
Sexual Torture

An insight into needs-based rehabilitation

DATA IN THE FIGHT AGAINST IMPUNITY



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DATA IN THE FIGHT AGAINST IMPUNITY THEMATIC REPORT 2017

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The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health-based human rights organisation which promotes and supports the rehabilitation of torture victims, promotes access to justice and works for the prevention of torture worldwide.

The vision of the IRCT is a world without torture.

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The work of the IRCT

As a network of some 150 torture rehabilitation centres in more than 70 countries, the IRCT is the world's largest membership-based civil society organisation working in the field of torture rehabilitation and prevention.

The following report was produced under the auspices of the EU-funded **Data in the Fight Against Impunity (DFI)** Project implemented by the IRCT. The IRCT, together with 33 member centres across 28 countries designed what is a unique, clinical record-keeping database; that strives to strengthen and harmonise the capacity of rehabilitation centres to collect clinical data and use it to produce human rights outputs to support anti-impunity work. To that end, the database captures an array of information such as perpetrator affiliation, locations and methods of torture, physical and psychological impacts, and the status of legal complaints already filed. In collecting such data, we can observe themes and patterns that in turn will enable a more synchronised approach to eradicating torture.

Of the 33 DFI member centres, 17 participated in this report. The names of the torture survivors have been anonymised as have the names of the clinical and legal experts in order to protect their identity.

IRCT's network:

151

organizations

73

countries

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INTRODUCTION

Drawing on valuable insights from interviews with clinical and legal experts from 17 member centres who are part of the DFI project, the following report presents the complex and far reaching consequences of sexual torture, and the subsequent need for holistic and specialised rehabilitation.

The report will illustrate the extent to which sexual torture can impact the victim. Many of the victims treated by the centres suffer from long-term post-traumatic stress disorder (PTSD), which includes symptoms such as recurrent flashbacks, severe anxiety, insomnia and nightmares, memory lapses, aggressive behaviour, and depression. Equally, the physical consequences of sexual abuse are also widespread and impactful, and can include anal or urinary tract infections, sexually transmitted diseases, including HIV, genital fistulae, severe bleeding, or unwanted pregnancies, often accompanied by the effects of illegal abortions.

The impact of sexual torture extends far beyond immediate bodily and psychological pain. Victims of sexual torture often feel intense humiliation, self-disgust, shame, guilt and worthlessness. Due to the strong stigmatisation of sexuality in many societies, disclosure can be a lengthy process and hamper rehabilitation. Sexual torture therefore, can deeply corrode the personal identity of victims. In addition, it affects their ability to sustain familial and social relationships, pursue employment and maintain daily routines.

Given the multi-faceted consequences of sexual torture, holistic rehabilitation is essential if survivors are to regain their health and ability to form relationships. This requires a complex range of immediate and comprehensive services that range from medical support and psychological counselling to family and community interventions, as well as legal and economic assistance. Successful rehabilitation can empower the beneficiary and re-establish their trust in society. In doing so, broader social consequences of torture can be prevented and the community can develop greater resilience when dealing with similar situations in the future.

In many countries, and for different reasons, the public health system does not meet the needs of survivors of sexual torture. Consequently, torture rehabilitation centres are crucial in providing victims with the help they need.

In conclusion, this report provides recommendations that define the areas in which the right to rehabilitation and rehabilitation services themselves can be accommodated and ensured.

The impact of sexual torture extends far beyond immediate bodily and psychological pain. Victims of sexual torture often feel intense humiliation, self-disgust, shame, guilt and worthlessness. Due to the strong stigmatisation of sexuality in many societies, disclosure can be a lengthy process and hamper rehabilitation.

Participating member centres

Region	Country	IRCT Member Centre full name (Abbreviation)	Headquarters
Eastern Europe	Russia	Committee for the Prevention of Torture (CPT)	Nizhny Novgorod
	Bosnia and Herzegovina	Centre for Torture Victims (CTV)	Sarajevo
	Armenia	Foundation against Violation of Law (FAVL)	Yerevan
	Croatia	Rehabilitation Centre for Stress and Trauma (RCT)	Zagreb
	Moldova	Rehabilitation Center for Torture Victims “Memoria” (RCTV Memoria)	Chisinau
South-East Asia	Nepal	Transcultural Psychosocial Organization (TPO)	Kathmandu
	Sri Lanka	Survivors Associated (SURASO)	Dehiwela
Sub-Saharan Africa	Senegal	Centre Africain pour la Prévention et la Résolution des Conflits (CAPREC)	Thiès
	Kenya	Mwatikho Torture Survivors Organization (MATESO)	Bungoma
	DRC Congo	Save Congo (SaveCongo)	Lubumbashi
	Cameroon	Trauma Centre Cameroon (TCC)	Yaounde
	South Africa	The Trauma Centre for Survivors of Violence and Torture (TCSVT)	Cape Town
Latin America	Mexico	Collective against Torture and Impunity (CCTI)	Mexico City
	Argentina	Argentine Team of Psychosocial Work and Research (EATIP)	Buenos Aires
	Bolivia	Institute of Therapy and Research about Sequelae of Torture and State Violence (ITEI)	La Paz
Middle East	Lebanon	Rehabilitation Center of the Victims of Torture (KHIAM)	Beirut
	Palestine	Treatment and Rehabilitation Center for Victims of Torture (TRC)	Ramallah

Overview of the Data in the Fight against Impunity (DFI) Project

Central to the development of the torture rehabilitation sector's ability to evidence its work, is the collection of appropriate, consistent and comparable clinical information. The Data in the Fight against Impunity (DFI) Project is a system-wide response to creating this ability. Across the globe, hundreds of rehabilitation centres are providing services to thousands of torture victims on a daily basis. Through the DFI project, IRCT members have started to systematically collect data relating to their clients in order to create long-term change. With better data it is hoped that civil society organisations working in the field of torture prevention and rehabilitation will be able to identify trends relevant to their work and use the data to fight impunity more effectively.

In June 2014, 12 rehabilitation centres from around the world came together to develop and test a data collection system to enable them to collect clinical data and integrate the documentation of torture throughout the rehabilitation process. This data can then be used to create powerful evidence-based approaches with the potential to mobilise the public and to target governments to act and to disseminate evidence-based outputs to support anti-impunity work. The centres started to use the database in February 2015 and to adapt it to their clinical record-keeping practices. They have used the data to share reports about the identity of survivors, the places they were tortured, how they were tortured and by whom. The initial participants in the project have since been joined by 20 additional rehabilitation centres for the second phase of the project. Data is now being collected by 33 rehabilitation centres in 28 countries.

SEXUAL TORTURE: AN OVERVIEW

This report follows the definition of the UN Convention against Torture (UNCAT) that ‘torture’ is ‘any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions’. In the context of this report, sexual torture will employ the above definition to acts of a sexual nature.

Forms of sexual torture

The centres involved in the report have supported victims that have experienced diverse and horrific methods of sexual torture. These include sexual humiliation and molestation; forced nakedness; different forms of rape; kicking or punching, electric shocks to, and cutting or stabbing of genitalia; forced sterilisation or castration; and, forced prostitution or sexual slavery over long periods of time.¹

Rape is a method of sexual torture, which is frequently used as a weapon during war or conflict by the military and rebel groups, among others. A counsellor from the CAPREC centre in Senegal recalls the story of a student who was raped when soldiers stormed a stadium in Conakry, the capital of her home country Guinea in September 2009. “They ripped her blouse off her, and tore her jeans off. One of the soldiers pressed his head between her knees and beat her buttocks. She was having her period, it was the second day. He spread her legs with violence, he inserted the end of a stick into her vagina and imitated the sexual act with it. She grew stiff with pain, fear and shame.”

Experiences like this have a long lasting effect on the survivor and some people endure this every day as victims of slavery. Such was the case of Sereine, who is a TCC Cameroon client. “They started beating her, and they took her with them to their camp, to where they were lodging.

