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

Executive summary: This submission focuses on torture of women in the Democratic Republic of the Congo (DRC) between 2006-2011. It is based on a forensic study of 34 reports prepared by Freedom from Torture's Medico Legal Report Service for individual victims. The submission shines a spotlight on torture of women by a variety of *state actors* in the DRC *mainly in non-conflict contexts*. It demonstrates the extensive use of rape and other forms of sexual torture against women detained in the DRC mostly for political reasons; a variety of other torture methods used against women including blunt force trauma, burning and a range of psychological and environmental forms of torture; the lack of access to justice, including due process, and appropriate health services for women victims of torture in the DRC; and impunity for perpetrators.

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 and one of the world's largest torture treatment centres. Since our foundation in 1985, more than 50,000 people have been referred to us for rehabilitation and other forms of care and practical assistance. In 2012 Freedom from Torture provided treatment to almost 1400 clients from around 65 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.

Freedom from Torture seeks to protect and promote the rights of torture survivors by drawing on the evidence of torture recorded by us over almost three decades. We aim to contribute to international efforts to prevent torture and hold perpetrator states to account through our Country Reporting Programme, based on research into torture patterns for particular countries, using evidence contained in our medico-legal reports. Our medico-legal reports are detailed forensic reports documenting physical and psychological consequences of torture. They are prepared by specialist clinicians according to the UN Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, known as the 'Istanbul Protocol'. Each is subject to a detailed clinical and legal review process. While the primary purpose of these reports is to assist decision-makers in individual asylum claims – and for these purposes our clinicians act strictly as independent experts – collectively they also represent a valuable source of evidence of torture that can be used to hold perpetrator states to account.

Our history of working with torture survivors from the DRC: Freedom from Torture has consistently received a high number of referrals for men and women from the DRC. Since our foundation, nearly 3,500 people from the DRC have been referred to us for clinical services – this represents approximately 7% of the total referrals we have received. More than 10% of our current treatment clients are from the DRC and at least 7% of all medico-legal reports we produced over the past three years were for torture survivors from the DRC; for both of these data sets relating to our DRC clients, more than half were women.

Focus of this submission: The evidence in this submission is drawn from a study of medico-legal reports produced by Freedom from Torture documenting torture – including sexual torture – of women in the DRC between 2006 and 2011. We focused on torture in the DRC from 2006 onwards in order to reflect the situation since the Committee last examined the DRC. Although we did not select cases on the basis of the context in which the torture took place (conflict or non-conflict), we found that **all but five of the 34 victims in our sample were detained and tortured by state actors in *non-conflict* areas**.

Freedom from Torture notes that the DRC's combined sixth and seventh periodic report to the Committee pays insufficient attention to violence against women committed by *state actors* from the DRC in both conflict and non-conflict contexts. For example, the report attributes sexual violence in *conflict contexts* to practices *'imposed by foreign armed groups*'[1] and limits discussion of violence against women in *non-conflict contexts* to sexual and domestic violence committed in the private sphere and other societal contexts.[2] The Committee has responded in its List of Issues by expressly acknowledging the implication of state security forces in rape and other forms of sexual violence against women in *conflict contexts*[3] but the section on violence against women in *non-conflict* contexts mirrors the DRC's periodic report by focusing on violence perpetrated in family and societal contexts.[4]

Against this backdrop, and bearing in mind the Committee's recognition in General Recommendation No. 19 that the concept of gender-based violence as a form of discrimination against women includes torture perpetrated against women because of their sex or which affects them disproportionately**, Freedom from Torture urges the Committee to use our evidence below as a basis for a stronger focus in both its examination and concluding observations on torture – including sexual torture – of women by various state actors in the DRC *including in non-conflict contexts***.

Case sample and methodology: This submission is focused on women who were tortured in the DRC between 2006 and 2011. It is based on a systematic review and evaluation of 34 cases, sampled according to the following three criteria: the cases all involve i) women, ii) detained and tortured in the DRC within the relevant date range, 2006-2011, and who iii) gave consent to use their anonymised cases for our research. Data was collected and recorded systematically from the 34 medico-legal reports and included details of the case profile, history of detention, specific torture disclosures and the forensic documentation of the physical and psychological consequences of torture, based on a comprehensive clinical examination and assessment process by our doctors in accordance with the Istanbul Protocol. The data collected was both quantitative and qualitative in type and was anonymised and aggregated before being analysed. The findings are summarised below.

