



Freedom from Torture

Medical Foundation for the Care of Victims of Torture

**Rape as torture
in the DRC:**

**Sexual violence beyond
the conflict zone**

Freedom from Torture

Freedom from Torture (formerly known as the Medical Foundation for the Care of Victims of Torture) is a UK-based human rights organisation that exists to enable survivors of torture and organised violence to engage in a healing process to assert their own human dignity and worth and to raise public and professional awareness about torture and its consequences.

As one of the world's largest torture treatment centres we provide rehabilitation services to survivors including psychological therapy and physiotherapy; and our specialist doctors prepare forensic medico-legal reports (MLRs) that are used in connection with torture survivors' claims for international protection and in our country reports as a collected evidence base to hold torturing states to account.

Since our foundation in 1985, more than 50,000 survivors of torture and organised violence have been referred to us. In 2013 Freedom from Torture provided treatment for 1,015 clients from 53 different countries. Every year our Medico Legal Report Service (still known as the Medical Foundation Medico Legal Report Service) prepares between 300 and 600 medico-legal reports for use in UK asylum proceedings.

Survivors Speak OUT! network

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



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Rape as torture in the DRC:

Sexual violence beyond the conflict zone

Country Reporting Programme

June 2014

FOREWORD

It is a real honour to write this foreword, as women, as Congolese and as survivors of torture.

We feel how lucky we are to be writing this, living in a country where our rights are respected, where we have been helped by Freedom from Torture to rebuild our lives. We feel how lucky we are to be able to stand alongside the Survivors Speak OUT! network and speak out about the changes we would like to see happen in the world.

We have participated in this report to call for change in the Democratic Republic of the Congo (DRC), where there have been more than two decades of armed conflict, sexual violence against women and widespread impunity for abusers. Although there is war in the eastern part of the country, sexual violence is not only limited to the war zone. Rape and other forms of sexual violence are happening even where there is "peace". As you will read in this report, most of the women surveyed were based in Kinshasa and sexual violence was mostly being used as a form of torture in detention centres. Women detained miles away from the war are suffering in similar ways to those in the eastern parts of the country.

Wherever it is committed, the effects of sexual violence are the same. Women across the DRC are suffering in silence. They don't know where to turn to for advice, counselling or any kind of support. The infrastructure put in place is not enough to help them. Lack of implementation and insufficient resources mean these initiatives are not bringing changes in practise. The adoption of the 2006 law against sexual violence and the promulgation of the law criminalising torture in 2011 are not enough. These cannot be the only commitments the government makes to tackle these crimes.

The sexual violence evidenced in this report is torture and it should be considered as such. Perpetrators must be prosecuted, the judiciary must be independent, survivors must be assisted to rebuild their lives, and

the population must be educated about sexual violence and ways of supporting survivors. There is no point raising awareness of victim's rights if there is no enforcement of the law.

We hope this report will bring change in the lives of women in the DRC and end their long period of suffering. We hope the DRC government will take sufficient measures to support and protect women in the entire country. We hope the government will improve the conditions of detention centres and allow regular visits by international monitoring bodies. We hope the UN will help end the eastern conflict, which gives the DRC government an excuse to hide behind. We hope the United Nations will ensure that the government respects the human rights conventions it has signed up to.

We applaud the UK's leadership of the initiative to stop sexual violence in conflict and hope this report proves how vital it is that in the DRC this effort is expanded beyond the conflict zone and throughout the entire country.

We know this is a long list of hopes and that many of them will not be easy or quick to achieve. But this report shows the alternative - a country where women continue to suffer sexual torture in silence, without access to support or justice, and where perpetrators continue to act with impunity.

Our personal experiences have shown us that somehow hope does remain, even in the very darkest hours. So we write with the hope that the DRC can again become a place where women and men live in freedom, safety and with their human rights respected.

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The report was designed by Freedom from Torture's Webmaster, Philip Cartland and edited by Sara Scott.

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The Country Reporting Programme work relies on, above all, the participation and support of our clients; survivors of torture who are willing to share their medico-legal reports with us for the purpose of research, in order to further Freedom from Torture's efforts to hold torturing states to account and to prevent torture in the future.

We would like to acknowledge the contribution of our Congolese clients to this project and to thank them. We would especially like to acknowledge the Congolese women who are former clients who participated in the project working group and guided the development of the recommendations.

We would also like to acknowledge and thank Survivors Speak OUT! network members for their collaboration with Freedom from Torture in this project from the outset. Together we have worked on developing meaningful survivor participation in our Country Reporting

Programme, including participation in the project working group, which has guided the research, in the development of recommendations and in advocacy and communications work related to the project.

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

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- 26 detained in Kinshasa
- 5 detained in conflict areas
- 3 detained in Bas Congo

The vast majority of the women in the study were arrested and detained in non-conflict contexts. The majority (26) were resident in Kinshasa when they were detained, while three were resident in Bas-Congo and five in the eastern provinces of North and South Kivu and Orientale. Of the 60 detention episodes reported here, 49 took place in Kinshasa, five in Bas-Congo and six in the eastern provinces.



**DEMOCRATIC
REPUBLIC
OF THE CONGO**

GLOSSARY

Acronyms and abbreviations

Acronyms and abbreviations pertaining to the Democratic Republic of Congo follow the French word order; for the sake of brevity and clarity, in most cases the full names are translated directly into English.

ANR - National Intelligence Agency

APARECO - Alliance of Patriots for the Refoundation of the Congo

CEDAW - Committee on the Elimination of Discrimination against Women

CNDP - National Congress for the Defence of the People

CPRK - Malaka central prison

BDK - Bundu Dia Kongo

DGM - Directorate General of Migration

DRC - Democratic Republic of the Congo

DRGS - Special Services police (Direction des Renseignements Généraux et Services Spéciaux de la police)

Ex-DEMIAP - Military Intelligence Headquarters

FARDC - Armed Forces of the DRC

FCO - Foreign and Commonwealth Office

GLM - Groupe Litho Moboti detention centre

GR - Republican Guard

ICTY - International Criminal Tribunal for the former Yugoslavia

IPK - Inspectorate Provincial de Kinshasa

MLC - Movement for the Liberation of Congo

MLR - medico-legal report

OHCHR - Office of the High Commissioner for Human Rights

OPCAT - Optional Protocol to the Convention against Torture

PNC - Congolese National Police

Police HQ - Quartier Général de la Police Nationale Congolaise

PSVI - Preventing Sexual Violence Initiative

PTSD - post-traumatic stress disorder

SPT - Subcommittee on Prevention of Torture

SSO - Survivors Speak OUT! network

UDPS - Union for Democracy and Social Progress

UN - United Nations

UPR - Universal Periodic Review

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SUMMARY

This report is about the torture of women by state security forces in the Democratic Republic of the Congo (DRC). It is based on a study of 34 forensic reports prepared for individual torture survivors by the Medical Foundation Medico-Legal Report Service at Freedom from Torture. The recommendations that follow have been informed by the views of Congolese women who are survivors of torture and former clients of Freedom from Torture.

The report provides evidence of the torture of women by state security forces in the DRC, mainly in non-conflict contexts. It indicates the extensive use of rape and other forms of sexual torture against women detained mostly for political reasons, and the use of a variety of other torture methods including beating, burning and psychological and environmental forms of torture. It highlights the lack of access to justice, including due process, and appropriate services for women victims of torture in the DRC; as well as the impunity of suspected perpetrators.

Freedom from Torture

Freedom from Torture (formerly the Medical Foundation for the Care of Victims of Torture) is a UK-based human rights organisation and one of the world's largest torture treatment centres. Specialist clinicians in Freedom from Torture's Medico-Legal Report Service use forensic methods to document physical and psychological evidence of torture according to standards set out in the United Nations Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, known as the 'Istanbul Protocol'. Our medico-legal reports (MLRs) are commissioned by solicitors and used in connection with survivors' claims for international protection in the UK.

Since our foundation in 1985, nearly 3,500 people from the DRC have been referred to our centres for rehabilitation treatment or forensic documentation of their torture injuries. In 2013 we provid-

ed services, including clinical treatment and MLRs, to 111 survivors of torture from the DRC. In the last four years (January 2010 - December 2013) our specialist clinicians have prepared MLRs for 94 people from the DRC, more than half of whom were women.

Country Reporting Programme

Through our Country Reporting Programme we submit evidence drawn from MLRs, to United Nations (UN) human rights accountability processes and to wider audiences, in order to contribute to international efforts to prevent torture and hold perpetrator states to account.

This report, the third in Freedom from Torture's Country Reporting Programme series, provides a detailed description of data previously submitted in summary form to the UN Committee on the Elimination of Discrimination against Women (CEDAW) for its examination of the DRC in July 2013, and to the UN Office of the High Commissioner for Human Rights (OHCHR) for the Universal Periodic Review of the DRC on 29 April 2014.

Research methodology

Research for this report involved a systematic review of 34 medico-legal reports produced by Freedom from Torture for women who were tortured in the DRC from 2006 onwards and who gave consent on the basis of anonymity¹.

Data extracted and analysed from the MLRs included details of the case profile, history of detention, specific torture disclosures and the forensic documentation of the physical and psychological consequences of torture, based on a comprehensive clinical examination and assessment process undertaken by our doctors. The data collected was anonymised and aggregated before being analysed and reported.

The research process was guided by an inter-disciplinary project working group. In line with Freedom

¹ Since the research was conducted the Medico-Legal Report Service has prepared a further 19 MLRs for people from the DRC, of which 12 were for women.



from Torture's commitment to developing survivor participation, members of the Survivors Speak OUT! network (SSO) have participated at every stage of the DRC project including as members of the project working group. The project working group also included Congolese women who are survivors of torture and former clients of Freedom from Torture, who also took a key role in informing the recommendations.

Rape, sexual violence and torture in the DRC

The cases of torture, including rape and other forms of sexual torture described in this research, cannot be seen in isolation from a broader pattern of widespread torture that is associated with other human rights violations committed by DRC security forces and documented by the UN and human rights groups.² Despite the enactment of the Law explicitly criminalising torture by the President on 20 July 2011, the practice of torture remains endemic in the DRC. This is partly due to the pervasive situation of impunity for members of the security services who commit human rights violations, combined with the structural weaknesses of the justice system.

Rape and other forms of sexual violence are rampant in the DRC. Although research and reports in this area have generally focused on acts committed by soldiers of the Congolese army and members of armed groups in the context of the conflict, rape committed by civilians has become a problem in its own right, not helped by the widespread impunity for such crimes.³ The adoption of legislative and policy instruments by the DRC authorities to address sexual violence has contributed to strengthening the institutional and legal frameworks in the

2 For example *Report of the United Nations High Commissioner for Human Rights on the human rights situation and the activities of her Office in the Democratic Republic of the Congo, 2013*, A/HRC/24/33, para. 15. See also Human Rights Watch *2013 Annual Report* and Amnesty International *Annual Report 2013 - Democratic Republic of The Congo*.

3 See for example, UN Joint Human Rights Office (UNJHRO - Human Rights Division of MONUSCO and OHCHR- DRC), *Progress and Obstacles in the Fight Against Impunity for Sexual Violence in the Democratic Republic of the Congo*, April 2014. Also Oxfam, *Now The World Is Without Me: An investigation of sexual violence in Eastern Democratic Republic of Congo*, April 2010.

DRC. However, numerous obstacles, including lack of resources and corruption, have severely limited the impact of these measures.

While this report highlights the close link between sexual violence and torture in detention facilities, they are still considered separately from each other in the DRC. Rape and other serious forms of sexual violence are very rarely charged as acts of torture and institutional and policy frameworks do not fully consider this link. This runs counter to the increasing recognition that rape can amount to torture under international law (see, for example the judgement of the International Criminal Tribunal for the former Yugoslavia (ICTY) in the *Celebici Case*⁴). Rape has been classified as a war crime and a crime against humanity in international jurisprudence. When perpetrated by state officials it can also be classified as an act of torture in itself whether perpetrated within or without formal detention facilities.⁵

The identification of rape as torture has fundamental legal consequences. As stressed by the UN Special Rapporteur on torture, 'classifying an act as "torture" carries a considerable additional stigma for the State and reinforces legal implications, which include the strong obligation to criminalise acts of torture, to bring perpetrators to justice and to provide reparation to victims'⁶. Making this link calls for a more integrated legal, policy and institutional approach to ensure efforts against torture and sexual violence are considered together and are mutually reinforcing.

4 See for example, ICTY, *Celebici Case (Trial Judgement)* (1998) 16 November 1998, paras. 495 and 496.

5 For an overview of the jurisprudence development, see REDRESS, *Redress for Rape: Using international jurisprudence on rape as a form of torture or other ill-treatment*, October 2013, pp. 20 and the following pages.

6 UN General Assembly (2008), '*Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak*', A/HRC/7/3, 15 January 2008, para. 26.

Research findings: Survivor profile

The survivors whose torture is described in this report are all women from the DRC who were detained and tortured after 2006. The majority of these women were targeted for detention as a result of their political profile, or that of a member of their family, as members or supporters of a legitimate political or civil society organisation. A smaller number of women were targeted due to an association with armed groups or with the Bundu Dia Kongo (BDK) political-religious movement.

Twenty-three of the 34 women were detained because of their political profile or that of a family member. The majority of these were associated with the Movement for the Liberation of Congo (MLC). Other named organisations included the Union for Democracy and Social Progress (UDPS) and Alliance of Patriots for the Refoundation of the Congo (APARECO). Three women supported civil society organisations concerned with women's rights. Activities that led to the arrest of those detained because of a political profile included taking part in campaigning, recruiting new members, storing and distributing publicity materials such as t-shirts and banners, attending meetings and demonstrations and undertaking administrative tasks.

Five women reported being detained because they, or a member of their family, were associated with an armed group, including the National Congress for the Defence of the People (CNDP). This included the perception that a family member had joined an armed group, and in one case, was selling goods to members of an armed group. Three of the four women who were members of the Bundu Dia Kongo (BDK) political-religious movement were detained because of this association.

A range of ethnicities was recorded among the 34 women but the extent to which ethnicity was in itself significant in the targeting of these women for detention is not clear. Only one woman directly attributed her detention to this factor. More than half

the women were born in Kinshasa; others were born in provinces across the DRC, including Bas Congo and the conflict afflicted eastern provinces of the Kivus and Orientale. Many women moved from their place of origin and the majority were ultimately detained in Kinshasa, with a smaller number detained in Bas Congo and the eastern provinces. The extent to which their place of origin contributed to their identification as having a political profile and to being targeted for detention is not known.

Travel abroad seems to have been a factor, which led to detention in a number of cases. Seven women had travelled abroad and on their return to the DRC five were detained either immediately on arrival at the airport or shortly afterwards. The three women who were arrested at the airport had been previously detained and had sought protection abroad before being forcibly removed to the DRC. The two who were detained shortly after returning to the DRC, had travelled for employment and leisure. One had no record of previous detention or political activity, though her husband had a political profile, and the other had joined a political organisation when a student and had met with members of this organisation when abroad. Both were interrogated about activities abroad as well as their political associations.

The remaining two women who had travelled abroad and returned to the DRC, were detained some time after their return and any link with travel abroad is not known.

Detention context

All 34 women were detained (on all occasions) by state forces - including from the military, police or intelligence services. None of the women reported being detained by non-state forces or armed groups.

The majority of the 34 women were arrested and detained in non-conflict contexts. Three-quarters (26) were resident in Kinshasa when they were detained (for all episodes⁷), while three were resident

7 'Episodes' here and elsewhere in the report refers to separate episodes of detention. Twelve of the 34 women were detained



in Bas-Congo and five in eastern Congo. Just over half of the arrests were from public locations, including eight at Kinshasa's airports, while all other women were arrested from their home or another private address. Many suffered multiple detentions - among the 34 women there was a total of 60 detention episodes.

The majority of women were detained and tortured in known or, in 12 episodes, unofficial state security facilities. Of the 60 detention episodes, 54 took place in a state facility. Six detention episodes took place in the person's home or other private residence.

Violation of due process rights

According to the information available to Freedom from Torture, all the women were detained by state authorities without due process according to international human rights standards. All were detained arbitrarily; they were tortured on each occasion they were detained and the vast majority were held *incommunicado*.

Ill-treatment during arrest and *en route* to detention was reported by women in more than a third of the detention episodes. They described being beaten or assaulted, including being hit with rifle butts, rubber truncheons and belts; being restrained face down in the back of a truck, kicked or stamped on by soldiers wearing army boots and being slapped or punched.

None of the women had access to a legal or judicial process, nor did they have access to legal advice or representation at any point during the detention process. Only two women described any form of 'charge', 'conviction' or 'sentencing', though these did not conform to international norms of due process in either case.

Most women were detained for three months or less, with the largest number of detention episodes (21) being less than one week in duration. Five

more than once, some on multiple occasions. Overall, data was collected for 60 episodes of detention.

women were detained for seven months or more, while one woman was detained for 20 months.

Twenty-six of the 60 detention episodes ended with the woman being released in various circumstances, without any legal or judicial process. In ten instances women reported having been released with extra-legal (informal) conditions, namely ceasing supporting opposition parties or taking part in demonstrations, campaigning or other forms of activism.

Those women who were not released reported escaping from detention and most of these were assisted in some way. Only four women reported escaping without help. Many women said that they had been enabled to escape by someone in the detention facility. Others said that an escape was arranged after a bribe was paid by a family member or associate.

Detention conditions

Extremely poor detention conditions were described by those 30 women held in state detention facilities both in formal (named) and unofficial facilities administered by the police, intelligence and/or military. Women described being held alone, or with many others in cells that were insufficient in size, often without adequate food and water. Cells were lacking in all appropriate facilities, conditions were foul and unhygienic with little or no access to light or fresh air. Most women received no medical treatment while in detention, despite the injuries they sustained during torture and the ill health they suffered as a result of their detention conditions.

Evidence of torture

The torture documented in the 34 MLRs on which this report is based included:

- Rape, in all but one case
- Other forms of sexual torture including violent assault to the breasts and genitals, sexual molestation, forced removal of clothing, verbal abuse and/or threats of sexual violence in many cases
- Beating, assault and other forms of blunt

force trauma in all cases

- Burning including with cigarettes and/or heated implements in more than half the cases
- Forced and stress positioning in more than a third of cases
- Cutting or stabbing with sharp implements also in more than a third of cases.

Women were raped irrespective of the detention facility, its location, the context of their detention or the detaining authority. Many reported more than one form of sexual torture, multiple perpetrators and multiple incidents throughout the time they were detained. Of those detained more than once, the majority suffered sexual torture including rape each time. Many women reported severe violence during rape, including being forcibly restrained, beaten or stabbed if they resisted. Over half of the women experienced gang rape, involving from three to ten men at a time.

All 34 women were subjected to blunt force trauma; they described being beaten with a variety of instruments, being kicked, stamped on, punched and slapped during all detention episodes. Women also described being trampled with metal-capped boots and being thrown to the floor or against the wall or other hard surfaces. For some women this treatment started at the point of arrest and continued *en route* to detention and throughout their period of incarceration.

Women were also subjected to the widespread use of humiliation and threats, the trauma of witnessing the abuse of others and to prolonged solitary confinement including being confined in the dark.

Physical impact of torture

All but one woman had forensic evidence of torture documented in their MLRs in the form of lesions (injuries and wounds including scars). Most common were lesions caused by 'blunt force trauma' because beating with implements was a highly prevalent form of torture. Although fewer women were subjected to burning the number of recorded

lesions was high as almost all those burned had resultant lesions.

Women reported chronic pain and genito-urinary symptom patterns that, while not exclusive to rape, are frequently associated with it. These commenced after they were raped and persisted long after their release from detention. Changes in their menstrual cycle were commonly described, while six women reported sexually transmitted infections. Two women were diagnosed with HIV, in both cases attributed to rape in detention, and two disclosed pregnancy arising from rape. Physical injuries attributed to beatings and other torture that were concurrent with rape, included blunt force trauma, burns, and sharp force trauma including knife wounds and human bites.

Women also described musculo-skeletal pain due to beatings and other torture, including back pain, pain in their arms and legs and joint pain. Fourteen women described persistent ongoing headaches or migraines that had commenced after their detentions.

Psychological impact of torture, including rape

Psychological responses described by women, and attributed to rape and sexual torture, included persistent nightmares and flashbacks as well as intense and profound feelings of shame and guilt, of dirtiness, of their body no longer being the same, of low self-esteem or of worthlessness. Women described a persistent fear of men, an inability to trust them and sexual dysfunction, including the loss of the idea of sex as enjoyable. They also described a fear of rejection by society, and by those close to them, should they disclose their history of rape.

All 34 women in this study presented with symptoms of post-traumatic stress disorder (PTSD) related to their history of torture in detention. Of these, over half (19) had symptoms reaching the diagnostic threshold according to the ICD-10 Clas-



sification of Mental and Behavioural Disorders.⁸ In addition, ongoing symptoms of depression directly related to the history of detention and torture were reported by almost all the women (31), of whom over half (19) had symptoms reaching the diagnostic threshold for depression.

Twenty women reported thinking about self-harm or suicide, persistently in some cases, while two women had self-harmed or attempted suicide.

Lack of access to treatment

Only thirteen women reported receiving treatment in the DRC for physical injuries or symptoms associated with torture in detention. Only four of these received treatment for physical injuries or symptoms due to rape. Some who did not seek medical attention attributed this to the shame surrounding rape and fear of being discovered by the authorities. Whilst in the DRC none of the 34 women received treatment for psychological symptoms due to rape and only one received treatment for torture-related psychological symptoms.

Recommendations

Freedom from Torture's evidence demonstrates that in the DRC there is extensive use of rape and other forms of torture against women who are detained - mostly for political reasons - by the state.

Freedom from Torture hopes that this research, based on the testimony of these survivors and the independent findings of our clinicians, will widen the focus of the UK government, of the international community and of the DRC in combating sexual violence and torture from the conflict zone to the whole of the DRC. In pursuit of this outcome we have identified the key recommendations below, informed by Congolese women who are survivors of torture and former clients of Freedom from Torture and drafted in consultation with the Survivors Speak OUT! network:

⁸ World Health Organisation, *The ICD-10 Classification of Mental and Behavioural Disorders* (Geneva 1994).

Recommendations for the DRC

1. The DRC should comply with its obligation under Optional Protocol to the Convention against Torture (OPCAT) to establish, or designate, a national body for the prevention of torture and ill-treatment to undertake regular visits to detention facilities.
2. The DRC should welcome a monitoring visit as soon as possible by the UN Subcommittee on Prevention of Torture (SPT).
3. The DRC should submit without further delay its next periodic report to the UN Committee Against Torture.
4. The DRC should issue a standing invitation to all thematic special procedures of the UN Human Rights Council and welcome visits as quickly as possible by the UN Special Rapporteur on Torture and the UN Working Group on Arbitrary Detention.
5. The DRC should take concrete measures to ensure that the 2006 decision to close all unofficial detention facilities is implemented and that persons suspected of operating those facilities are investigated and prosecuted.
6. The DRC should fully implement the 2009 National Strategy to combat gender-based violence and its related action plan. This should include providing the mechanism that the Government claimed to have established as part of its national strategy with adequate resources to deliver holistic care to victims.
7. The DRC should implement the 2006 Law against sexual violence and the related policies to ensure that these consider rape and sexual violence as torture and that they are linked to the implementation of the law criminalising torture.
8. The Ministry of Justice and Human Rights, and other relevant Ministries, such as the Ministry of Gender, Family Affairs and Children, should consider the two sets of laws and policies on sexual violence and torture, in conjunction with each other.

9. The DRC should ensure that its legal system enables survivors of torture to obtain redress, including compensation and rehabilitation, as required by the UN Convention Against Torture. Specialist legal and health services, including legal aid, must be developed and strengthened throughout the country to support women who have survived sexual forms of torture.

Recommendations for the international community

1. Member states of the UN and, in particular, members states of the African Union and the UK and other donor countries involved in initiatives supporting the reform of the justice system and the security sector, should increase pressure on the DRC to prioritise torture prevention.
2. The international community should ensure that UN and other international initiatives aimed at tackling violence against women in the DRC are not restricted to the 'conflict zone' in eastern DRC and also encompass violence against women by state actors in Kinshasa and other parts of the country, especially where such acts amount to torture in detention facilities. These initiatives should expressly recognise and integrate the fact that sexual violence in the DRC amounts to torture in certain circumstances.

Recommendations for the UK government

1. The Foreign and Commonwealth Office (FCO) should ensure that the Preventing Sexual Violence Initiative (PSVI) acknowledges the role of the conflict in normalising sexual violence and sexual forms of torture against women outside the 'conflict zone' in the DRC and ensure that the PSVI programme is not restricted to eastern DRC. The FCO should commit to integrating the prevention of sexual violence into its work to ensure its longevity. In particular, the strengthening of international assistance and support to survivors, which is one of the PSVI's key objectives, should extend to victims of rape as a form of torture.
2. The Foreign Secretary should maintain a direct dialogue with DRC ministers about torture of women and sexual violence, in-

cluding through the PSVI June 2014 Summit in London, which relevant DRC Ministers will attend, and should find opportunities for survivors to participate in this dialogue.

3. The FCO should ensure that its next Human Rights and Democracy Report includes reference to forensic and other evidence of torture, including sexual forms of torture, committed by state actors both within and outside the conflict zone.
4. The Home Office should update its asylum policy on the DRC as a matter of urgency to include a specific section on women that considers claims based on sexual or gender based violence.
5. The Home Office should take note of the evidence contained in this report and update its Country of Origin Information and its asylum policy and practice to recognise the risk of torture for women on return to the DRC.

INTRODUCTION

This report is about the torture of women by state security forces in the Democratic Republic of the Congo (DRC). It is based on a study of 34 forensic reports prepared for individual torture survivors by the Medical Foundation Medico-Legal Report Service at Freedom from Torture. The recommendations that follow have been informed by Congolese women who are survivors of torture and former clients of Freedom from Torture, and drafted in consultation with the Survivor's Speak OUT! network.

The report provides evidence of the torture of women by state security forces in the DRC, mainly in non-conflict contexts. It indicates the extensive use of rape and other forms of sexual torture against women detained mostly for political reasons, and the use of a variety of other torture methods including beating, burning and psychological and environmental forms of torture. It highlights the lack of access to justice, including due process, and appropriate services for women victims of torture in the DRC; as well as the impunity of suspected perpetrators.¹

Freedom from Torture's Country Reporting Programme

As part of its holistic approach to rehabilitation Freedom from Torture seeks to protect and promote the rights of torture survivors by drawing on the evidence of torture that we have recorded over almost three decades. In particular, we aim to contribute to international efforts to prevent torture and hold perpetrator states to account through our Country Reporting Programme using evidence contained in our medico-legal reports (MLRs).