For a whole month, she was held as their sexual object. She had to do everything that a woman could do for them, like cooking, washing, getting water, and all those things, and she was raped almost every day by four men, almost every day for a whole month.”

While the methods of sexual torture mentioned above are clearly illegal, in some countries governments continue to enforce practices such as virginity testing as part of the application process for the military or police. For example, in 2014 it emerged that the national government of Indonesia subjected female applicants for the National Police to discriminatory and degrading virginity tests.

The International Forensic Expert Group (IFEG), a medico-legal expert body created by the IRCT, which is made up of more than 30 of the world’s leading forensic experts, have found that virginity testing constitutes torture. The IFEG stated that “forcibly conducted virginity testing is likely to cause severe and lasting psychological symptoms and disabilities that remain over time”.

The invasive approach is often employed as a public and social means to control sexuality. The IFEG found the process to be physically and mentally distressing, causing women to suffer symptoms of post-traumatic stress disorder (PTSD), alongside feelings of humiliation, self-disgust and worthlessness, and to interfere with the fundamental human right to physical integrity and private life.

One of the more common methods of sexual torture is verbal humiliation of a sexual nature. Camila, a client at ITEI in Bolivia says, “I still hear what they yelled at us, the exact words they used. Whenever this happens, I immediately feel scared again. When I am at university, where they abducted us, all of a sudden it feels like I am back in the military base, I see soldiers and I fear that they are going to yell at me again. Whenever I wake up, I hear yells.”

Who are the perpetrators?

The centres reported cases of sexual torture carried out by a variety of state security forces, including police, military, special units (such as anti-terrorism units), and detention personnel. The locations where sexual torture occurs are much the same as where other methods of torture are

often inflicted. These locations include police stations, military bases, pre-detention centres, prisons, during transportations from or to one of these places, victims' homes, in public spaces and detention and concentration camps.

“Many of our clients suffer from the consequences of torture experienced in war time. The worst cases happened in the prison camps from that time. Perpetrators were staff in these prison camps and members of (para)military and (para)police groups close to official forces.”

RCT Croatia

Who are the victims?

The victims of sexual torture are not only women as is often presumed; men and children are also targeted. Perpetrators may choose their victims arbitrarily or specifically on the basis of their sex, ethnicity, political affiliation, sexual orientation, religion or other aspects of identity.

Many rehabilitation centres report that women do constitute the main victim group of sexual torture and that this type of torture is often linked to gender inequality. However, the centres also state that while they know men are also targeted, in general these cases are underreported. As CCTI Mexico notes, the number of male victims may be underestimated because “women talk about it, men do not.”

Often, men do not mention sexual abuse when revealing the different forms of torture they have suffered. According to the centres assisting these survivors, in these circumstances sexual torture against men and boys can have an even more destructive effect on the victims' perception of masculinity and their ability to fulfil social roles. CTV Bosnia & Herzegovina, for instance, is confident that in the conflict in the former Yugoslavia, “perpetrators were even guided by this fact. They planned to torture men in this particular way exactly because of its devastating effect in our patriarchal societies.”

In a context where victims may find it difficult to disclose and may only be able to do so over time, it is crucial that support be long term and benefit from skilled rehabilitation professionals. Clinical and psychosocial staff need to be attentive to any possible hint in the victim's narration of their experience and to build a trusting relationship with their client so they can share their story.

Inés CCTI Mexico

Inés was 25 years old, when in February 2002 a dozen soldiers came to her house and violently attacked her. The assault was well planned. Nine men stood guard outside, while three entered, and one of them raped her. Before her ordeal, Inés was known as a community leader who advocated for women's and indigenous rights, including issues concerning local infrastructure projects and greater access to medical services. “I was the one who organised the women, that is why I think they went after me, they wanted to silence me. But I will not stay quiet,” she says.

Inés fought a long legal battle for prosecution of the perpetrators and in 2010, the Inter-American Court of Human Rights ruled that Mexico had violated international human rights laws by denying her and other indigenous women who experienced sexual torture access to justice. The Court ordered a series of reparations including legislative change and measures to prevent sexual violence against indigenous women. Yet in the spring of 2016, Inés reported that some recommendations had been only partially implemented and others not at all.¹

Lesbian, gay, bisexual, transgender, intersex (LGBTI) populations

Sexual orientation can be a deciding factor both in the type of victim targeted and the method of torture used, including forced anal examinations. In many countries, hetero-normativity and homophobia are still prevalent, so much so that practices of intended ‘adjustment’ of sexual minorities are ordered, defended or acquiesced by state authorities.

In countries where homosexuality is prohibited, victims are unable to report their cases to the police or to seek help in public hospitals. They may also be afraid of approaching independent NGOs, as emphasised by staff at rehabilitation centre TPO Nepal, who note that ‘Samalingi’, persons of ‘third gender’, are strongly discriminated against in Nepalese society.

“Again and again, the media report about Samalingi experiencing rape by heterosexual men. In such cases, perpetrators consider the rape to be a punishment and at the same time an educative means to change or ‘correct’ the victim’s sexual orientation. There are also rumours about correctional male to male rape being perpetrated by the police themselves. However, these cases are not being reported because victims are afraid of the state and society’s reaction. Society and social discrimination play a very important role in forcing these victims to hide what they have gone through.”

Staff member at TPO Nepal

Children and adolescents

As became evident during the interviews, children and adolescents are also victims of sexual torture.

TRC Palestine staff report that sexual torture against children is common-place in Israeli prisons. “Children get stripped of their clothes by the interrogators in order

to make them believe that they are about to be sexually assaulted, so they feel terrified and confess whatever the interrogators want them to.”

Tariq TRC Palestine

On 22 December 2014, Tariq was playing outside his house when he was attacked by military dogs and then arbitrarily arrested by a group of Israeli officers. According to this victim’s care provider:

“He experienced what most arrested kids and adolescents experience: repeated strip searches. They repeatedly forced him to strip himself of all his clothes, layer by layer, against his will, until he was completely naked. He tried to defy them and refused to take off all of his underwear, but he was forced to obey the interrogator and in front of three other soldiers he had to get fully undressed. You can imagine how humiliated and ashamed he felt. Or maybe we cannot imagine it.

“They laughed at him, they made fun of him and his naked body. Therefore, he now has to deal with overwhelming feelings of inferiority, insecurity and a very low self-esteem. In addition to shame, he told us that he also feels disgust and guilt because when he stood naked in front of them they moved on to probe his body against his will using a flash light. Whenever they did this, he fell into a state of extreme anxiety and stress of which he has recurrent flashbacks up until now. He was not released until 29 March 2015. Over three months, again and again, he experienced this kind of humiliation, which is clearly sexual torture.”

Populations living through conflict

During conflict, sexual torture may be used as a weapon to terrorise societies. Methods used include rape, sexual slavery or castration, perpetrated on a large scale. Since sexual and gender-based violence lead to a deep disturbance of the functioning of families, if applied in a systematic manner it can disrupt the entire social fabric of broad geographical regions or even countries.

Dario CTV Bosnia and Herzegovina

CTV Bosnia and Herzegovina treats many victims of torture from the Yugoslav Wars that took place between 1992 and 1995. The atrocities experienced by victims have led to enduring trauma, as exemplified by the story of Dario who was deported by the Serbian army in 1992 and spent 13 months in various concentration camps.

During his imprisonment he was physically, psychologically, sexually tortured on a daily basis. He and other detainees were forced to take off their clothes after which they were beaten and sexually abused. The sexual abuse took many forms, including rape, the insertion of different kinds of sticks and other inanimate objects into the anus, and being forced to rape one another. This last behaviour encompassed additional humiliation in that most of the victims knew each other from their hometowns.

