

Women on the Run: Female survivors of torture amongst Zimbabwean asylum seekers and refugees in South Africa

by

Zimbabwe Torture Victims Project



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The Zimbabwe Torture Victims Project is a partner project of the Centre for the Study of Violence and Reconciliation.

List of Abbreviations within This Report

CIO	Central Intelligence Organisation
CRISIS	Crisis in Zimbabwe Coalition
CSVR	Centre for the Study of Violence and Reconciliation
DHA	Department of Home Affairs
Falanga	Beatings on the soles of the feet
MDC	Movement for Democratic Change (Opposition party)
Militia	Military youth wing of Zanu PF
NGO	Non-Governmental Organisation
Operation Murambatsvina	Government run 'clean up' operation in 2005
Section 22	Asylum Seeker Document issued by the Department of Home Affairs in South Africa
War Veterans	Veterans from the Liberation War of Zimbabwe
WHO	World Health Organisation
Zanu PF Youth	Youth members of Zanu PF
Zanu PF	Zimbabwe African National Union - Patriotic Front (Ruling party)
ZRP	Zimbabwe Republic Police
ZTVP	Zimbabwe Torture Victims/Survivors Project

Executive Summary

Thousands of Zimbabwean women have been subjected to several forms of torture, including rape, throughout the country's current political, economic and humanitarian crisis, according to a new report produced by the Zimbabwe Torture Victims/Survivors Project.

The report was written to coincide with South Africa's 'Sixteen days on gender activism'. It shows that a significant proportion of the women who have fled Zimbabwe for South Africa have experienced state torture. Large numbers of Zimbabwean women are fleeing their homes and even their country to avoid violence.

Zimbabwe's ongoing crisis has resulted in a dramatic increase in state violence. More than 15,000 cases of organized torture and violence have been documented in Zimbabwe since 2001, according to the Human Rights Forum.

Among the Zimbabweans who have fled their homes for South Africa, 40% are woman, according to a small sample surveyed in the Gauteng Province. Thirty percent complain they suffered political violence and 44% report having been denied access to food because of their support for the opposition, according to a snap survey carried out by ZTVP in 2005.

The Zimbabwe Torture Victims/Survivors Project (ZTVP) offers medical assistance, counselling and limited social assistance to Zimbabwean survivors of torture who are living in South Africa. The project has been operating in Johannesburg, based at the Centre for the Study of Violence and Reconciliation, since February 2005.

Women make up 32% of all torture survivors seen by the project from February 2005 to September 2006. More than 84% of the women have arrived in South Africa since 2004. They are young, with an average age of 29, and mostly single. More than half (63%) had some form of employment in Zimbabwe. Most (67%) report that they were politically active in some way, with 43% reporting membership in the opposition party, the Movement for Democratic Change (MDC). Most (70%) came from Zimbabwe's urban areas and most came from Matabeleland in southwestern Zimbabwe.

Significantly, 15% reported that they had been subjected to rape, which is much higher than recorded by earlier human rights reports. Beatings, sensory over-stimulation, burnings, falanga (beatings of the soles of the feet), electric shock were other forms of torture reported by the women. Nearly half the women reported multiple violations. They reported that the violence was inflicted by supporters of Zanu-PF (48%), war veterans (17%), police (10%), army (5%) and the Central Intelligence Organisation (5%).

The report features several harrowing first-person accounts of rape experienced by the women. The ZTVP also has a video about the problem of rape in Zimbabwe.

The survey found that women who reported rape were also significantly more likely to report severe torture, particularly beatings. The women who reported rape were significantly more likely to be assessed as suffering psychological problems following the trauma.

The report highlights that only 36% of the Zimbabwean women torture survivors have received a Section 22 status, which is the first step of applying for refugee status. Only 2% had succeeded in getting refugee status.

"Given the strong *prima facie* grounds that these women have for acquiring asylum, it is a disgrace that so few have been accorded such status," concludes the report. "Not only does

it seem that the South African authorities have scant regard for the application of its own Refugee Act, but also that they seem oblivious to the enormous literature pointing out the need for special treatment of women refugees."

Introduction

This report has been issued to coincide with the 16 days on gender activism, and concerns the organized violence and torture experienced by Zimbabwean women during the crisis that has engulfed Zimbabwe since 2000. The women described in this report have all fled Zimbabwe into exile in South Africa, and most are currently seeking political asylum.