Freedom from Torture has consistently received a high number of referrals of men and women from the DRC. Since our foundation, nearly 3,500 people

¹ It should be noted that men are also victims of sexual violence and rape in the DRC and usually in the context of detention. See for example, Peel, M., *Men as perpetrators and victims*, in Peel, M. (ed), *Rape as a Method of Torture*, Medical Foundation for the Care of Victims of Torture, 2004, Chapter 4. Clinicians currently working with torture survivors from the DRC confirmed that male detainees from the DRC are subjected to rape although a systematic study of male cases has not yet been conducted.

from the DRC have been referred to us for clinical services. In 2013 we provided services, including clinical treatment and MLRs, to 111 survivors of torture from the DRC. In the last four years (January 2010 - December 2013) our specialist clinicians have prepared MLRs for 94 people from the DRC, more than half of whom were women.²

This report, the third in the Country Reporting Programme series, is focused on the torture of women in the DRC based on evidence contained in MLRs produced by Freedom from Torture.³ The research was conducted in 2013 with the initial purpose of making a submission to the UN Committee on the Elimination of Discrimination against Women (CEDAW) for its examination of the DRC in July 2013. We focused on torture in the DRC from 2006 onwards in order to reflect the situation since the Committee last examined the DRC. A further submission was made, based on this research evidence, to the UN Office of the High Commissioner for Human Rights (OHCHR) for the Universal Periodic Review (UPR) of the DRC at the 19th session of the UPR working group on 29 April 2014.⁴

This report contains a full description of the research data previously summarised in these two UN submissions.

² Freedom from Torture's submission to the OHCHR stated this figure as 83 (see footnote 5 - summary section); this was based on MLRs completed at the date of the submission in September 2013. An additional 11 MLRs have been produced in September-December 2013, bringing the total to 94.

³ The other countries reported on in the Country Reporting Programme are Sri Lanka and Iran. Reports and other materials related to these projects may be found on Freedom from Torture's website and include: *Out of the Silence: New Evidence of Ongoing Torture in Sri Lanka 2009-2011*, November 2011 and *We Will Make You Regret Everything - New evidence of Torture in Iran*, March 2013.

⁴ See, Freedom from Torture, Submission to the Committee on the Elimination of Discrimination against Women for its examination of the Democratic Republic of the Congo (DRC), July 2013, *Torture of women in the DRC 2006-2011*, available at: http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/COD/INT_CEDAW_NGO_COD_13430_E.pdf. See also, UN General Assembly, Human Rights Council, Working Group on the Universal Periodic Review, Nineteenth session, 28 April-9 May 2014, Summary of stakeholder submissions, Democratic Republic of the Congo, A/HRC/WG.6/19/COD/3, 6 February 2014; full submission available on request.



Research methodology⁵

Research for this report was based on a systematic review of all the medico-legal reports produced by Freedom from Torture for women who were tortured in the DRC from 2006 onwards and who gave consent to use their MLRs for our research on the basis of anonymity. In January 2013, 34 MLRs were available for the research; the latest detention episode among this group of women took place in December 2011.⁶

It should be noted that survivors of torture may take many months to flee from the DRC following their escape or release from detention and assemble their asylum claim in the UK. It can also take five or more months for Freedom from Torture to finalise an MLR, especially where there are multiple injuries to document or the survivor is particularly vulnerable. Since the research was conducted Freedom from Torture has prepared a further 19 MLRs for people from the DRC, of which 12 were for women and we anticipate that evidence of more recent detention and torture of women in the DRC will become available as further MLRs are finalised for those referred to Freedom from Torture.

Data for Freedom from Torture's research on torture practice in particular states is sourced from individual medico-legal reports (MLRs) that are prepared by the organisation's independent Medico-Legal Report Service (known as the Medical Foundation Medico-Legal Report Service). MLRs are considered a primary data source since they provide first-hand testimony of torture and direct evidence related to that testimony in the form of clinical data. They are detailed, expert reports that document, through a forensic process of clinical examination and assessment, an individual's history of torture and its physical and psychological consequences.

⁵ See Appendix for further details of the research methodology for Freedom from Torture's Country Reporting Programme.

⁶ Of the 83 MLRs completed for people from the DRC at the time of the research, 34 cases were available for use once screening for i) gender, ii) date of detention (post 2006) and iii) consent to use the MLR for research purposes had taken place.

Freedom from Torture's Country Reporting Programme comprises the following research phases:

- i) Country-focused review of the relevant literature on torture and human rights, monitoring and accountability processes with respect to torture and torture prevention and protection considerations for survivors of torture in the UK; scoping of available data in the form of Freedom from Torture MLRs.
- ii) Formation of a cross departmental working group to support the project, including clinical and non-clinical staff, Survivors Speak OUT! network members and Congolese women who are survivors of torture and former clients of Freedom from Torture.
- iii) Preparation of the data (MLRs) and research database; data collection, comprising a review of each MLR and systematic recording of relevant data.
- iv) Systematic analysis of aggregated, anonymised data; review of the findings with the project working group; drawing up of recommendations to relevant bodies, informed by Congolese women who are survivors of torture and former clients of Freedom from Torture and drafted in consultation with the Survivors Speak OUT! network.
- v) Drafting of a report of the research findings, including a draft review process comprising clinical, legal and policy, Survivors Speak OUT! network reviews and reviews by Congolese women who are survivors of torture and former clients of Freedom from Torture.
- vi) Publication and dissemination of the research report.

In line with Freedom from Torture's commitment to developing survivor participation in all areas of the organisations' work members of the Survivors Speak OUT! network (SSO) have participated at every stage of the DRC project, including in the project working group that guided the research and in the development of recommendations (see Appendix for further details of the research process and of the collaboration with SSO).

Freedom from Torture medico-legal reports

Medico-legal reports (MLRs) prepared by Freedom from Torture are detailed forensic reports documenting physical and psychological consequences of torture. They are commissioned by legal representatives on behalf of their clients and prepared by specialist doctors according to standards set out in the UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, known as the 'Istanbul Protocol'.⁷ Each is subject to a detailed clinical and legal review process. While the primary purpose of our MLRs is to assist decision-makers in individual asylum claims - and for these purposes our clinicians act strictly as independent experts - collectively they also represent an invaluable source of evidence of torture that can be used to hold perpetrator states to account.

Documentation process

The torture documentation process includes taking a history as narrated by the individual and assessing this history in relation to clinical findings, in accordance with the Istanbul Protocol and Freedom from Torture's own methodology.⁸ Clinical findings are obtained through a full physical examination, including an assessment of physical symptoms and the observation and documentation of all lesions (injuries and wounds including scars), a full mental state examination and the documentation of psychological symptoms and signs of torture. Previous clinical diagnoses and treatment of physical or psychological ill health arising from torture, where known, are also considered as part of the overall clinical assessment. Lesions attributed to torture

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

8 *Istanbul Protocol, Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, United Nations New York & Geneva, 2004.

Freedom from Torture (formerly Medical Foundation for the Care of Victims of Torture), *Methodology Employed in the Preparation of Medico-Legal Reports on Behalf of the Medical Foundation*, June 2006.

are differentiated - by the patient themselves and independently by the doctor - from those with a non-torture attribution such as accidental injury, self-harm or a medical intervention such as surgery.

MLRs prepared by Freedom from Torture doctors routinely report on psychological as well as physical findings from the clinical examination, with reference to the individual history and the specific disclosure of torture. Psychological signs and symptoms related to the history of torture are documented and evaluated in light of guidance given in: the Istanbul Protocol; Freedom from Torture's own methodology guidelines; diagnostic tools including the World Health Organisation Diagnostic Classifications for post-traumatic stress disorder (PTSD) and depression and psychological research on memory and recall.⁹

The psychological examination, conducted as part of the MLR documentation process, comprises the past and current health history and a full mental state examination. This includes presenting symptoms as well as the behaviour and affect of the individual during clinical examinations from the beginning of the documentation process to the end - a period of weeks or even months in some cases. These findings are then interpreted with reference to the doctor's clinical expertise, experience and training in the documentation of torture, relevant diagnostic tools and clinical literature.

The individual's reported experience of detention and torture and presentation of ongoing symptoms of PTSD or depression will be considered in light of their current behaviour, their present life circumstances and the views they express of their past and present life and of their future.

9 World Health Organisation, *The ICD-10 Classification of Mental and Behavioural Disorders* (Geneva 1994); *Istanbul Protocol, ibid.*, Chapter vi; Freedom from Torture (formerly Medical Foundation for the Care of Victims of Torture) Methodology, *ibid.*

For research on memory and recall, see for example Cohen, J. Dr., *Errors of Recall and Credibility: Can Omissions and Discrepancies in Successive Statements Reasonably be Said to Undermine Credibility of Testimony?* Medico-Legal Journal, 69 (1): 25-34, 2001.

See also, Herlihy J et al., *Discrepancies in autobiographical memories - implications for the assessment of asylum seekers: repeated interviews study*, Br Medical Journal 2002;324:324-7.



Doctors will consider the possibility of a rehearsed or disingenuous narrative¹⁰ and in reaching their conclusions will seek to establish the degree of congruence between the given narrative, other available evidence (such as physical evidence of torture or any external diagnoses or treatment) and the psychological presentation.

The Istanbul Protocol reminds us that while the presence of evidence provides positive corroboration of an account of torture, its absence or limited presence does not prove that torture, or that particular method of torture, did not take place.¹¹ Similarly, the ‘strength’ of evidence of torture that is capable of being documented does not necessarily correlate to the ‘severity’ of the torture that was perpetrated or to the extent of its impact on the individual.¹²

Level of detail - data available for research

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

*...It must be remembered that the very process of human rights documentation may conflict with the needs of individual survivors. Recounting the details of a traumatic experience may trigger an intense reliving of the event and, along with it, feelings of extreme vulnerability, humiliation and despair.*¹³

Psychological responses such as avoidance and dissociation - that can occur at the time of torture and/or during recall - and the way that traumatic

10 Istanbul Protocol *op cit.*, paragraph 287 vi.

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

12 Istanbul Protocol, *op cit.*, paragraphs 157-159.

13 Herman, J.L. *Trauma and recovery*, New York: Harper Collins; 1992, cited by Burnett, A. Dr., Adlington, R Dr., *Sexually Transmitted Infections as a Consequence of Rape*, in Peel, M. Dr (ed), *op cit.*, 2004.

See also Physicians for Human Rights and Human Rights First, *Leave no Marks, Enhanced Interrogation Techniques and the Risk of Criminality*, August 2007.

memories are stored and recalled will all affect a person’s retelling of their experience (see 4.2. for details on psychological responses to torture).¹⁴ Whether the person was subjected to forms of sensory deprivation or rendered unconscious will also affect memory of key events, as will the current health of the individual. For example sleep deprivation and poor diet will negatively affect concentration, as will depression.¹⁵ In addition, ‘...culturally determined attitudes to taboo topics, culturally determined expectations regarding confidentiality ... feelings of shame and corresponding assumptions about other people’s judgements ... and lack of trust’ are all important factors making disclosure more difficult for survivors of torture, especially sexual torture.¹⁶

An experienced doctor made the following observations in the Medical Foundation publication *Rape as a Method of Torture*, noting that ‘any list of the abuses suffered by our clients is almost certainly incomplete’:

... Questions about the tortures and the circumstances of detention are very distressing for our clients. They may have begun to cope with their memories and their confidence may be returning, yet in the interview they are asked to describe the finest details of what was done to them, by whom and how many times. Even the doctors who have long experience of writing medico-legal reports are cautious about probing these painful areas. Many patients are unable to speak of the acts done to them which they find unbearable to recall and impossible to put into words to a stranger and through an interpreter... Equally, the descriptions of how they were held captive and how they coped with their day to-day needs for water and food, light, air and personal hygiene, and how they were affected by temperature and by episodes of ill

14 See Herlihy, J and Turner, S.W., *The Psychology of Seeking Protection*, International Journal of Refugee Law, Oxford University Press, 2009.

15 See Freedom from Torture, *The Poverty Barrier: The Right to Rehabilitation for Survivors of Torture in the UK*, 2013, for discussion of poverty, including chronic insecurity, poor housing conditions and inadequate diet, experienced by survivors of torture in the UK and its impact on their mental and physical health.

16 Herlihy, J and Turner, S.W., *op cit.*, Para, 4.4, page 184.

*health are never more than sketchy. For these reasons any list ... of the abuse suffered by those who have survived torture is representational rather than comprehensive.*¹⁷

However, Freedom from Torture doctors also observe the potential therapeutic value for survivors of torture in giving their account and having someone bearing witness to their experiences:

*... It has been observed that in numerous instances that thoughtful, careful testimony taking and examination has a major therapeutic effect on victims of torture. For many it is the first time that they find the words to describe their ordeals. Putting unspeakable torture into words is an important step in rehabilitation.*¹⁸

Description of methods of torture

‘Physical’, ‘psychological’ and ‘environmental’ methods of torture are presented separately in the report, although it is acknowledged that the distinction is somewhat artificial in reality. This is because torture methods that might be described as physical are designed to have psychological as well as physical impact and may cause both short and long-term psychological as well as physical symptoms.¹⁹ Physical tortures may or may not leave an observable physical trace; indeed some methods are designed to inflict high levels of pain and psychological distress without leaving a mark.²⁰ Tortures that are designed primarily to have a psychological effect may also have a strong physical element or impact. It may also be difficult to distinguish between forms of environmental torture that are designed specifically to cause harm and increase the psychological and physical impact of other forms of torture inflicted and more general detention conditions, which may have the same effect for some people.²¹

All forms of torture described in this study breach

¹⁷ See Clarke, P. *Women Who are Raped*, in Peel, M. Dr (ed), *op cit.*, 2004.

¹⁸ Freedom from Torture, *Methodology*, *op cit.*, June 2006, page 2 Testimony taking.

¹⁹ *Istanbul Protocol*, *op. cit.*, paragraph 145.

²⁰ See for example *Istanbul Protocol*, *op. cit.*, paragraphs 206, 212, 214.

²¹ *Istanbul Protocol*, *op. cit.*, paragraphs 139 & 145.

the fundamental human rights of the individuals concerned and have a profound effect on their immediate and long-term health and well-being. None is more or less ‘severe’ per se. Each person’s history and experience of detention and torture is unique, including the particular conditions of detention and the forms and combinations of methods of torture they have endured. It is the cumulative effect of these, combined with prior life experiences, the context in which the person lives and has been tortured and the degree of personal resilience or otherwise, that contribute to the nature and severity of the physical and psychological consequences of torture for any individual.²²

Rape, sexual violence and torture in the DRC

The findings of this report are based on medico-legal reports produced by Freedom from Torture on cases of torture, including rape and other forms of sexual torture, of women who were detained from 2006 onwards in the DRC. However, those cases cannot be considered in isolation from a broader pattern of widespread torture, associated with other human rights violations, committed by DRC security forces and documented by the UN and human rights groups. For example the UN High Commissioner for Human Rights reported as a major human rights concern the ‘widespread use of torture and ill-treatment by defence and security forces in the country’, including members of the Congolese National Police (PNC), the National Intelligence Agency (ANR) and the Congolese army (FARDC).²³

²² For discussion of the relevance of context to working with survivors of sexual torture, see Patel, N., Mahtani, A., *Psychological Approaches to Working with Political Rape*, in Peel, M. (ed), *op cit.*, 2004.

See also Seltzer, A., *Rape and Mental Health: the Psychiatric Sequelae of Violation as an Abuse of Human Rights*, in the same volume.

²³ *Report of the United Nations High Commissioner for Human Rights on the human rights situation and the activities of her Office in the Democratic Republic of the Congo, 2013*, A/HRC/24/33, para. 15.

See also *Report of the United Nations High Commissioner for Human Rights on the situation of human rights and the activities of her Office in the Democratic Republic of the Congo, 2010*, A/HRC/13/64, para. 2 and *Report of the United Nations High Commissioner for Human Rights on the human rights situation and the activities of her Office in the Democratic Republic of the Congo, 2012*, A/HRC/19/48.

See also Human Rights Watch *2013 Annual Report* and Amnesty International *Annual Report 2013 - Democratic Republic of the Congo*.



Despite the enactment of the Law explicitly criminalising torture by the President on 20 July 2011, the practice of torture remains endemic in the DRC. This is partly due to the pervasive situation of impunity for members of the security services who commit human rights violations, combined with the structural weaknesses of the justice system.

Rape and other forms of sexual violence are rampant in the DRC.²⁴ Although research and reports in this area have generally focused on acts committed by soldiers of the Congolese army and members of armed groups in the context of the conflict, rape committed by security services, away from the conflict zone, is also pervasive. Furthermore, rape by civilians has become a problem in its own right, not helped by the persistent and widespread impunity for such crimes.²⁵ The adoption of legislative and policy instruments by the DRC authorities to address sexual violence, such as the 2006 law on sexual violence and the related 2009 national strategy and action plan have contributed to strengthen the institutional and legal frameworks in the DRC.²⁶ Additionally, military prosecutors conducted investigations and courts handed over convictions in a few emblematic cases with the support of the international community. However, numerous obstacles, including lack of resources and corruption have limited the impact of these measures and rape and other forms of sexual violence continue to be committed at alarming levels in the country.²⁷

24 *Report of the United Nations High Commissioner for Human Rights, op cit.*, 2013, paragraph 24.

25 See for example, UN Joint Human Rights Office (UNJHRO - Human Rights Division of MONUSCO and OHCHR- DRC), *Progress and Obstacles in the Fight Against Impunity for Sexual Violence in the Democratic Republic of the Congo*, April 2014.

Also, Oxfam, *Now The World Is Without Me: An investigation of sexual violence in Eastern Democratic Republic of Congo*, April 2010.

26 See for example: Committee on the Elimination of Discrimination against Women (CEDAW), Combined sixth and seventh periodic report of States parties, Democratic Republic of the Congo, CEDAW/C/COD/6-7, 21 December 2011, pp 7-9, National statutory and legal instruments promoting the status of women.

27 See for example UNJHRO, *Progress and Obstacles in the Fight Against Impunity, op. cit.*, April 2014, p 3. The report states that the four year period between January 2010 and December 2013 was 'characterized by the persistence of incidents of sexual violence that were extremely serious due to their scale, their systematic nature and the number of victims'. The report indicates that, while some progress has been made in the fight against impunity for sexual violence, much more needs to be done to hold perpetrators of sexual violence accountable.

While this report highlights the close link between sexual violence and torture they are considered separately from each other in the DRC. Rape and other serious forms of sexual violence are very rarely charged as acts of torture and institutional and policy frameworks do not fully consider this link. This runs counter to the current increasing recognition that rape can amount to torture under international law.²⁸ For example, in the *Celebici Case*, the International Criminal Tribunal for the former Yugoslavia (ICTY) identified the elements of torture with reference to the Convention against Torture.²⁹ The Tribunal recognised that rape inflicts severe pain and suffering, both physical and psychological, and that it was '*difficult to envisage circumstances in which rape, by, or at the instigation of a public official, or with the consent or acquiescence of an official, could be considered as occurring for a purpose that does not, in some way, involve punishment, coercion, discrimination or intimidation*'.³⁰

Rape has been classified as a war crime and a crime against humanity in international jurisprudence. When perpetrated by state officials it can also be classified as an act of torture in itself whether perpetrated within or without formal detention facilities.³¹

The identification of rape as torture has fundamental legal consequences. As stressed by the UN Special Rapporteur on torture, 'classifying an act as "torture" carries a considerable additional stigma for the State and reinforces legal implications, which include the strong obligation to criminalise acts of torture, to bring perpetrators to justice and to provide reparation to victims'.³² Furthermore, as

28 For an overview of the jurisprudence development, see REDRESS, *Redress for Rape: Using international jurisprudence on rape as a form of torture or other ill-treatment*, October 2013, pp. 20 and the following pages.

29 ICTY, *Celebici Case (Trial Judgement)* (1998) 16 November 1998, paras. 495 and 496.

See also, *Redress for Rape Report, op cit.*, p20.

30 ICTY, *Celebici Case (Trial Judgement)* (1998) 16 November 1998, at para. 495.

See also, *Redress for Rape Report, op cit.*, p20.

31 For an overview of the jurisprudence development, see REDRESS, *Redress for Rape: Using international jurisprudence on rape as a form of torture or other ill-treatment*, October 2013, pp. 20 and the following pages.

32 UN General Assembly (2008), '*Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak*', A/HRC/7/3, 15 January 2008, para. 26.

in the case of the DRC, this link calls for a more integrated legal, policy and institutional approach to ensure efforts against torture and sexual violence are considered together and are mutually reinforcing.

Report structure

The research findings are presented in full in the following four chapters.

Chapter 1 profiles the women survivors whose cases are included in this study, as this relates to their history of detention. The relevance of the following factors is considered: political profile; ethnicity and place of origin; religious affiliation; gender; sexual orientation and travel abroad.

Chapter 2 describes when and where the 34 women were arrested and detained, by whom and for what

reason. Also considered in this chapter are the violation of due process rights experienced in all cases and detention conditions described by the women.

Chapter 3 deals with the forms of torture, including physical, psychological and environmental torture, endured by the 34 survivors whose cases are included in this study.

Chapter 4 covers the physical and psychological impact and evidence of the torture described in chapter 3 and documented in the MLRs.

These chapters are followed by **conclusions** and **recommendations**, which are directed to the government of the DRC, to the international community and to the UK government.

SURVIVOR PROFILE

The survivors whose torture is described in this report are all women from the DRC who were detained and tortured after 2006. The majority of these women were targeted for detention as a result of their political profile, or that of a member of their family, as members or supporters of a legitimate political or civil society organisation. A smaller number of women were targeted due to their or a family member's association with armed groups or with the Bundu Dia Kongo (BDK) political-religious movement.¹

Alongside their political profile the relevance of the following factors is considered below: sexuality, age, and relationship status; ethnicity and religion; place of origin and history of relocation; education and occupational history and travel abroad.

1.1. Political profile

Well over half the women (23) were detained for what might be termed 'political' reasons (see 2.3. for details on reasons for detention). Twenty of these reported that they, a family member or both, had a political profile as members or supporters of a legitimate political or civil society organisation. The other three were detained for alleged involvement in political opposition to the government (either directly or through a family member) though a specific organisational affiliation was not identified. Two of these individuals were employed in the government intelligence services and suspected of anti-government activities.

There were nine women who declared that they had been politically active and that a family member (e.g. husband or parent) also had a significant political profile. They were detained primarily on account of their own political activities, though

¹ For information about the BDK, see for example, Immigration and Refugee Board of Canada, *Democratic Republic of the Congo: Information on the Bundu dia Kongo (BDK) movement, including its political program, location of its offices, the number of its members, its situation with respect to other political parties, and the attitude of government authorities toward its leaders and members (2007 - April 2011)*, 6 April 2011.

for some the profile of their family member may have been an additional reason for their detention.

There were another nine women who had been detained on account of the political profile of a family member and did not describe involvement in political activity themselves.

Of the women detained for political reasons the largest group (11) were associated with the Movement for the Liberation of Congo (MLC)²; these women had been detained a total of 23 times between them. Other named opposition parties that women were affiliated to include the Union for Democracy and Social Progress (UDPS)³ (five women detained eight times) and the Alliance of Patriots for the Refoundation of the Congo (APARECO)⁴ (two women detained four times). In addition, three women supported civil society organisations concerned with women's rights, though one of these women was also associated with the MLC.

Three of the 11 women detained for association with the MLC said that they worked for the party, two of whom also held positions of responsibility and described a history of political activism.⁵ At least three other women also held positions of responsibility in the MLC including leading branch offices or youth sections. These and the other MLC members described

² For information about the MLC see for example, Immigration and Refugee Board of Canada, *Democratic Republic of the Congo: Movement for the Liberation of Congo (Mouvement de libération du Congo, MLC), including leadership and treatment of party members (2009-2012)*, 16 March 2012.

³ For information about the UDPS see for example, Immigration and Refugee Board of Canada, *Democratic Republic of the Congo: Union for Democracy and Social Progress (UDPS), including its status, its relationship to the government in power, and the treatment of its members by the authorities and security forces*, 18 May 2012.

⁴ For information about APARECO see for example, Immigration and Refugee Board of Canada, *Democratic Republic of the Congo: The Alliance of Patriots for the Refoundation of the Congo (Alliance des patriotes pour la refondation du Congo, APARECO) in Kinshasa, including its structure, objectives and activities; the membership card; treatment of party members and recruiters by the authorities (2012-May 2013)*, 15 May 2013.

⁵ It should be noted that doctors engaged in the MLR documentation process focus on information from a person's background and history to the extent that is clinically relevant and will not necessarily explore in detail the reason that a person was targeted for detention, including details about the nature and level of their political activity. Such detail is unlikely to be clinically relevant and gaining information of this type may be outside the doctor's area of expertise.



variously taking part in: campaigning for the organisation, recruiting for new members, storing and distributing publicity materials such as t-shirts and banners, attending meetings and demonstrations and undertaking administrative tasks. One woman had focused particularly on women's rights issues, storing campaign materials at her house, which was also used for meetings.

... She worked for the party, recruiting people, handing out leaflets, attending meetings and demonstrations and later helping to run campaign meetings. (MLR-DRC)⁶

... She was responsible for activities in her local district. She organised publicity, recruitment and briefing of new recruits. This involved posting posters on walls, taking part in street rallies in which she had a megaphone and publicised the aims of the party and processing new members. (MLR-DRC)

Similarly, those women who were detained due to their association with UDPS and APARECO were involved in political activities such as youth mobilisation, distributing leaflets, publicising the policies and activities of the party and attending demonstrations and protests.

Three women who were involved in civil society organisations campaigning for women's rights (one of whom was also active in support of the MLC) described activities including meeting with and advising women involved in local disputes, addressing meetings of women, distributing campaigning and information leaflets and for one individual, providing support to, and campaigning on behalf of, the wives and children of men who had 'disappeared'. The organisation that this woman was a member of also campaigned against rape and violence against women, and was supported by the main opposition parties, MLC and UDPS as well as other human rights organisations. Her profile within this organ-

⁶ All excerpts presented indented and in italics are taken directly from MLRs prepared by Freedom from Torture doctors and included in this study. Where necessary potentially identifying details have been omitted and/or wording has been changed in order to preserve anonymity. MLRs from which excerpts have been taken are identifiable to the researcher only.

isation and at public events had led to her arrest on more than one occasion.