Case profile and reasons for detention: In accordance with our sampling criteria (see above), all 34 cases in the study were women from the DRC. At the time when their medico-legal report was prepared, 20 of the women were aged 18-35 (59%), 11 were aged 36-50 (33%) and three were over the age of 50. Twenty six identified themselves as heterosexual, one identified as a lesbian and in the remaining seven cases sexual orientation was not specified. Nineteen of the women said that they were married or had a partner. Of these, only three were living with their husband in the UK and eight did not know the whereabouts of their husband (since they were 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, though only 12 had their children with them in the UK and of these nine had other children still living in the DRC. Of the 34 women, **two reported being detained on gender specific grounds; in both cases they were detained at the instigation of men in positions of state authority**

[1] CEDAW/C//COD/6-7 at p. 23.
[2] *Ibid.*, p. 22.
[3] See for example CEDAW/C/COD/Q/6-7 at para 3.
[4] *Ibid*., para 9.

who had harassed and abused them including by attempting to compel them into a relationship. One woman was detained on account of her sexuality.

A number of ethnicities were recorded across the 34 cases, including 'Mungala', 'Muluba', 'Mutetela' and 'Mukongo'. Two women identified as 'Bunyamulenge/ Munyamulenge' ethnicity, but only one case - of 'Mungala' ethnicity - reported being detained (at least in part) on account of her ethnicity.The majority of the 34 women identified as Christian (29, 85%) most of whom were Catholic and only one of whom was Protestant (not all of those who identified as Christian specified their denomination). Four described their religion as 'Bundu Dia Kongo' (BDK) – a 'banned' political-religious group centred in the Bas-Congo province – all of whom reported being detained on account of their and/or their family members' affiliation to this religious/political movement.

Almost half the women in the sample were born in Kinshasa (16, 47%), **with a further nine originating in the western province of Bas-Congo**; together 74% of cases. The other nine women were born in various provinces, including **three in eastern DRC** (North and South Kivu and Orientale provinces). The majority of the 34 cases (19, 62%) had relocated from their place of birth at least once (and up to five times) before fleeing the DRC to seek international protection. In most cases they had moved to different provinces in the DRC, including to Kinshasa in 15 cases, while ten had spent periods in other countries. Six women said that they had relocated (more than once in two cases) due to the fact that they or a family member had been targeted for detention or otherwise faced a risk of persecution or ill-treatment in their home area. Two women said that they had left their home area due to a situation of general conflict, while others had relocated for reasons including the pursuit of employment and/or education. **Eight of the ten women who had travelled outside the DRC were arrested at the airport on return (N'Djili or N'Dolo airports in Kinshasa) and subsequently detained**, in half of these cases for the first time. The other four had been detained between two and four times before. **Two women who had unsuccessfully applied for asylum abroad (in the UK and in another European state respectively) were arrested at the airport and detained on this basis**, following removal to the DRC by the respective states.

Based on details of their socio-economic status made available to us, eight of the women sampled 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. Seventeen women were employed at some point prior to their detention, though in some cases they had stopped work at the time of marriage. Five women reported working in jobs that led to adverse attention from the authorities, including three who worked for the opposition party Movement for the Liberation of Congo (MLC), one who worked for the opposition movement Alliance des Patriotes pour la Refondation du Congo (APARECO) and one who worked as a police intelligence officer. 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 perceived to be disloyal to the government.

The most common reason for detention across the sample was the political profile of the woman and/or her family member(s). Twenty women (59%) reported that they, a family member or members, or both were a member or supporter of a political organisation. For the majority this was the MLC (six were members and nine had family who were members). Other named opposition groups/parties included the Union for Democracy and Social Progress (UDPS) and APARECO. In addition**, three women reported supporting specific civil society organisations concerned with women's rights**. In all of these cases the organisational affiliation and/or perceived activism with groups in opposition to the government were reported to be the reason for detention and torture, in some cases on multiple occasions. Activities that led to the arrest of those detained for a political or dissident profile included a range of low level activities such as taking part in political demonstrations (six cases), distributing leaflets, being in possession of branded/ promotional materials such as T-shirts and banners, as well as organising conferences and public

speaking. Two women were detained for distributing leaflets for a specific women's rights organisation and organising a conference for a specific women's rights organisation respectively. **Five women reported being detained due to the perception that they or their family member(s) supported rebel groups**. This included the perception that family members were working with the rebels, and in one case, selling goods to the rebels.