There have been enormous strides in protecting women's rights since the 1993 Vienna Conference, but it is trite to say that women's rights have come of age in the context of so much continued violence against women. Across the world, women's rights continue to be violated in both the public and the private sphere, and it is now widely accepted that women, and children, are the most common victims in situations where organized violence and torture become prevalent. Despite the enormously significant developments in women's rights since the Vienna Conference in 1993, it is still the case that women are frequently the first victims in civil conflict and become the major affected group in both internally and externally displaced populations.

The violence experienced by women is a significant cause of increased morbidity. The World Health Organization has argued that collective violence is one of the more significant causes of mortality. The WHO recognizes various forms of collective violence, which include:¹

- Wars, terrorism and other violent political conflicts that occur within or between states.
- State-perpetrated violence such as genocide, repression, disappearances, torture and other abuses of human rights.
- Organized violent crime such as banditry and gang warfare.

Whilst the first category rightly draws the greater attention of the world community, it is also the case that the second has become an area of increasing concern. Women are not only vulnerable during the obvious wars, but they are also at serious risk in states where repression is common. Whether it is termed "collective violence" or "organized violence", it is evident that such causes of morbidity are a serious health concern, and this concern is greater when the conflict leads to significant numbers of refugees or internally displaced persons.

Refugees as a whole are more likely to report having been victims of organized violence and torture. One report estimates that between 5 to 35% of the world's refugees have had at least one experience of torture.² A recent study of African refugees indicated that the prevalence of torture ranged from 25% to 69% by ethnicity and gender, and also found that women were tortured as often as men.³ This study commented upon the need to identify torture in African refugees, and especially in women. Other recent studies have pointed out that there are significant risks and worse outcomes for women, especially those who are older and more educated,⁴ and this replicates a number of other studies.⁵

Now there is frequent dispute about whether Zimbabwe since 2000 constitutes a situation of "collective violence", and this leads to the frequently expressed view that the estimated 3 million Zimbabweans living outside of Zimbabwe, and mostly in South Africa, are "economic refugees" and not political refugees deserving of asylum status. This view is reinforced by the parlous state of the Zimbabwean economy, and it is certainly the case that, in the world's fastest declining economy, Zimbabweans are leaving the country because of the economy.

However, it is also the case that Zimbabwe has experienced significant levels of organized violence and torture since 2000, with the Zimbabwe Human Rights NGO Forum recording over 15,000 violations since July 2001.⁶ Thus, whether Zimbabwe currently is described as a country at war or a country suffering under state repression, it seems fair to conclude that the country is in the grip of a "complex emergency", which is the most recent characterization of countries in severe political conflict.⁷ This is defined by the UN as follows:

A humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing United Nations country programme.⁸

The features of complex emergencies – the dislocation of populations; the destruction of social networks and ecosystems; insecurity affecting civilians and others not engaged in fighting; and abuses of human rights - are all currently present in Zimbabwe, and have been present for several years now.

It is also important to highlight one factor generally specific to women: rape and other forms of sexual violence. This factor receives considerable attention, and draws frequent reference from those responsible for monitoring human rights and the rights of women.⁹ There has been frequent reference to rape and other forms of sexual violence during the past 6 years, but much has remained in the realm of anecdote. This is not to say that sexual violence against women has not occurred, but rather that the extent remains unknown. For example, the reports of the Human Rights Forum show a relatively low incidence of rape, although the cases reported demonstrate unequivocally that politically-motivated rape has occurred. A recent report on the Mugabe government's mass housing demolitions, Operation Murambatsvina, showed a considerable rise in the incidence of rape and other forms of sexual abuse since 2000, indicating that rape had risen to between 8-11%, and sexual abuse had risen to between 12-30%.¹⁰ It is clearly very important to determine the extent to which this startling increase is directly due to political violence, as is frequently the case in conflict situations, and how much is the consequence of the "complex emergency" and the social breakdown that has accompanied this complex emergency.

Rape and sexual violence are, however, only part of the picture. Women in Zimbabwe have been victims of the most egregious forms of organized violence themselves, as well as having to carry the burden of families in which their partners have been victims and their children witness to violations. In organized violence and torture, it seems that there is no way that women can escape the consequences. Large numbers of Zimbabwean women are

running away from their homes to avoid violence and many are fleeing to South Africa as a place of refuge.