Of the three women who were detained on account of the activities of their husband, one said that her husband was a member of the armed forces who was suspected of disloyalty to the ruling party. Another said that she had been detained in part due to her ethnicity, which meant that a political allegiance was imputed to her (see 1.3. and 2.3. for details).

1.2. Association with armed groups⁷

Five women living in the eastern provinces of North and South Kivu and Orientale were detained, one of them twice, due to the association of a family member with an armed group. Three of these five named the group as the National Congress for the Defence of the People (CNDP); the other two did not name the group.⁸ These five women appear to have been detained entirely on account of the profile of their husband or father, only one of whom was reported by the woman herself to have been a member of an armed group.

... Her husband joined a rebel group and left home to join them. She was detained because she refused to sign papers stating that she was part of the group and an enemy of the state. (MLR-DRC)

The father of one woman had sold provisions to armed groups while the husbands of the others were falsely accused of having joined, collaborated with and/or provided support to an armed group (e.g. providing information or hiding arms in their home). None of these women were involved with armed groups or politically active themselves.

⁷ For information about armed groups in eastern DRC see: UN Office for the Coordination of Humanitarian Affairs, IRIN, Africa, DRC: *Who's who among armed groups in the East*, 15 June 2010 and DRC: *Briefing: Armed groups in eastern DRC*, 31 October 2013.

⁸ For information about CNDP see IRIN, *op cit.*, 15 June 2010 and 31 October 2013.

1.3. Ethnicity and religion

A range of Congolese ethnicities was recorded among the 34 women. However, the extent to which ethnicity was in itself a significant factor in the targeting of these women for detention is not clear from the information recorded in the MLRs.⁹

One woman attributed her detention in part to her ethnicity, since according to the arresting officers this identified her as a supporter of the MLC, along with her husband who was a party member (see 2.3. for details).

Although not specifically stated in the MLRs, it is possible that in other cases ethnicity was used by state security forces to impute political opinion, which was then the stated basis for arrest.¹⁰

Two women identified as ‘Banyamulenge (Munyamulenge)’¹¹, one of whom said that she and

⁹ It should be noted that doctors engaged in the MLR documentation process focus on information from a person’s background and history that is clinically relevant and will not necessarily explore in detail the reason/s that a person was targeted for detention, including potentially relevant profile factors such as ethnicity. The absence of such information in the MLR should not therefore be interpreted as demonstrating that ethnicity was not a relevant factor in the imputing of political opinion in some cases.

¹⁰ For examples of cases where ethnic and geographical factors have been used to impute support for a political organisation see, Human Rights Watch, *We will Crush You: The Restriction of Political Space in the Democratic Republic of Congo*, 2008, pages 6, 3, 27, 28, 40, 41.

See also, Ngoy-Kangoy, H. K., *The Political Role of the Ethnic Factor around Elections in the Democratic Republic of the Congo*, *African Journal on Conflict Resolution*, Volume 7, No 2 (2007), ISSN: 1562-6997.

¹¹ For information about the Banyamulenge ethnic group see for example, Immigration and Refugee Board of Canada, *Democratic*

her family had been the target of communal violence during the 1990s due to her ethnicity, though this was not given as the specific cause of her more recent detention. Both these women were detained due to the fact that their husbands were alleged to have joined or supported the armed group, National Congress for the Defence of the People (CNDP) (see 1.2. for details).

The majority of the women identified as Christian (29 out of the 34) most of whom were Catholic and one Protestant, though not all women stated the denomination. Religion was not mentioned as a significant factor in their detention.

However, four women described their religion as Bundu Dia Kongo (BDK) - a political-religious movement centered in the Bas-Congo province.¹² Three of these women reported being detained because of their own membership of this group and/or the membership of a family member; one was detained three times over a period of three years (2007-09) (see 2.3. for details). The fourth woman was detained for other reasons although she said that her association with BDK and other political associations had placed her at risk of being detained (see 1.5. for details).

Republic of Congo (DRC): The Banyamulenge (Munyamulenge) ethnic group; whether members of this group are targeted by government authorities, 1 December 2000.

¹² For information about the BDK see for example, Immigration and Refugee Board of Canada, *op cit*, 6 April 2011.



1.4. Place of origin and history of relocation

More than half the women (19) were born in Kinshasa, and 26 were resident there by the time they were detained (see 2.4. for details of place of arrest). The 15 women born outside the capital originated in the following provinces: Bas Congo, Katanga, North and South Kivu, Orientale, Equateur, Kasai Orientale and Occidental (see Figure 1. below).¹³

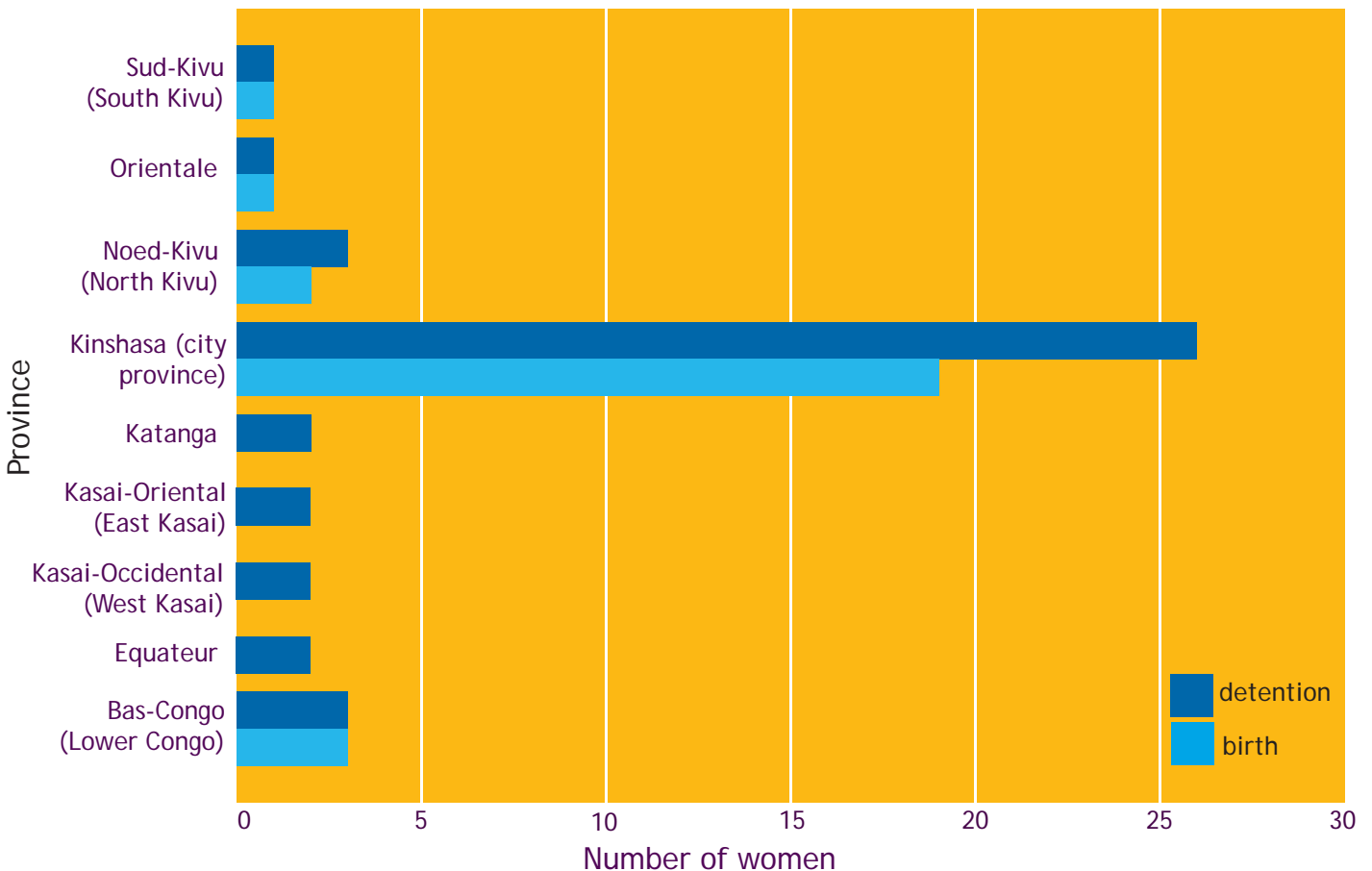
13 The place of origin and place of residence at the time of arrest in this group of cases reflects referrals to Freedom from Torture, from among those torture survivors from the DRC who are able to flee the country and seek protection in the UK, rather than being reflective of women suffering torture and sexual violence in the DRC.

Note the correction to the Freedom from Torture submission to CEDAW (see footnote 2 introduction section), which states in error that nine women were born in Bas Congo. This should have been 9%, 3 women.

Twenty women had relocated from their place of birth at least once, and in some cases up to five times, before fleeing the DRC to seek international protection. The direction of movement was generally towards rather than away from Kinshasa, though for some women the history of movement was quite complex and for ten women it involved travel abroad. Of those 14 women who had not moved from their place of birth before fleeing the country, all but three lived in Kinshasa; the others lived in North Kivu and Bas Congo.

Seven of the eight women born in Katanga, Equateur and the Kasai provinces had moved to Kinshasa by the time they were detained; the other had moved to Bas Congo.

Figure 1, Place of birth and place of detention



Those four women originating from the eastern provinces of the Kivus and Orientale had remained in eastern DRC and were detained there, although one of them had lived for some years in a neighboring country in an attempt to escape conflict in her local area and others had re-located several times more locally. The fifth woman who was detained in eastern DRC had moved there from Kinshasa with her family, although the circumstances are unknown. Of the three women originally from Bas Congo, two moved to Kinshasa, while two other women had moved to Bas Congo (from Kinshasa and Katanga).

Eight of the 19 women who were born in Kinshasa had at some point moved away, although six of these eight returned and were detained there. The other two had moved with their families to Bas Congo and South Kivu, from where they were eventually detained. The six who returned to Kinshasa had all moved or travelled abroad in a variety of circumstances (see 1.7. for details). One of these had lived elsewhere in the DRC as a child with her family before returning to Kinshasa to pursue her education and eventually travelling abroad for work.

The most common reason given for relocation was the woman's family circumstances such as the death or loss of a family member (carer) or their parents pursuing employment or education opportunities. Some women had moved in childhood or as a young person either with their family or to live with other family members. Those that had moved later in life to pursue their own education or employment had all moved either to Kinshasa or abroad.

One woman living in eastern Congo reported moving due to the conflict in her home area and another living in Bas Congo due to the persecution of the BDK, of which she was a member. Others had been forced to move due to the fact that they or a family member had been targeted for detention, or faced a risk of persecution or ill-treatment in their home area.

1.5. Gender, age, sexuality and relationship status

Other than the few examples described below, gender does not in itself appear to have been a significant factor in the targeting for detention of this group of 34 women, although the use of rape as a form of torture is indeed a gendered practice in the DRC (see Chapter 3 for evidence of torture, including rape).¹⁴

Only two women were detained on what might be termed 'gender specific' grounds, both at the instigation of men in positions of state authority. The profile of one, which included associations with BDK and a political organisation, was used to threaten detention in an attempt to coerce and intimidate her into becoming the mistress of a man who was of senior rank in the armed forces. Her detention and torture was understood by her to be a form of punishment for her refusal to comply. The other woman was the wife of a prominent member of the armed forces and ruling political elite, who was a violent and abusive husband. He refused to allow her to divorce him because she '*knew too much about his crimes*' - his activities as a political and military leader. Instead he ordered her detention on three occasions to intimidate and silence her. On one occasion the soldiers who detained her said that they had been ordered to '*take her and correct her*'.

At the time when their medico-legal report was prepared, 20 of the women were aged 18-35, 11 were aged 36-50 and three were aged 51-65. Age does not appear to have been a relevant factor in the detention and treatment of these women. They were subjected to torture including brutal beatings and rape irrespective of their age (see Chapter 3 for evidence of torture).

Twenty six of the women identified themselves as heterosexual; one identified as a lesbian and for the remaining seven women sexual orientation was not specified. The woman who identified as a lesbian

¹⁴ The prevalence of rape among male detainees in the DRC is not known as a comparative study of male torture survivors has not been undertaken. See also footnote 7.



was detained and tortured at the instigation of a member of the state armed forces because of her sexual orientation and her relationship with his daughter. She had also suffered a prior history of ill-treatment and abuse from her extended family and community who had identified her as a ‘witch’ due to her sexuality. They had blamed her for the death of a family member, causing her immediate family to move from her place of origin to Kinshasa. In Kinshasa she was further ostracised by her family following the death of another family member, which was also attributed to her witchcraft.

Nineteen of the 34 women said that they were married or had a partner at the time when their medico-legal report was prepared. Only three of them were currently living with their husband/partner in the UK. Eight women did not know the whereabouts of their husband/partner since they were either in hiding or were understood to have been detained by the authorities in the DRC. Three women were widows and the remaining 12 were single. Twenty-seven of the 34 women had children although only 12 had any of their children with them in the UK and most (9) also had other children still living in the DRC, whom they had been forced to leave behind when they fled the country. Marital and parental status were not factors apparently relevant in the women being targeted for detention or the nature of their treatment once detained.

1.6. Education and occupational history

Information on the educational level of 18 of the women was recorded in their MLRs. Eight women were educated to university level having studied subjects including law, political science, psychology, marketing and/or business studies; seven were educated to secondary and three to primary school level. Most women were in employment prior to their detention (24 out of 29 for whom employment status was recorded) Eight women were traders of various types of commodities; three women owned their own business, three were students and others had a variety of occupations including a nurse, physiotherapist, seamstress and cook. Only five women were recorded as not employed.

For most of the women their employment status and nature of their employment had no connection to their detention. However, five women reported that their work that led to adverse attention from the authorities, including three who worked for the Movement for the Liberation of Congo (MLC), one who worked for the Alliance of Patriots for the Refoundation of the Congo (APARECO) and one who worked as a police intelligence officer (see 2.3. for details of reason for detention). Three people had a family member whose occupation had, at least in part, led to their detention; all were members of the state security forces who were perceived to be disloyal to the government.

1.7. Travel abroad

Travel abroad seems to have been a profile factor leading to targeting for detention in a number of cases.¹⁵ Among the 34 women, seven had travelled abroad and subsequently returned to the DRC and of these, five were detained either immediately on return at the DRC’s main international airport in Kinshasa (N’Djili) or shortly afterwards (three and five women respectively).^{16,17} All three women who were arrested at the airport had been previously detained due to their political profile and had sought protection abroad, before being forcibly removed to the DRC. Two were removed from countries in Europe and one from a country in Africa. All were detained initially at N’Djili airport and then

¹⁵ In order to protect anonymity the countries are not named, although it should be noted that the UK is among them.

¹⁶ All the women in the study ultimately travelled to the UK and claimed asylum, in some cases transiting through other countries (see 2.11). However ten women had spent time abroad prior to their eventual flight to the UK and claim for asylum. Of these, three did not return to the DRC. All three women had been previously detained; two had fled the DRC to escape persecution and had spent time in a third country in Africa before finally fleeing to the UK where they claimed asylum. The third was visiting the UK when she received news that led her to believe that she would be at risk of further detention if she returned to the DRC. This included the fact that she and family members were in the UK and were perceived to be engaging in activities in support of political opposition groups based there. She therefore claimed asylum *sur place*.

¹⁷ Please note: Freedom from Torture’s submission to CEDAW stated in error that of the ten women who had travelled abroad, eight were arrested at the airport on return. As noted in footnote 53, while ten women spent time abroad, only seven of these returned to the DRC. In addition, although eight women were arrested at one of Kinshasa’s airports, further analysis of the data revealed that not all were arrested on return to the country. See 2.4.1. for further details of these arrests at Kinshasa’s airports.

transferred to other detention facilities (see 2.4.1. and 2.6. for details).

The two women who were detained shortly after returning to the DRC¹⁸ had travelled to countries in Europe for employment and leisure respectively. One had no record of previous detention or of political activity during her time working abroad, though her husband had become a member of an opposition party (he was based in the DRC). She was accused of working for the opposition activists when abroad and interrogated about her husband's activities, of which she had no knowledge. The other had become a member of a political organisation as a student and had met with members of this organisation when abroad. She was interrogated about this organisation and her activities abroad.

Reasons for detaining the five women on return to the DRC or shortly after, that were given at the time of arrest or that became clear during interrogation, included the following factors: i) association with political opposition groups ii) record of previous detention iii) travel to countries with diaspora communities of Congolese citizens including dis-

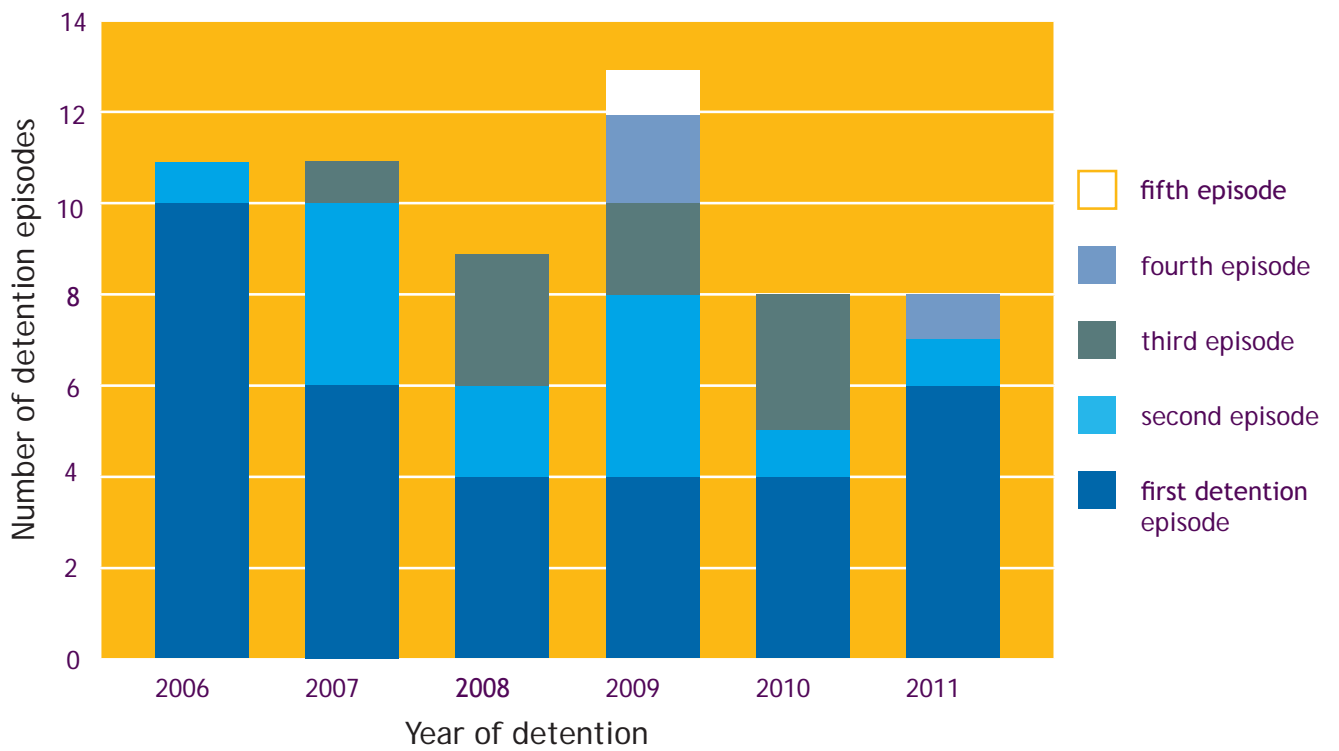
¹⁸ One woman was detained 5 days after returning to Kinshasa and the other, a few weeks later.

sidents and/or iv) betraying the country or bringing the country into disrepute by claiming political asylum.

... She was taken to prison. There was an unofficial hearing as soon as she arrived. It was not held in a court, just a large room in the prison. There was no judge; the hearing was conducted by soldiers. They condemned her to death. Then she was blindfolded and handed over to other soldiers who took her to an informal "prison" for people who had been condemned to death. (MLR-DRC)

The remaining two of the seven women who had travelled abroad and returned to the DRC were detained some time after their return and any link with travel abroad is not known. One had travelled back to eastern DRC from a neighboring country where she had been living with her family to escape conflict in her home area (having also been displaced internally). She was detained the following year with her husband who was suspected of association with armed groups. The other had travelled back to Kinshasa voluntarily, having spent time abroad as a result of persecution of members of the BDK movement. She was detained, along with her husband, six years later due to her ethnic/religious/political profile.

Figure 2: Number of detention episodes by year, indicating 1st - 5th episode for each detention



DETENTION CONTEXT

All the 34 women were detained (on all occasions) by state actors - including from the military, police or intelligence services.¹ None of the women were detained by non-state forces or armed groups.

The majority of the 34 women were detained in non-conflict contexts: 26 were resident in Kinshasa when they were detained (for all episodes²), while three were resident in Bas-Congo and five in eastern Congo. Many suffered multiple detentions - among the 34 women there was a total of 60 detention episodes. Of the 60 detention episodes 54 took place in a state facility. Six detention episodes took place in the person's home or other private residence.

All 34 women were detained by state authorities without due process according to international human rights standards; all were detained arbitrarily, they were tortured every time they were detained, and the vast majority were held *incommunicado*.

Extremely poor detention conditions were described by those 30 women held in state facilities during one or more detention episodes, including in formal (named) and unofficial facilities administered by the police, intelligence or military forces.

2.1. Repeated detention

Twenty-two of the 34 women were detained once before leaving the DRC to seek international protection, while 12 were detained more than once, some on multiple occasions. These 12 women were detained between two and five times before eventually leaving the DRC. Overall there were 60 episodes of detention among the 34 women in the study.³

1 Please note: Freedom from Torture's submission to CEDAW stated that 32 of the 34 women were detained on all occasions by state actors and that in two cases the detaining authority was not known. Further cross-checking and analysis of the data confirms that all 34 women were detained by state security forces.

2 'Episodes' here and elsewhere in the report refers to separate episodes of detention. Twelve of the 34 women were detained more than once, some on multiple occasions. Overall, data was collected for 60 episodes of detention.

3 Four women additionally had a history of detention before 2006.

2.2. Year of detention

The 60 episodes of detention reported by the 34 women spanned the years 2006-2011, with the largest number of detentions taking place in 2009 (13), although the distribution of detentions across these years was fairly even overall, with an average of 10 detentions in each year (see Figure 2. to the left).⁴

The intervals between detentions for those women who were detained more than once was on average a year. However, they varied from less than a year (two women were detained more than once and up to three times in the same year) to three years. This seems to indicate that the risk to individuals who had been detained once persisted and did not diminish over time, particularly if they remained involved in political activity. For example some of those detained for the first time in 2006, were again detained in 2010 and 2011, before they fled the country.

2.3. Reason for detention

The most common reason for the detention of the women was their political profile (44 out of 60 detention episodes) (see 1.1. for details of political profile). Twenty-three of the thirty four women were detained on all occasions due to their own, or a family member's, association with a political opposition party or civil society organisation (women's rights) or for participation in legitimate political activities. For all of these women organisational affiliation or perceived activism with groups in opposition to the government were reported to be the reason for detention and torture.

Most other women were detained either due to their membership of the BDK⁵ or due to the alleged

4 Of the cases available for research purposes in January 2012, the latest episode of detention took place in December 2011. It is likely evidence of more recent detention and torture of women in the DRC will grow over time as further MLRs are finalised for those referred to Freedom from Torture in the intervening period. Since the research was conducted, Freedom from Torture has prepared a further 19 MLRs for people from the DRC, of which 12 were for women.

5 For information about the BDK, see for example Immigration



involvement of a family member with armed groups (three and five women respectively).⁶ Two women were detained for ‘gender disobedience’ on the orders of senior military officers as a punishment for not conforming to their demands as men/husbands. Another woman was detained because of her sexuality (see Chapter 1 for details of these profile factors).

Figure 3. shows political detentions by year, with the organisational affiliation of the woman and/or her family member that gave rise to detention. These findings should be seen in the context of political developments in the years 2006-11, including the two electoral periods of 2006-7 and 2011, and the treatment of political opposition by the ruling party.⁷

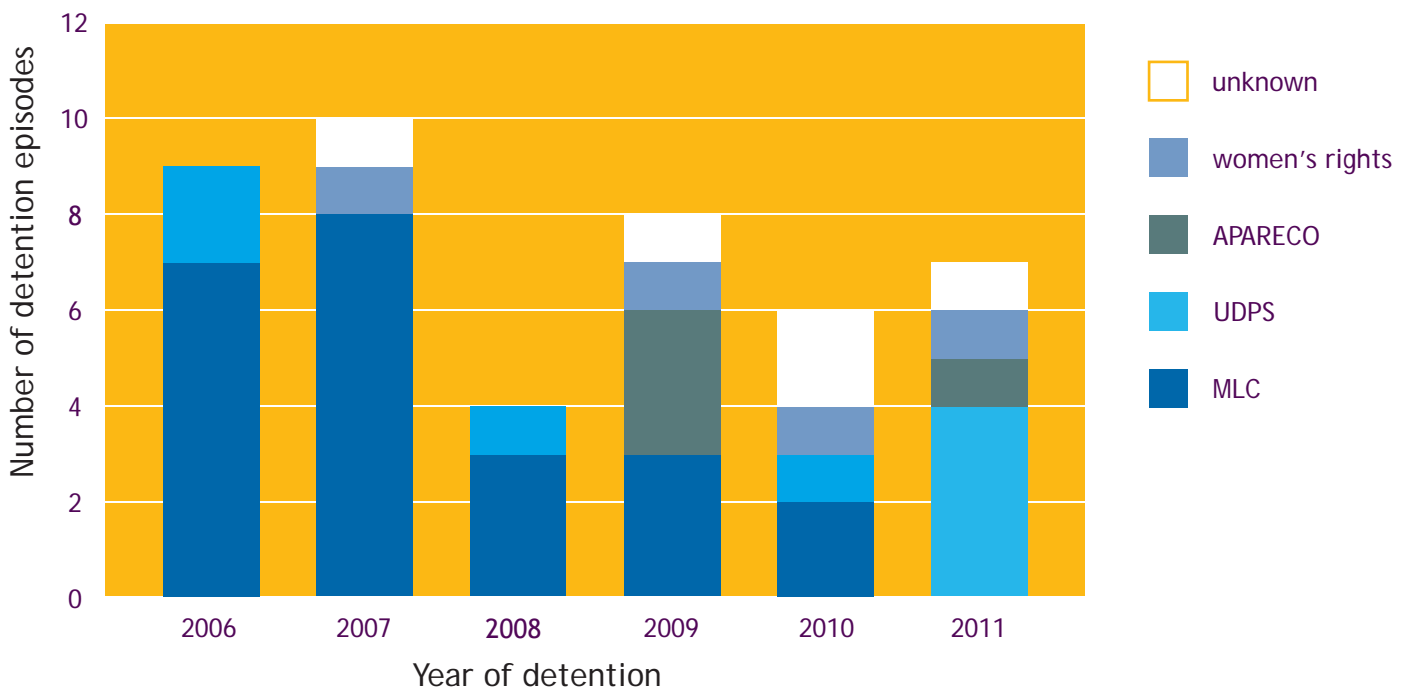
and Refugee Board of Canada, *op cit.*, 6 April 2011.
6 For information about armed groups in eastern DRC see: UN Office for the Coordination of Humanitarian Affairs, *op cit.*, 15 June 2010 and 31 October 2013.
7 For information about the treatment of political opposition and the political context in the DRC see for example, Human Rights Watch, *We will Crush You: The Restriction of Political Space in the Democratic Republic of Congo*, 2008 and Amnesty International, *Democratic Republic of Congo: Torture and killings by state security agents still endemic*, AI Index: AFR 62/012/2007, October 2007.
See also footnote 29, *Report of the United Nations High Commissioner for Human Rights, op cit.*, 2013, 2012, 2010; Human Rights Watch 2013 Annual Report and Amnesty International Annual Report 2013 - Democratic Republic of The Congo.
See also: UN JHRO, *Report by the United Nations Joint Human*

The largest number of political detentions among the 34 women occurred in the years 2006-7 (19 episodes) and the fewest in 2008 (four episodes). In the years 2009-11 detentions occurred among this group at an average of seven per year, indicating an ongoing trend of political detention, though the organisational affiliation of those detained in different years shows some variation.