After the war, Dario returned to his family house. The town however, is now part of the Republika Srpska, and as such the majority of its inhabitants are Serbs. As a result, Dario, a member of the local Bosniak minority, is surrounded by the ethnic group of his torturers. "In his town, he regularly sees people who harmed him and other relatives, friends and acquaintances walking around freely. They have not been brought to justice. Dario, is re-traumatised every day when he meets them," his counsellor notes. Dario received support from CTV. The centre provided him with treatment by a general practitioner, as well as free medication. As Dario was also diagnosed with severe PTSD, he participated in individual and group therapy led by CTV's psychiatrists. He now tries to lead a normal life with his wife and children.

THE IMPACT OF SEXUAL TORTURE

THE IMPACT OF SEXUAL TORTURE

Sexual torture, like other methods of torture, causes traumatic consequences for survivors. It affects their lives on many levels, their physical health, their psychological stability, and their social confidence and behaviour. Usually, victims suffer both from immediate, transient effects on their health that require a prompt crisis intervention, as well as from persistent impairments or from symptoms that appear only later. It is for these reasons that rehabilitation has to not only immediately respond to the most urgent needs of victims, but it also may require a more long-term intervention until the survivor is able to go through their daily life without regular counselling.

Due to the strong stigma attached to sexual torture, often many victims are afraid of disclosing their experience and as such only approach rehabilitation centres years later. Staff from EATIP Argentina explain, “Most of the victims of sexual torture whom we treat experienced their abuse many years ago. This means that today, the sequelae on a somatic level might not exist anymore, might not be visible anymore.” If the examination occurs even just a few days after torture, the physical marks and traces may have disappeared from the body of the victim.

“After his torture, he was not provided with medical assistance in the prison. On the contrary, he was kept in solitary confinement for an additional forty-five days. And after these 45 days, the physical signs of his torture were not visible anymore, which also means that the most significant evidence for a medico-legal report was gone.”

RCTV Memoria, Moldova

What rehabilitation centres can still diagnose years later however, are the long-term psychosomatic and psychological consequences. According to staff at EATIP Argentina, “The effects that these victims experience are also more long-lasting than those of others, more profound. The traumatic attack on their sexuality causes long-term wounds and marks the victims, as well as the society, in a particularly intense way. This also has to do with the difficulty to speak about such experiences. Most of the victims start to speak about it only years later, and hence, start to process it only years later.”

The psychological consequences of sexual torture are far-reaching and symptoms associated with PTSD can continue decades after the abuse. A psychologist at RCT Croatia remembers how agitated many of her patients were when they first told her

about their ordeal years after the event. “Agata for instance, was markedly anxious and alarmed while describing what had exactly happened. She took out tranquillisers during our first counselling sessions, although 16 years had passed since the incident. Even after many years, she is not able to talk about it calmly.”

Agata is one of many Serbian women who were victims of rape by police forces during the war in the Former Yugoslavia. She lost her home and was allotted temporary accommodation where she was frequently raped. “On several occasions, armed and uniformed men belonging to the police rushed in, threatening her that they would kill her, beating her up and raping her again and again,” her counsellor reported.

For a long time, Agata suffered from severe PTSD. When she first approached RCT Croatia, she complained of sleeping problems, mistrust and anxiety. Since the rape, her menstrual bleeding had increased significantly. “We provided her with individual psychotherapy, with psychiatric treatment, including medication, as well as with gynaecological checks. Due to a lack of resources on our part, we had to stop treatment after three months, although it was clear that Agata needs assistance for many years.”

The effects on physical health of sexual torture are very diverse. Depending on the method of torture used, its intensity and duration, a victim can subsequently suffer from symptoms like regular dizziness and fainting, headaches, breathing difficulties, tiredness, and sleeping disorders, damage to reproductive organs or the anus, sexually transmitted diseases including HIV/AIDS or HPV, irregularities of menstrual bleeding, infertility, or sexual dysfunction, loss of appetite and loss of weight, abdominal pain, or nausea, from back pain, venereal diseases and cervical cancer.

The stories of José and Sereine from TCC Cameroon illustrate how the long-term physical consequences of sexual torture can affect a victim’s life for years or indeed for the rest of their lives.

José TCC Cameroon

“This experience had completely destroyed him, also physically. The rape was that brutal, that it had devastating effects on his digestive system. He is unable to contain both urine and stool. He has undergone two surgeries, but both of them did not succeed. It is hard to imagine how difficult it is to live with such a disability. It had strong consequences on his family too, of course. He was not strong enough to look for a job and simply also not able to pursue a job; he cannot work because the torture marked his body in such an extreme way. He walks with a lot of pain. He suffers from frequent back pain and headaches. He does not breathe very easily, which is the reason why he is permanently tired. He also has sleeping disorders.”

Sereine TCC Cameroon

“In terms of the physical and psychosomatic symptoms, she had a very high score in our evaluation system. As a consequence of the mass rapes that she experienced, she is HIV positive. She feels a constant pain in her abdomen, and complains of frequent headaches.”

The traumatic event itself and the physical consequences of sexual torture cause severe psychological sequelae, which continue long after the event. This can lead to depression or various symptoms of PTSD, including anxiety and sleeping disorders. In addition, severe psychological disturbances can also influence the victims' bodily health, causing comorbidities such as high blood pressure, diabetes or sexual disorders.

Common psychological effects of sexual torture, as reported by IRCT rehabilitation centres:

- Sadness, feelings of worthlessness, depressive disorders, suicidal thoughts and suicide attempts
 - Sleeping disorders, e.g. insomnia
 - Social dissociation up to total isolation, communicative disorders, fear of intimacy or closeness
 - Feelings of impurity and dirtiness, feelings of shame, feelings of guilt, changed perception of one's gender identity
 - Timidity, fear of being chased, mistrust and hyper-vigilance, anxiety (attacks), sensation of permanent tension in one's body
 - Irritability, aggression, mood swings up to severe bipolar disorder
 - Inability to concentrate, memory lapses
 - Loss of appetite, inability to feel any satisfaction
 - Psychotic episodes like paranoia or irrepressible recollections of the event in the form of visual, aural, olfactory or sensory hallucination, such as intrusive thoughts, images or flash-backs, often accompanied by neuron-vegetative disorders like sweating, tachycardia, or visceral spasms
 - Permanent personality disorders
-

Social impact

The consequences of sexual torture reach far beyond emotional and bodily pain. They also affect the victim's ability to maintain familial and social relationships and to pursue daily activities. An inability to do one's job or to look after one's children can lead to social isolation and economic instability.

Sexual torture can cause a victim to lose their basic trust in society, as the guiding principles they believe in are not respected. These principles and moral systems define social behaviour by determining what is right and wrong. Torture is very often designed to destroy a person's belief in the existence of any such principles.

This can mean that when a person is tortured they lose their trust in the functioning of society, their assumptions are shattered and they find it very difficult to re-integrate, to re-define their place in the world, and to trust others and society as a whole.

Stigma, the difficulty to disclose and feelings of guilt

Breaking their silence is often the first challenge for victims of torture. While reporting sexual torture can allow the healing process to commence and enable survivors to regain their health and claim justice, there may be several reasons why they do not want to speak about their experiences. In some circumstances to disclose their torture may even expose them to further risk. While these fears are very prominent, often the first hurdle is overcoming the fear of social stigmatisation.

The torture they experienced has severely damaged their dignity. Reporting sexual torture, therefore, means exposing this knowledge to others. In smaller communities, relatives, friends, neighbours or acquaintances are likely to find out and this can be a daunting prospect for survivors.

In many societies a person's sexual life is a private issue and defined by social norms and taboos. In the experience of the care providers informing this report, survivors of sexual torture may be even less likely to seek help than other victims. Those who find the courage to approach a rehabilitation centre, often conceal the sexual aspects of their ordeal. Some disclose it only months or years later.

The following comments by IRCT service providers reveal, across countries and contexts, the powerful effect of stigmatisation.