Zimbabwe Torture Victims/Survivors Project [ZTVP]

The Zimbabwe Torture Victims/Survivors Project [ZTVP] has been in operation since February 2005. Based at the Centre for the Study of Violence and Reconciliation [CSVR] in Johannesburg, the project offers medical assistance and counselling for Zimbabwean survivors of torture who are living in South Africa. The project also provides limited social assistance. Virtually all of the clients seen by ZTVP are refugees on account of their previous persecution and ill-treatment.

The first report from ZTVP, a small "snap" survey in Gauteng Province of 236 Zimbabwean refugees, reported that 30% of the sample had been victims of political violence, and 44% reported have been denied food as a consequence of their political affiliation.¹¹ A high percentage [85%] of the sample came to South Africa after 2000, and nearly 40% of the sample was female. This study, whilst it could not be taken as indicating the overall prevalence of torture survivors amongst the Zimbabwean refugee population, clearly gave cause for concern.

This present report is based on an examination of the women who have attended the ZTVP since its inception. Women torture survivors were 32% of all survivors seen by the Project. A previous report from ZTVP provided details of all persons seen since the beginning of the project, but made no specific gender analysis.¹² In this previous report, it was observed that the women seen were less likely to be married than the men, less likely to report having been political or civic activists, and less likely to report having been arrested or detained. However, no attempt was made to compare men and women, or to specifically analyse women as a group. This report thus focuses on women as a distinct group. There were 102 women in the sample, seen between February 2005 and September 2006.

Findings

Over 84% of the sample had arrived since 2004. They were generally young, with an average age of 29 years, and were mostly single. Most [63%] reported that they had had some form of employment in Zimbabwe prior to leaving, and 37% reported that they had held jobs in the formal sector.

Most [67%] reported being politically active in some way, with 43% reporting membership of the Movement for Democratic Change [MDC]. Most were urban [70%], and most came from Matabeleland, with nearly half this group coming from Bulawayo itself. The largest percentage came in 2005 [34%], the year of Operation Murambatsvina and a general election, but there were also significant percentages coming in 2000 [9%] and 2002 [18%]. Thus, years in which there had been large national events comprised 61% of the total sample.

Violations reported

Over half the sample had experienced more than 1 violation. It was noted in the previous

report that there was a significantly increased chance of further violations occurring if the victim did not leave the country, and this finding was replicated for the women [see Table below].

Table 1

No. of violations	Number	Percentage
1	43	47.25
2	32	35.16
3	10	10.99
4	4	4.40
5	2	2.20

In common with most studies and reports on torture, forms of psychological torture were the most frequent violations reported, followed by beatings. Significantly, rape was reported in 15% of the cases, which is a much higher frequency than in past human rights reports. The Zimbabwe Human Rights NGO Forum indicates a very low frequency of rape in a recent overview; only 20 cases on over 15,000 reports.¹³ The most recent report for the Human Rights Forum indicates a frequency of rape as only 2% of all cases involving women.¹⁴ However, ActionAid International, in its recent report on Operation Murambatsvina, reported a prevalence of between 8-10% since 1998.¹⁵

It was also interesting to note that very high frequency of sensory over-stimulation was reported [see Table 2], which is a form of abuse strongly suggestive of systematic torture, which must be read together with burnings, electrical torture and falanga being reported too. Sensory over-stimulation is a term used to describe the extreme manipulation of the sensory environment through isolation, sleep deprivation, etc.

Table 2

Violation	Frequency
Severe psychological torture	78%
Threats	76%
Witnessing violation	70%
Harassment	67%
Beatings	63%
Sensory over-stimulation	41%
Unlawful arrest/detention	17%
Victim of Murambatsvina	15%

Rape	15%
Burnings	8%
Indecent assault	8%
Falanga	4%
Electrical shock	2%

Case study:

Maria, a 40 year old female, who was constantly harassed and intimidated by the police and soldiers. Her husband was an MDC official in the Midlands area. He was arrested several times. In 2003 her husband was arrested and severely beaten. He started complaining of chest pains, was hospitalized and died a few months later.*

In April 2006 X attended an MDC meeting. She was arrested with four others and taken to Harare Central Police station. They were held for three days without any food. On their release, X was forced into a Defender van and taken to the bush and raped by a policeman. She tried to resist. She was trampled upon, and burnt with a cigarettes on her thighs and buttocks. The perpetrator ejaculated inside her vagina and smeared his semen all over her body. He also urinated on her. He did this so that she could not forget the experience. She was taken back to Harare Police station and instructed to bathe herself. She was also threatened with death should she inform anyone.

* This name and others used in these accounts have been changed for the protection of the individuals.