Detentions involving MLC members are mainly concentrated in the years 2006 and 2007 (15 episodes), although a number of detentions also occurred in the years 2008-10 (eight episodes). This indicates both a high rate of detention during the 2006-7 electoral period and an ongoing intolerance for the activities of this organisation’s members. There were 23 detention episodes involving MLC members altogether. Proportionately more women associated with the UDPS were detained in 2011 than any other year (four episodes), but women involved with this organisation were also detained in the years 2006, 2008 and 2010; eight detentions altogether. While more detentions appear to have taken place during the 2011 electoral period, the spread of detentions

Rights Office on the Violations of Human Rights and Fundamental Freedoms Committed during the Electoral Period in the Democratic Republic of the Congo, As Well As On The Actions Taken By Congolese Authorities In Response To These Violations October 2011 - November 2013, December 2013.

Figure 3: Organisational association and year of detention, 44 episodes, 23 women



across the span of years 2006-11 also indicates an ongoing situation of intolerance for the activities of this organisation's members.⁸

2.4. Place of arrest

The vast majority of the women were arrested and detained in non-conflict contexts. The majority (26) were resident in Kinshasa when they were detained, while three were resident in Bas-Congo and five in the eastern provinces (North Kivu three, Orientale and South Kivu one each). Of the 60 detention episodes, 49 took place in Kinshasa, five in Bas-Congo and six in the eastern provinces.

2.4.1. Arrest at airports in Kinshasa

Eight arrests took place at airports in Kinshasa.

Arrest on arrival at Kinshasa

Three women were arrested on arrival at the DRC's main international airport in Kinshasa (N'Djili), having been forcibly removed to the DRC. They had sought international protection following previous detentions in the DRC. One woman said that she was 'handed over to the authorities' on arrival and locked alone in a small room for a day before being transferred to a police detention facility. The other two described being arrested and taken the same day to prison, where one was subjected to a mock trial on arrival and sentenced to death for having escaped detention, bribed state officials and brought the DRC into disrepute (see 1.7. for details of these cases).

Arrest while attempting to depart

One woman was arrested twice at airports in Kinshasa, on both occasions when attempting to flee the country; she had previously been detained twice. She first attempted to leave from N'Djili airport having lived in hiding for two years after escaping her second detention. The authorities arrested her and told her that her name had been given to all ports and airports. She was held

at the airport for four hours and then transferred to prison. Her escape from detention was again arranged through a bribe and after some time she attempted to leave Kinshasa, this time from N'dolo airport where she believed that security checks would be less stringent. She was detained when she showed her voting card as identification and this was checked by police at the airport. She was taken to prison for a fourth time.

Another woman, who had previously been detained twice, was arrested when boarding an internal flight from Kinshasa (the airport was not named). She was accused of 'planning to set up a rebellion' and 'not respecting President Kabila'. She was taken to prison.

Arrest while attending events at the airport

Two other women were arrested while attending events at N'Djili airport. One was participating in a protest against the visit of the King of Belgium as part of the 50th anniversary of independence. She was arrested with many others by the police who dispersed the demonstration, and was taken directly to detention.

The other woman was arrested by uniformed soldiers while attending an event at the airport in 2011. She was detained with many others for four days in a small room at the airport before being transferred to detention elsewhere. Men and women were held together for the first night, during which time they were given no food or water. Women were removed repeatedly from the room and raped by different soldiers and were beaten when they attempted to resist. The men were separated after the first night but the women remained in the same room for three more nights, during which time they were given biscuits and water and continued to be raped and beaten repeatedly. After this they were transferred from the airport to prison.

⁸ Op cit.



2.4.2. Arrests from all other locations

Arrests from public places prefaced more than half the detention episodes, including when women were attending demonstrations rallies or public meetings. The three women detained as members of BDK described being arrested at prayer meetings, from their homes and one during a protest march.

... Before the elections the party launched a demonstration in which she took part. Government soldiers came to break up the demonstration using water cannon and tear gas. She tried to run away but fell over in the crowd in the street and was injured. She was then arrested, handcuffed with metal handcuffs behind her back and taken to a police station where she was detained. (MLR-DRC)⁹

... Soldiers dispersed a prayer meeting at the temple. Members were shot and arrested outside. She was taken with others to prison. (MLR-DRC)

A significant number of other apparently targeted arrests took place in people's homes or other private locations.

... Her neighbour informed her that her home had been entered and looted while she was out. She stayed away overnight and returned the next day; her home had been ransacked; she was then abducted by plain clothed men. (MLR-DRC)

She thinks neighbours must have denounced her family to the authorities. One day soldiers came and forced their way into her house. She was handcuffed and pushed roughly into the back of a vehicle, together with members of her family. (MLR-DRC)

⁹ All excerpts presented indented and in italics are taken directly from MLRs prepared by Freedom from Torture doctors and included in this study. Where necessary potentially identifying details have been omitted and/or wording has been changed in order to preserve anonymity. MLRs from which excerpts have been taken are identifiable to the researcher only.

2.5. Detaining authority

All 34 women were detained (on all occasions) by state security forces - including from the military, police or intelligence forces. None of the women were detained by non-state forces or armed groups.¹⁰ Although the specific state force was not named in all 60 detention episodes, this information was recorded in relation to 42 episodes. The breakdown of detaining authority is shown in Figure 4.

2.6. Place of detention

All but four women were detained in a formal (named) or unofficial state security facility during at least one detention episode. Many women were detained more than once and for two of these women, one of the detention episodes was at a private address, where the others were in state facilities. Of the 60 detention episodes therefore, 54 took place in a state facility.

As Figure 5 shows, most of the detentions that took place in Kinshasa were in named facilities, known to the women concerned. Some of these are known detention centres where abuses have been documented by human rights organisations and others, including the UN.¹¹

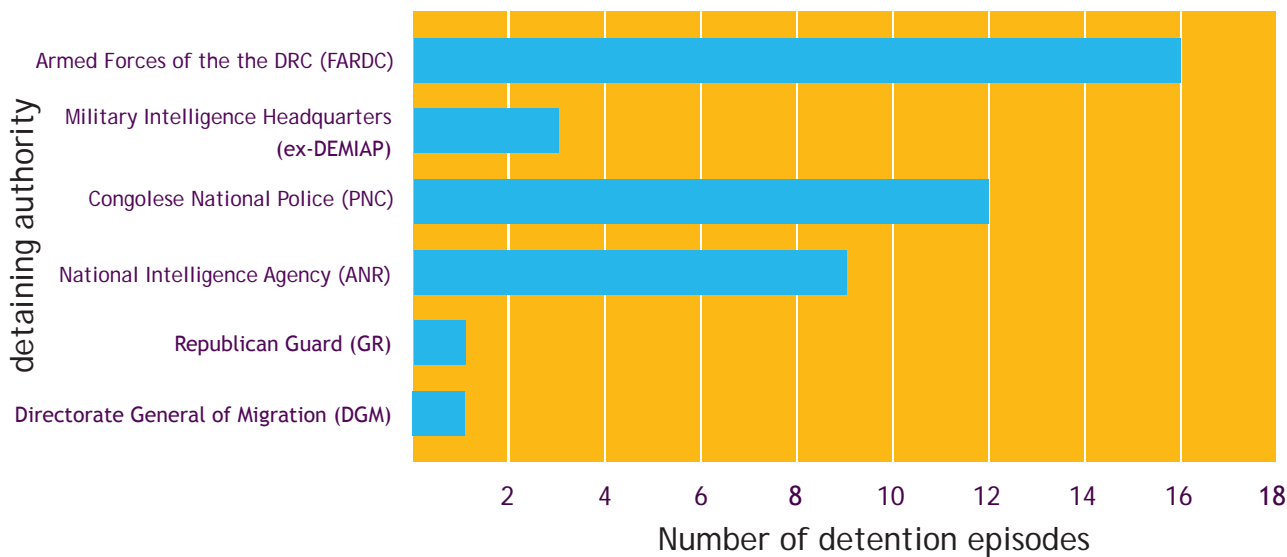
Most striking is the number of different detention facilities in which women in this study were detained. The largest number of detention episodes took place in Kin-Mazière; seven episodes during the years 2007-2010. Those facilities where 2-5 detention episodes took place include 'ex-DEMIAP' military intelligence detention facility, 'ANR' National Intelligence Agency, the police HQ in Kinshasa, 'IPK' the Inspectorate Provincial de Kinshasa and 'CPRK' Malaka central prison. Other detention facilities named by women include police stations, prisons and military camps.

¹⁰ Given that Freedom from Torture's remit includes victims of organised violence, those who have been detained and tortured by non-state forces in the DRC (such as armed groups) would fall within this. The absence of such cases is therefore not an issue of remit.

¹¹ See for example, Human Rights Watch, *op cit.*, November 2008, for information about some of the state detention facilities mentioned in this section.

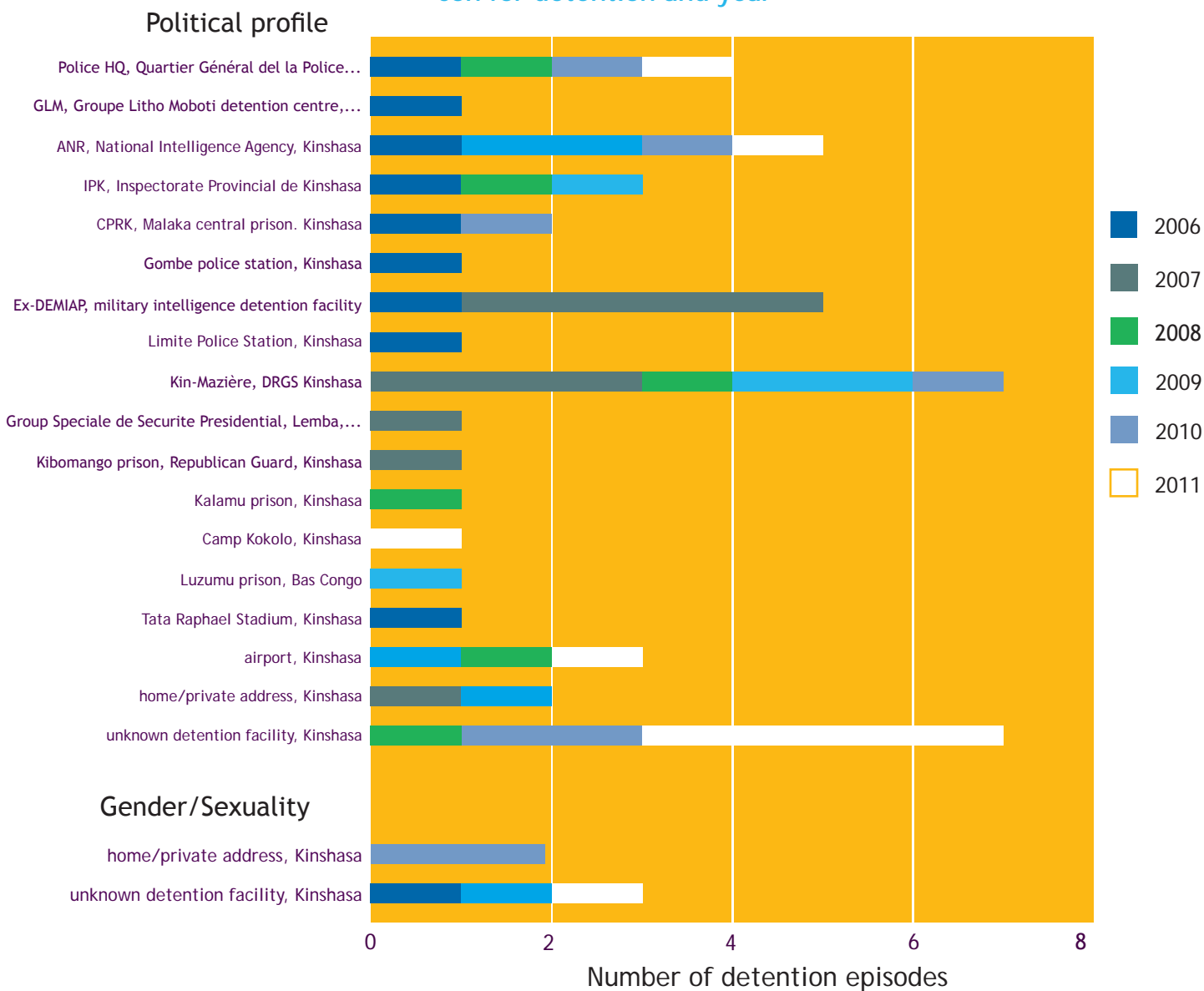
See also, MONUSCO, *Report of the United Nations Joint Human Rights Office (MONUSCO-OHCHR) On Deaths in Detention Centres in the Democratic Republic Of Congo*, March 2013.

Figure 4: Detaining authority (where known), 42 episodes



2

Figure 5: Place of detention, Kinshasa, with reason for detention and year





All the women arrested at one of Kinshasa’s airports were transferred to other detention facilities. However three were first detained at the airport for four hours, one day and four days respectively; one of these was raped repeatedly by soldiers while in detention at the airport (see 2.4.1. for details).

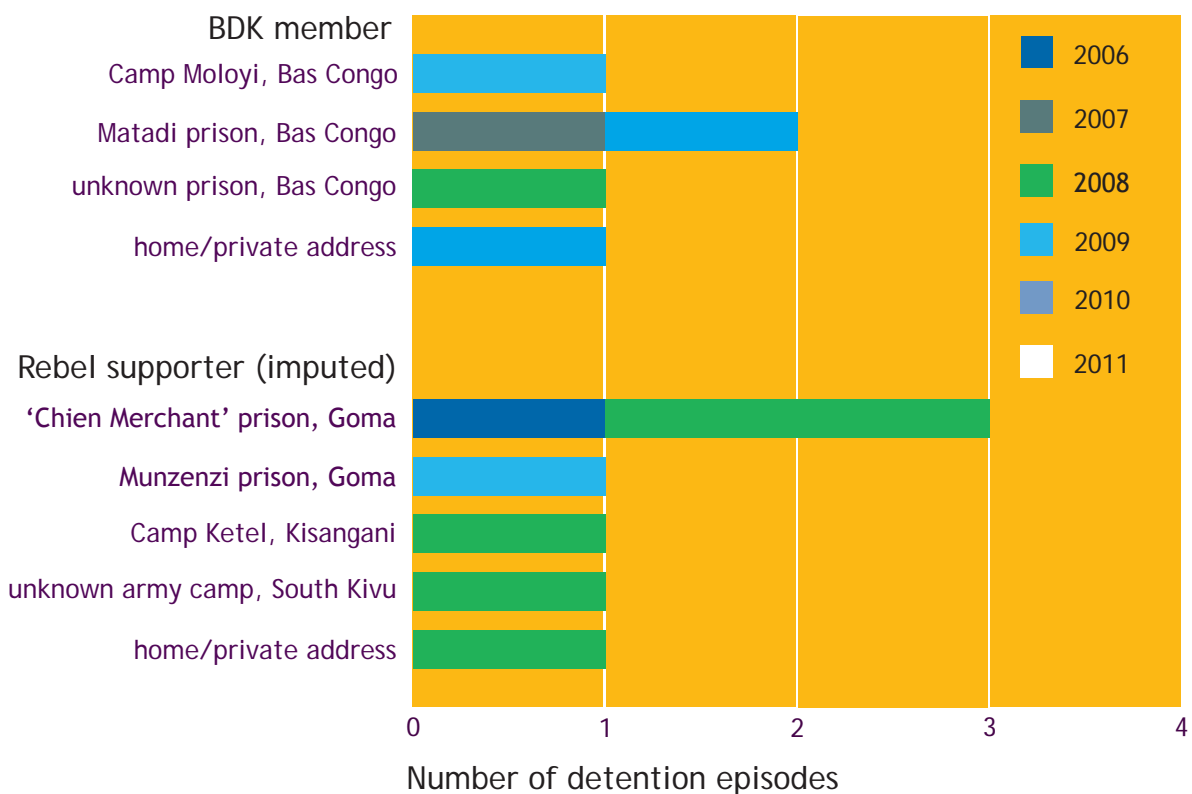
A number of detentions in Kinshasa took place in unofficial detention facilities (10 episodes). For some this was a secondary place of detention where women described being held for a significantly longer period of time and where interrogation and torture continued to be carried out. The two women who were detained in Kinshasa at the instigation of a commanding officer in the military, as a personal punishment for their ‘gender disobedience’, were both taken to unofficial detention facilities.

In Kinshasa, four detention episodes took place in the woman’s home or another private residence, where women were held by state security forces and subjected to torture including rape.

As Figure 6. below shows, in Bas Congo and in eastern DRC (North and South Kivu and Orientale provinces) women were mainly detained in known state detention facilities. Only one woman detained in South Kivu was taken to an unofficial military camp and one woman in Bas Congo to an unknown prison. Another woman, detained in Kisangani was detained first in her home before being taken to ‘Camp Ketel’.

It is notable that the women in this study were detained in a wide range of locations in and around Kinshasa and elsewhere in the DRC and yet suffered broadly similar treatment (see Chapter 3 for evidence of torture). Also notable is the fact that the facilities in which they were detained are under the jurisdiction of all arms of the state security system, including the police, the military and the intelligence forces. The findings of this study, including the detention conditions documented in this chapter (see 2.8. below) and the torture perpetrated on all the women detained in these state facilities (see Chapter 3), would therefore appear to indicate that endemic abuse has been carried out with impunity

Figure 6: Place of detention, Bas Congo and eastern DRC, with reason for detention and year



by state security forces rather than representing isolated incidents or the actions of rogue operators in particular detention facilities. These findings both corroborate and add to the findings of other published reports on the operations of the state security system in the DRC in these years.¹²

2.7. Violation of due process during detention

All 34 women were detained by state authorities without due process according to international human rights standards; they were detained arbitrarily, tortured every time they were detained and the vast majority were held *incommunicado*.

2.7.1. Ill treatment *en route* to detention

Ill treatment during arrest and *en route* to detention was reported by women in relation to more than a third of the 60 detention episodes (40 episodes). They described being beaten and/or assaulted, including being hit with rifle butts, rubber truncheons and belts; being restrained face down in the back of a truck and kicked or stamped on by soldiers with army boots and being slapped or punched. Some women lost consciousness as a result of this treatment; others reported broken teeth and injuries including split lips, cuts and/or bruises. One woman detained in eastern DRC was repeatedly raped and threatened at gunpoint for a number of days while she was *en route* to detention. Two others detained in Kinshasa were subjected to sexual assault including attempted rape and molestation.

... Soldiers stamped on them, kicked them with boots and struck them with rifle butts and with belts. She describes pain and swelling as a result of this. She also describes being injured during this attack from a blow with a rifle butt and has a scar she attributes to this. (MLR-DRC)

... She was handcuffed and pulled out of her house. She sustained a blow from behind, from an unknown implement, and lost consciousness. (MLR-DRC)

... Whilst in the back of the car, the men verbally abused her and threatened her, telling her she would be killed. They beat her, spat at her and sexually assaulted her. She was incredibly frightened and feared for her life. Once they arrived she was flung out of the car and landed on the ground. (MLR-DRC)

2.7.2. Lack of formal charge, access to legal representation, trial in court

All 34 women were detained arbitrarily for each one of the 60 detention episodes. None had access to a legal or judicial process, nor did they have access to legal advice or representation at any point during their detention.

Two women described some form of ‘charge’, ‘conviction’ and/or ‘sentencing’, although these did not conform to international norms of due process in either case. One woman said she was interrogated in front of a ‘judge’ in the prison and sentenced to three years imprisonment, though the charge is not known. The other received an informal hearing in the prison. It was conducted by soldiers and she was charged with corrupting officials (paying bribes to escape detention) and bringing the country into disrepute by claiming asylum in a European country. She was apparently ‘condemned to death’. Neither of these women reported access to legal counsel.

In all detention facilities women were mostly held *incommunicado*. Those whose family members were informed of their detention said that this appeared to be primarily in order for them to bring them food, or in order to arrange a bribe in exchange for their escape.

¹² See footnote 21 introduction section, Report of the United Nations High Commissioner for Human Rights, *op cit.*, 2013, 2012, 2010; Human Rights Watch 2013 Annual Report and Amnesty International Annual Report 2013 - Democratic Republic of The Congo.



2.7.3. Interrogation and forced 'confession'

Sixteen women reported being interrogated concurrently with torture, including five of the six women detained in the Kivus and Orientale. The majority of these women reported the interrogation to be about their involvement and/or their partner/husband's involvement in political opposition/with armed groups. Three said they were interrogated daily, while others said interrogation would happen 'frequently', 'weekly' or 'occasionally'.

Two women detained in Kinshasa and Bas-Congo reported being forced to sign a statement during torture or before release; one did not see the statement, the other was forced to sign an agreement to stop attending BDK meetings. In eastern DRC one woman reported attempts to force her under torture to sign a statement confirming that she was part of a particular opposition group, which she refused to do. Others reported attempts to force them to give information, including the whereabouts of family members, which they were unable to comply with.

2.8. Detention conditions

Extremely poor detention conditions were described by those 30 women held in state detention facilities during one or more detention episodes, including in formal (named) and unofficial facilities administered by the police, intelligence and/or military forces.¹³ Women described being held alone or with many others in cells that were insufficient in size and lacking in all appropriate facilities, in foul and unhygienic conditions, with little or no access to light or fresh air or adequate food and water. Despite the injuries they sustained during torture and despite the ill health they suffered as a result of the harsh and inadequate detention conditions most women received no medical treatment while in detention (see 4.1. for details of the physical impact of torture).

¹³ Six women reported being held and tortured on at least one occasion in their home; two of these had been detained on other occasions in state facilities, see 2.6. Place of detention, for details.

Of the 54 detention episodes in state facilities¹⁴ almost all were endured in conditions of either solitary confinement in a small, or very small, cell, or of over-crowding in a small cell with multiple occupants. Seven of the thirty women reported being held in a mixed gender cell, some in conditions of extreme over-crowding. One woman described being put in a men's cell as a punishment, where she was raped by two men before being returned to a women's cell by the guards. Women held in solitary confinement described being detained alone in cells measuring between an estimated 1x1 to 2x3 metres, in which they were either unable, or barely able, to lie down. Other women reported being held in small cells (an estimated 3x4 metres) with numerous other detainees, including up to twenty other people. In these conditions, detainees were forced to remain sitting or standing or to take turns lying down.

... She was in a small cell, no bigger than one metre squared. The walls and floor were concrete. The floor was wet with an unknown substance. (MLR-DRC)

... The cell was very small, measuring approximately one metre by two metres with a toilet, which was a hole in the floor. There was no furniture in the cell. There was not enough room to lie down and so she had to either stand or sit on the floor. (MLR-DRC)

... She was put in a cell with many others. The cell was very small, it was impossible to lie down or sit down. There were no windows and no electricity so it was dark. Prisoners were obliged to urinate on the floor so the floor was wet. (MLR-DRC)

... She was put into a cell with a number of men. It had no furniture, toilet facilities or light. There was no room to sit. (MLR-DRC)

¹⁴ The other six of the total 60 detention episodes took place in the person's home or other private address, see 2.6. Place of detention.

With one exception cells were reported to be bare, unfurnished rooms.¹⁵ Many women described the cells as foul smelling and contaminated with blood, faeces and/or urine. A few cells were reported to have a hole in the ground or bucket for use as a toilet, but most had no toilet or washing facilities. Women reported having to sit or lie on the bare floor, which given the lack of toilet facilities or regular access to toilet facilities outside the cell, was often covered in urine and faeces or was wet from having been doused with water by the guards. No form of bedding was provided for most women, although four said that they were given some inadequate materials to sleep on, including a soiled thin mattress, a sheet of cardboard and a piece of cloth. One woman reported that the floor of her cell was covered in fine sharp gravel.

... She was put in a room, approximately three metres by four metres in floor area, together with many other prisoners. There was no water for washing and no toilet facilities so they had to use the corner of the room as a toilet. They had to sleep on the floor. (MLR-DRC)

... With many inmates already held there, it was very humid and damp, “you couldn’t breathe”, and so cramped that it was not possible for anyone to sit down. She was forced to remain standing because of the crush of bodies and the urine on the floor. (MLR-DRC)

... She had no bedding or covers and water was thrown across the floor every two days or so, such that her clothing was almost invariably wet. (MLR-DRC)

Only eight women reported having any access to washing facilities and this was limited to occasional access to a washroom or a bucket of water. One woman said that the guards would ask her for money before they would allow her to wash with a bucket of water; another said that she was allowed to wash twice a week but was taken to a very dirty,

¹⁵ This individual was transferred to prison during their third episode of detention, where cells were reported to contain bunk beds and a sink.

small washroom where she was given a bucket of water to wash herself. Another woman said she was taken to wash in a nearby river once a week.