“Even at his parents’ house he would not talk to anyone. The only thing he did was to go out for long walks with his dog. He has the feeling that no one will ever understand what he went through and he says that he does not want to talk about it.”

RCTV Memoria, Moldova

“The reason behind what he suffers in his opinion is the destruction of his spirit that happened through the torture. They made him feel ashamed of himself without reason. In spite of his confession, they kept doing it again and again, with no justification or reason.”

TRC Palestine

“She did not want to expose herself. Victims always feel ashamed, and even guilty. And she knew that she would have to face this exposure and that there would be no other solution.”

RCT Croatia

“Especially when they live in small places in rural areas it is so difficult to tell even professionals what happened, because in a few days the whole village will know. So, they are hiding their stories and they are suffering in silence.”

CTV Bosnia & Herzegovina

The stigmatisation of sexual torture

“In DRC, victims of sexual torture, have to bear the burden of stigmatisation, exclusion and lack of family and community support, as well as insecurity. It is not easy for them to find the courage to engage in the lengthy process of trying to secure justice and reparation.”

SaveCongo DRC

“It is odd that we are noticing much interest for and support of victims of torture when it comes to their heroism, endurance and power. Survivors are often very appreciated and respected. Whereas cases of sexual torture are directly connected to weakness and inability, which causes the victims and their families disgrace, shame and depreciation.”

TRC Palestine

“In some communities, the stigmatisation can be destructive. According to our experience, women from the arabo-mussulman culture consider themselves stained to a point they cannot cleanse themselves anymore. The fact of having had sexual intercourse with someone from outside the well-defined family circle creates profound feelings of guilt in the victim.”

CAPREC Senegal

“When we started treatment he said: ‘They did everything to me.’ He did not say: ‘I was sexually tortured.’ It is something that they will not tell you straight away. You have to focus on building trust for a long time first, and then they might open up. And if not, you can see a lot of things from what remains untold, maybe even more than from what they tell you.”

CTV Bosnia & Herzegovina

“Only a few cases of sexual torture have been documented because this is a very patriarchal society. Therefore, people do not easily share this kind of experience with others. In our culture, people have sex only with their partners. If any other person invades their private sphere, people think that a person’s purity gets lost. It is considered to be bad behaviour.”

TPO Nepal

The stigmatisation of sexual torture

“We did not see these patients in the very moment it happened, it was not the day or the week after. When they managed to speak up, many years had passed. And in a lot of cases, they start treatment and only years later they can tell us about this aspect of their experience.”

EATIP Argentina

“Usually we find out that they have been tortured sexually because they refer to pain in the genital region. Then we refer them to a doctor, and this is the moment when we can start to ask if they experienced sexual torture. We usually understand that it happened before they tell us, but we cannot force anybody to talk about it. There is a very high stigma related to it.”

RCTV Memoria Moldova

The participating centres find that the stigma attached to sexual torture is often linked to perceived gender roles in a given society. Within the confines of these roles, both male and female victims often feel unable to speak out about their torture and instead find ways of coping without disclosure.

Staff at CTV Bosnia & Herzegovina, for instance, refer to the difficulty of many female survivors to say no to unwanted sexual intercourse. “Sexual intercourse triggers those memories. But sometimes they do it anyway, but without any pleasure, just to be a good wife, to fulfil their role.”

Staff at CCTI Mexico describe how the perception of what is masculine means that male victims are unlikely to disclose the abuse they experienced. “The majority of the cases we know of are about female victims, because women talk about it, men do not.” CTV staff have similar observations, “You know, in our culture, women are considered to be weaker than men, and many things can be forgiven to a woman, but for men there is no excuse, especially here in our region. I think that perpetrators were guided by this fact.”

“We had a tough job to make him realise, just as many other beneficiaries, that he was not guilty for what happened to him and that there is no place for shame. There is always an irrational feeling of guilt both in male and in female victims of sexual torture. Because they ask themselves: ‘Did I do something to provoke that man?’ This is also one of the reasons why they do not want to disclose their story. They hide it because anyone could ask them, did you maybe do something that provoked this horrible thing to happen to you.”

CTV Bosnia & Herzegovina

As highlighted by CTV Bosnia and Herzegovina, many victims of sexual torture struggle with feelings of guilt. Clinicians at the centres observe that survivors subconsciously blame themselves for the incident and imagine different scenarios where they could have avoided, controlled or escaped what happened to them. The centres suggest that this is partly a result of social stigma, which instead of supporting victims may hold them responsible or blame them for bringing shame to their family or community.

A rehabilitation expert from TCC Cameroon explains the impact of social pressure and the implications for victims of sexual torture. “In our community, when a girl is raped, her parents and grandparents are first of all concerned that the news does not spread because it is a disgrace for the family. This is the case with most of our beneficiaries. Some were even abandoned by their own family. Some were forced to leave the country because they were stigmatised in their neighbourhood.

“This way they are made to think that it was just their own fault because they could maybe have taken action to avoid being tortured. Once, a refugee who experienced a brutal mass rape by members of a rebel group in Congo, her home country, told me, that she was sure that ‘If I had found out earlier that I should have left the country as soon as Séléka came to Bangui, then none of this would have happened.’ Another said that maybe by shouting she could have attracted some people passing by who would have helped her.

TCC’s approach to supporting these victims is to acknowledge that it is not unexpected that they would feel guilty and ashamed due to the beliefs in their communities. By acknowledging this, they report that their clients begin to understand how processes of stigmatisation work. “We get them to understand who really has to feel ashamed. They manage to clearly see that it is not the victim, but that it is the perpetrator [...]. They understand that they are not responsible for what happened, that it is not their fault. And we observed that then they feel much lighter, it really relieves them.”

“Since the rape, her family has not been treating her well, and also the community is not supportive. Her husband has left, they are separated.”

RCT Croatia

Impact on family life

The stigma attached to sexual torture makes it extremely difficult for survivors to rebuild their relationship with their families. According to the centres, many survivors often report that they feel an intense sense of shame and guilt in front of their partners, parents or children. They may also feel unable to take care of their children, engage with their partners, or work, regardless of how supportive their family environment might be. Sometimes, this is exacerbated by the physical consequences of the torture.

Jiona and Kamari refugees from the Democratic Republic of the Congo, TCSVT South Africa

Jiona and Kamari, a couple in their early thirties, approached TCSVT in January 2016. Their counsellor recalls how they described the night a rebel group broke into their house. “They were eight, all armed. They started beating them. Then, four of them raped her, while the other four were holding and beating him. After that, they swapped, and the four who raped her went to beat him, the four who were beating him went on to rape her.”

The gang rape caused a severe infection of Jiona’s urinary tract. “She was not able to control her bladder, so her urine would just flow out all the time.” This had a strong impact on the couple’s relationship: “In the first session, when I sat with Kamari, he said to me that he thinks he should leave her, because of the problem that she was having. He felt that there was

Some survivors of sexual torture may even hide their trauma for fear of being rejected by their families and partners. “They are afraid of marriage dissolution and of losing their family. This is the main reason why many of them stayed silent,” staff from CTV Bosnia & Herzegovina explain.

When sexual torture is systematically applied as a strategy of war, it is often designed to destroy whole families and hence the core social fabric of the targeted society. Staff from CTV Bosnia and Herzegovina report that during the conflict in former Yugoslavia “very frequently, women were raped in front of their family members, like children, husbands, or mothers. In other cases, relatives of the victims were forced to have intercourse with them, fathers with their daughters, brothers with their sisters. This served to humiliate and disturb the whole family as much as possible.”

It is not surprising that many survivors develop a fear of the opposite sex and become unable to engage in relationships. TCSVT South Africa, for instance, recalls a case of a female

patient who was “adamant that she would never be able to trust a man again, never allow a man in her life again.”

When children or adolescents become victims of sexual torture, they often isolate themselves from their families and refuse to participate in family and broader social life.