Perpetrators

The most frequent perpetrators reported were supporters of the ruling party, Zimbabwe African National Union-Patriotic Front (Zanu-PF), and indeed non-state actors accounted for the greatest number of perpetrators reported. Nonetheless, state agents – police, army, and Central Intelligence Organization [CIO] – were reported too, with the police being the most frequent state agency reported. It is important to note that Zanu-PF supporters often inflict violence and commit politically-motivated crimes with impunity and without fear of arrest by police. Police often refuse to intervene when Zanu-PF supporters are beating others, saying they will not intervene in a 'political matter'.

Table 3

Perpetrator	Frequency
Zanu-PF	53%
Zanu-PF Youth	26%
Militia	10%
Army	6%
Police	18%

War veterans	16%
Youth militia	3%
CIO	6%
MDC	0
Unknown	7%

Effects of torture

As has been continuously demonstrated in studies of torture, the most persistent long term consequence of torture is psychological disorder, and high rates of psychological disorder were seen in this sample. 71% had scores on the SRQ-8 that indicated clinically significant psychological disorder.¹⁶

Thus, it is unsurprising that 53% of the sample was referred to a psychiatrist as their presenting complaints warranted further professional intervention, with 15% being placed on psychotropic medication, and 48% being referred for professional counselling. 35% were referred to medical specialists from conditions related to their previous ill-treatment, and this was for a wide variety of medical conditions. These referrals ranged from those who required orthopaedic surgery through to those who were suffering from HIV [4%]. 24% required immediate assistance in the form of food relief, whilst 11% required assistance with shelter.

Although the sample reported a history of organized violence that provided *prima facie* grounds for being granted asylum, only 36% had received a Section 22 status, and, distressingly, only 2% had been granted refugee status.

So this general overview indicated that Zimbabwean women frequently experienced organized violence and torture, with much higher rates of rape reported than previously. Additionally, there were very high rates of psychological disorder reported, with most requiring specialist psychiatric intervention.

Analysis of findings

The findings were then examined for a number of factors related to women that have been shown in the research of organized violence and torture, as well as number of factors that have been shown to be important in Zimbabwean human rights reports. As was pointed out earlier, these were not explicitly examined in the previous ZTVP report.¹⁷ Here only statistically significant findings are highlighted.

Effects of gender

There are numerous studies that indicate that the consequences for women of organized violence and torture are more severe than for men, and also that this holds for refugee populations. This sample is both torture survivor and refugee.

The trend for both groups in seeking refuge and asylum was the same, although there a

significant increase in the number of women coming to South Africa in 2005, presumably associated with Operation Murambatsvina.

Table 4

	Female	Male
2000	1%	1%
2001	1%	1%
2002	6%	4%
2003	8%	8%
2004	11%	13%
2005	66%*	53%
2006	8%	14%

* $p=0.025$

There were a number of differences between men and women in their profile. As can be seen from Table 5 below, and as was reported in the earlier report, men were more likely to be married than women. Men were also more likely to have had formal employment, to report having been an activist, and claim membership of the MDC. Women were more likely to have been unemployed or only employed in the informal sector, but high percentages of women reported being activists or members of the MDC too.

Table 5

	Female	Male
Married	31%	52%
Unemployed	18%**	8%
Informal employment	21%*	9%
Formal employment	37%	66%*
Activist	63%	77%**
MDC member	43%	58%

* $p=0.005$; ** $p=0.025$

Men were also significantly more likely to have experienced multiple violations,¹⁸ although the women had a high number [49%] that did experience multiple violations too. There were no differences in the reported perpetrators, apart from a significantly increased frequency on the part of men to report the Zimbabwe Republic Police [ZRP] as perpetrators.

However, there were great differences between men and women in the types of violations experienced. Men reported beatings, unlawful arrest and detention, sensory over-stimulation, witnessing violations, electrical shock, and falanga significantly more frequently than women. Unsurprisingly, women reported rape and indecent assault more frequently than men. However, it should also be pointed out that, despite the higher frequencies of violations reported by men, the women did also report very high frequencies of violations other than rape and indecent assault, as can be seen in Table 6 below.