... Her festering wounds and unwashed body smelled “overwhelmingly” foul. She is not sure if she lost consciousness or not, but she had reached the point that she could bear it no longer. (MLR-DRC)

Just under half the women detained in state facilities reported being held in conditions of prolonged or constant darkness during at least one of their detention episodes, with no form of light in their cells (14 women in 17 detention episodes), while a further ten said that there were no windows in the cell, giving them no access to natural light or fresh air (10 women in 15 detention episodes).

...She was put in an underground room with many other women. It was dark and very small and there were no windows, just a hatch which the soldiers would shout through. It was hot, suffocating and cramped with no room to lie down properly. (MLR-DRC)

... The cell was dark and had no windows. Only a small amount of light would pass into the cell through a small grille at the top of the door in the daytime. (MLR-DRC)

Seven women said that that they received no food or water at all during their period of detention. Others who gave information about this aspect of detention said that they were given poor quality, inadequate food. Some said that they believed their food to be contaminated, for example with urine. Most described being given food irregularly or only once a day; those who gave details described being given biscuits, rice, bread, beans or bananas to eat.

Many women reported infrequent access to water and that the water they were given was dirty or insufficient in quantity. Some reported being raped or being forced to perform sexual acts before or after being given food and/or water. One woman said was



given urine when she asked for water. A few women said that food was brought by relatives who had been informed of their detention and had bribed the guards in order to give them food.

... They were not given regular food or water and were sometimes left for days without either. The only food they received was that brought in by relatives, and the relatives would have to pay a bribe to be able to do so. The prisoners had to beg the guards to bring them water, which they did only occasionally. (MLR-DRC)

... For a few days she was left in the cell without food or water. She described severe thirst. After that she would be brought plain bread and water each day but she was forced to perform sexual acts on the prison guards in order to be given it. (MLR-DRC)

... She was not given food and water every day. On some days she believes the guards consumed the food themselves. (MLR-DRC)

... She was given plain food once a day, but this was usually wet and tasted and smelt of urine. (MLR-DRC)

Most women received no medical treatment while in detention, despite the injuries they sustained during torture and the illness that they suffered as a result of their detention conditions, including pain and fever caused by infections and diseases such as malaria. Those women with pre-existing health conditions reported that they received no medication during their detention, resulting in a deterioration of their health.

Many of the cells were reported to be infested with mosquitoes, flies and cockroaches, which given the unhygienic conditions and the un-treated open wounds arising from beatings and other torture, added to the risk and incidence of infection.

... There were many mosquitoes and she began to suffer from infected bites. In addition, the wounds

from her previous injuries had not healed properly and these became infected. (MLR-DRC)

... She developed a fever, became ill and lost consciousness. She was taken to a small health centre where she was treated with intravenous fluids, injections and medicines. She was chained to the bed and guarded. She remained in hospital for some time. The fever lasted for many days. She thinks she may have had malaria or typhoid. (MLR-DRC)

Four women reported being transferred to hospital or health clinics from detention due to injuries sustained through torture; one of these women was chained to her bed by her feet and the other three remained under guard.

... She was taken into the hospital and remained there for investigations and treatment. She required stitches to her injuries, her body was sore and painful and internal injuries were initially sought. By her own account, her recovery was slow: for the first few days she was bewildered, fearful that she might die, in intense pain, and had great difficulty eating. (MLR-DRC)

... One day she was beaten so badly that she lost consciousness and was taken to hospital. She eventually regained consciousness and she does not know how long she was unconscious for. She was too weak to get out of bed. Soldiers were there to guard her. After some time she was strong enough to get out of bed. (MLR-DRC)

One woman said she was treated with antibiotics in the prison clinic for nausea and abdominal pain, which was initially attributed to having been forced to drink urine. She was subsequently found to be pregnant. One other was visited by a doctor in prison when she had a high fever but no proper investigation or diagnosis was undertaken and she was given tablets that she believed to be a placebo.

2.9. Duration of detention

Most women were detained for three months or less with the largest number of detention episodes (21) being less than one week in duration. Of those women detained for less than a week, most were held for several days, although six women were detained for one day in a private residence or other location and were tortured by state security forces for a number of hours (see 2.6. for details of place of detention). Five women were detained for seven months or more, while one woman was detained for 20 months.

2.10. Escape or release from detention

2.10.1. Release from detention

Twenty six of the 60 detention episodes ended with the woman being released without any formal legal or judicial process. In ten instances women reported having been released with certain conditions, namely ceasing supporting opposition parties (MLC and UDPS) and/or taking part in demonstrations, campaigning or other forms of activism. Friends and prominent civil society activists successfully campaigned for the release of one of these women. On her release she was warned to cease all further campaigning activity and to leave the organisation she was a member of, with the threat of being killed should she continue to be politically active. Other women also mentioned having been threatened with further detention, torture and with death, should they continue with the activities that had led to their arrest.

One woman, who had been detained along with her husband due to his political activities and was herself interrogated and tortured, was released from detention under conditions of house arrest until he was eventually released. Another believed she was released because she had been unable to provide any information about the whereabouts or activities of her husband who was a member of a political organisation. One woman said that she had been released following the visit to her detention

facility of a 'human rights inspector' who, having learned about her treatment, reportedly ordered her release.

Some women described being released apparently spontaneously from detention without any explanation or warning; for example one was left outside a hospital and another was abandoned in an area on the edge of Kinshasa:

... Bleeding from her wounds, she was then taken outside and initially left on the ground, before a decision was made to take her to the hospital, where she was abandoned at the entrance. (MLR-DRC)

2.10.2. Escape from detention

Most of the women who reported escaping from detention were assisted in some way. Only four women reported escaping without help; one of these was detained in a military camp that was raided by members of an armed group, giving her the opportunity to escape. Another, who was being held in a private residence, escaped through a broken toilet window when her guard briefly left his post.

Many women said that they had been able to escape from detention when someone in the detention facility offered their assistance. Mostly this was a guard or soldier who recognised a common ethnic or tribal origin, place of origin or who knew a friend or member of the person's family. In a few instances it was a senior officer who arranged for the 'escape' because of personal connections with a family member or other associate. Two women said that members of religious orders who had visited their detention facility had subsequently arranged for their escape with the assistance of prison guards. For all of these women it was not known if a bribe had exchanged hands. However, in two instances, women said they were forced to have sex with the state official who arranged the release.



Means of escape described by women included being transported out of the detention facility in a truck carrying dead bodies and dumped on the side of the road, and being taken into the 'forest' with others who were due to be executed and released.

In 13 instances women reported that an escape was arranged after a bribe was paid by a family member or associate. Most of the women who got out of detention in this manner had been detained more than once. Bribes were commonly paid to soldiers or guards but also to senior officers, including 'Commanders'. In one example, the Commander had agreed to facilitate her escape but demanded she had sex with him first. When she refused he raped her. The following day he took her out of the detention centre hidden in the back of his jeep in exchange for payment. She was told to leave the country immediately.

2.11. Flight from the DRC

Half the 34 women left the DRC as soon as practically possible and within a month of getting out of detention - some women left immediately or within a matter of days of their release. Most escaped detention with the assistance of family members or others, who also arranged for their departure from the country to a safe destination. Some women said that family members had been visited by security forces following their escape from detention and threatened or detained.

... She left the DRC as soon as travel arrangements had been made by a member of her family after she was released from the last episode of detention. (MLR-DRC)

Four women fled the DRC within six months of getting out of detention and a further five women left within 12 months. Only one person left the DRC more than a year after getting out of detention.

Of those who did not make immediate arrangements to leave the country, some were later prompted to do so by specific threats or incidents that indicated an imminent risk of re-arrest. Others eventually decided to make arrangements to leave due to ongoing fears for their safety and risk of further detention. Three of these women had already been detained more than once.

The majority of women (25) reported the use of an agent or other person to assist them in leaving the country. Some reported travelling with a false passport that was supplied by the agent or other third party and a few said that they disguised themselves or pretended to be the wife of the agent in order to travel. Some women reported travelling or transiting through third countries before eventually reaching the UK.

Figure 7: Incidence of specific methods of 'physical torture', 34 women

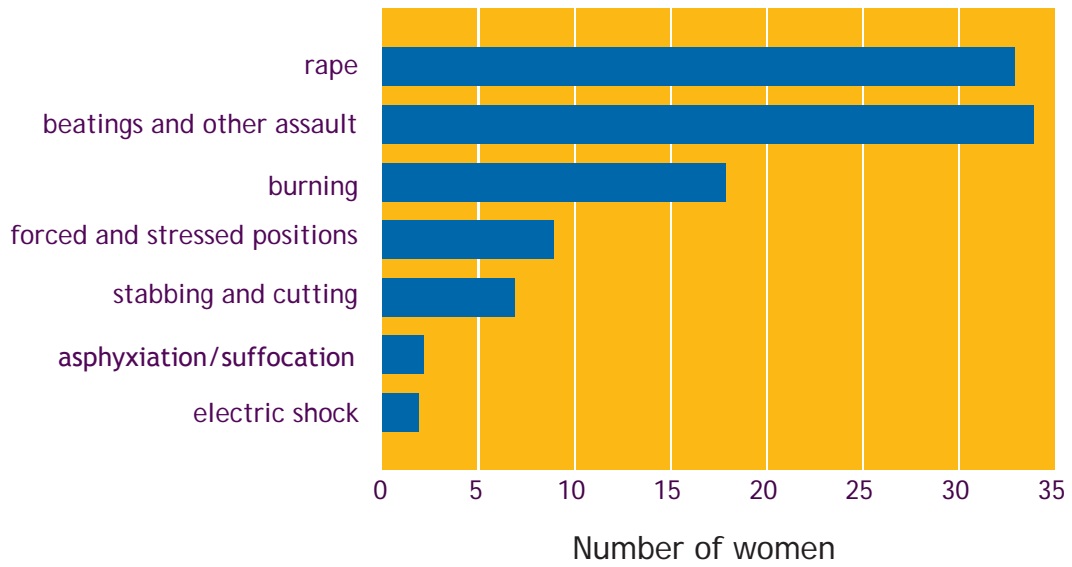
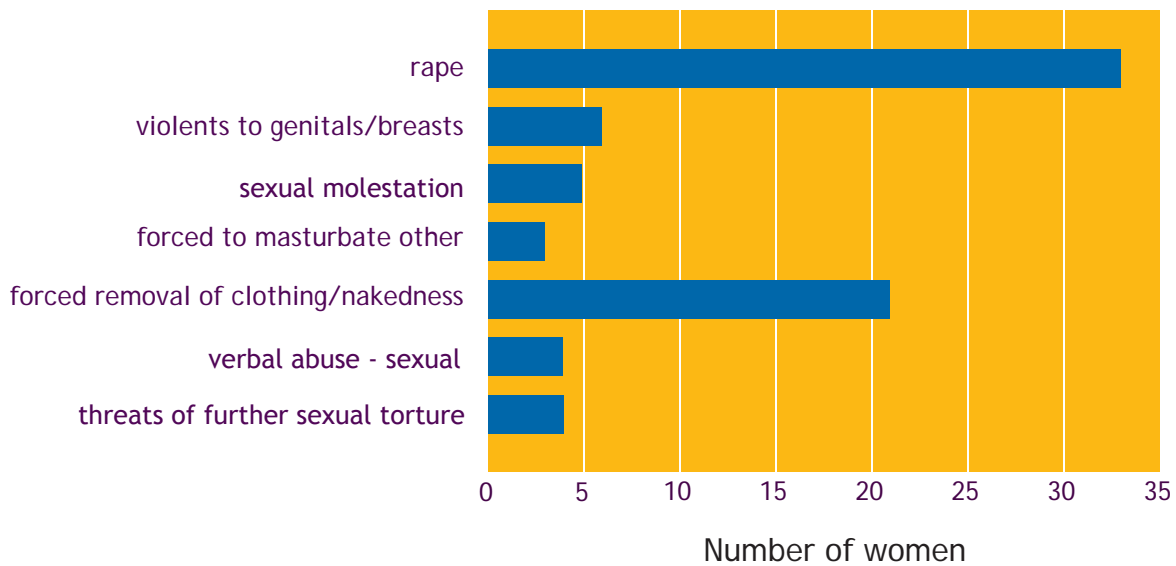


Figure 8: Incidence of sexual torture, 33 women (at least one episode)



EVIDENCE OF TORTURE

The evidence of torture presented here derives from the medico-legal reports (MLRs) prepared for these individual women by Freedom from Torture doctors (see Introduction for details of the MLR documentation process and Appendix for details of the research process).

3.1. Methods of physical torture

The torture documented in the MLRs and featured in this report is presented in summary below and in further detail for each method of torture. More general detention conditions are discussed at 2.8. and the physical and psychological impacts of torture are discussed in Chapter 4.

Methods of ‘physical’ torture described by the 34 women in the study included:

- Rape in all but one case
- Other forms of sexual torture including violent assault to the breasts and genitals, sexual molestations, forced removal of clothing, verbal abuse and/or threats of sexual violence in many cases
- Beating, assault and other forms of blunt force trauma in all cases
- Burning including with cigarettes and/or heated implements in more than half the cases
- Forced and stress positioning in more than a third of cases and
- Cutting or stabbing with sharp implements in more than a third of cases
- Asphyxiation and electric shock in a few cases.

In addition, these 34 women were subjected to humiliation, threats and the trauma of witnessing the abuse of others and to prolonged solitary confinement including being confined in the dark.

3.1.1. Rape and other forms of sexual torture

The most striking finding of the study is that 33 of the 34 women reported sexual torture - all were raped and many were subjected to other sexual violence and to sexual humiliation. Of those who were detained more than once, the majority suffered sexual torture including rape each time they were detained.

Rape

Of the 33 women who were raped in detention, eight were raped once. All the other 25 women were raped more than once and most were raped numerous times. Some women said that they were raped ‘regularly’ or ‘repeatedly’ while detained, others estimated that they had been raped several times a week; still others said that they were raped on ‘countless occasions’ or on ‘occasions too numerous to recall’. One woman estimated that she had been raped up to 30 times. Where they were detained more than once, many women reported being subjected to rape and other forms of sexual torture during each of their detentions.

The majority of women were raped by more than one perpetrator. Only eight women reported rape by only one man. Twenty women reported ‘gang rape’ involving from three to ten perpetrators at a time; many others were raped by more than one perpetrator.

... She was pushed to the floor and held down. She was then raped, both vaginally and anally. She found the anal rape intensely painful. This happened numerous times. There were often several men in the cell who took turns to rape her. (MLR-DRC)¹

¹ All excerpts presented indented and in italics are taken directly from MLRs prepared by Freedom from Torture doctors and included in this study. Where necessary potentially identifying details have been omitted and/or wording has been changed in order to preserve anonymity. MLRs from which excerpts have been taken are identifiable to the researcher only.



... She was raped many times by the prison guards, so numerous that she is unable to recall the precise number. The guards regularly dragged her out of the cell, raped her and threw her back in again. Usually there was more than one rapist. If she resisted rape they inflicted other injuries. (MLR-DRC)

Women reported being raped in their cells, being dragged out of their cells to be raped and/or being raped in interrogation rooms. One woman described being raped in a room referred to as 'O.B' or 'gynaecology room', set up with an examination couch and stirrups. Some women who were detained in their homes and other locations were raped there, including in front of children and other family members.

While the majority of women described the perpetrators as 'soldiers' or 'guards', six women described being raped by commanding officers in the detention facility. These were described variously as 'The Commander', the 'General', the 'Officer'

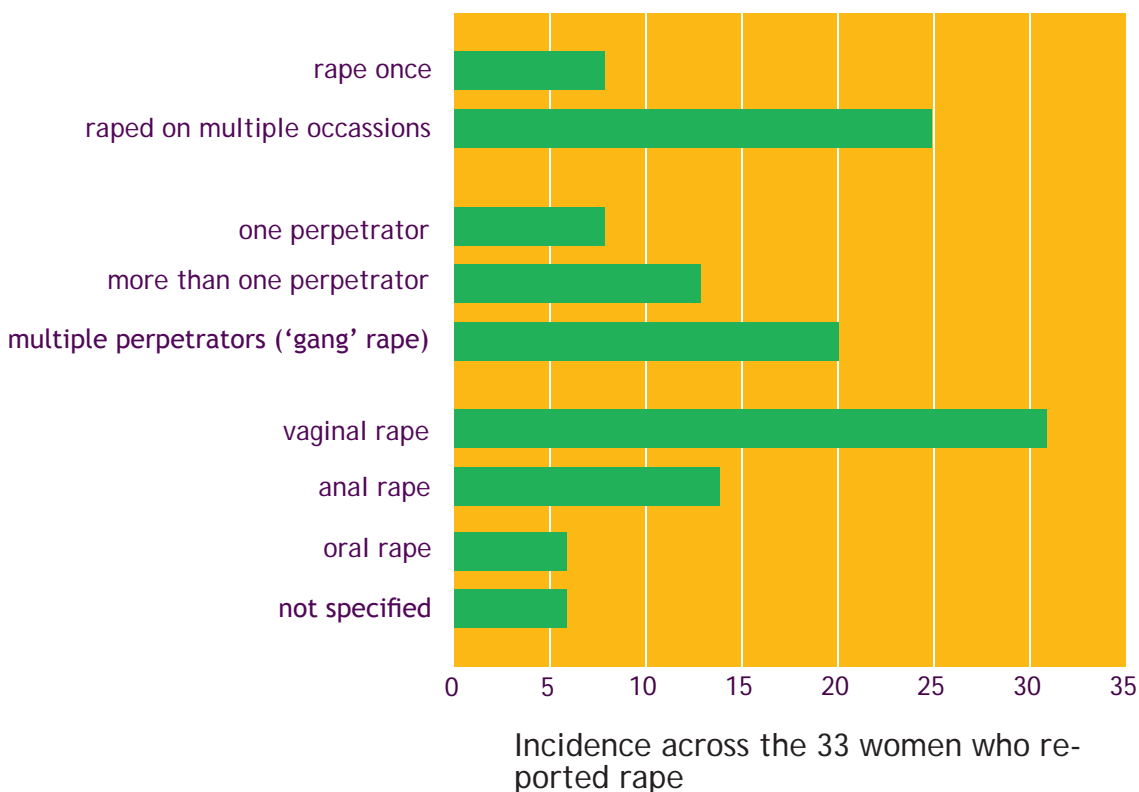
and the 'Chief'. Two women reported that the 'Commander' had first offered to assist the woman to escape in exchange for sex - when they were refused both were raped.

Most women described being raped vaginally; many were also raped anally and orally. Some described being forced to swallow semen or being ejaculated over. Some described being penetrated by instruments including batons, sticks and gun butts.

... The soldiers took turns to hold her or rape her. When she tried to resist they beat her and forced her harder. They tried to tie her legs with anything they could lay hands on to separate her legs. (MLR-DRC)

... Another time she was forced to the floor. One soldier pushed a weapon into her vagina, thrusting it in and out, which cut her and caused heavy bleeding and she eventually lost consciousness. (MLR-DRC)

Figure 9: Incidence of rape, 33 women who reported sexual torture



... She was gang-raped more than once. Each time she was raped throughout the day by different groups of soldiers. They raped her vaginally, anally and orally forcing her to open her mouth and then ejaculating into it and forcing her to swallow the semen. (MLR-DRC)

The violence, sustained and repeated nature of these assaults were reported to have caused intense pain, bruising and bleeding and for some women loss of consciousness and/or dissociation (see 5.2.1. for discussion of dissociation). Many women experienced additional forms of violence during rape including being beaten. Four women were cut or stabbed as they attempted to resist or to defend themselves. Some were tied up and raped or held down by multiple perpetrators. Two women reported being raped whilst pregnant – with their pregnancy known to the perpetrators.

Other sexual tortures

Other sexual tortures included assaults to the breasts and genital organs, sexual molestations, sexual humiliation, forced removal of clothing, verbal abuse and threats of sexual violence. It is likely that the incidence of these tortures reported here significantly under-represents the prevalence in reality. As explained at 3.1.2., women disclosed details of sexual torture with great difficulty and may not have been willing or able to enumerate or describe every incident that occurred during different episodes of detention and in some cases over significant periods of time. Disclosure of details of verbal abuse concurrent with rape is reported by MLR doctors to be particularly traumatic and women often say they are unable to repeat what was said.

More than half of the women (21) reported the forced removal of clothing, often being violently stripped naked as a prelude to sexual assault. Assaults to genital organs and breasts was reported by six women; this included violent molestation of breasts, stabbing, biting and burning of breasts and being beaten with a baton, or in one case burned with a cigarette, in the genital area.

Five women reported instances of sexual molestation including touching of breasts, buttocks and genital area and four said that they were subjected to verbal abuse of a sexual nature, often while being raped. Three women reported being forced to masturbate their guards and were beaten if they refused; they were then ejaculated on in the face, mouth or over their bodies.

In many of the MLRs, doctor described the intense distress experienced by the woman in recalling and describing the detail of these assaults. One woman said that her third episode of detention had been far worse than the others and that she was simply unable to describe what had happened to her - *'it is too much, so many bad things happened there'*. Others also struggled to give a detailed account of the rape and other sexual torture they had been subjected to and were not pushed to do so by the doctor due to the high risk of re-traumatisation. Physical and psychological impacts of rape and other sexual torture are discussed in Chapter 4.



3.1.2. Beating and other assault ('blunt force trauma')

All 34 women in the study were subjected to blunt force trauma of various forms (physical trauma caused to a body part, either by impact, injury or physical assault). They described being beaten with a variety of instruments and/or being kicked, stamped on, punched and/or slapped during all detention episodes (up to five episodes). For some women this treatment started at the point of arrest, continued *en route* to detention and throughout the period of incarceration. Many were beaten and otherwise assaulted concurrent with rape or other sexual tortures, or while resisting sexual assault.

The blunt instruments used to beat three quarters of the women in the study included:

- heavy rubber truncheons known as 'ma-traques'
- flexible sticks known as 'fimbos'
- military belts made of webbing material, often with brass buckles and hooks, known as 'cordelettes'
- gun butts
- metal rods
- whips and electric cables.

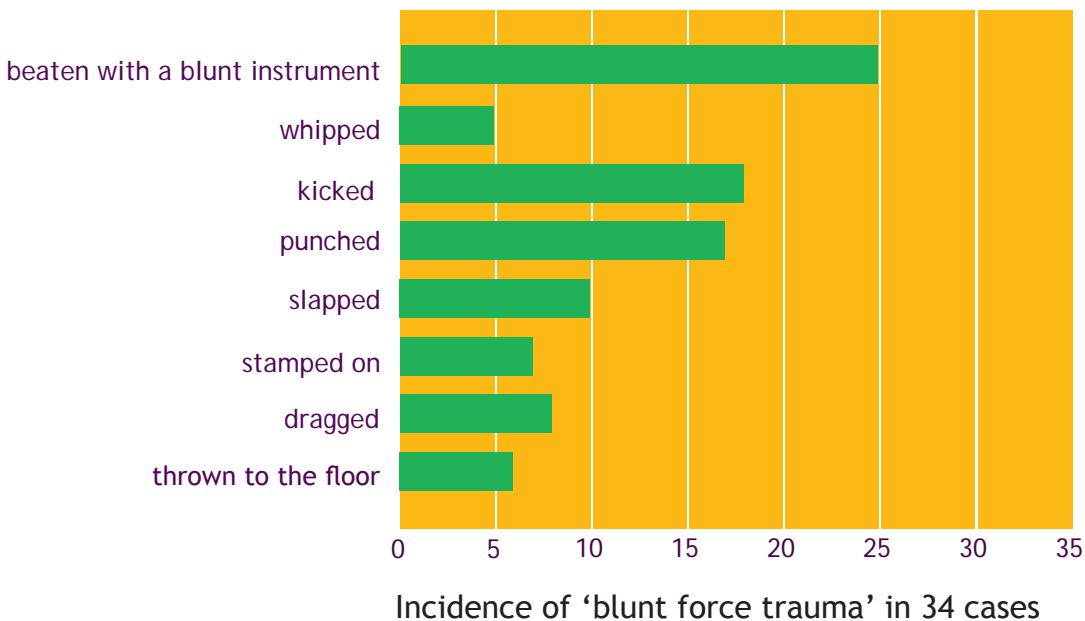
Women also described being trampled, stamped on and kicked with heavy metal-capped boots and being thrown to the floor or against the wall or other hard surfaces. Nearly a quarter also reported being dragged along hard and abrasive surfaces, for example to and from their cell or across interrogation rooms or cells.

... She was pushed to the floor and kicked, hit and beaten all over her body with flexible corded belts, about 5cm wide, with metal at each end. She was kicked periodically to prevent her from sleeping. She was beaten with metal sticks and metal rods and they pushed her forcibly against the wall, causing injury. She was kicked with metal-capped boots. (MLR-DRC)

... She was beaten to the ground with metal sticks, guns butts and fists. (MLR-DRC)

... During both detentions she was punched, kicked and beaten with gun butts. She was also beaten with flexible sticks. She recalls blows that resulted in bruising and one bleeding wound o. She also recalls being dragged across the floor and sustaining grazes to her body. (MLR-DRC)

Figure 10: Incidence of 'blunt force trauma', 34 women



... She was kicked and beaten with batons and hit with the butt of a rifle. She heard a loud crunching noise and felt extreme pain. She was also whipped, which caused cuts to her limbs. (MLR-DRC)

Common to these seemingly routine methods of torture was the brutality of the assaults and the severe pain inflicted on the victims. Although beatings were most commonly inflicted on arms, legs, head and face, women reported being assaulted or beaten on most parts of the body. One woman was beaten on the soles of her feet (*falaka*). Individuals described pain, swelling and bruising and sometimes bleeding after beatings, resulting in scarring and other lesions for many women.

... She was dragged along a corridor to the interrogation room. She sustained bruising and grazes to her body. During interrogation she was kicked and punched all over her body. She would be knocked off the chair during the beating and the assault would continue whilst she was lying on the floor. (MLR-DRC)

... She was beaten by the soldiers with their hands and with batons. She had bruising and a wound that needed to be stitched. The tissues surrounding her eye were so swollen that her eye was effectively closed. (MLR-DRC)

Though blunt force trauma may leave little or no physical trace after a matter of weeks, unless the skin is broken, this form of torture produced the largest number of lesions overall across the women in this study, with 29 individuals having lesions attributed to this form of torture (see 4.1.1. for further details of physical evidence of torture). Eleven women reported loss of consciousness – for some many times – during beatings and other torture including rape, though it is not always clear whether this was due to head injury, pain or other causes.