“All of our young patients live with their extended families, and all have continuous issues with the rest of the family members. They tend to be very isolated. They all abandoned their studies, stopped going to school. One is an alcoholic, another two are heavy smokers. A father of one told me how careless and disrespectful his son had become. Another one rigidly refuses to leave the house and developed a severe fear of interacting with others.”

TRC Palestine

In other cases, parents reject and may even disown their abused children. In the experience of staff at FAVL Armenia, girls who have been raped often end up living on the streets and are at risk of being trafficked into prostitution.

“For some, the social stigma is that high that it makes relatives, parents turn their backs on their children.”

Impact on sexuality

Sexual torture often affects both a victim’s external social relations, in addition to their sexual identity. Specifically, the attack on their sexuality can make intimate partner relationships very difficult or, in some cases, impossible. Centre staff report that many of their clients do not speak about their experience of sexual abuse with their partners.

According to staff at EATIP Argentina, “The changes that sexual torture cause in one’s sexuality also affect social relations. Often, for example, victims live with their partners who take care of them. Each stimulus that they might experience in their intimate partner relationship, which can somehow be connected or associated with the traumatic event, re-actualises the symptomatology of the trauma. This often fundamentally undermines any possibility of living a

just no relationship between them anymore. I asked him not to make a hasty decision, to give it some time and some thought. In the next session he said: ‘You know, I understood that I cannot leave her, I realised how much I love her, even though there is this major gap between us, I just love this woman.’”

The couple both received intense individual psycho-social counselling and were also invited for some final joint sessions. Together they learned relaxation techniques and other exercises that can help couples strengthen their bond. During these sessions, Kamari said to his therapist, “You know, there is such a major difference in our relationship now. We are able to speak to each other again, she is able to laugh at the jokes I try to make.”

normal and healthy sexuality. So, very often victims cannot satisfy the wishes of their partners, or of both of them.”

Moreover, sexual torture can affect the victim’s ability to engage in new relationships. Staff at ITEI Bolivia explain, “Let us assume she falls in love with someone again, with a new person, to what extent would her sexual sphere still be free, be open for beautiful experiences? She cannot even bear anyone touching her.”

In some cases, intense psychological trauma or physical damage to genital health can severely hamper sexual intercourse. “Our registers show that 25% of those who experienced forced stripping in detention faced a lack of desire to establish intimate relations with their partners, both women and men. They experience a feeling of humiliation whenever they get naked. Men also report problems of erection or premature ejaculation, and women complain about pain during intercourse and irregularity of their period,” report staff at TRC Palestine.

Finally, some centres note the impact sexual torture can have on a victim’s subjective sexual identity. RCTV Memoria Moldova reports: “In terms of her sexual identity, she had a time when she wanted to be a boy, not a girl, she explained that her identity as a girl was broken, as a boy she would feel more empowered, stronger, she could defend herself.”

In some rehabilitation centres, an integral part of their crisis intervention is to help women and girls access safe abortion services. TPO Nepal, for instance, recalls the case of a 14-year-old girl who became pregnant after having been raped by two policemen. TPO facilitated a safe abortion at a hospital in addition to providing her with treatment and care after the medical intervention. In her case, the two policemen pressured the girl to abort the child but in other situations torturers deliberately release their victims at a stage of pregnancy where abortion is no longer possible. As noted by CTV Bosnia & Herzegovina, this was especially the case during the conflict in the former Yugoslavia.

TCSVT South Africa interprets the impregnation of women and girls as a purposeful and systematic strategy to destroy familial relations and drive the victims into abandonment and expulsion. “I think sexual torture is often wilfully used to destroy a family system,” a counsellor at TCSVT notes. “It is used as a weapon not only against the direct victims, the women, but against their male counterparts as well. They punish them by making sure that a different ‘seed is planted’ in their wives, to destroy the husbands’ own lineage, their own family.”

The TCSVT counsellor recently started to treat a young Congolese woman who has been unable to conceive since her sexual torture. “This is causing a lot of pressure in her family because she does not have children yet. Culturally, for this Congolese couple it is so complicated not to have children because they need to justify this to their families, without divulging that she was sexually violated because of the strong stigma that is attached to it,” the counsellor explains.

“We were providing services to one woman who was not only rejected by her husband, but also lost her business. It was very difficult for her to reintegrate into society.”

Save Congo DRC

Economic impact

The effects of sexual torture, rehabilitation centres find, may affect a survivor’s ability to perform their job or it may hinder their ability to find employment. As a result, they often face severe economic hardship. The example of José, a beneficiary of TCC Cameroon illustrates the ways in which sexual torture can impact an entire family’s economic situation. Due to his incontinence, “he was not strong enough to look for a job and simply also not able to pursue a job; he cannot work because the torture marked his body in such an extreme way.”

Another case reported by TCC Cameroon shows how difficult economic survival became for a mother and child. Sereine was abducted and abused as a sex slave by a militant rebel group in her home country, the Democratic Republic of the Congo. Following her escape, she is now seeking asylum in Cameroon. Her husband is still missing; she does not have a job, and cannot afford to send her daughter to school. In order to survive, she walks from door to door and asks for money in exchange for a day’s domestic labour. According to TCC Cameroon, the state does not provide help to victims like Sereine, and UNHCR’s services for refugees are very limited in the country.

Commenting on the economic impact of sexual torture, an expert at TCSVT South Africa explains, “Their trauma must be understood as a social disability, and it is clear that they would need public financial support. But I do not

think that our governments recognise that somebody might need economic assistance because they have been sexually violated.”

Counsellors at CTV Bosnia & Herzegovina explain that their government distributes a monthly allowance of around €250 to victims of rape during the war but that this is insufficient. “Sometimes this is the only income for the whole family because in most cases the husbands are unemployed.” Furthermore, only inhabitants from one of the two regions of the country are provided with the grant.

ACTION PLAN FOR NEEDS-BASED REHABILITATION

It is clear from the experience of these centres that rehabilitation for survivors of sexual torture is usually a long and complex process. Although it is difficult to categorise victims of different kinds of torture and draw generalisations on their distinctive needs, it can be said that survivors of sexual torture are confronted with a particular challenge: the stigmatisation of sexual torture.

Shame, feelings of guilt and the fear of being judged and disgraced by society make it very difficult for them to approach rehabilitation centres and disclose their experiences of abuse. This delays their rehabilitative journey and as such their recovery. In addition, in many countries a lack of healthcare, which addresses the specific needs of survivors of sexual torture, a failure to prosecute perpetrators, and limited awareness of the issue further limit the rehabilitation process.

This section sets out key actions to support a rehabilitation process that meets the needs of survivors of sexual torture. It recognises that their rehabilitation requires a holistic and multi-disciplinary approach. This may include medical care, gynaecological and urological treatment, physiotherapy, psychiatric treatment, family counselling and different kinds of psychotherapy in individual and in group sessions, as well as alternative approaches like acupuncture and homeopathy. In addition, educational, recreational and social activities are important for successful reintegration into society, and vocational training and income generation activities are important for entry or re-entry into the labour market. Finally, legal support and financial assistance are a crucial component in that they support efforts to bring perpetrators to justice and they help survivors build new lives.

Each of these actions for rehabilitation will be discussed below, incorporating the experience and opinions from IRCT member centres. Obviously, many of the challenges and recommendations that follow apply to all survivors of torture.

Key Action 1: Ensure privacy & confidentiality

When working with victims of sexual torture, rehabilitation centres must ensure the highest standards of confidentiality possible. This encompasses pragmatic considerations such as the location of a rehabilitation centre. For example, CTV Bosnia & Herzegovina states: “Ideally, the premises are located in a city building that is used by many businesses and organisations, in order not to disclose the destination of victims when entering through the main door.”