Table 6

	Female	Male
Beatings	63%	83%*
Unlawful arrest/detention	17%	36%*
Threats	76%	90%*
Sensory over-stimulation	41%	60%*
Harassment	67%	65%
Victim of Murambatsvinaa	15%	19%
Psychological torture	78%	90%
Witnessing violation	70%	87%*
Electrical shock	2%	18%*
Falanga	4%	11%**
Burnings	8%	9%
Rape	15%*	1%
Indecent assault	8%**	3%

* $p=0.005$; ** $p=0.025$

Thus, it is evident that differences exist between women and men, but it is also evident that some of these, especially in respect of the violations experienced, are simply quantitative. The qualitative differences, on employment, are what would be expected from a Zimbabwean sample.

Single versus Multiple incidents

Above it was noted that men were more likely to report multiple violations, but it was also noted that nearly half the female sample also reported multiple violations. Hence, an analysis was done to determine whether there were any factors that might explain the differences in the female sample only. A contrast between women that reported multiple incidents as compared with those who only had a single incident was done.

No strong differences in the timing of their seeking refuge were found between the 2

groups, except a trend for more women from the multiple incident group to arrive in South African in 2006. Again there were no real differences between the two sub-groups in age, marital status or employment status, and there were no differences in the reported rates of being activists or members of the MDC. However, those who reported multiple incidents were significantly more likely to report having experienced their violations at the hands of Zanu-PF Youth or the ZRP [see Table 7 below].

Table 7

	Single incident	Multiple incidents
Zanu-PF	48%	58%
Zanu-PF Youth	12%	9%
Militia	12%	9%
Army	5%	7%
Police	10%	24%
War veterans	17%	15%
Youth militia	0	5%
CIO	5%	7%
MDC	0	0
Unknown	10%	5%

**p=0.05; **p=0.01*

There were a number of differences found in the two groups as regards the types of violations reported. As can be seen from Table 8, those who experienced multiple incidents were significantly more likely to report having being arrested and/or detained, being burned, raped, or having experienced indecent assault. More simply, those who had experienced multiple incidents were more likely to have experienced serious torture.

Table 8

	Single incident	Multiple incidents
Beatings	55%	67%
Unlawful arrest/detention	10%	22%
Threats	64%	85%
Sensory overstimulation	33%	48%
Harassment	62%	71%
Victim of Murambatsvina	19%	12%

Psychological torture	76%	81%
Witnessing violation	64%	75%
Electrical shock	0	3%
Falanga	0	7%
Burnings	2%	12%*
Rape	7%	20%*
Indecent assault	2%	12%*

*p=0.05

Case Study:

Mary is a 23 year old female who fled to South Africa in 2004. She came from a family of MDC activists. She attended an MDC meeting, and was targeted by Zanu-PF youth. She was arrested and taken to the local police station and beaten all over her body. She was released by the police early the next morning. Her family was harassed by Zanu-PF supporters. She was advised by her father to leave Zimbabwe. She tried to visit her father who was living with her younger sister. En route to her sister she was informed that her father had passed away. He had been beaten, to death. She fled to South Africa as she feared for her life. Mary was accompanied by another female. They were offered a lift by two truck drivers who raped them as they were being smuggled into South Africa. She and her companion were dropped off on the highway within Gauteng Province. In South Africa she was raped by a policeman.

Elections

A consistent observation about the human rights climate in Zimbabwe has been that all violations tend to increase significantly during elections, and this was also examined here. The sample was sorted according to whether they had arrived in South Africa during an election year – 2000, 2002, and 2005. 72% came during one of these 3 years, but the majority came during 2005, and, since this was both an election year and the year in which massive displacements took place, it does not appear as if elections were a significant precipitant of moving to South Africa.

However, as can be seen from Table 9, most violations are increased during election years, which was also finding in a recent Human Rights Forum report.¹⁹ Since there is no difference in the rates of reporting being a victim of Operation Murambatsvina, it would appear that it was the violations themselves that precipitated becoming refugees.

Table 9

	No Election	Election
Beatings	46%	69%

Unlawful arrest/detention	14%	18%
Threats	71%	77%
Sensory over-stimulation	54%*	37%
Harassment	50%	37%
Victim of Murambatsvina	14%	15%
Psychological torture	71%	81%
Witnessing violation	61%	73%
Electrical shock	4%	1%
Falanga	4%	4%
Burnings	4%	10%
Rape	25%*	11%
Indecent assault	11%	7%

There were no significant differences in the perpetrators reported by either group. Zanu-PF supporters of one kind or the other were the most common perpetrators reported, and non-state actors as a whole were more common than state agents for both groups.