... During beatings she could be punched or kicked or beaten with lengths of plastic cable. The cable was used to beat her on the soles of her feet. She sometimes lost consciousness during these beatings. (MLR-DRC)

This treatment was common for all women, irrespective of whether they were detained in Kinshasa, in eastern Congo or in Bas Congo and irrespective of the detention facility or detaining authority. Women who had been detained more than once described beatings and assault inflicted during every detention episode.

3.1.3. Burning

More than half of the women in the study (18) were burned as part of their torture; some suffered multiple burns and three women were burned on more than one occasion with different implements. Burning occurred in all three regions where women were detained (Kinshasa, eastern Congo and Bas Congo).

Most were burned with lit cigarettes, including on their thighs, buttocks, back, arms, hands, and stomach. Five were burned by scalding liquid, three with heated metal instruments including knives and irons and one by molten plastic being dripped onto the skin. One woman had chilli rubbed in her eyes repeatedly.

... A heated metal implement was run across her body causing a burn as it was applied to her bare skin. (MLR-DRC)

... A lighted cigarette was held on her skin, to be replaced by a second lighted cigarette held at the same site. (MLR-DRC)

Three women reported being burned either before or during rape to enforce compliance.

Some women reported that the wounds from the burns took a long time to heal and became infected due to the insanitary conditions and lack of medical treatment. One woman who had chilli repeatedly rubbed in her eyes said that her vision started to deteriorate to the point where she could only see shadows and colour. All but two of these women had lesions attributed to the burns they had described (see 4.1. for further details of physical evidence of torture).



3.1.4. Forced or stress positioning

Fourteen women reported the use of forced or stress positioning, often concurrent with interrogation or other forms of torture, including beatings and rape. The majority of these women were detained in Kinshasa, with the others detained in eastern DRC. Women said that they were bound or restrained for prolonged periods, including being tied or handcuffed to a chair, post or to a fixture in the wall. One woman's leg was bent back when she was tied to a post with sufficient force that she sustained a fracture. Some women reported being raped while restrained in this way.

... Some of the time she was left tied up. Her hands were tied to a place on the wall. She describes being forced onto her back on the floor, sometimes with her hands tied up behind her head. (MLR-DRC)

... She was made to stand against a wall with her hands fastened to the wall above her head by structures like handcuffs. Her wrists were secured with a rope-like material. At other times she was forced to sit on a chair, with her arms tied behind the back of the chair with a rope. (MLR-DRC)

Other forms of stress positioning included the placing of sticks between the individual's fingers and then squeezing the hand to cause pain. One woman was forced to kneel on upturned bottle caps while holding a heavy bucket of water above her head, causing intense pain and wounds to her knees. Another woman reported having a rope tied around her ankle, which went under the door of her cell and was periodically pulled with sufficient force to drag her across the floor and slam her against the door.

3.1.5. Stabbing, cutting and electric shocks

Twelve women reported being stabbed or cut including on their back, legs, arms, breasts, face and buttocks, some more than once, with 17 instances altogether. All but one of these instances occurred

in detention in Kinshasa; the other was in Bas Congo. A knife was used to cut six women; other women were cut by broken glass, a bayonet, and an unknown sharp implement. Four women reported being cut specifically whilst resisting rape. All twelve women were found to have scars consistent with the treatment they described.

... One of the soldiers took out a knife and cut her, then stabbed at her when she attempted to defend herself and the wounds began to bleed profusely. (MLR-DRC)

... She was beaten with something sharp that she was unable to see. She repeatedly felt severe sharp pains. She was wearing clothes and the sharp implement(s) penetrated her clothing and tore her trousers. She sustained a number of bleeding wounds, which remained painful and continued to ooze fluid for about a month. (MLR-DRC)

Electric shocks were administered to two of the women detained in Kinshasa, one of whom described being beaten with an implement that delivered electric shocks.

3.1.6. Asphyxiation/ suffocation

Two women detained in Kinshasa reported the use of asphyxiation or suffocation techniques. One of these was held against a wall and choked in an attempt to get her to talk. The other had her head held down a toilet.

3.2. Methods of psychological and environmental torture

Methods of psychological and environmental torture described by the 34 women included:

- Sexual and other forms of humiliation in over three-quarters of cases
- Threats of death, further torture and harm to others in nearly two-thirds of cases
- Being forced to witness the torture of others in 11 cases
- Solitary confinement in 13 cases
- Exposure to conditions of prolonged or constant darkness in 11 cases.

3.2.1. Humiliation

Three quarters of the women in this study described the frequent use of humiliation, predominately sexual humiliation, during their detention.

The most common way that women were humiliated was by the forced removal of their clothing. Twenty-one women experienced this and many women were subjected to verbal abuse of a sexual nature at the same time.

... She was forced to remove her clothes under threat of death before being raped. (MLR-DRC)

Other forms of humiliation included being spat on, ejaculated on and urinated on; being forced to drink urine; being watched whilst going to the toilet and being forced to dance semi-naked.

3.2.2. Threats - of death, torture, prolonged detention and harm to others

Threats were commonly reported to have been used to induce terror, to intimidate and in an attempt to gain information from women about their political or other activities, or about those of family members and others. However, it is highly likely that the use of threats was so commonplace as to go unreported in many cases and that the actual incidence is far higher.

For some the threats were explicitly linked to the woman's perceived support for opposition political groups.

... She was constantly threatened by the guards that they would kill her and throw her body into the river because she had been caught speaking against the President. (MLR-DRC)

Thirteen women specifically reported being threatened with execution or death, seven said they were threatened with rape or further rape and six were threatened with other forms of torture including beating and burning. Some women reported being

threatened with death if they resisted rape, sometimes at gunpoint.

One woman said that she was subjected to mock executions where a gun was held to her forehead and she believed she was going to be shot. Other threats included threat of harm to family members, including children.

One woman detained in eastern DRC was told that she would be tortured until she revealed where her husband was; another was given false information that everyone in her tribe had been killed.

3.2.3. Being forced to witness torture or violence against others

Two women detained in Kinshasa reported witnessing the torture of other detainees including rape and one woman detained in eastern DRC said she was tortured alongside other women on a regular basis. Other women said that they often heard the sounds of others being tortured or in distress, including crying and screaming.

One woman said that she heard gunfire after fellow prisoners were taken away. They never returned. Two other women (detained in eastern DRC and Bas Congo) witnessed the shooting of their parents and siblings in their home. One woman detained in Bas Congo said she was forced to harm others. She was made to take part in the 'initiation' of new prisoners by hitting, punching and stamping on them as they entered the cell. If any refused to do this, they themselves were beaten.

3.2.4. Solitary confinement and manipulation of light and heat conditions

The use of solitary confinement was relatively common among those women detained in Kinshasa - eleven women reported being held in these solitary cells, a third of those detained in Kinshasa. One woman was held in solitary confinement for the 35 days of her detention. Others were held in solitary



cells for varying periods, ranging from several hours to four weeks. One of the five women detained in eastern Congo was held in a solitary cell and similarly one of the three women detained in Bas Congo.

Also relatively common were conditions of prolonged or constant darkness, where women were held in a cell with no windows and no artificial light. Seven women detained in Kinshasa reported these conditions and two in each of eastern Congo and Bas Congo. Conversely three women were exposed to conditions of constant bright light when they were forced to lie outside and stare directly at the sun. Six respondents also reported exposure to constant excessive heat, due to the cramped and suffocating conditions in the cell.

3.2.5. Use of water

Individuals reported having water thrown over them and over the floor of the cell, which ensured that they were constantly sitting or lying on a cold, wet surface. Guards doused prisoners with water to deliberately to interrupt sleep and disorientate them. Sometimes they were woken from sleep in this way to be taken for interrogation.

3.3. Torture episodes

3.3.1. Place of torture

The majority of women in the study said that most of the torture took place in the cell in which they were held. However, nine women also reported being tortured outside their cell in an interrogation room on some occasions and a further seven said that they were taken to be tortured in another unidentified room. Other women said that they were tortured in a variety of locations such as the grounds of the detention facility and *en route* to the interrogation room. Eight women reported being tortured while held by state security forces in their home or other private space; others were tortured while held in public places including in a stadium in which a rally had been held and three in facilities at the airport.

3.3.2. Identity of perpetrator/s of torture

The names and specific identity of the perpetrators of torture were unknown to the women in this study (see Chapter 2 for a detailed description of the detention context, including detaining authority and detention facilities). Most commonly women referred to the perpetrators as ‘guards’, ‘soldiers’ and less commonly as ‘police’, ‘intelligence’ or ‘officers’. Where perpetrators were identified as officers, they were variously referred to as ‘Chief’, ‘Major’, ‘Commander’ (all women detained in Kinshasa) and ‘the General’ (a woman detained in eastern DRC).

3.3.3. Frequency and duration of torture episodes

Seventeen of the 26 women detained in Kinshasa said that they were tortured daily and sometimes several times a day while held in detention. Similarly, two of the women detained in eastern DRC reported daily torture; one said that all the women were beaten at 8am every morning before being told to sign papers at 10am. Many other women just said they were subjected to torture ‘frequently’, ‘regularly’ or ‘repeatedly’ during different detention episodes. For most the duration of torture episodes was not stated or women reported that it was impossible to estimate this as they had lost all sense of time. A small number estimated that each session lasted several hours, while three reported specific episodes of torture (gang rape) that lasted all day or all night.

IMPACT OF TORTURE

Physical and Psychological

4.1. Physical impact of torture

4.1.1. Forensic evidence, scars and other lesions

All but one of the 34 women had forensic evidence of torture documented in their MLRs in the form of lesions (injuries and wounds including scars). The remaining woman had strong psychological evidence of torture; she also had multiple lesions but due to her high level of cognitive impairment the doctor was unable to assess these according to Istanbul Protocol standards. (Psychological evidence will be discussed at 4.2)

More than half the women had up to ten lesions, each of which were attributed to torture. Fifteen other women had significantly more, including five who had more than 20 lesions each, all of which were attributed to torture. For example, one woman's MLR records in the summary that she has 59 lesions attributed to blunt force trauma alone (52 from beatings, three from being stamped on and kicked with heavy boots, two from blows with rifle butts and two from bite injuries). In addition, she had five lesions attributed to burns, one to

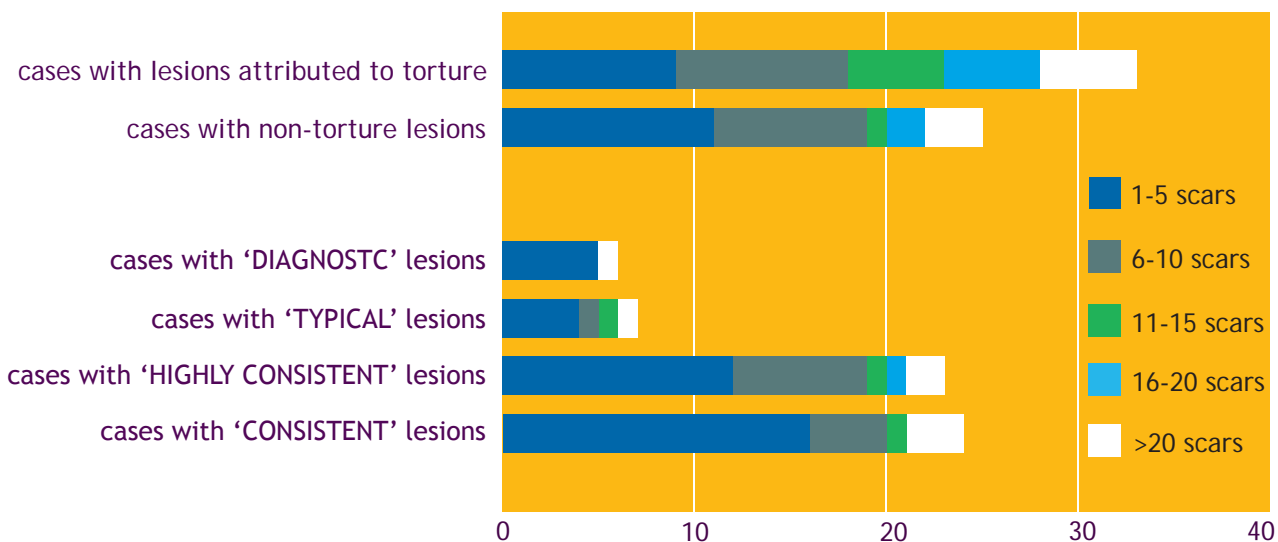
bindings on her ankles, one to being cut with a sharp implement. A total of 66 scars attributed to torture.

For the purpose of the MLR, Freedom from Torture doctors apply Istanbul Protocol guidelines to describe the consistency of the findings of the physical examination with the attributed cause of torture.¹

Of the 34 women in the study, four had lesions described as 'diagnostic' of the attributed cause (they could not have been caused in any way other than that described). Three of these women had more than 20 lesions each that were described as either 'typical' or 'diagnostic' of the torture they described. Seven women had lesions that were assessed to be 'typical' of the torture described (with other possible causes). Twenty-three women had multiple lesions that were assessed as 'highly consistent' with the form of torture they had described, meaning that the lesion could have been caused by the trauma described and there are few other possible causes. Further lesions were found on 24 women that were assessed to be at least 'consistent' with the torture described, meaning that they could have been caused in the manner described

¹ Istanbul Protocol, *op cit.*, paragraph 187.

Figure 11: Forensic evidence of torture (lesions), 33 women





but are non-specific and there are other possible causes² (see 4.1.2. for information about forensic evidence arising from particular torture methods).

Twenty-eight women had multiple lesions with differing levels of consistency with the attributed method of torture. For example some lesions were assessed to be ‘consistent’ with the attribution of beating with a blunt instrument and others ‘typical’ of burning with a heated metal implement. Of the six women with lesions assessed at one level of consistency only, three had lesions assessed to be ‘consistent’ and three ‘highly consistent’ with the attributed causes of blunt force trauma and/or sharp force trauma. However, all these women had symptoms of genito-urinary disorders arising from rape (see 4.1.4. for discussion of this). One woman had conceived a child through rape and all were diagnosed with post-traumatic stress disorder (PTSD) (three with depression as well) related to their history of torture, including rape, in detention.

As routinely noted by doctors in MLRs, while the forensic documentation of torture requires that individual scars and groups of scars are assessed for

² *Istanbul Protocol, op cit.*
Doctors preparing MLRs for the purpose of asylum claims in the UK are obliged to consider specific alternative causes (according to life history and experience of the person) for lesions assessed to be ‘highly consistent’, and ‘typical’ of the attributed cause of torture, according to current case law: (UKAIT RT (medical reports, causation of scarring) Sri Lanka [2008] UKAIT 00009), available at: <http://www.bailii.org/uk/cases/UKIAT/2008/00009.html>.
They are not required to enumerate other possible causes for lesions assessed to be ‘consistent’ with the attributed cause of torture as these would be by definition too many, while lesions assessed to be ‘diagnostic’ of the attributed form of torture have no other possible cause.

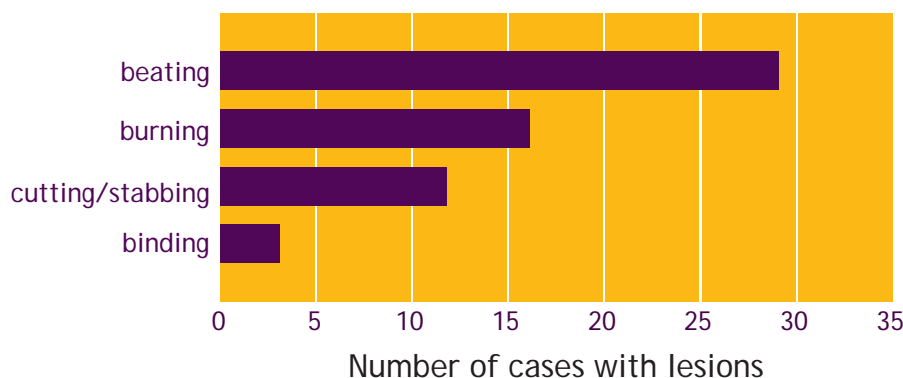
their level of consistency with the attributed cause ‘...it is the overall evaluation of all lesions and not the consistency of each lesion with a particular form of torture that is important in assessing the torture story.’³ This process of evaluating the overall evidence is adopted by Freedom from Torture doctors and is further described in the Istanbul Protocol as follows:

105. In formulating a clinical impression for the purpose of reporting physical and psychological evidence of torture, there are six important questions to ask:

- a) Are the physical and psychological findings consistent with the alleged report of torture?
- b) What physical conditions contribute to the clinical picture?
- c) Are the psychological findings expected or typical reactions to extreme stress within the cultural and social context of the individual?
- d) Given the fluctuating course of trauma-related mental disorders over time, what is the time frame in relation to the torture events? Where in the course of recovery is the individual?
- e) What other stressful factors are affecting the individual (e.g. ongoing persecution, forced migration, exile and loss of family and social role, etc.)? What impact do these issues have on the individual?
- f) Does the clinical picture suggest a false allegation of torture?⁴

³ *Istanbul Protocol, op cit.*, paragraph 188.
⁴ *Istanbul Protocol, op cit.*, paragraph 105.

Figure 12: Physical evidence of torture (lesions) attributed to particular torture methods, 33 women



4.1.2. Forensic evidence arising from particular torture methods

The method of torture that produced the largest number of lesions overall, due to the prevalence of this form of torture, was beating with a variety of implements causing ‘blunt force trauma’. Burning produced proportionately the highest number of lesions as almost all those burned had resultant lesions, though fewer women were subjected to burning.

Twenty nine of the women had some or numerous lesions attributed to blunt force trauma. Instruments reported to have caused the lesions included rubber batons (‘matraques’), rifle butts, sticks (‘fimbos’) and military belts (‘cordalettes’) (see 3.1.2. for further details about this form of torture). Although all the women in the study were subjected to beatings and/or other physical assaults and the majority had lesions attributed to this torture, blunt force very often does not produce enduring physical evidence. Whether it does, and the type of lesions that endure, depends on many factors including the force of the blow, the part of the body hit (soft tissue or bone for example), the length of time since infliction, whether the skin was broken, the healing process and/or the conditions in detention.

Just over half the lesions attributed to blunt force trauma were assessed to be ‘consistent’ with the attributed cause, which means that many other causes are possible. However, 15 were assessed as ‘highly consistent’ and three were assessed as ‘typi-

cal’ of the attributed cause.

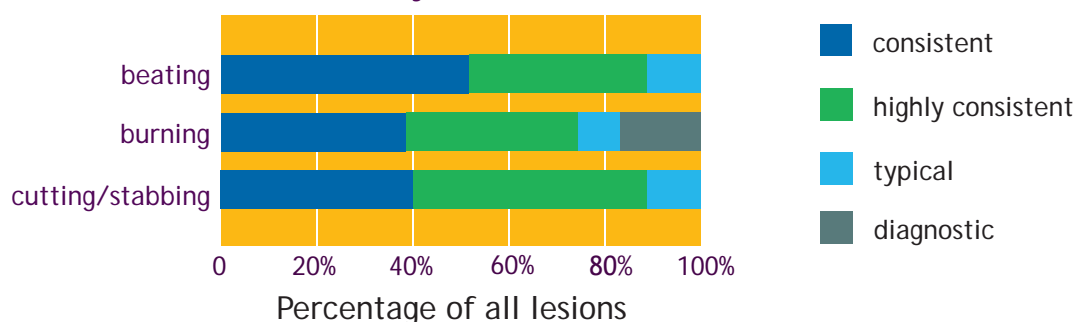
Other than beatings, sixteen women had lesions that were attributed to burns, including with cigarettes and heated metal implements, and twelve had lesions caused by cutting or stabbing with different implements, including a bayonet, knife, edge of a gun butt and a sharp stick. It should be noted that third degree burns and deep cutting or stabbing will almost certainly produce scarring, while first and second degree burns may heal completely or persist only as a change in pigmentation.

Three women had lesions attributed to positional torture or binding.

According to the forensic documentation process, the clinical assessment of the likely cause of this scarring will take into account information about the type of implement used (or likely to have been used where this is not known), the position of the scarring on the body, the situation in which the injury was said to have been inflicted and the circumstances in which the injury would have healed (detention conditions and access to medical help for example), in order to determine the level of consistency with the attributed cause of torture.

Consistency of the lesions with the attributed cause of burning ranged from ‘consistent’ to ‘diagnostic’, with 14 of the 23 lesions attributed to burning assessed to be ‘diagnostic’, ‘typical’ or ‘highly consistent’ with the attributed cause (see Figure 13. below). Similarly 12 of the lesions attributed to

Figure 13: Percentage of all lesions attributed to particular forms of torture, with IP consistency





stabbing or cutting with a sharp implement were assessed to be ‘highly consistent’ with or ‘typical’ of this cause.

4.1.3. Evidence of rape

Despite the particular difficulty in proving the crime of rape (both the fact that penetration took place and that there was lack of consent) the forensic examination in relation to an allegation of this form of torture for the purpose of an MLR is as rigorous as possible, taking into account the willingness of the individual to undergo intrusive examination and the risk of re-traumatisation.⁵ However, given that direct physical evidence of rape in the form of lesions on the genital organs and/or anus is rare, the absence of such signs is not taken to imply that sexual violation has not taken place.⁶

... Examination of her genital area was normal. It is uncommon to find lasting scars after rape as the genital area is well supplied with blood and generally heals very well. (MLR-DRC)⁷

During the MLR documentation process the presence or absence of these signs is recorded and analysed in the context of the individual history, including the circumstances of rape, detention conditions, evidence of other torture, other physical signs and symptoms and the psychological presentation and history⁸ (see 4.2. for discussion of psychological evidence of rape and other torture and Chapter 2. for the history and context of detention).

MLRs for three of the 33 women in the study who had been raped documented lesions on their genital

5 See Burnett, A., Adlington, R., *Sexually Transmitted Infections as a Consequence of Rape*, in Peel, M. (ed), *op cit.*, 2004, p 155: “... It cannot be over-emphasised that the benefit to the patient of any investigation or aspect of examination must be weighed against the risk of exacerbating or prolonging the patient’s distress, and should not be performed without their full, unhurried consent.”

6 Clarke, *op cit.*, p141- 143.

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

8 Clarke, *op cit.*, p133-144.

organs and/or anal area at the time of the documentation process that were attributed to injuries inflicted during rape.

... The scarring of her perineum is highly consistent of her account of rape. It could be the result of childbirth but in my opinion the former explanation is more likely. Bleeding and pain on defecation, accompanied by sentinel tags and pain and spasm of the anal sphincter are signs of fissure-in-ano, which is a common sequel of anal rape.⁹ (MLR-DRC)

Many women (including these individuals) reported other physical signs and symptoms commonly associated with rape, including chronic pain and genito-urinary symptoms. See also 4.1.5. below, for details of physical injuries inflicted during rape, including burns, blunt and sharp force trauma (caused by knife wounds, human bites and fingernails).

4.1.4. Chronic pain and genito-urinary symptoms attributed to rape

Seventeen women reported chronic pain and genito-urinary symptom patterns that, while not exclusive to rape, are frequently associated with it. These commenced after they were raped and persisted long after their release from detention. The symptoms included: vaginal and anal bleeding, vaginal discharge, lower abdominal pain, lower back pain, perianal pain, pain on passing urine, painful periods and frequent headaches or migraines. In the case of headaches, all of the women who associated the onset of this potentially ‘somatic’ symptom with rape (14 women)¹⁰ also had other pain and other

9 Clarke, *op cit.*, p142: “Anal penetration usually requires more force because men and women who are raped can tighten the anal sphincter. If the rapist persists against resistance, anal rape can tear the anal mucosa and cause heavy bleeding... These injuries usually heal spontaneously and quickly. Anal rape may lead to anal fissure - a crack in the mucosa that fails to heal and which gives intense pain on passing faeces ... Where objects have been used to penetrate the anus, there can be scarring, and this may well have a distribution that is different from the one caused by anal fissures (which typically occur in the posterior midline).”

It should be noted, however, that while these are common sequels of anal rape they are also not uncommon in the general population due to chronic constipation for example, so while corroborative they are not determinative.

10 See Seltzer, A., *Rape and Mental Health: the Psychiatric Sequelae of Violation as an Abuse of Human Rights*, in Peel, M. (ed), *op cit.*, 2004, p 109:” ...Backache is a common symptom in women, and may relate to pelvic injury sustained during the

physical symptoms more specifically attributable to this cause.

... She is suffering from intermittent lower abdominal pains. She suffers from perianal pain and she often experiences a "burning pain" when she passes urine. Her low back pain persists, occurring in bouts. She still suffers from pain in her groin, which can make it difficult for her to walk and can disturb her sleep. The pain is intermittent and bouts of pain last for days. She reports severe tension headaches, which occur frequently. (MLR-DRC)

As reported by women in this study, both forced penetration and the struggle to avoid penetration may result in bleeding, bruising and pain in the vaginal or anal area, causing considerable discomfort when walking or sitting for a period of time after rape.¹¹

... She suffers from constant headaches, low back pain and abdominal pains. She finds it difficult to sit still because of pelvic and anal discomfort. (MLR-DRC)

... Immediately on release from detention she reported multiple bruises, abdominal pain and vaginal bleeding; for several days she experienced a lot of abdominal and back pain and had offensive smelling vaginal discharge; she bled vaginally for three days. She found it very painful and difficult to pass urine. (MLR-DRC)

Due to the good healing properties of tissue in the genital and anal areas nearly all such injuries generally resolve quickly, albeit that in the context of harsh detention conditions (described at 2.h) where there is no medical intervention and where further sexual and other forms of assault are perpetrated, normal healing processes may be delayed or prevented.

Complaints of pain when passing urine are commonly reported by rape survivors, including women in this study, due to bruising of the urethral opening *rape, or may be more psychologically determined. Another common somatic symptom is headache."*

¹¹ Clarke, *op cit.*, p141.

or of the base of the bladder, which lie close to the front of the vagina.¹² If a bacterial infection develops (which, given the insanitary conditions of detention described in this study, is more likely than in normal circumstances) women may experience persisting pain symptoms when passing urine and lower abdominal pain. If these symptoms do not resolve in a matter of days then antibiotics are generally required; if the infection is not treated there is a risk of complications.¹³ Although some women said that their pain symptoms following rape had resolved in time, nine women reported enduring lower abdominal pain, four of whom also reported persisting pain on passing urine.¹⁴ Seven women also reported persisting lower back pain.