Detention patterns, detaining authority and place of detention: All 34 women were detained at least once since 2006 before leaving the DRC to seek international protection. **Twenty two women (65%) were detained only once, while 12 (35%) were detained more than once, in some cases on multiple occasions**. Of these 12, two were detained twice, seven were detained three times, two were detained four times and one was detained five times before leaving the DRC. Overall there were 60 episodes of detention among the 34 women sampled. Four women additionally had a history of detention before 2006.

The majority of women (26, 76%) were resident in Kinshasa when they were detained (for all episodes), while three were resident in Bas-Congo and five in the eastern provinces (North Kivu 3 cases, Orientale and South Kivu one case each). Overall, of the 60 detention episodes, 49 took place in Kinshasa, five in Bas-Congo and six in the eastern provinces. Just over half the arrests were from public locations (53%), including eight at Kinshasa's airports, while in all other cases the women were arrested either in their own home or from another private address (47%). **Thirty two of the 34 women sampled (94%) said that they were detained on all occasions by state actors – in most cases by the military, the police or intelligence services. There were no reported cases of detention by non-state forces or rebel groups, though in two cases the detaining authority was not known.** Although the specific state force was not named in all 60 detention episodes, of those 42 episodes where this information was given, 38% were detained by the Armed Forces of the DRC (FARDC) and 7% by the Office of Military Detection of Antipatriotic Activities (DEMIAP). Most other detentions were carried out by the Congolese National Police (PNC) (29%) or by the National Intelligence Agency (ANR) (21%). Two women reported being detained by the Republican Guard (GR) and the Directorate General of Migration (DGM).

Overall, the majority of women were detained in a formal or informal state security facility (68%). In Kinshasa, named detention facilities included: 'Kinshasa Penitentiary and Re-education Centre' (CPRK), 'Kalamu prison', 'Kibomango camp' (GR), 'Camp Kokolo' (FARDC), the 'DEMIAP prison' and the 'SGA building' in Gombe (reportedly living quarters for soldiers). Named police facilities included the Kinshasa Provincial Inspectorate ('IPK), the 'police headquarters' (Quartier Général de la Police Nationale Congolaise - Direction de Kinshasa), as well as Gombe and Limite police stations. Those detained by intelligence services reported either being held in the 'ANR facility' (National Intelligence Agency) or in 'Kin Maziere', both in Kinshasa. Three of the eight women arrested at the airport in Kinshasa reported being detained there for between four hours and four days, before being transferred to the ANR facility or Kin Maziere. Five other women reported being initially detained in a prison or other state detention facility before being taken to another unknown facility where they were held for a significantly longer period of time (and where interrogation and torture continued). In eastern DRC, named detention facilities included 'Munzenze prison' and 'Chien Mechant' prison, both in Goma and 'Ketel camp' in Kisangani. In Bas-Congo named detention facilities included 'Matadi prison', 'Luzumu prison' and 'Moloyi camp'. Some cases across all three of these zones (Kinshasa, eastern DRC and Bas-Congo) were detained in unnamed state facilities or in informal settings (at least five cases) and six were held and tortured by members of the security forces in their home or other private residence (five in Kinshasa and one in each of Bas-Congo and eastern DRC).

Due process during detention: Ill treatment *en route* to detention was reported in more than a third of the detention episodes across the 34 cases (40 episodes, 67%). Women described being beaten and/or assaulted, including being hit with rifle butts, rubber truncheons and/or belts; being restrained face down in the back of a truck and kicked or stamped on by soldiers with army boots and/or being slapped or punched.

A small number of cases 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.