Table 10

	No Election	Election
Zanu-PF	39%	58%
Zanu-PF Youth	29%	24%
Militia	4%	12%
Army	0	8%
Police	14%	19%
War veterans	14%	16%
Youth militia	0	4%
CIO	7%	5%
MDC	0	0
Unknown	14%	4%

Case study:

Margaret was an MDC official and campaigning for the Parliamentary elections in 2005 within the area of Mashonaland East. She and other MDC supporters were interrogated by Zanu-PF youth and beaten. They were rescued by the police. On her arrival at home she

and two friends were taken to a base camp called Commando One by soldiers. She was separated from her friends and kept in a room for about three hours. Two soldiers returned and instructed her to remove her clothing. She was forced to lie on the cold floor and they took turns in raping her. One soldier stood guard at the door whilst the other raped her. These rapes took place over a period of three days. Margaret was taken in a private car and dropped off on the road between Harare and Masvingo.

She fled to sister's place and was informed upon her arrival that soldiers had been looking for her. She then fled to South Africa.

Effects of Rape

As was mentioned at the outset of this report, there are always significant concerns about sexual violence against women, and especially in times of collective violence. Earlier it was noted that the reported incidence of rape in this sample was considerably higher than in previous human rights reports, although the incidence was similar to that reported in a recent community survey. Hence it was decided to examine the cases of rape as a separate category, and the rape cases were compared with the remainder of the sample. A number of disturbing findings emerged.

Firstly, women that reported rape were also significantly more likely to report severe torture,²⁰ and particularly beatings [81% v 59%], electrical shock [10% v 0], and psychological torture [95% v 75%]. Secondly, women that reported rape were significantly more likely to have experienced multiple experiences of torture.²¹ Thirdly, women that reported rape were more likely to have their first gross human rights violation, but not necessarily the rape, in 2002, the year of the Presidential election. Interestingly, both the data from the Human Rights Forum and the ActionAid International community survey confirm 2002 as having the highest incidence of rape in the past 6 years, although the ActionAid survey aggregates the data for 2001 to 2003.²²

Finally, as has been observed in many studies of women that have experienced political rape, the health consequences for this group were more severe than for the remainder. The women who reported rape had significantly higher scores on psychiatric screening and were significantly more likely to be placed on psychotropic medication by a psychiatrist.²³

Thus, rape was both associated with more severe abuse and more serious health consequences.

Case Study:

Mathilda was an MDC supporter in Matebeleland. In 2002 she was discovered to be carrying an MDC membership card by Zanu-PF supporters who were wearing MDC T-shirts. She was forced into a car, blindfolded and taken to a cattle kraal in the bush. She was interrogated and beaten with baton sticks all day. She was burnt with firewood on her arms and legs. Her clothing was cut off with a knife and she was raped by two men. After the rape they left her lying in the kraal.

Towards the Presidential elections in 2005 she was instructed by Zanu-PF supporters to

attend Zanu-PF meetings. She did not attend three meetings. She was forced to urinate into a tin and forced to drink her urine. Her urine was also poured over her body. She and her family were threatened with death if she did not attend Zanu-PF meetings.

Conclusions

Women are clearly at great risk during times of organized violence and torture, or collective violence as the WHO terms this. Women can be direct victims, as is amply described in this report, or also they are likely to be the indirect victims, caring for their men who have been the victims. As the Special Rapporteur on Torture has observed:

The torture of one individual affects the entire family and community of the victim. When the conditions in which a person is detained or the treatment to which she or he is subjected are made known to her or his relatives — sometimes intentionally, with a view to putting pressure on them or to punishing them — the impact thereof may also amount to a form of ill-treatment.²⁴

Whilst there are no reliable estimates of the overall number of Zimbabwean women affected by the political violence since 2000, it does seem that the numbers are likely to be high, probably in the order of tens of thousands.

Thus, it would seem that the general finding – that women are at very high risk of abuse during times of political conflict – holds true for Zimbabwean women. Zimbabwean women have been as much at risk of becoming victims of organized violence and torture as their male counterparts, and the consequences of this exposure are undoubtedly amplified by displacement, whether this is internal or external. As has been amply described in this report, women in Zimbabwe have been and are continuing to be the victims of organized violence and torture. In this sample, more women fled to South Africa after 2005 than in any other period before, and this certainly contradicts the view that the human rights situation in Zimbabwe is improving. Many Zimbabwean women are so fearful of organised violence and torture that they are on the run, even taking the drastic step of uprooting themselves to seek a new life in neighbouring South Africa, even though they know it will be a trying existence as a foreigner.