For similar reasons, KHIAM Lebanon offers home treatment. “Our social worker visits the victims and their families at home. For most of them it is difficult to talk about sexual abuse. It would take us much more time to win their confidence in the centre, in a strange environment for them. To make them feel safer, we sometimes suggest to transfer the treatment to their homes.” In many countries, anonymous telephone helplines or chat rooms enable victims to access an initial space to disclose what happened to them without any risk of exposure. Such helplines also provide them with information on local rehabilitation centres that can support them with different forms of assistance.

With regard to safety and confidentiality in prisons, MATEO Kenya underlines how important it is that “medical examinations are conducted in private, under the exclusive control of the medical doctors, without presence of security agents and other government officials.”

Key action 1 Ensure privacy & confidentiality

Challenges:

- To seek help and treatment without others becoming aware of it.
- To access a variety of health services without client confidentiality being compromised.
- To bring perpetrators to court whilst protecting the confidentiality of survivors.

Recommendations:

- Create or identify suitable locations for rehabilitation centres that do not compromise confidentiality.
- Create or identify private rooms in prisons or hospitals where survivors can get medical treatment with only the medical staff and translators in attendance.
- Set up free confidential telephone helplines or online help chat-rooms for survivors.

Key Action 2: Build trust and raise awareness to encourage survivors to speak

Once privacy and confidentiality is assured rehabilitation experts must focus their efforts on providing a space and an atmosphere that facilitate the comfort and trust of their clients. Several examples in this report have illustrated how difficult it is to disclose sexual abuse. KHIAM Lebanon notes that it should be explicitly expressed to survivors that counsellors are “experts and are genuinely concerned about the safety, the well-being and the mental health of the client, about supporting their recovery from trauma and empowering their reintegration,” as this may not be clear to some victims and their families. Then, with great skill and care, the counsellor will try to win the confidence of their patient, help them to overcome fear and shame and convince them that they are free to talk and that it can be of benefit to them to speak about their traumatic past.

Several centres point to the importance of educating their staff in how to identify signs of gender-based and sexual torture early on. This needs to be sensitive to the symptoms and hints of their patients that might indirectly reveal sexual violence, such as references in clients’ accounts to problems in their sexual life, to pain in genital organs, or to other persons who experienced sexual abuse.

Another strategy to encourage survivors to talk about their sexual abuse is to make them understand there are many victims with similar experiences, that there are experts who know about this, and that there is a global human rights and health movement that advocates for their right to rehabilitation. Once a victim understands that there are many people who think that what they experienced is unfair and that this needs to change, they might feel empowered to claim their right to assistance and to justice. This can happen by providing them with awareness-raising publications on torture and sexual violence, by organising media campaigns for solidarity, by targeting schools, universities, youth clubs etc.

Key action 2 Build trust and raise awareness to encourage survivors to speak

Challenges:

- Social stigma and feelings of shame make it very difficult for survivors to disclose their experiences of sexual torture.
- Survivors do not feel safe telling their stories to professionals and fear the repercussions of speaking out.
- Survivors blame themselves and are wracked with feelings of guilt and so, often, do not seek help.
- Survivors are not informed about their rights to rehabilitation and justice and so, often, do not claim them.

Recommendations:

- Identify a comfortable and private space in rehabilitation centres, medical centres, prisons etc. that creates an environment where survivors feel safe to open up.
- Train all persons working with survivors, including NGO staff, doctors, nurses, psychotherapists, social workers and police staff, in building a friendly, empathic and professional rapport with them to create trust and to encourage them to speak. Train all persons working with survivors to notice signs that an individual may be a victim of sexual torture but is not comfortable disclosing this, as well as to react in a professional manner.
- Train all persons working with survivors in sensitive and supportive modes of communication.
- Set up free confidential telephone helplines or online help chat-rooms for survivors.
- Share materials with beneficiaries and at public meetings and other events which show survivors that they are not alone and that they have a right to rehabilitation and justice.

Key Action 3: Provide individual and group therapy, medical care and pharmacological treatment

Individual therapy is widely used by IRCT member centres and is one of the most effective means of rehabilitation. Psychologists at KHIAM Lebanon, for instance, often use narrative therapy, an approach, which deconstructs the stigmatisation of sexual abuse and helps the victims understand that they are not guilty and that they have a right to justice and rehabilitation.

Group therapy is another beneficial treatment for victims of sexual torture employed by the centres. As noted throughout this report, survivors often feel stigmatised by society and blamed for what happened to them. Through interacting with others who experienced similar forms of abuse and through sharing their stories, victims of sexual abuse can begin to relinquish their feelings of guilt and shame. KHIAM Lebanon explains: “This method builds mutual empathy and support among the clients, it erases their feelings of guilt and disgust, and enables them to take a pro-active approach towards their recovery.”

By sharing different strategies to cope with difficult situations, survivors can put their own behaviour and feelings into perspective and discover a whole range of possibilities to tackle their concerns. CTV Bosnia & Herzegovina explains: “Working in groups offers the opportunity to make some efforts to network and to function as a group not only here, during the treatment, but also during their ordinary lives. In their network, they find reciprocal support and this makes self-healing possible - outside of the centre, during their own lives. One of our clients even created her own organisation out of her experience.”

This experience shows how group therapy can also function as a social enabler, teaching survivors how to participate in public life. Step by step, they can learn to appreciate social interaction once more, to verbalise their experience in front of others, and to live their day-to-day life in spite of the trauma.

Key action 3 Provide individual and group therapy, medical care and pharmacological treatment

Challenges:

- Inaccessibility or deficiency of the public health sector.
- Scarcity of training for medical professionals about the needs of victims of sexual torture, including the importance of confidentiality and the ability to build trust.
- Reluctance of survivors to disclose their traumatic experience to medical professionals and specifically to approach the public health sector.
- High costs of therapy, medical treatment and medication which can be unaffordable for survivors.
- Lack of funding for health-based NGOs working in the sector.

Recommendations:

- The public health sector should offer professional, confidential, free or heavily subsidised medical and psychological treatments as well as pharmacological medication to sexual torture survivors.
- Non-governmental rehabilitation centres should offer medical assistance where the public health sector does not provide free and good services. Governments should make funds available to this end.
- All health professionals working with survivors of sexual torture should be trained to support them in an impartial, respectful and confidential manner, to identify respective signs and symptoms of sexual torture and to be sensitised to the needs of this specific category of victims.
- Medical professionals should identify volunteer survivors of sexual torture who have completed their therapy to encourage others to seek help.

By inviting family members, particularly partners, to join some sessions, concerns like the complex effects of sexual trauma on intimate partner life can be processed together. Parents can better understand the unfairness of the powerful stigmatisation with which their child is labelled after sexual abuse. This way, their rejection might be avoided and replaced with support.

Medical treatment is another critical part of rehabilitation. Physical injuries usually require prompt and often also long-term medical treatment. In addition, they have been found to intensify psychological disorders and to hinder mental recovery as they serve as constant reminders of the torture. Helping survivors to recover from their injuries not only improves their physical health but also promotes their wellbeing as a whole. It may enable them to return to work or to have functioning sexual relations with their partners.

Often, the public health sector is inaccessible for victims of sexual torture or not able to meet their needs. An expert from CTV Bosnia and Herzegovina notes: “My colleagues in the public health system, the doctors working in our hospitals, are overwhelmed by the number of patients they have to treat every day. They do not have enough time to really talk with them and to establish a good level of trust. Many victims of sexual torture are going through the public health system without saying anything about the sexual torture they experienced, and without mentioning the consequences they suffer from. They go through that system completely unrecognised, and their specific needs for treatment remain unidentified, which means that they are not treated properly at all.”

Therefore, in many countries, the existence of health-based NGOs is crucial for the rehabilitation of survivors of sexual torture. It is important that all medical professionals are sensitised to the specific needs of victims of sexual torture. They also need to receive training in how to look out for physical signs of possible sexual torture, as survivors may not disclose this information themselves. Clear referral pathways between rehabilitation centres, hospitals, private practitioners and the police must be set up and maintained.