All 34 cases – detained 60 times overall – were tortured every time they were detained; according to the information available to Freedom from Torture, all were detained arbitrarily (without due process according to international human rights standards) and the vast majority were held *incommunicado*. Of the 29 people detained 54 times in Kinshasa and Bas-Congo, only two were 'charged', 'convicted' and 'sentenced'. Of these, one 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 unofficial hearing in the prison conducted by soldiers and 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 reportedly condemned to death. Neither of these women reported access to legal counsel. Of those detained in Kinshasa and Bas-Congo, 72% were 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. Five of the six detentions in the eastern provinces were reportedly arbitrary and *incommunicado*.

Sixteen women reported being interrogated concurrently with torture, including five of the six detentions in the eastern provinces. The majority of these reported the interrogation to be about their involvement and/or their partner/husband's involvement in political opposition. Three said they were interrogated daily, while others said interrogation would happen either 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.

Detention conditions: For those detained in informal or formal state facilities, detention conditions were reported to be extremely poor. Half said they were held in small 'cells' (i.e. 2x3 metres) and five reported very small cells in which they could not lie down. Just under half reported crowded conditions, in some cases such that that they were unable lie down due to the number of other detainees, while **in seven cases women were held in mixed gender cells with up to 20 men**. Almost half the cases reported unhygienic and harsh conditions. Women described having limited or no access to washing facilities and cells were described as blood stained and/or foul-smelling. Limited or no access to toilet facilities was commonly reported, forcing detainees to urinate and defecate in the cell. Many also reported sleeping on the bare floor with either no bedding or inadequate bedding, such as filthy thin mattresses, sheets of cardboard or cloth. In many cases there was no window or access to natural light and 11 women said that they were held in constant darkness. One woman in eastern DRC was detained in a tent with soldiers.

The majority of women (nearly 70% across the 60 detention episodes) reported poor quality, inadequate, and in one case contaminated food in detention. Many described being given food irregularly or only once a day; those who gave details described being given biscuits, rice, bread, beans and/or bananas to eat. Similarly, many reported infrequent access to water and that the water they were given was dirty or insufficient in quantity. One woman was told by guards that she could only have drinking water in exchange for sex (when she drank the water and refused sex she was then raped), while another reported being given urine instead of water. Seven women said that that they received no food or water at all during their detention.

Most women received no medical treatment while in detention, despite the injuries they sustained during torture. Only four reported being transferred to hospital from detention; one woman was treated in the prison clinic and another was visited by a doctor in prison.

Duration of detention and escape or release: The majority (82%) of the 60 detention episodes between the 34 women lasted for three months or less, with the largest number of episodes being of less than one week in duration (21). Five women reported being detained for seven months or more, with one being detained for 20 months. In nearly a quarter of the cases, women reported being released from detention after the payment of a bribe, usually by family members who had found out where she was detained. Ten women secured a conditional release, with conditions including that they would cease supporting opposition parties and/or taking part in demonstrations and campaigning activity. Almost a third of the women reported that they had escaped from detention with some form of assistance rather than being formally released, while a few were released without explanation or were able to escape unassisted.

Perpetrator of torture and pattern of torture episodes: Across all detention episodes **28 of the women (82%) reported being tortured by state actors from the military, police or intelligence services**. While the rank or identity of the perpetrator was unknown in most cases, five of the women detained in Kinshasa or Bas Congo described the perpetrator as a military 'Chief', 'Major' or 'Commander' and in the eastern provinces one was described as 'the General'. Two women said that they were also tortured on at least one occasion by other detainees in their cell, including being raped by a male detainee in one case, and beaten by fellow detainees in the other under the direction of the guards. In six cases the perpetrator was not known or not recorded, in one case because the woman was held in total darkness and in another because the perpetrators were in plain clothes and wearing masks.

Over half the women in the sample (19, 56%) reported being tortured daily and sometimes several times a day while in detention; most others who commented on this said that they were tortured frequently. Most could not recall or estimate the duration of the torture episodes, though four people said that each session lasted several hours and three reported the torture lasting all day or night. In the majority of cases at least some episodes of torture were reported to have taken place in the police or prison cell in which the woman was held (70%). However, nine women said that they were tortured (for some or all episodes) in an interrogation room and one in some form of 'torture' room, while a further seven said that torture (or some episodes) took place in other locations within the detention facility, including the grounds or in corridors. Five women were held and tortured in informal settings and six in their home or other private residence by members of the security forces.