Women in this study also commonly reported changes in their pattern of menstruation, including increased blood loss, increased pain and irregular periods or periods that last longer than before.

... Since the time of the rape she has had heavy menstrual periods and experienced bleeding after intercourse. Lower abdominal pain and irregular menstrual bleeding are not uncommon findings in women who have been raped. (MLR-DRC)

Although stress is known to have a role in causing these symptoms¹⁵, these and other pain symptoms

¹² Clarke, *op cit.*, p143.

¹³ Clarke, *op cit.*, p142.

¹⁴ "Note that STDs such as Chlamydia can also cause pain on passing urine": comment from Freedom from Torture doctor reviewing the report:

¹⁵ Clarke, *op cit.*, p 138; "...The menstrual periods are regulated by hormones produced by several organs such as the thyroid gland and the ovaries. The output of hormones by these organs is, in turn, regulated by the pituitary gland that lies immediately beneath the brain and is intimately connected with it. This chain of events explains why menstrual periods are sensitive to mental state. If there is no detectable physical cause for a change in the pattern of a woman's periods, it is reasonable to ascribe the change, at least in part, to mental stress."



described above can also indicate pelvic inflammatory disease.¹⁶

Sexually transmitted infections were reported by six women. Two women had symptoms indicating pelvic inflammatory disease¹⁷, one of whom was receiving treatment for this condition at the time of the MLR.

... Lower abdominal pain and vaginal discharge together with lower abdominal tenderness and pain on moving the cervix and tenderness in the vaginal fornices indicate pelvic inflammatory disease, which is due to sexually transmitted disease, common after rape. (MLR-DRC)

... She was diagnosed with a pelvic inflammatory disease and treated with antibiotics. Her symptoms have improved a little initially since the antibiotic course but returned. She is currently on a second course of antibiotics and awaiting the results of vaginal swabs. (MLR-DRC)

Two women were diagnosed with HIV, in both cases attributed to rape in detention. One of these women was also infected with gonorrhoea and hepatitis B, attributed to the same cause. One woman was being treated for genital warts and vaginal discharge identified during screening for sexually transmitted diseases and another woman was diagnosed with a urinary tract infection and with hepatitis C.¹⁸

16 Burnett, A., Adlington, R., Sexually Transmitted Infections as a Consequence of Rape, in Peel, M. (ed), op cit., 2004 p158.

17 Burnett, A., Adlington, R, ibid., p158: "... Pelvic inflammatory disease (PID) is inflammation and infection of the upper genital tract in women, typically involving the fallopian tubes, ovaries and surrounding structures. Most cases seem to result from ascending infection from the cervix... It is believed that the cervix offers a functional barrier for the ascent of micro-organisms. This barrier may be attributable to the properties of the cervical mucus plug. Anything that disrupts the integrity of this barrier, e.g. blood flow, during menstruation or miscarriage, or trauma due to instrumentation, will increase the risk of ascending infection. The following features are suggestive of a diagnosis of PID: • Lower abdominal pain • Deep dyspareunia (lower abdominal pain during sexual intercourse) • Abnormal vaginal bleeding • Abnormal vaginal discharge. The pain associated with PID is typically bilateral low abdominal or pelvic, and dull in character. Irregular bleeding is common, occurring most frequently in cases of Chlamydia PID. Dysuria (pain on passing urine) is present in approximately 20% of cases."

18 Comment from Freedom from Torture doctor reviewing this

Two women disclosed pregnancy arising from rape. One of these women suffered a miscarriage and the other carried the pregnancy to full term.

4.1.5. Other injuries inflicted during rape¹⁹

Many women said that they suffered beatings and other torture concurrent with rape. One woman had 68 scars recorded in her MLR, 56 of which were attributable to an episode of gang-rape during which she was also tied up, beaten, burned, bitten, stamped on and kicked with heavy boots.

Four women also had lesions attributed to knife wounds inflicted while attempting to resist rape and one woman had scars attributed to cuts from finger nails caused when she was forcibly held down by the perpetrator during rape.

... She has scars which are highly consistent with injuries caused by deep pressure from a hand grip where the nails have penetrated and damaged the skin (she was forcibly held down by her assailant while he was raping her). (MLR-DRC)

... The scars are typical of a mixture of stab wounds and more linear wounds from trying to pull away from the knife. She attributes these scars to knife attacks when she tried to resist rape. (MLR-DRC)

4.1.6. Loss of consciousness

Loss of consciousness may have a significant effect on cognitive function and memory and is therefore explored during the documentation process.²⁰

Eleven women reported that they had been rendered unconscious at least once (and for some on many occasions) during their time in detention.

report: "Note that other causes rather than sexual contact tend to cause most hepatitis C although sexual contact is a risk factor."

19 For discussion of the incidence of genital and bodily injury in rape victims, see for example White, C., & McLean, I., *Adolescent complainants of sexual assault; injury patterns in virgin and non-virgin groups*, Journal of Clinical Forensic Medicine 13 (2006) 172-180.

20 Cohen, J., op cit., 2001, page 7.

Although it is not possible to determine whether all these women were indeed rendered unconscious or whether they had experienced a ‘dissociative episode’ (see 5.2.1. for discussion of dissociation), seven said that they were beaten on at least one occasion to the point where they lost consciousness. Four reported a specific blow to the head, from a rifle butt or other implement that caused them to lose consciousness.

... During her assaults, she sometimes lost consciousness and remembers waking up suddenly on several occasions when cold water was poured over her. (MLR-DRC)

Three women said that they lost consciousness during rape, one of whom was concurrently stabbed with a knife and another woman when she was slashed across the back with an unknown implement. One woman said that she passed out after developing a high fever when in detention and another said that she fainted when taken by her guard to a location outside the detention centre under threat of execution and he fired his gun into the air.

Only one of these women reported receiving medical attention; in this case the woman was taken to a hospital outside the detention facility. Three others mentioned that they were brought round when water was thrown over them; one reported that this happened repeatedly. Another woman said that she sometimes lost consciousness when beaten and usually came round back in her cell.

4.1.7. Pain symptoms

Twenty-two women reported chronic pain symptoms associated with torture. Those pain symptoms attributed by 17 women specifically to rape have been discussed at 4.1.4. Many of these women as well as others also reported musculoskeletal pain due to beatings and other torture, including back pain, pain in the arms and legs and joint pain (shoulder, hip, knees). Fourteen women described persistent ongoing headaches and/or migraines that had commenced after they were detained.

... She has back pain and has to sleep on the floor.

She has had pain in both legs and difficulty in walking.. She cannot walk for even ten minutes without having to stop because of the pain. (MLR-DRC)

... She has constant headaches. Her head is too painful to touch, even to fix her hair. She wonders if the head pain may be a consequence of being beaten and kicked in the head. She also complains of pain and reduced range of movement since being stabbed. (MLR-DRC)

Pain is known in some instances to be a ‘somatic’ symptom that is largely psychologically determined with no obvious physical cause, for example arising from severe trauma. Pain symptoms may therefore be one manifestation of the ongoing psychological distress that torture survivors such as the women in this study must endure (see 4.2. for details of the psychological impact of torture). This can include headaches and back pain as well as other ‘non-specific aches and pains’.²¹ However, in a context where the individual has been tortured, including raped, MLR doctors are trained to be alert to the strong possibility of neuropathic pain (pain due to nerve damage), underlying injury to the musculoskeletal system and/or underlying infection and injury due to rape when pain is reported.²²

4.1.8. Acute injury/symptoms

One woman suffered a fractured leg as a result of torture in detention when she was tied to a post with her leg forced behind her. Her leg was set in plaster in the DRC on release from detention, though she reports ongoing pain and weakness in her leg since that time, particularly after walking. Another woman sustained injuries to her knees when forced to kneel on upturned bottle caps for a sustained period while holding a heavy load above her head, for which she is now being treated with steroid injections and awaiting surgery. A third woman reported injury to her eyes in detention and subsequent deterioration in her vision. Although it

²¹ Seltzer, A., *Rape and Mental Health: the Psychiatric Sequelae of Violation as an Abuse of Human Rights*, in Peel, M. (ed), *op cit.*, 2004, pp108-109.

²² Seltzer, *ibid.*



has subsequently emerged that eye disease may be the primary cause of the loss of sight and some other symptoms, the doctor notes that these may have been exacerbated by having chilli repeatedly rubbed into her eyes and eye infections resulting from having her head flushed down a toilet and semen ejaculated into her eyes during torture sessions.

4.1.9. Referral and treatment for chronic and acute physical symptoms

According to the information made available to our doctors, 21 women had either been referred to or were awaiting treatment or had been medically treated in the UK by statutory health care providers for ongoing physical symptoms associated with torture as described in the sections above.

Only thirteen women reported receiving treatment in the DRC for physical injuries or symptoms (other than those due to rape) associated with torture in detention. This treatment ranged from hospitalization, visiting a doctor or nurse to traditional herbal medication given by family or friends. Of those women who did not seek medical attention, three specifically said they did not do so because they were fearful it would lead to their detection or further detention.

Only four women reported receiving any treatment for physical injuries or symptoms due to rape in the DRC. Three women received treatment in hospital or were given antibiotics by their doctor; three women also reported treating symptoms themselves at home with over-the-counter medication or herbal remedies. Some women said that they had not sought medical attention because of the shame surrounding rape and because of fear of being found by the authorities

... She did not seek medical advice as she was frightened that this might alert the authorities to her hiding place. (MLR-DRC)

... She did not seek medical advice because she felt ashamed about what had happened to her but she treated herself with medicine bought from a pharmacy. (MLR-DRC)

4.2. Psychological impact of rape and other forms of torture²³

4.2.1. 'Early adjustment and long term consequences of "persecutory" rape'²⁴

Context of 'persecutory rape'

The pre-existing state of mind of those who are subject to 'persecutory rape' (rape that occurs within a framework of systematic human rights violations) is highly relevant when considering the consequences for mental health of this form of torture. This is determined by the context within which rape occurs and can substantially affect the capacity of the individual to cope with and adjust to the act itself, and may predispose a person to longer term psychological ill-health.

In countries such as the DRC where conflict and political instability are the norm, lawlessness, terror, displacement and loss can cause an altered psychological state in people exposed to these conditions, characterised by fear, high arousal or apathy. This will affect their resilience and increase their vulnerability to the effects of subsequent trauma.

Those who are in detention will be in a physically and psychologically compromised state before the rape occurs. In the DRC they are likely to have been subjected to interrogation, beatings and other physical tortures and forms of psychological torture such as humiliation, insults and threats to themselves or family members. This, combined with likely trauma at the point of arrest and conditions of detention that breach internationally agreed norms - including insufficient access to food and drink, solitary confinement or conditions of over-crowding, sensory deprivation and poor or non-existent sanitary facilities - is likely to bring about an altered psychological state, before rape occurs.

²³ See *Istanbul Protocol, op cit.*, paragraphs 141-149, for discussion of common psychological responses to torture.

²⁴ The following section is drawn directly from Seltzer, A., *op cit.*, in Peel, M. (ed), *op cit.*, 2004, p99-107, with kind permission from the author. All text that appears in section 4.2.1. in italics or in 'quotation marks' within a sentence is directly cited from this source. All other text is summarised from the original source. Examples from the current study have been added by the author of this report.

...There may be a pre-existing state of high arousal, fear and hyper-vigilance in the detainee, coupled with an inability to control or escape the conditions that are causing this state. There may be apathy and depression; or equally, a fluctuation between the two states.

Factors that may affect the impact of rape on the individual in the immediate aftermath include the length of detention - how soon the person was released after the rape/s occurred - and whether they were subjected to an ongoing situation where the rape may be repeated a few or many times, by one, several or many perpetrators.

... [I]t is well recognised that there is a “dose-response” relationship between trauma and post-traumatic psychological ill health; in other words the more extreme a traumatic event, or the more traumatic events an individual is exposed to, the more likely it is that a disorder such as PTSD will supervene, and this has been demonstrated for survivors of torture. ... The upshot is that the previously stressed or traumatised are likely to be less resilient and consequently more vulnerable to the effects of subsequent trauma.

In the longer term, the socio-political and cultural context into which the person is released will also have a significant bearing on the consequences of rape for an individual, including the stability and security of the environment and whether there is access to forms of redress and to appropriate medical, legal or welfare services. Also highly relevant are socio-cultural attitudes to women and to rape that may shape an individual's coping responses. In the DRC where a notoriously high incidence of rape (in conflict and non-conflict contexts) sits alongside a strong societal stigma attached to rape and to rape victims - who have virtually no access to redress, support and medical attention - recovery will not be facilitated.²⁵

²⁵ See for example: Human Rights Watch, *Soldiers Who Rape, Commanders Who Condone - Sexual Violence and Military Reform in the Democratic Republic of Congo*, July 2009; Oxfam International and Harvard Humanitarian Initiative, *Now, the World is Without me: An investigation of sexual violence in eastern Democratic Republic of Congo*, April 2010; Yakın Ertürk, UN

The context of ‘persecutory rape’ also includes the fact that this form of torture is ‘much more than an individual act of sexual violence’.

...It is likely to be part of a systematic, conscious and deliberate attempt to humiliate, punish and control not only the individual victim, but the whole group or class to which the perpetrator perceives the victim to belong. It is not the act of a “dysfunctional individual”, but of a “dysfunctional system”

... in the context in which persecutory rapes occur, the victim knows for a fact that she has little or no chance of redress or justice, either formal or informal - and it is indeed one of the primary aims of torture to instil in the victim a sense of hopelessness, powerlessness and despair, with the wider aim of perpetuating persecution or subjugation of a targeted population.

Victims may have the sense that they were ‘targeted’ in this way because they are women but also because they are a member of a particular class or group within their society.

... It was not simply a matter of being victimised for being women, as might be argued for random rape; rather it was that their gender determined this as the way in which they were victimised, giving rise to the double trauma of a) being persecuted b) through rape.

Difficulties faced by those who flee their country and seek asylum compound the other factors described above. For example separation from loved ones, anxiety about events back home, language barrier, difficulties with the immigration system and with accessing healthcare and legal and welfare advice as well as racism and hostility in the host community, can all in themselves have an adverse effect on mental health.

Special Rapporteur on Violence against Women, its causes and consequences, *Violence against women in armed conflict: The case of DRC*, 2008 and UNHCHR, *Report of the Panel on Remedies and Reparations for Victims of Sexual Violence in the Democratic Republic of Congo to the High Commissioner for Human Rights*, 2011.



Consequences of 'persecutory rape'

The more complex the context and experience of rape the more likely it seems that psychological adjustment will be adversely impacted, both in the immediate aftermath and in the longer term. As with both 'random rape' and torture, PTSD and depression are found to be the predominating psychiatric disorders in survivors of 'persecutory rape', often co-existing and particularly severe in their symptoms.

... Other psychiatric disorders may also be present and may coexist. These are most likely to be anxiety disorders, including panic attacks and phobic disorders, dissociative disorders and somatoform disorders. Other possible consequences are eating disorders or substance misuse.

- Dissociation

Survivors of sexual violence and in particular those who have undergone systematically repeated experiences of rape in the context of ongoing imprisonment and other torture, such as many women in this study, often use dissociation as a way of coping.

... [They] learn to manage the otherwise uncontrollable distress of being repeatedly violated by "switching off" and consciously deadening all emotional responses to the act, both during and after.

Both dissociative flashbacks and dissociative episodes are frequently observed among women who have survived 'persecutory rape'. However, while dissociation may be a necessary and valuable survival mechanism in the short term, as a form of coping it can have adverse consequences for future psychological adjustment and is well-recognised as one of the key risk factors for developing later PTSD.

Characteristic features of PTSD in survivors of 'persecutory rape' include:

- Flashbacks, intrusive thoughts or images

... [F]lashbacks, intrusive recollections or images usually relate to the rape or particularly salient aspects of the rape. The content of nightmares is commonly rape-related and usually recreates the affect associated with the rape, such as terror or helplessness. Almost all victims experience profound and sometimes uncontrollable distress if exposed to people or circumstances that remind them of their ordeal.

Common triggers are official buildings or interviews, and officials of any sort, particularly if male and wearing uniform. Seemingly innocuous events or objects can trigger panic, such as the colour of someone's hair, or a particular smell. The smell of sweat is often a potent reminder.

- Symptoms of avoidance

... There may be a wide range of symptoms of avoidance, from being unable to recount the rape in any detail so as to avoid experiencing distress, to a more complex symptom array, such as avoidance of looking at one's naked body either directly or in the mirror, or avoidance of clothes which emphasise shape or sexuality, symptoms which may not be volunteered spontaneously, but which are frequently present. There may be patchy memory for details of the event (particularly if any loss of consciousness is associated with the rape). There are likely to be strong feelings of shame or guilt.

- Sleep disturbance, hypervigilance and irritability

... On-going sleep disturbance is virtually universal, although not pathognomonic in itself of PTSD. Symptoms of hyperarousal may manifest themselves as hypervigilance, a subjectively unpleasant watchfulness, especially toward strange men, or in circumstances or situations which act as reminders of the rape. Equally, there may be pronounced irritability, with apparently unpredictable outbursts of anger. Mothers commonly report lack of patience with children, to the extent that child protection issues may have to be considered where there is risk of actual neglect or violence towards them.

This is likely to be exacerbated by the cramped and inadequate living conditions experienced by many asylum seekers.

- Impaired concentration

... Some degree of impaired concentration is again virtually universal, although not pathognomonic. This impairment can significantly hinder integration into a country of exile, as it affects the ability to learn a new language. It can be so severe that normal daily functioning is almost impossible. Many women, for instance, report losing their way when out, forgetting to attend to cooking so that pans burn, or being unable to organise themselves to do the simplest tasks.

Dominant features of depression might include:

- Affective changes: low mood and changes in self-perception

... There is likely to be persistent, unvarying low mood, accompanied by characteristic cognitive changes, i.e., changes in the ways in which the individual thinks about her or himself and the world. Most commonly there will be strong feelings of worthlessness or low self-esteem, linked to changes in self-perception, with the self viewed as “damaged goods” - despoiled, contaminated and unworthy of love, nurture or respect. Hopelessness and pessimism are common.

- vii) Somatic changes: poor appetite, disturbed sleep and impaired concentration

... There may also be noticeable somatic changes, such as poor appetite and loss of weight. There is likely to be disturbed sleep, the characteristic disturbance being waking in the early hours of the morning and being unable to fall back to sleep. Concentration is likely to be impaired, often so severely that there can be major difficulties in acquiring, retaining and recalling information efficiently, which can lead the sufferer to conclude that there must be some underlying organic problem such as a brain tumour.

- Suicidal ideation

... In the most severe cases, there may be persistent thoughts of suicide, or actual attempts.

- Sexual dysfunction

... Sexual dysfunction is highly prevalent, with at least one study citing around 30-40% of survivors experiencing one or more forms of dysfunction and clinical experience suggests that, for many, sexual dysfunction is severe and long lasting, especially when the survivor is not in a well established and caring relationship. It could be argued that sexual dysfunction is merely a symptom of an underlying disorder (for instance, it could be construed as avoidance according to PTSD criteria, or arise out of the general anergia of depression). However, it is likely to be of profound significance to the sufferer, affecting the capacity to form or maintain intimate relationships, and interfering with an integrated sense of self.

Although it may be possible to diagnose PTSD and/or depression in survivors of ‘persecutory rape’ using internationally recognised criteria, ‘in many ways these diagnoses do not do justice to the full range of psychological disturbance that may be encountered, nor to its complexity’.

... none of these diagnostic systems gives sufficient weight to the defining characteristic of persecutory rape, namely that it occurs in a context of systematic human rights abuse.

4.2.2. Psychological impact of rape

Psychological responses described by the women in this study and specifically attributed to rape and other sexual torture included persistent nightmares and flashbacks to the rape as well as intense and profound feelings of shame and guilt, of dirtiness, of their body no longer being the same, of low self-esteem and of worthlessness. Some women described feeling somehow responsible for what had happened to them, as though they should have been able to prevent rape, and unable to disclose to family members as a result.



Women also described a persistent inability to trust men and a fear of men, sexual dysfunction, including the loss of the idea of sex as enjoyable and fear of rejection by society at large and those close to them, should they disclose their history of rape. Women described the relational impact of rape, including loss of libido, avoidance of intimacy due to a sense of shame, feelings of being ‘unclean’ and flashbacks triggered by sexual intercourse.

... She experiences frightening nightmares where she relives her sexual assault. She has unpredictable daytime flashbacks of the sexual assault. When she is alone and not occupied, vivid memories of her experiences involuntarily enter her mind, causing her distress leaving her with a bad headache. (MLR-DRC)

... She feels anxious and fearful all the time. She remains in a state of almost permanent alert as

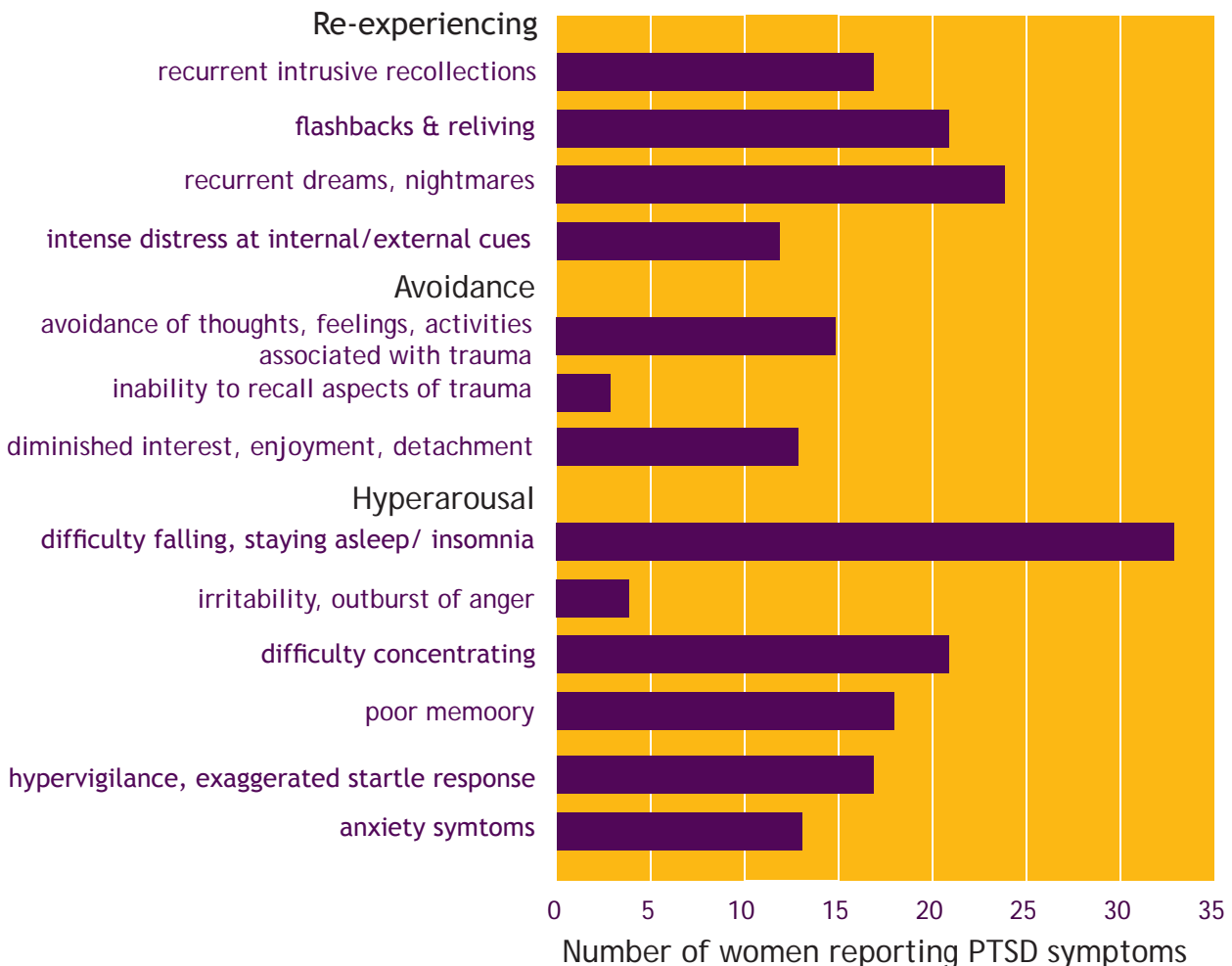
if the danger of being raped might return at any moment. She has frequent flashbacks which are usually intrusive unwanted images of men and of being raped. She feels ashamed and rejected; she feels a deep sense of shame because she has been violated. (MLR-DRC)

... She has very low self esteem and said “I feel humiliated; all my confidence is gone; I feel a different person”. (MLR-DRC)

... She has a persisting sense of shame about being raped, which makes her feel that she can never tell anyone “because maybe they’ll think I let it happen.” Although rationally she knows it was not her fault, she says “in some way, I am the one to blame.” (MLR-DRC)

... She described psychological symptoms characteristic of rape victims, including feelings of

Figure 14: Symptoms of PTSD, 34 women



shame, beliefs that she would be laughed at and scorned if her violation were known and that she will be forever unacceptable to men and on the periphery of society, together with a sense that her body is no longer the same and even that her person has been negated. (MLR-DRC)

4.2.3. Psychological evidence of torture: symptoms of PTSD and depression

All 34 women in this study presented with symptoms of post-traumatic stress disorder (PTSD) related to their history of torture, including rape, in detention. Of these, 19 women had symptoms reaching the diagnostic threshold according to the ICD-10 Classification of Mental and Behavioural Disorders, according to the examining doctor.²⁶ In addition, ongoing symptoms of depression directly related to the history of detention and torture were

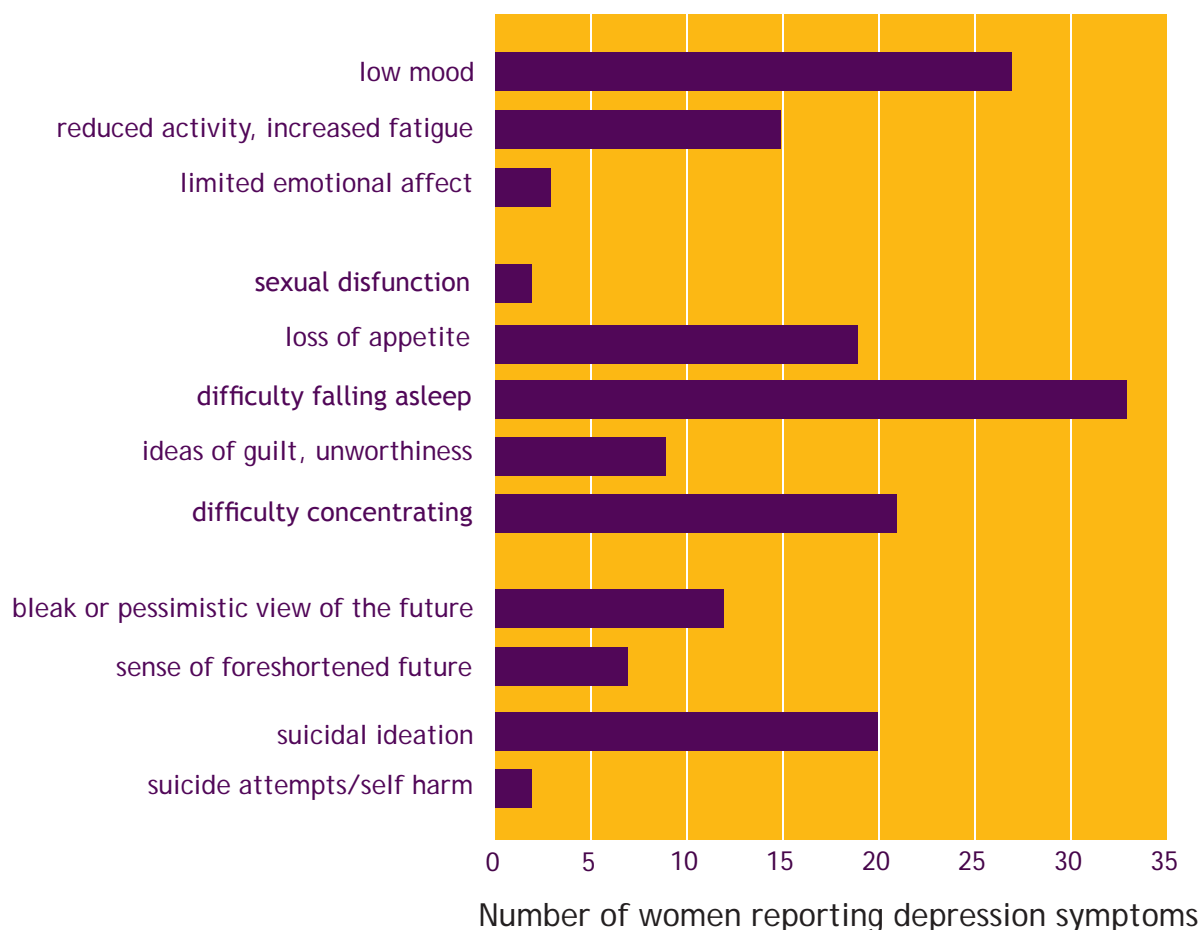
²⁶ World Health Organisation, The ICD-10 Classification of Mental and Behavioural Disorders (Geneva 1994).

reported by 31 women, of whom 19 had symptoms reaching the diagnostic threshold for depression.