Although women may not suffer violations as frequently as men, nonetheless the types of violations reported were not trivial, and very high frequencies of some violations were reported by women. Women were markedly more likely to report rape and indecent assault than men, and, as was seen above, the consequences of rape were serious; both because rape was associated with more severe abuse and because the health consequences were more severe. It was also instructive to note that, in this sample, the prevalence of rape, which has not been frequently documented, was very much in accord with a community survey in 2005, suggesting that previous estimates have been unduly conservative.

As a whole, these women refugees had a very high prevalence of clinically significant psychological disorder, with 71% reporting scores on screening indicative of such disorder, and 53% required referral to a psychiatrist. 15% were placed on psychotropic medication, and 48% were referred for professional counselling, whilst 35% were referred to medical

specialists from conditions related to their previous ill-treatment. These consequences were worse for those that reported rape.

One finding should cause the South African authorities serious embarrassment is that concerning the refugee status of these women. A mere 36% had received a Section 22 status, and, only 2% had been granted refugee status. Given the strong *prima facie* grounds that these women have for acquiring asylum, it is a disgrace that so few have been accorded such status. Not only does it seem that the South African authorities have scant regard for the application of the Refugee Act, but also that they seem oblivious to the enormous literature pointing out the need for special treatment of women refugees.

Perhaps it is relevant to point out to the South African authorities the challenge that faces women survivors of torture and sexual violence. As Human Rights Watch has put it:

One of the greatest challenges is to prevent sexual violence against women in the first instance. This can be achieved by making concerted efforts in at least three arenas. First, there must be heightened respect for women's human rights in all aspects of their lives. Failure to address sex discrimination as a significant underlying cause of sexual violence will ensure that present and future generations of women continue to be at risk for sexual violence. Second, there must be significantly improved compliance with the provisions of IHL during armed conflicts. Key methods include regular training and education of soldiers and other combatants regarding international legal protections for civilians, specifically prohibitions against rape and other forms of gender-based violence. Finally, there must be vigorous condemnation, investigation, and prosecution of gender-specific crimes against women in times of peace as well as war.²⁵

Notes:

¹ See Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., & and Lozano, R. (eds), World report on violence and health, *Geneva: World Health Organization*. 2002.

² See BAKER, R. Psychosocial consequences for tortured refugees seeking asylum and refugee status in Europe, in M. Basoglu (ed), *Torture and its Consequences: Current Treatment Approaches*, *Cambridge: Cambridge University Press*, 1993.

³ See Jaranson, J.M., Butcher, J., Halcon, L., Johnson, DR., Robertson, C., Savik, K., Spring, M., & Westermeyer, J. (2004), Somali and Oromo Refugees: Correlates of Torture and Trauma History, *American Journal of Public Health*, Vol. 94, No. 4, 591-598.

⁴ See Porter, M., & Haslam, N. (2005), Predisplacement and Postdisplacement Factors Associated With Mental Health of Refugees and Internally Displaced Persons A Meta-analysis, *JAMA*. 2005; 294: 602-612.

⁵ See, for example, Mollica, R F, Lopes Cardozo, B, Osofsky, H J, Raphael, B, Ager, A, & Salama, P(2004), Mental health in complex emergencies, *Lancet*, 364: 2058–67.

⁶ See Zimbabwe Human Rights NGO Forum (2006), *An Analysis of the Zimbabwe Human*

Rights NGO Forum Legal Cases, 1998–2006. Published by the Zimbabwe Human Rights NGO Forum. June 2006, *Harare: Zimbabwe Human Rights NGO Forum*.

⁷ See again Mollica, R F, Lopes Cardozo, B, Osofsky, H J, Raphael, B, Ager, A, & Salama, P(2004), Mental health in complex emergencies, *Lancet*, 364: 2058–67; see also Mollica, R.F. Guerra, R. Bhasin, R. & Lavelle, J (Eds), *Book of Best Practices: Trauma and the role of mental health in post-conflict recovery*, Project 1 Billion: International Congress of Ministers of Health for Mental Health and Post-Conflict Recovery, 2004.

⁸ See Handbook for emergencies. Geneva, Office of the United Nations High Commissioner for Refugees, 2001.

⁹ The 2004 Report of the Special Rapporteur on torture and other cruel, inhuman and degrading treatment noted that:

Torture of women frequently includes sexual violence with a view to humiliating and degrading the victim. Besides the physical and psychological damage caused by the torture, sexual abuse has additional consequences for women, such as the risk of being infected with sexually transmitted diseases and of pregnancy, miscarriage, forced abortion or sterilization. In a large number of sociocultural contexts, rape and sexual abuse continue to entail the stigmatization and ostracism of the victim upon her return to her community and family. The social stigma attached to rape in most societies often leads to the rejection of the victim by her male relatives.