Methods of physical torture disclosed: Methods of physical torture described by the 34 women included: blunt force trauma such as beating, whipping and assault in all cases (100%); rape in all but one case (97%) as well as other forms of sexual torture including molestation, violence to genitals and/or penetration with an instrument; burning with lit cigarettes, heated metal, plastic and/or boiling water (53% of cases); sharp force trauma including cutting or stabbing with sharp or bladed instruments (35%); forced positioning (29%); electric shock (6%) and/or asphyxiation including partial submersion (6%).

Blunt force trauma: The main forms of blunt force trauma consisted of repeated and sustained beatings in the majority of cases with a variety of blunt instruments including truncheons, cables, whips, batons, gun butts, metal sticks, belts and/or handcuffs, as well as assault by kicking, stamping, punching and/or slapping. Women reported being assaulted or beaten on most parts of the body, though most commonly on the head and face, arms and/or legs.

Burns: **Eighteen women were burned, half of these more than once and in some cases repeatedly**. Eleven women were burned with lit cigarettes and ten were burned with scalding liquid, heated metal

objects and/or molten plastic; in two cases with more than one of these implements. They reported being burned on their legs and arms, abdomen, back, buttocks and/or genitals.

Sharp force trauma: Most of the 12 women subjected to sharp force trauma were cut on their face, breast, arms and/or legs with sharp or bladed instruments including knives, a bayonet and/or broken glass. Five women reported being cut while attempting to resist rape.

Electric shocks and asphyxiation: Electric shocks were administered in two cases and two other women reported the use of asphyxiation techniques, including the submersion of the head into a toilet and/or partial strangulation.

Forced positioning: Fourteen women reported the use of forced or stress positions, usually concurrently with interrogation or other forms of torture, including rape. These included being tied by the arms and/or legs in stress positions to a chair, post or fixture on the wall or floor and being tied with the legs forced apart. One woman reported being forced to kneel on bottle caps whilst holding a heavy bucket of water above her head and another being tied by her legs with a rope to a point outside the cell. In this case the rope was pulled unpredictably and multiple times, dragging the woman across the floor and forcibly against the cell door.

Rape and other forms of sexual torture: **Thirty three of 34 cases in the sample (97%) reported sexual torture including rape, forced penetration with an instrument, molestation and/or violence to the genitals**. Many reported more than one form of sexual torture and multiple incidences throughout the time they were detained. Of those who were detained more than once, the majority suffered sexual torture each time they were detained. Disclosure of rape in many cases was extremely problematic and clinicians recorded the intense psychological distress and the sense of shame experienced by these women in talking about sexual torture.

All 33 of those subjected to sexual torture were raped at least once in at least one of their detention episodes (97% of the sample). Of these 33 women, 73% were raped the first time they were detained. However, bearing in mind that 13 were detained more than once and up to five times before fleeing from the DRC, 43% were raped the second time they were detained, 80% the third time they were detained, while all those detained for a fourth and fifth time were raped. Twenty six women reported vaginal rape, 13 reported anal rape and five reported oral rape. **Over half of the women experienced gang rape, involving from three to ten men at a time**. Many experienced rape on multiple occasions during each detention episode, with 18 women reporting that it happened regularly and one woman reporting having been raped three times a day for the duration of her detention. Many women experienced severe violence during rape, often being beaten at the same time or stabbed if they resisted. Some were tied up and raped or restrained and held down by multiple soldiers. Two women were raped whilst pregnant, this being known to the perpetrator, and others reported being raped despite bleeding heavily. Two individuals reported losing consciousness whilst being raped.

Over half of the women in the sample (56%) reported the forced removal of clothing or forced nakedness, often with clothing being violently removed. Violence to genitals and breasts was experienced by six women. This included grabbing of breasts, being stabbed in the breast, biting and burning of breasts and being beaten over the vaginal and anal area with a baton. Five women were subjected to sexual molestation and four reported verbal abuse of a sexual nature. In three cases, women were forced to watch perpetrators engaging in anal or oral sex and/or participate in forced masturbation and five women reported penetration with an instrument, including a rifle, baton, and/or other instruments, which the woman could not see.