The most common symptoms of PTSD and depression reported by the women in the study were difficulty falling asleep/ staying asleep/ insomnia (all 34 women) recurrent dreams/ nightmares (31 women), depressed mood (27 women) and flashbacks/ reliving of the experience (29 women). Twenty women reported ideas of self-harm or suicide, persistent for some, while two women had self-harmed or attempted suicide.

... She has many symptoms of PTSD and depression resulting from the trauma to which she was subjected. She feels she has “changed”. She cannot stand noise, isolates herself even from her children and feels as though her head is “empty”, as if she has no balance. She finds it difficult to sleep and has persistent nightmares since the rape; she wakes up in fear with palpitations and sweating. (MLR-DRC)

Figure 15: Symptoms of depression, 34 women





... She has no joy in her life and does nothing to make herself look good. She feels overwhelmed, weeps frequently and has nothing left to enjoy except her children. When she thinks of harming herself she thinks of them. (MLR-DRC)

... She has frequent flashbacks in which she re-experiences the rape (two to three times per week); she feels shame, thinking others know what has happened to her and fears anyone who reminds her of the perpetrators. (MLR-DRC)

... She repeatedly said that she is tempted to harm herself when she feels very low but that the counselling and care she has received since coming to this country has given her ways to cope with these urges and she has not self harmed since she cut herself on arrival to this country. She stated she is not currently actively planning to harm herself or anyone else in any way, but seeks out company or goes for a walk every time she feels like self harming whereupon she feels better. (MLR-DRC)

4.2.4. Lack of access to treatment for mental health conditions

According to information made available to our doctors, 23 of the 34 women had been referred for treatment, were awaiting treatment or were in treatment for depression and/or PTSD symptoms at the time when their MLR was prepared and were receiving medication and/or psychological therapies from statutory health care providers. A total of 13 women were either awaiting treatment services, receiving treatment services, or had completed treatment (psychological therapies) at Freedom from Torture during the period when their medico-legal report was being prepared. None of the women reported receiving treatment in the DRC for psychological symptoms due to rape, and only one reported receiving treatment for torture-related psychological symptoms whilst in the DRC.

CONCLUSIONS

In the clinical opinion and concluding observations of the 34 MLRs, examining clinicians drew together the salient elements of the account of detention and torture and the clinical evidence that may or may not have supported this history. This included:

- Summary of the history and torture methods described
- Physical findings including lesions and their consistency with the attributed cause of torture, or lack of physical findings with clinical reasons
- Presence of lesions attributed by the person to other causes (non-torture), demonstrating no attempt to embellish the account
- Psychological findings, including symptoms of PTSD and depression related or unrelated to the history of detention and torture, with clinical reasons

- Mode of narration of the history including demeanour and affect, level of detail and consistency of the account or lack of these, with clinical reasons
- Possibility of fabrication or embellishment of the account of torture, or of alternative explanation for the clinical evidence.

In all 34 cases clinicians found there to be sufficient physical and/or psychological evidence to support the account given, and overall congruence between the clinical findings and the history of detention and torture in the DRC in the given period.

RECOMMENDATIONS

6.1. Introduction

This report highlights the prevalence of rape and sexual violence against women as forms of torture among the cases under review. We believe that for recommendations to be effective in successfully tackling the torture documented in this report, it is imperative to consider both specific issues pertaining to rape and sexual violence and the links between such acts and torture. First, rape and other serious forms of sexual violence may amount to crimes of torture in themselves (as recognized in international law). Second, legal, policy and institutional frameworks related to the fight against sexual violence in the DRC on the one hand, and those pertaining to addressing torture in the DRC on the other, should be strengthened and applied in a more integrated manner. Third, broader structural problems related to torture and the Congolese security services, including the weaknesses of the justice system and the pervasive impunity of state agents, should also be addressed.

The set of recommendations below are informed by the evidence documented in this report and by the lived experiences of Congolese women who are survivors of torture and former clients of Freedom from Torture.

From the perspective of this group of Congolese women survivors the torture documented in this report is inextricably linked with wider issues, notably the long-running conflict in eastern DRC, even if, as in most cases in this study, the torture was committed hundreds of miles away in Kinshasa and other areas far from the 'conflict zone'. According to this group of women, *'the conflict affects everything in the country'*. They described complex ties between armed groups and politicians in Kinshasa and consider that political instability connected with the conflict makes those in power insecure and intolerant of even peaceful political opposition. Torture is

used in this context against women (and men) as a means of suppressing dissent.

When asked about their recommendations to address torture, including sexual torture, against women in the DRC, this group of Congolese women survivors pointed first to the pressing need for the government, the UN, and the international community in general to redouble efforts to bring an end to conflict in the country once and for all and to focus on building *'a strong, stable, responsible government that listens to and acts in the interests of the people'*.

'Our first call to the government and to the international community is for an end to the conflict.'

The general dysfunction of government in the DRC, exacerbated by the conflict, was identified by the women as a key cause of the torture practices described in this report. The group noted that, spurred by the international community, the government has made progress in recent years on torture and sexual violence *'at least on paper'*. While they welcomed new laws and policies tackling these problems - such as the enactment of the 2011 law criminalising torture, the 'zero tolerance' policy and the 2006 law on sexual violence, the 2009 National Strategy to combat gender-based violence and the 'action' plan on violence against women - they were scathing about poor implementation.

'The situation for women is the same as before. There are no suitable structures in place for the implementation of the law and policy. The relevant government Ministries who should be carrying out the work are not doing anything in practice.'



The women also described systemic problems with the law enforcement and security sectors. They emphasised that the wages of members of the military and police are insufficient, and not regularly paid, which breeds corruption and exploitation of vulnerable people for gain. The chronic weakness of the justice system means that those who commit torture are not held to account and victims have no effective access to redress. Detention facilities are so poor that they *'are not fit for humans'*.

The women also described the particular problems confronting women survivors of sexual torture owing to the intense stigma that attaches to rape and sexual violence in Congolese society and the lack of rehabilitation services for them. Because Congolese women who have survived such abuses find it so difficult to talk about what has happened to them, they tend not to seek help, even if it is available. This often leads to mental health problems that cause behaviour that may be interpreted by others as 'madness' or evidence that the woman is a 'witch'. This reinforces the stigma that attaches to survivors and compounds their isolation from their family and community.

"Even if they are able to tell others about sexual violence they have suffered, many women are not aware it is possible to get medical treatment. Even if they are, in Kinshasa there are no government facilities that do this specialist work. Counselling and other such services are not available; people rely on support from friends and family but this is problematic when the issue is rape and sexual violence. The result is that women who have been raped are suffering from the long-term psychological consequences (as well as the potentially severe physical consequences) without support." (survivor comment)

Freedom from Torture, the Survivors Speak OUT! network and this group of Congolese women survivors consider the following specific recommendations as paramount to address the findings of this report.

6.2. Recommendations for the DRC

'Structures that can support the implementation of law and policy need to be put in place by the DRC government, or the existing structures provided with adequate resources to carry out their mandate effectively. It needs to be made clear who is responsible and how they are accountable.' (survivor comment)

On 23 September 2010, the DRC signalled its commitment to torture prevention by becoming a party to the Optional Protocol to the Convention Against Torture (OPCAT). More than three years later, however, it has still not fulfilled its obligations under this instrument to put in place a system of regular visits to detention facilities by independent international and national bodies in order to prevent torture and ill-treatment of detainees.

1. The DRC should comply with its obligation under OPCAT to establish or designate a national body for the prevention of torture and ill-treatment to undertake regular visits to detention facilities and publish recommendations for improving the protection of detainees. Among other things this national body should ensure that detention conditions comply with the UN Standard Minimum Rules for the Treatment of Prisoners including the segregation of women from men and access to adequate food and water and medical services.
2. The DRC should welcome a monitoring visit as soon as possible by the UN Subcommittee on Prevention of Torture (SPT), the international inspection body set up under OPCAT, and implement any recommendations the SPT makes for improving detention conditions and torture prevention initiatives in the DRC.

The DRC has been a party to the UN Convention Against Torture since 1996 but has fallen behind with its obligation to report every four years to the Committee Against Torture (CAT), the UN body set up to oversee implementation of this treaty. The DRC's next periodic report to CAT is now five years overdue, which means CAT has not examined the DRC's implementation of this treaty since 2005.

3. The DRC should submit without further delay its next periodic report, considered as its consolidated second to fourth reports, to the UN Committee Against Torture and respond to the List of Issues prior to submission of this report transmitted to the DRC by CAT in March 2009.¹
4. The DRC should issue a standing invitation to all thematic special procedures of the UN Human Rights Council and welcome visits as quickly as possible by the UN Special Rapporteur on Torture and the UN Working Group on Arbitrary Detention.

While cases of rape and sexual violence as forms of torture were committed mainly in official detention facilities, the persistence of unofficial detention facilities falling outside any judicial scrutiny, and where cases of rape were reported, contribute to the continued pattern of torture. As stated by Amnesty International in 2011, and as established by the findings of this report, despite President Kabila's decision to close all such detention facilities in 2006, they continue to be operated by military and other security services.²

5. The DRC should take concrete measures to ensure the 2006 decision to close all unofficial detention facilities is implemented and that persons suspected of operating those facilities are investigated and prosecuted.
6. The DRC Government, notably through the Ministry of Transport and the Ministry of the Interior, should ensure that only those relevant security services that have an official mandate are present at the N'Djili Airport to limit the risk of arbitrary arrests of Congolese citizens returning from abroad.

In July 2013 the UN Committee on the Elimination of Discrimination Against Women (CEDAW) reviewed the DRC's record on discrimination against women. Sexual and other forms of violence against women, including torture, committed by state actors from the military and police was a major focus of the examination. CEDAW placed a heavy emphasis on the need to *'ensure the effective implementa-*

tion, including through the provision of sufficient resources, of the 2006 Law on Sexual Violence, the 2009-2013 National Strategy to combat gender-based violence, and the "zero tolerance policy" and made a number of specific recommendations about the need to prosecute and punish perpetrators and provide victims with redress. The following recommendations have been developed based on CEDAW's concluding observations³.

'There is no effective and independent body in the DRC to provide the necessary services for women survivors of sexual violence. Survivors of torture need legal services as well as appropriate medical treatment (including screening for sexually transmitted infections, abortion counselling and abortion where required for pregnancies arising through rape), counselling and other rehabilitation services.' (survivor comment)

'People in the DRC are not educated and informed about the issue of sexual violence and its consequences for women and for their families and communities. The government has failed to address this. Women and girls who are survivors of sexual violence are accused of being "witches", due to the mental health impact of their experiences and changes in their behaviour. Such women should be supported and protected.' (survivor comment)

7. The DRC should fully implement the 2009 National Strategy to combat gender-based violence and its related action plan. Specifically:
8. The DRC should launch a national campaign to educate the public about the government's commitment to eradicate and end impunity for sexual violence and encourage reporting of acts of sexual violence so that they may be properly investigated. The campaign should include information about the consequences of sexual violence, tackle the stigma that currently attaches to survivors, and advise survivors about

³ CEDAW, Concluding observations on the combined sixth and seventh periodic reports of the Democratic Republic of the Congo, CEDAW/C/COD/CO/6-7, 30 July 2013, available at: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fCOD%2fCO%2f6-7&Lang=en

¹ CAT/C/DRC/Q2.

² Amnesty International, *The Time for Justice is Now: New strategy Needed in the DRC*, 2011, p. 52, available at: <http://www.amnesty.org/en/library/asset/AFR62/006/2011/en/6cd862df-be60-418e-b70d-7d2d53a0a2d4/afr620062011en.pdf>



how to access services, including rehabilitation and legal services.

9. The DRC should provide the mechanism that the Government claimed to have established as part of its national strategy with adequate resources to deliver holistic care to victims.
10. The DRC should implement the full range of measures related to monitoring and evaluation as envisaged in the National Action Plan of the National Strategy to Combat Sexual Violence and require key government departments - including the Ministry of National Defence and Former Combatants, the Ministry of the Interior, Security, Decentralisation and Customary Affairs, the Ministry of Public Health, the Ministry of Social Affairs, Humanitarian Affairs and National Solidarity, the Ministry of Justice and Human Rights, and the Ministry of Gender, Family and Children - to issue regular public reports on concrete actions they are taking to implement laws and policies designed to prevent torture and sexual violence and present evidence of the outcomes of these actions.

Despite the fact that the legislative and policy instruments in the DRC aimed at combating sexual violence, as well as the relevant institutions in the DRC working in that field, do not refer to sexual violence as amounting to torture, this report stresses the need to consider the implementation of those instruments and the functioning of those institutions, in conjunction with those related to the prevention and protection against torture, including the implementation of the law criminalising torture.

11. The DRC should implement the 2006 Law against sexual violence and the related policies to ensure that these consider rape and sexual violence as torture and they are linked to the implementation of the law criminalising torture.
12. The Ministry of Justice and Human Rights, as well as other relevant Ministries, such as the Ministry of Gender, Family Affairs and Children, should consider the two sets of laws and policies, on sexual violence and torture, in conjunction with each other, including when organizing

country-wide outreach campaigns for defence and security forces and prison service officials on the law criminalising torture. Specific training should be provided for judges to ensure that their decisions reflect the classification of rape as torture, including in determining the amount of compensation due to the victims.

13. The national, provincial and local joint technical coordination committees to combat sexual violence, and the provincial and local commissions to combat sexual violence, should integrate the law criminalising torture in their activities.

‘Sanctions against perpetrators of sexual violence are often ineffective and the judicial institutions are too weak and lack sufficient independence to ensure that court decisions are put into effect.’ (survivor comment)

14. The DRC should ensure that its legal system enables survivors of torture to obtain redress including compensation and rehabilitation, as required by the UN Convention Against Torture. Specialist legal and health services, including legal aid, must be developed and strengthened throughout the country to support women who have survived sexual forms of torture.
15. In particular, the DRC Government and Parliament should ensure that the draft law creating a fund of compensation for victims of rape specifically considers victims of rape amounting to torture to ensure compensation is sufficient and adequately reflects the full range of harm caused. The DRC Government and Parliament should take measures to finalise and adopt this draft law and should provide adequate funding and resources to make this fund effective.
16. The Government of the DRC should ensure that judicial decisions are enforced, including court-ordered compensations against the State, by removing all obstacles and providing adequate resources to judicial staff and relevant authorities.
17. The DRC should end impunity for torture by providing effective remedies to victims, ensuring that all acts of torture are prosecuted and that perpetrators are punished. Women survivors of torture in-

volved in these processes must have access to legal services that are free of charge and gender-sensitive.

18. More broadly, the DRC should ensure that efforts to reform the justice system and the security sector fully integrate the specific situation of survivors of rape and sexual violence amounting to torture and that concrete measures are taken, including in the field of improving prison conditions, judicial control over all detention facilities, and vetting security services involved in acts of torture.

6.3. Recommendations for the international community

1. Member states of the UN and, in particular, members states of the African Union, and the UK and other donor countries involved in initiatives supporting the reform of the justice system and the security sector, should increase pressure on the DRC to prioritise torture prevention (including sexual violence as a form of torture) by, amongst other things, (a) expeditiously complying with its (i) obligations under OPCAT to establish a system of domestic and international inspections of detention facilities; and (ii) reporting obligations under the UN Convention Against Torture; and by (b) arranging regular visits by the UN Special Rapporteur on Torture and the UN Working Group on Arbitrary Detention.
2. The international community should ensure that UN and other international initiatives aimed at tackling violence against women in the DRC are not restricted to the ‘conflict zone’ in eastern DRC and also encompass violence against women by state actors in Kinshasa and other parts of the country, especially where such acts amount to torture in detention facilities. These initiatives should expressly recognise and integrate the fact that sexual violence in the DRC amounts to torture in certain circumstances.

6.4. Recommendations for the UK government

1. The Foreign and Commonwealth Office (FCO) should ensure that the Preventing Sexual Violence Initiative (PSVI) acknowledges the role of the conflict in normalising sexual violence and sexual forms of torture against women outside the ‘conflict zone’ in the DRC and ensure that the PSVI programme is not restricted to eastern DRC. The FCO should commit to integrating the prevention of sexual violence into its work to ensure its longevity. In particular, the strengthening of international assistance and support to survivors, which is one of the PSVI’s key objectives, should extend to victims of rape as a form of torture.

‘We welcome the PSVI and thank the Foreign Secretary for this important initiative. We would like to see the results of the actions taken as part of the PSVI, particularly in the DRC. We would like the vision of the PSVI and the measures taken under the initiative to be extended beyond those regions in the DRC directly involved in the conflict to the whole country, including Kinshasa.’ (survivor comment)

2. The Department for International Development should continue to support projects in the DRC aimed at (i) reforming the security sector to promote respect for human rights; and (ii) strengthening the justice system to ensure that perpetrators of torture are prosecuted and punished.
3. The Foreign Secretary should maintain a direct dialogue with DRC ministers about torture of women and sexual violence, including through the PSVI June 2014 Summit in London, which relevant DRC Ministers will attend, and should find opportunities for survivors to participate in this dialogue,
4. The FCO should ensure that its next Human Rights and Democracy Report includes reference to forensic and other evidence of torture, including sexual forms of torture, committed by state actors both within and outside the conflict zone.

‘The Home Office should listen to the accounts of women who have been detained and subjected to torture, including sexual torture in the DRC.’ (survivor comment)



There is a lack of cross-departmental consistency between the position of the FCO on sexual violence, on the one hand, and the practice and policy of the Home Office on the other. Freedom from Torture continues to see women (and men) who are survivors of torture, including sexual torture, detained by the Home Office and, in some cases, forcibly removed from the UK.

5. The Home Office should update its asylum policy on the DRC as a matter of urgency to include a specific section on women that considers claims based on sexual or gender based violence. Asylum policy guidance and practice should specifically recognise (i) the high incidence of sexual violence outside the conflict zone; (ii) that the use of rape and other forms of sexual violence by state actors is widespread; and (iii) that sexual violence as a form of torture is extensively used against women detained in the DRC. The Foreign Office should be asked to review this policy guidance to ensure that it is consistent with its own Preventing Sexual Violence Initiative.
6. The Home Office should take note of the evidence contained in this report and update its Country of Origin Information and its asylum policy and practice to recognise the risk of torture for women on return to the DRC.

APPENDIX

Freedom from Torture's Country Reporting Programme - research design and method

The purpose of Freedom from Torture's Country Reporting Programme is to investigate systematically and report on torture perpetrated in particular countries, using specific criteria relevant to the country in question, with a view to holding states accountable for torture practices using international human rights mechanisms.

The source for Freedom from Torture's research on torture practices in particular states is individual medico-legal reports (MLRs) prepared by the organisation's independent Medico-Legal Report Service (known as the Medical Foundation Medico-Legal Report Service).

MLRs are considered a primary data source since they provide both first-hand testimony of torture and direct evidence related to that testimony in the form of clinical data. They are detailed expert reports that document, through an extensive and forensic process of clinical examination and assessment, an individual's history of torture and its physical and psychological consequences. They are prepared by specialist clinicians - who act as independent experts in this task to assist decision-makers in the context of asylum and other legal proceedings - according to standards set out in the 'UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment', known as the Istanbul Protocol.

The possibility of fabrication of evidence is explicitly considered by our clinicians when preparing an MLR. As set out in the Freedom from Torture methodology paper 'Methodology Employed in the Preparation of Medico-Legal Reports on Behalf of the Medical Foundation', our clinicians '*critically assess the account given in relation to the injuries described and the examination findings, in the light of their own experience and the collective experi-*

ence of colleagues at the Medical Foundation, and may decline to write a report if the account and findings do not correlate'.

The research design for the Country Reporting Programme includes the following phases for each particular country:

- 1) A preliminary review of:
 - i) Literature about torture practices and the human rights context for the particular country.
 - ii) Progress and outcome of monitoring and accountability procedures relating to the practice of torture in the particular country, currently underway or undertaken in the past, as well as opportunities to contribute to such processes in the future.
 - iii) Country of origin information (UKBA Country of Origin Information Report), country specific policy (UKBA Operational Guidance Note) and case law relevant to survivors of torture from the particular country.
 - iv) Available research data in the form of Freedom from Torture MLRs for clients from the particular country, including the total number of completed MLRs and a review of a randomly selected pilot sample.
- 2) Internal cross departmental consultation via a project working group, whose members include clinical, legal, policy/advocacy and communications staff, Survivors Speak OUT! network members and, for this project, Congolese women who are survivors of torture and former clients of Freedom from Torture, leading to:
 - i) A decision on the focus of the research (for example torture perpetrated within a specific date range or a particular 'victim' profile).
 - ii) Case selection according to relevant criteria defined by the focus of the research and the availability of MLRs with consent to use for research purposes on an anonymised basis.



- iii) Definition of the required data set and preparation of the research database and coding strategy in accordance with the scope and focus of the research and the particularities of the specific country; both qualitative and numeric data is collected and recorded to enable an accurate representation of the data in numeric and tabular forms, as well as detailed description of particular features of the data, for example the focus of interrogation of those with a particular profile, the use of specific torture methods or the manifestation of post-traumatic stress disorder (PTSD) symptoms in survivors of rape or other particular forms of torture.
- 3) Data collection: comprising a review of each individual MLR included in the study and the collection and systematic recording of the relevant data for each on the prepared database.
- 4) Systematic analysis of aggregated, anonymised data, both qualitative and numeric.
- 5) Further analysis of sub-sets of data according to potentially relevant factors: i) age ii) year of detention, iii) detaining authority, iv) place of detention (province), v) type of detention facility (police, military, intelligence) and vi) reason for detention.
- 6) Reporting of the research findings including:
- i) A description of findings observed across all cases, drawing on qualitative and numeric data.
 - ii) A description of findings relating to particular sub-sets of the cases, such as women or those of a particular religious, ethnic or political profile.
 - iii) Analysis and description of particular features of the data (as a whole or data sub-sets) drawing on numeric data.

7) Review process including reviews of the draft report by Freedom from Torture clinical, legal and policy staff, Survivors Speak OUT! members, Congolese women who are survivors of torture and former clients of Freedom from Torture and external reviewers as required.

8) Further analysis of research findings and drawing up of recommendations to relevant bodies, including UN agencies and the UK Foreign Office (FCO).

9) Publication and dissemination of the report.

Collaboration with survivors of torture from the DRC

In line with Freedom from Torture's commitment to developing survivor participation in all areas of the organisations' work, including the Country Reporting Programme, members of the Survivors Speak OUT! network (SSO) have been involved at every stage of the DRC project, actively participating in the project working group, consulting on the recommendations and reviewing drafts of the report. Congolese women who are survivors of torture and former clients of Freedom from Torture also actively participated in the project working group. Their lived experience informed the recommendations, and they also reviewed drafts of the report. SSO will also be involved in the dissemination of the report and in advocacy and communications work related to the project.



Freedom from Torture

Medical Foundation for the Care of Victims of Torture

Freedom from Torture

Freedom from Torture (formerly known as the Medical Foundation for the Care of Victims of Torture) is a UK-based human rights organisation that exists to enable survivors of torture and organised violence to engage in a healing process to assert their own human dignity and worth and to raise public and professional awareness about torture and its consequences.

As one of the world's largest torture treatment centres we provide rehabilitation services to survivors including psychological therapy and physiotherapy; and our specialist doctors prepare forensic medico-legal reports (MLRs) that are used in connection with torture survivors' claims for international protection and in our country reports as a collected evidence base to hold torturing states to account.

Since our foundation in 1985, more than 50,000 survivors of torture and organised violence have been referred to us. In 2013 Freedom from Torture provided treatment for 1,015 clients from 53 different countries. Every year our Medico Legal Report Service (still known as the Medical Foundation Medico Legal Report Service) prepares between 300 and 600 medico-legal reports for use in UK asylum proceedings.

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