, adolescents and adults.

I have a wealth of experience in the assessment (assessment tools and cognitive) and treatment of the psychological impact of abuse, traumas, attachment, neglect and neurodevelopmental difficulties, arising from ADHD, and autistic spectrum disorders.

I am experienced in the supervision of Clinical Psychologists and multidisciplinary team members and

regularly provide training and consultation to professionals.

I have also published widely in the area of depression and ADHD in children and adolescents.

REPORTS

I have prepared a number of reports for the family courts. These reports have covered the following areas:

- Impact of parental deportation on a child's emotional, behavioural and psychological development
- Assessment of family dynamics
- Cognitive assessments of children and adolescents
- Adoption and fostering
- Public Law assessments of children and adults
- Private Law assessments of children and adults
- Assessment of parenting
- Assessment of attachment

QUALIFICATIONS, TRAINING & RESEARCH

Qualifications & Training

2008: Doctor of Clinical Psychology
2005: Diploma in Clinical Hypnotherapy
2003: PhD Psychological Medicine
2000: Masters in Neuroscience
1998: BSc Psychology

Additional training in the assessment of Autistic Spectrum disorders, parenting and risk

I regularly attend CPD events in clinical and expert witness work

MEMBERSHIPS & PUBLICATIONS

Professional Memberships

- Registered Counselling/clinical etc Psychologist with the Health Professions Council – Registration Number: PYL06448
- Chartered Clinical Psychologist British Psychological Society
- Associate Fellow of British Psychological Society (AFBPsS.)
- Full member of Division of Clinical Psychology of British Psychological Society
- BUPA/AXA PPP/AVIVA/CIGNA/WPA approved practitioner

Language Proficiency: French (Advanced level), Hindi, Urdu, Gujarati

Selected Publications & Presentations

- I have widely published on the topics of neuropsychology, cognitive and clinical correlates of depression, ADHD, conduct disorder and psychoses in children, adolescents and adults.
- A full list of publications can be made available upon request.

OTHER RELEVANT INFORMATION

- Enhanced CRB clearance certificate number:

D1851

Psychological Report by **Name Irrelevant**

30.4.18

- I hold personal professional indemnity insurance.
- I hold a clean driver's license.
- I am based in London and am available to travel UK/Nationwide
- Language Proficiency: French (Advanced level), Hindi, Urdu, Gujarati

D1851

Psychological Report by **Name Irrelevant**

30.4.18

Appendix 2-Documents

Witness statement

Appendix 3- GLOSSARY

Autonomic hyper-arousal This refers to over activity of the branch of the nervous system concerned with emotion, controlling for example heart rate and gut movements. This becomes dysregulated in PTSD and patients suffer insomnia, poor concentration, a startle response and increased vigilance.

Dissociation A state of reduced responsiveness associated with PTSD. May be related to production of endogenous opioids by the brain.

Flashbacks The experience of vivid memories of aspects of the trauma so the person feels like it is happening again.

Malingering The conscious feigning of symptoms for personal gain.

Reliving phenomena The re-experiencing of trauma in the form of nightmares, vivid memories, flashbacks and hallucinations. Part of diagnostic criteria for PTSD

Re-enactment When the physical movements associated with the trauma are made during recall. A form of motor memory

Appendix 4- References

1. ICD-10: International Classification of Disease, version 10. World Health Organization 1992.

PTSD

2. DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association 2000.

3. The Istanbul Protocol: Manual on the effect of an investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment: submitted to the United Nations High Commissioner for Human Rights; 1999.