

Effects on asylum seekers of ill treatment in Zaïre

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To describe the health effects of the political system in Zaïre on asylum seekers seen at the Medical Foundation for the Care of Victims of Torture a retrospective study was performed of the records of 92 asylum seekers from Zaïre who were seen for medical reports at the medical foundation in 1993 and 1994. Eighty one had been imprisoned; the others had been severely ill treated at home by the security services. Sixty six had been detained for up to one year. Prison conditions were invariably insanitary, and food of poor quality when provided. All had been beaten on arrest, and all but two had been beaten repeatedly in prison. Nearly all the women and some of the men described sexual abuse. Almost all left prison through bribery or because a guard had a similar background. Seventy two asylum seekers had scarring, considered to be consistent with the history, and 70 were considered to have suffered persistent psychological damage. Asylum seekers from Zaïre will have health effects from experiences unimaginable to the ordinary Briton. An understanding of the background will help clinicians manage them.

Studies in Scandinavia have suggested that 25% to 30% of all refugees have experienced torture.¹ In the USA it has been estimated that 5% to 10% of people born abroad presenting in large urban health maintenance organisations have been tortured.² The Medical Foundation for the Care of Victims of Torture is the only organisation in the United Kingdom that offers medical and psychological services to asylum seekers who have been brutalised. A survey of asylum seekers from Zaïre seen at the foundation in 1993 and 1994 was carried out to study their background and the patterns of abuse in that country. This paper is intended to help clinicians recognise the possible past experiences of some of their patients and the effect that might have on their health.

Zaïre has been described as a kleptocracy—that is, a government whose principal purpose is to use the state to augment the personal wealth of the leadership.³ This leads to a society where corruption is the norm.⁴ As a result of international pressure, on 24 April 1990 President Mobutu Sese Seko announced a law legalising opposition parties and human rights defence groups, releasing political prisoners, and allowing an independent press.⁵ Evidence suggests that the imprisonment and torture never stopped,^{5,7} and the testimony of clients of the foundation supports this.

Methods

The files were reviewed of all clients from Zaïre seen by doctors from the medical foundation from 1 January 1993 to 31 December 1994. Most of these asylum seekers were seen by doctors at the foundation with the help of interpreters fluent in Lingala, but some were interviewed in French. This was a highly selected population as they had survived detention and had the

resources to escape Zaïre. All had been referred by their solicitors, who asked for formal medical reports to document the signs of torture to support an application to the Home Office for refugee status.

Results

During the two years 92 asylum seekers from Zaïre were interviewed and examined by doctors of the foundation. Twelve were examined in detention centres and the rest at the foundation; 72 were men and 20 women. At the time of leaving Zaïre most (57 men and 15 women) were aged 25-35; eight men and five women were aged 16 to 24; five men were aged 36-45, one boy was aged 5, and for one man age was not recorded.

Of the 64 for whom the level of education was known, five had a professional qualification, 27 had university degrees or diplomas, and 18 were undergraduates. Of those in employment, 10 were professionals, nine had held academic posts, seven were managers or ran small businesses, 17 were skilled workers, and four were in the army. All had suffered financial loss since coming to Britain and were unlikely to have been economic migrants.

Sixty eight men and 13 women had been arrested and imprisoned—53 once, 25 twice, and three on three occasions. All had been beaten on arrest, mostly by soldiers of the American trained Division Speciale Presidentielle. The others, including the 5 year old, had been severely ill treated at home. Of these 112 arrests, 76 (68%) took place after 24 April 1990, when opposition parties were legalised. All the arrests were for "political activities" including antigovernment demonstrations, preaching, distributing religious material, and refusing to inform on antigovernment sympathisers. One man was severely beaten because his taxi had been in an accident following which the President's grandson died.

CONDITIONS IN PRISON

The prison conditions were universally described as being in a state of decay, confirming other reports.⁷ Most prisoners said they were kept in cells with no natural light, the only ventilation being holes at the top of the door. Thirty one prisoners could not lie down because the cell was too small or too crowded or because the cell floors were deliberately flooded by the guards. When it existed sanitation was a hole in the ground or a bucket that was emptied only irregularly. Food and water were provided at the whim of the guards.

All but two of those imprisoned described repeated beatings, often several times a day in the first days. Prisoners usually said they were taken to a separate room, kicked, punched, and hit with matraques (rubber truncheons) and cordelettes (belts with heavy buckles). Some described being beaten when suspended from the ceiling. Thirty four said they lost consciousness at least once while being beaten.