Doctors, psychiatrists and psychologists, treating patients who are survivors of sexual torture may prescribe pharmacological treatments alongside talk therapy. Medication, for both medical injuries and psychological disorders, may be a very important part of rehabilitation and the high costs involved in most countries may be prohibitive to many survivors. Access to free or highly subsidised medicines is another challenge in the rehabilitation process.

Key Action 4: Apply special approaches for women, promote gender equality and tackle stereotypes of femininity and masculinity

Some centres believe it is important to create a specialised approach for female victims of sexual torture. According to their view, women and girls are more likely to experience sexual torture since they are generally discriminated against and sexual and gender-based violence is rife in many countries. This becomes particularly clear in contexts of armed conflict, when women and girls are often the targets of systematic rape as a weapon of war.

In the view of these centres, women and girls have also special rehabilitative needs that must be addressed separately. This requires not only additional services, such as group therapy for women who experienced rape, but also gender mainstreaming across all general services. This ranges from securing access to female doctors, counsellors and translators to providing victims of rape with immediate antiretroviral medication, as MATESO Kenya notes.

Applying approaches tailored to the needs of women is one step that centres have adopted. However, many experts in the field of sexual violence believe that more far-reaching action is necessary. They have called for broad rehabilitation programmes, which have a transformative effect to counteract the underlying problem of discrimination of women and girls that puts them at higher risk of becoming victims of sexual violence and, hence, also of sexual torture. In practical terms, this could involve services or collaborations that improve the socio-economic situation of female survivors and challenge gender roles within their families. Instead of sewing courses, women could be offered computer courses or training on agriculture.

Finally, it is also important to remember that trauma, stigma and rehabilitation have proven to be as strong and difficult for men as they are for women. The case studies of male victims collected for this report clearly show that a similar approach also needs to be devised for men and boys. Special attention should therefore also be paid to a discussion of gender roles and the implications of sexual violence against men. Patriarchal gender roles and ideals of virility often restrain men and boys from admitting their abuse. The rehabilitation services they may have access to would benefit from creating an atmosphere that allows victims to disclose their torture and need for help.

Key action 4

Apply special approaches for women, promote gender equality and tackle stereotypes of femininity and masculinity

Challenges:

- In some countries, gender equality is very weak, violence against women is commonplace and women's rights are not respected. This puts them at a higher risk of sexual torture, exposes them to further abuse after the event and undermines the rehabilitation process.
- Stereotyping of women and girls reinforces the stigma about sexual torture.
- Women and girls who experienced sexual torture may have specific needs compared to other torture survivors.
- Men and boys are historically subjected to patriarchal and machist gender roles that restrain them from disclosing sexual torture which impedes rehabilitation.

Patriarchal gender roles and ideals of virility often restrain men and boys from admitting their abuse.

Recommendations:

- Training and awareness-raising sessions on sexual torture, gender-based violence, gender inequality and women's rights should be carried out on the community level and for all professionals working in the field, including state and non-state service providers, such as police forces, health professionals, social workers, lawyers and human rights defenders.
- Gender mainstreaming should occur across service providers so that, for example, female translators and female doctors are available.
- Rehabilitation centres and NGOs should develop specific activities such as community education sessions that aim to address the root causes of sexual abuse. They should also encourage the participation of volunteer survivors who have overcome their past and now wish to raise their voices for the cause and to help others.
- Rehabilitation centres should design holistic programmes tailored to female survivors of sexual torture that combines therapy and medical treatment with social empowerment, legal assistance, vocational training and income generation activities.
- Rehabilitation centres should develop a sensitive approach to the treatment of male survivors of sexual torture. This includes the creation of an environment that allows them to deconstruct their perception of masculinity and to disclose themselves as vulnerable and in need of help. Awareness-raising campaigns should further break with traditional gender roles and ideals of masculine strength and invulnerability.

Key Action 5: Improve access to social and economic assistance

Social and economic assistance is a critical part of sexual torture rehabilitation as the re-integration into local communities and the labour market is particularly difficult for victims of sexual torture who face strong social stigmatisation. Furthermore, physical injuries inflicted during sexual torture or severe psychological problems may prevent survivors from being able to work and earn an income.

CTV Bosnia & Herzegovina supports victims through psychotherapy and medical aid, but also provides valuable help in rebuilding a structured daily routine and in finding an adequate job. “It is crucial for them to be included in work outside of their homes, to be employed. This way, their self-esteem will be increased, they will feel independent and perceive themselves as healthy. In all our societies if you work it means that you are a healthy person. Therefore, also within their family and their community they will be seen as a person with – yes – a terrible history in the past, but a well-recovered and healthy one now, who is taking their life into their own hands and who should be respected despite the fact that he or she experienced very humiliating events.” Similarly, KHIAM Lebanon works “on helping these victims to reintegrate into their social life and build self-confidence.”

In addition to support from rehabilitation centres, other NGOs and civil society, there may also be free local or national government grants or training schemes, which help survivors gain vocational skills. In some countries, such as Bosnia and Herzegovina, for instance, a monthly allowance is given to victims of rape in the war.

Key Action 6: Encourage reporting of sexual torture to the police, improve access to legal assistance and provide support throughout the judicial process

Stigma and fear of reprisals or of re-traumatisation prevent many survivors from reporting crimes of sexual torture to the police. As a result, perpetrators are not brought to justice and the rights of victims remain unrecognised. The police and justice system may also prove unhelpful or hostile, dissuading survivors from testifying and resulting in very few convictions whilst impunity further perpetuates the reluctance to report crimes and reinforces collective silence.

Key action 5 Improve access to social and economic assistance

Challenges:

- As a result of their physical injuries, psychological disorders or stigmatization survivors may not be able to work or be rejected by their families. This can lead to economic hardship.
- Therefore, survivors find it difficult to reintegrate into society.

Recommendations:

- Rehabilitation centres, government services and NGOs can offer social support, teach vocational skills, help beneficiaries to find a job and offer financial assistance recognizing their specific vulnerability.
- Families and communities should be sensitised to the difficult social situation of survivors of sexual torture and encouraged to help them to re-integrate into society.
- Stigmatisation should be addressed through awareness-raising campaigns.

“The practice of rape and other forms of sexual torture remains endemic in the Democratic Republic of the Congo. This is partly due to the pervasive situation of impunity for members of the security services, soldiers of the Congolese army and members of other armed groups who have systematically committed human rights violations and sexual torture in the context of the conflict. Moreover, the justice system has a series of structural weaknesses. Numerous obstacles, including lack of resources and corruption, have severely limited the impact of all measures taken.”

Save Congo DRC

Police forces are often biased by gender stereotypes, as FAVL Armenia notes: “Even the police share the opinion that a woman who dares making such a complaint should be ashamed. [...] In our society, women are brought to believe that they are guilty for what happened.” Similarly, MATESO notes that in Kenya “the criminal prosecution of rape cases appears to put the victim and their behaviour on trial rather than the perpetrator.” Most of all when the police perpetrate sexual torture, fear of retaliation might make it impossible for victims to report the case to any police station.

Reporting a case of sexual torture or claiming compensation for medical and psychological injuries can be an important part of rehabilitation. Furthermore, bringing a perpetrator to trial can also be a catalyst for other survivors to come forward, which in turn may lead to further convictions. As EATIP Argentina highlights, “Due to the trials that we are having now, many women who were victims of rape during the Terrorismo de Estado back in the 70s and 80s have started to speak about what happened to them. And because so many found the courage to speak up, sexual torture has been included in the trials as a separate crime, as a crime against humanity.”

“The legal prosecution of the perpetrators is essential for the healing of society and individuals.”