Methods of psychological and environmental torture disclosed: Psychological and environmental forms of torture, which were highly prevalent in this case sample, included but were not limited to forced

removal of clothing/ nakedness (21, 62%), verbal abuse (16, 47%), threat of death (13, 38%), solitary confinement (13, 38%), and/or exposure to prolonged/ constant darkness (11, 32%).

Psychological forms of torture included the extensive and persistent use of humiliation in most cases, particularly verbal abuse, the forced removal of clothing and/or forced nakedness. Other forms of humiliation included being: urinated on, forced to drink urine, watched whilst going to the toilet, forced to dance semi-naked, spat at and/or ejaculated on. Threats, particularly of death, rape and/or further torture were reported by 62% of the women. In five cases threats were made in an attempt to make the woman sign or state a confession; however this was only successful in two cases as the others either did not have any information or refused to sign papers. Seven women (21%) described being exposed to the sounds of others being tortured or in distress in detention. In a few cases, women reported witnessing torture and violence, including rape and the shooting of family members.

The most prevalent form of environmental torture was the use of solitary confinement (32% of cases), varying from several hours to four weeks. Eleven women reported exposure to prolonged or constant darkness in detention, mainly due to being held in a cell with no windows or electric light. Nine women reported having cold water thrown over them or on the floor of their cell which ensured that they were constantly sitting or lying on a cold, wet surface. Nine women also reported exposure to vermin and/or insects including mosquitoes, cockroaches, rats and/or other biting insects. Others reported being forced to stare at the sun for prolonged periods, exposure to prolonged/ constant heat or cold, deliberate interruption of sleep and/or exposure to violence from other detainees.

Forensic evidence of torture: All but one of the 34 women in the sample (97%) had forensic evidence of physical trauma documented in their medico-legal reports in the form of lesions (including scars) arising from torture in detention between 2006 and 2011. The remaining woman had strong psychological evidence of torture; she also had multiple lesions but due to her high level of cognitive impairment our doctor was unable to assess these according to Istanbul Protocol standards. Eighteen women (53%) had up to ten lesions attributed to torture, while 15 women (44%) had significantly more, including five who had more than 20 lesions attributed to torture.

Freedom from Torture doctors, using Istanbul Protocol guidelines to describe the level of consistency of the physical findings with the attributed causes of torture, found multiple lesions in 23 cases assessed to be 'highly consistent' with the attributed form of torture (few other possible causes), while in seven cases lesions were assessed to be 'typical' and in six cases 'diagnostic' of the torture attribution described by the woman (more than 20 lesions in three of these cases). Further lesions were found in 24 cases assessed to be 'consistent' with the torture described by the woman, since they were non-specific in appearance and there were other possible causes.[5] The form of torture that produced the largest number of lesions overall was blunt force trauma; 29 of the women (85%) had some or numerous lesions attributed to this cause. Twelve women in the sample (35%) reported lesions caused by the infliction of sharp force trauma and 16 women (47%) had lesions that were attributed to burns. Four women (12%) had scars and lesions attributed to sexual torture (and it should be noted that physical evidence of sexual assault is unusual after a significant interval) and three women (9%) had lesions attributed to positional torture or binding.

Physical impact of torture: Chronic pain symptoms, mostly attributed to sexual torture including rape and blunt force trauma, were reported in 21 cases (62%). Genito-urinary symptoms associated with rape were reported in 12 cases (35%) and included anal bleeding, vaginal bleeding and discharge, pain and tenderness in the genitals, lower abdominal pain, pain on passing urine, pelvic inflammatory disease, painful and/or irregular periods, and/or sexual dysfunction of various kinds. In some cases symptoms were

[5] *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, at para. 187, http://www.ohchr.org/Documents/Publications/training8Rev1en.pdf.

reported to be enduring, while in others they were reported to have occurred at the time of the abuse and for varying periods afterwards. Four women reported having been diagnosed with a sexually transmitted disease following rape, including HIV and/or gonorrhoea. Other diseases attributed to torture included Hepatitis B and Hepatitis C.