¹⁰ See ActionAid (2005), An in-depth study on the impact of Operation Murambatsvina/Restore Order in Zimbabwe. ActionAid International in collaboration with the Counselling Services Unit (CSU), Combined Harare Residents' Association (CHRA) and the Zimbabwe Peace Project (ZPP). November 2005.

¹¹ See Idasa (2005), *Between a Rock and a Hard Place*. A window on the situation of Zimbabweans living in Gauteng. A Report by the Zimbabwe Torture Victims Project. September 2005. *Pretoria: Idasa*.

¹² See ZTVP(2006), *Over our dead bodies! A story of survival*. A report by the Zimbabwe Torture Victims/Survivors Project. February 2005 – April 2006. *Johannesburg: Centre for the Study of Violence and Reconciliation*.

¹³ See Zimbabwe Human Rights NGO Forum (2006), *An Analysis of the Zimbabwe Human Rights NGO Forum Legal Cases, 1998–2006*. Published by the Zimbabwe Human Rights NGO Forum. June 2006, *Harare: Zimbabwe Human Rights NGO Forum*.

¹⁴ See Zimbabwe Human Rights NGO Forum (2006), "A woman's place is in the home?" *Gender Based Violence and Opposition Politics in Zimbabwe*, Published by the Zimbabwe Human Rights NGO Forum. June 2006, *Harare: Zimbabwe Human Rights NGO Forum*.

¹⁵ See ActionAid (2005), An in-depth study on the impact of Operation

Murambatsvina/Restore Order in Zimbabwe. ActionAid International in collaboration with the Counselling Services Unit (CSU), Combined Harare Residents' Association (CHRA) and the Zimbabwe Peace Project (ZPP). November 2005.

¹⁶ As part of the clinical assessment of its clients, the ZTVP administers a Self Reporting Questionnaire (SRQ8), a widely-used psychiatric screening instrument developed in Zimbabwe, which investigates 8 common symptoms in the past week. The SRQ8 was derived from the Self-Reporting Questionnaire (SRQ-20) developed by the World Health Organization in 1980 to provide an instrument for reliably detecting non-psychotic mental disorders and used widely in Africa as well as in other developing countries. All scores of 4 or higher can be taken to be indicative of significant psychological disorder and in need of immediate assistance.

¹⁷ See again ZTVP (2006), *Over our dead bodies! A story of survival. A report by the Zimbabwe Torture Victims/Survivors Project. February 2005 – April 2006. Johannesburg: Centre for the Study of Violence and Reconciliation.*

¹⁸ This was significant on a test of means [$p=0.05$].

¹⁹ See again Zimbabwe Human Rights NGO Forum (2006), *An Analysis of the Zimbabwe Human Rights NGO Forum Legal Cases, 1998–2006.* Published by the Zimbabwe Human Rights NGO Forum. June 2006, *Harare: Zimbabwe Human Rights NGO Forum.*

²⁰ Rape versus no rape [total number of torture types reported; $p=0.0005$].

²¹ Rape versus no rape; number of incidents [2.29 v 1.66; $p=0.007$].

²² See again Zimbabwe Human Rights NGO Forum (2006), *An Analysis of the Zimbabwe Human Rights NGO Forum Legal Cases, 1998–2006.* Published by the Zimbabwe Human Rights NGO Forum. June 2006, *Harare: Zimbabwe Human Rights NGO Forum*; also ActionAid (2005), *An in-depth study on the impact of Operation Murambatsvina/Restore Order in Zimbabwe.* ActionAid International in collaboration with the Counselling Services Unit (CSU), Combined Harare Residents' Association (CHRA) and the Zimbabwe Peace Project (ZPP). November 2005.

²³ Rape versus no rape, SRQ-8 score [6.0 v 4.9; $p=0.007$]; Rape versus no rape, prescribed psychotropic medication [19.1% v 14%,; $p=0.05$].

²⁴ See Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Fifty-ninth session Item 107 (a) of the provisional agenda, Human rights questions: implementation of human rights instruments. General Assembly, United Nations. A/59/324.

²⁵ See Human Rights Watch (2004), *World Report 2004: Human Rights and Armed Conflict, New York: Human Rights Watch.*