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The nature, frequency, and duration of the beatings appeared to be entirely at the guards' whim and very rarely was to obtain information. Thirty one said they were subjected to electric shocks, usually focused on the genitals. Fifteen men and 16 women described sexual abuse; 12 of the women said they had been multiply raped by guards. Four of the women who were not arrested described rape at home. The men who described sexual abuse told of anal rape, penetration with objects by the guards, or being forced to do the same to other prisoners. Ten men reported cigarette burns, sometimes to rouse them from unconsciousness, and 10 described being slashed with knives or bayonets. Unlike reports from other countries, the Zaïrian guards did not try to avoid leaving incriminating scars.⁸ Thirteen asylum seekers reported being forced to witness other prisoners being tortured and executed, and seven described their own fake executions.

Of the 81 imprisoned, only two were recorded as having been charged and sentenced, and both escaped before the completion of their full term. Twenty three were released, two after appeals from Amnesty International, but 19 were subsequently rearrested. The others all escaped, either through bribery by family or friends, or because a guard was from the same tribe or part of the country.

MEDICAL FINDINGS

In 72 cases scarring was present which the examining doctor considered to be consistent with the client's description of ill treatment, although medical examination cannot prove torture. Fifty four men and 16 women were considered to have suffered major psychological effects. The principal symptoms were sleep disturbance and nightmares; intrusive images and ideas affecting memory and concentration; depression; and headaches.

Discussion

Most of the issues facing asylum seekers are similar, irrespective of nationality. Once they have left their own country, however, the ordeal is not over. Most have family back home, with whom they have little contact, if any. There is also the complicated process of applying to the Home Office for refugee status, and few of those studied had completed this process. Thus many asylum seekers realise they may be deported back to the conditions from which they escaped. They may then face additional persecution for having fled.⁹

Of those for whom the information was available, two thirds of the Zaïrian asylum seekers had escaped

from prison less than four weeks before arriving in England and had not recovered from their experiences. On arrival people in this position are tired, disorientated, and frightened. At this point they are interviewed by an immigration officer, usually for several hours, and this history is the one to which the Home Office compares all others. Twenty of the 92 asylum seekers reviewed here had been detained by the immigration service. Sometimes there is an early point of contact with a general practitioner, which offers an excellent opportunity to document signs and symptoms while they are still recent.

Even among those who had spent several years in the UK, these Zaïrian asylum seekers had rarely described their experiences in any detail to anyone, especially when there had been a sexual element. Most people in this position describe non-specific pain as their main concern and describe psychological symptoms only if the clinician persists. The principal mood is one of despair, especially if there is a possibility of being returned home. A number of the Zaïrians reviewed had had close family and friends die in prison. Many had left partners and children behind, and most had other family members in Zaïre. Frequently they had no contact with those left behind, and the regime is known to imprison and torture relatives of asylum seekers in their stead.

This study shows the damaging effects of imprisonment and torture on asylum seekers. These findings are not unique to Zaïrians, and doctors should be aware that any asylum seeker may have health problems arising from those experiences.

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- 3 Askin A, Collins C. Kick-backs and kleptocracy. *New Internationalist* 1994;259:23-5.
- 4 Wrong M. Kinshasa slips down road to isolation. *Financial Times* 1995; 7 March.
- 5 Secretary General of the United Nations. *Situation of human rights in Zaïre. Question of the violation of human rights and fundamental freedoms, in any part of the world, with particular reference to colonial and other dependent countries and territories*. Geneva: WHO, 1993. (E/CN.4/1994/49).
- 6 Amnesty International. *Zaïre. Collapsing under crisis*. London: Amnesty International, 1994.
- 7 Human Rights Watch. *Annual Report 1994*. London: Human Rights Watch, 1994:57-61.
- 8 Forrest D. Patterns of abuse in Sikh asylum seekers. *Lancet* 1995; 345: 225-6.
- 9 Judgement in the Government Law Section of the Arrondissement Court, The Hague, Netherlands, 03-11-94.

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A MEMORABLE PATIENT

Clinical method pays off

It was over 25 years ago. We were two keen students bubbling over with excitement at the prospect of being assigned to the professorial unit of surgery for our clinical attachment. We had prepared well in the hope of making a good impression. Not only had we familiarised ourselves with the elucidation of a clinical history but we had also practised our clinical skills with some diligence.

The surgical senior registrar allocated us our cases. Rodger's patient seemed straightforward. She was 50 and had a three week history of general malaise associated with vomiting and weight loss, and had been admitted for abdominal investigations. A detailed history was taken and the examination was laboriously thorough. The bradycardia and hypertension proved interesting

diversions from the matter in hand. Abdominal examination proved unfruitful but a partial loss of the peripheral visual field in one eye prompted diligent retinoscopy, which after the installation of mydriatics showed papilloedema and clinched the diagnosis.

Case presentation to the senior lecturer began well enough but as the history unfolded the face of the senior lecturer moved from smug complacency through bewilderment to a final state of bemused astonishment. The trail of diverse symptoms and hitherto irrelevant physical findings had led unerringly to the diagnosis of a primary brain tumour. The lesson of the importance of detailed history taking together with careful examination could not have been learnt better or earlier.—G PHILLIPS is a consultant physician in Liverpool