Loss of consciousness during torture was reported by 11 women (32%). In five cases it was unclear or unreported why this had occurred, however three reported loss of consciousness due to head trauma. Two women reported losing consciousness during rape, and one believed she was raped while unconscious. One woman reported having suffered a fractured leg as a result of torture in detention. Another reported injury to her eye during two separate detention episodes, and three women reported suffering from gastrointestinal symptoms arising from conditions in detention.

According to the information made available to our clinicians, 21 women (62%) 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. **Only thirteen women (38%) reported receiving treatment in the DRC for physical injuries or symptoms (other than those due to rape) associated with torture in detention**. 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 treatment for physical injuries or symptoms due to rape in the DRC, some on more than one occasion.** Some of those who did not seek medical attention stated they did not do so because of the shame surrounding rape and because of fear of being found by the authorities.

Psychological impact of torture: All 34 women in this sample (100%) had symptoms of Post-Traumatic Stress Disorder (PTSD) related to their history of torture in detention. Of these, 19 (56%) had symptoms reaching the diagnostic threshold according to the ICD-10 Classification of Mental and Behavioural Disorders, according to the examining clinician.[6] In addition, ongoing symptoms of depression directly related to the history of detention and torture were reported by 31 women (91%), of which 19 (56%) had symptoms reaching the diagnostic threshold for depression.

The most common symptoms of PTSD and depression reported by the women were difficulty falling asleep/ staying asleep/ insomnia (all 34 cases, 100%), recurrent dreams/ nightmares (31, 91%), depressed mood (27, 79%) and flashbacks/ reliving of the experience (29, 85%). Twenty women reported ideas of self-harm or suicide, persistent in some cases, while two had self-harmed or attempted suicide. Psychological responses 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/or of worthlessness. The 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/or a fear of rejection by society and those close to them, should they disclose their history of rape.

According to information made available to our clinicians, 23 of the 34 women (68%) had been referred for treatment, were awaiting treatment or were in treatment for depression and/or PTSD symptoms at the time when their medico-legal report was prepared, 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**.

[6] World Health Organisation, *The ICD-10 Classification of Mental and Behavioural Disorders* (Geneva 1994), http://www.who.int/classifications/icd/en/GRNBOOK.pdf.

Conclusions: Freedom from Torture clinicians found sufficient physical and/or psychological evidence to support the torture accounts of the women in all 34 of these cases. This evidence helps to expose torture of women by state actors *beyond the conflict context* as another dimension of violence against women in the DRC requiring the attention of the Committee. Key findings from this study include:

- All of the 34 women appear to have been detained arbitrarily (without due process) and were tortured every time they were detained;
- Many of the women suffered multiples detention episodes – there were 60 detention episodes across the 34 sampled cases;
- At least 94% of the women were detained on all occasions by state actors in the DRC. None reported detention by rebel groups or other non-state actors. The majority of the 34 women were detained in Kinshasa;
- The majority were detained on account of their personal/family political or dissident profile. A small number were detained on account of their gender or involvement in civil society organisations focused on women's rights. Five women were detained on account of perceived personal/family support for rebel groups;
- Methods of torture disclosed by these women and documented by our doctors included but were not limited to: blunt force trauma (100% of cases), rape on at least one and in many cases multiple occasions (97%), burning (53%) and various forms of psychological and environmental torture; and
- Our doctors documented forensic evidence of physical trauma attributed to torture in all but one case; there was strong psychological evidence in the remaining case. Symptoms of PTSD related to the history of torture in detention were documented in all cases, in addition to which symptoms of depression attributed to torture were documented in 91% of cases.

Freedom from Torture urges the Committee to:

- **Examine the extent of arbitrary detention and torture – including sexual torture – of women by state actors in both conflict *and* non-conflict contexts in the DRC, with an explicit focus on those targeted in non-conflict contexts for their personal or family political profiles or involvement in women's rights groups; and**
- **Recommend that the DRC take all effective measures to prevent torture – including sexual torture – as a form of violence against women and take vigorous steps to ensure that: all women detained in the DRC have access to justice including due process and to appropriate health care; detention conditions comply with the UN Minimum Rules for the Treatment of Prisoners including the segregation of women from men; all women victims of torture have access to remedies including compensation and rehabilitation; and impunity for perpetrators is brought to an immediate end.**

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