EATIP Argentina

Rehabilitative support is essential throughout the process from reporting to conviction. Rehabilitation centres or NGOs can provide assistance to survivors of sexual torture, with in-house lawyers, or by accessing legal aid or seeking the help of legal professionals who offer their services pro-bono. They can also provide therapy; as CTV Bosnia and Herzegovina notes “professional psychotherapeutic support is needed before, during and especially after the hearings,” particularly as victims are often deeply disappointed with the final verdict and the sentence given to the perpetrator. International legal systems also play a crucial role in ensuring that states are accountable in their duty to respect and defend human rights when sexual torture cases are reported.

However, many rehabilitation centres have expressed their disappointment at the outcomes of trials.

Key action 6

Encourage reporting of sexual torture to the police, improve access to legal assistance and provide support throughout the judicial process

Challenges:

- Police can be unhelpful or hostile when survivors try to report crimes.
- Legal assistance is expensive and may be unaffordable for many survivors.
- Unprofessional judges biased by gender stereotypes may treat the victims’ behaviour as the problem rather than the perpetrator’s actions.
- Laws may be biased or fail to ensure that survivors are given a fair trial.
- Corruption within the police or the judiciary may compromise the judicial process.
- Survivors who testify may not be given adequate protection. The judicial context is complex, detached and insensitive to the fragility of victims. Survivors are often re-traumatised during the trial. There is often a lack of evidence and witnesses in cases of sexual torture which are usually reported or admitted to court months or years later after the occurrence.

Recommendations:

- States must ensure that national legislation complies with international human rights ▶

- ◀ law that recognises sexual violence as a method of torture or ill-treatment.
 - States must ensure that police forces are informed about and respect the rights of survivors to report crimes and take action on their cases.
 - States must ensure that a well-functioning and impartial judicial system brings perpetrators to justice.
 - States must introduce comprehensive policies and budgets to provide legal assistance for victims of sexual torture and ensure they can access the justice system promptly and without discrimination.
 - Judges and prosecutors must ensure that claims for rehabilitation are effectively pursued for every victim of sexual torture in a fair, non-discriminatory and timely manner, that punishment for perpetrators and reparation for victims take account of the broad and devastating effects of sexual torture and reflect the gravity of the crime, and that trials with victims of sexual torture are held in a supportive manner that respects their trauma. Evidence from similar cases must be gathered to reinforce the burden of proof for cases of sexual torture.
 - Governmental legal aid should be provided to survivors. Policy-makers should create laws and policies which support victims of sexual torture. Protection schemes for victims and witnesses must be put in place.
 - Where this is not the case, rehabilitation centres and other NGOs specialised in legal aid should offer free legal assistance to beneficiaries. Governments should make funds available to this end.
 - NGOs and civil society should advocate and lobby for changes that will ensure that perpetrators are brought to justice.
 - Rehabilitation centres should be enabled to offer psychological support, which encourages people to report the crimes and continue to support survivors throughout the judicial process and after the trial is over.

Rehabilitation centres should be enabled to offer psychological support, which encourages people to report the crimes and continue to support survivors throughout the judicial process and after the trial is over.

Key Action 7: Document sexual torture

Documenting evidence and gathering data about sexual torture strengthens the rehabilitation process more broadly for survivors. Demonstrating that sexual torture is widespread and not limited to a small number of cases puts pressure on national governments to take action, can help to address the stigmatisation of sexual violence in society and to raise public awareness of the issue and may, indirectly encourage survivors to speak up. Successful prosecution of perpetrators encourages more victims to testify, adds greater credibility to their evidence and increases their likelihood of securing a conviction.

Rehabilitation centres can record and analyse clinical data gathered in interviews with clients to monitor trends or patterns, to identify the most effective approaches to rehabilitation, to support evidence-based anti-impunity work, to mobilise the public and to target governments to take action. Individual cases should be documented according to the standards set out in the Istanbul Protocol. The documentation of legal cases by NGOs working with lawyers and academic research carried out by universities will also add to this body of literature.

Key action 7 Document sexual torture

Challenges:

- There is a lack of documentation, research and data about sexual torture.
- Survivors are reluctant to come forward due to stigma and fear.
- Governments and state institutions may be unwilling to disclose information, take responsibility, or may actively cover up evidence and cases of sexual torture.

Recommendations:

- Rehabilitation centres and NGOs should continue to document sexual torture and gather and analyse clinical data in a systematic manner.
- All stakeholders collecting data on sexual torture should share their findings and integrate them in joint projects of interdisciplinary and international analysis.

“With regard to more long-term considerations, the DFI database to collect data on patients is a tool that is very useful for documentation, reporting, and advocacy. One of our objectives is also to use it for informing and campaigning.”

CCTI Mexico

Key Action 8: Advocate for change

The increasing body of evidence and data concerning sexual torture will also enable NGOs, legal institutions, civil society and academics to advocate for change. Awareness-raising at community meetings or youth groups, advocacy campaigns targeted at policy-makers, strategic litigation, production of leaflets, posters and booklets about sexual torture will all help to change public perceptions about the issue and can lead to positive changes in the law and increased empowerment of survivors. Furthermore, survivors who have managed to overcome their past may become advocates themselves, supporting other survivors through their rehabilitation and working for organisations which fight for justice.

This report shows that a key problem underlying disclosing sexual torture and the difficulty of victims to claim their right to rehabilitation and justice is the strong social stigmatisation that the crime causes. Long-term community-based work on the social perception of sexual violence and torture is therefore fundamental for achieving sustainable change. This might include advocacy that discusses the way we deal with sexuality in general, taboos, shame and stigma, gender roles, and the persistence of gender-based and sexual violence and torture.

Key action 8 Advocate for change

Challenges:

- Social stigma concerning sexual torture is still strong in many societies.
- Very few perpetrators are being brought to justice.
- Laws and policies are in many states still not supportive of survivors.
- There is limited funding to support survivors in accessing medical and psychological care.
- Social and economic assistance is still inadequate.

Recommendations:

- NGOs and civil society should advocate for change and call on the state to realise all reforms necessary for the prevention of sexual torture and the right of survivors to rehabilitation and justice.
- States should invest in community-based strategies to create sustainable change in the perception of sexual violence and torture.
- Data should be used by NGOs and all other stakeholders to reinforce and consolidate advocacy aspirations with evidence.

ANNEX: METHODS OF SEXUAL TORTURE

ANNEX: METHODS OF SEXUAL TORTURE

Through interviews, with seventeen IRCT member centres, for this report, a more comprehensive list of methods of sexual torture has been established. It goes beyond simple definitions of sexual torture techniques, incorporating categories that are more specific to the experience of torture, such as its duration, the place of occurrence, or a particular target group. Some categories, such as forced abortion or humiliation due to one's sexual orientation, do not directly target the sexuality or the sexual organs of a victim, but still strongly affect them. Additionally, it must always be taken into account that alongside sexual torture, victims usually also experience other forms of torture.

Verbal humiliation of sexual content

Public humiliation due to sexual orientation and gender identity

Forced disclosure of personal information related to sexual orientation and gender identity

Sexual molestation (e.g. touching, intrusive physical proximity, cutting or shaving of hair etc.)

Stripping and forced nakedness

Threats of rape or of other kinds of sexual torture

Threats of sexual torture against family members or friends

Suspending of (heavy) objects from genitalia, e.g. from scrotum

Forced performance of humiliating physical acts

Rape by someone of opposite sex

Rape by someone of same sex

'Correctional rape'

Gang rape

Repeated rape

Rape through introduction of inanimate objects into the genitalia

Rape through introduction of animate objects into the genitalia

'Anal examination'

'Virginity testing'

Forced sexual torture (e.g. rape) by relatives, friends or acquaintances

Deliberate sexual torture (e.g. rape) by relatives, friends or acquaintances

Forced to sexually torture (e.g. rape) others, including relatives, friends or acquaintances

Forced to witness others, including relatives, friends or acquaintances, being sexually tortured

Sexual torture in detention facilities, police stations or military bases

Sexual torture against vulnerable groups of persons, e.g. children, elderly persons or persons with disabilities

Striking, kicking, punching against genitalia

Electric shocks to the genitals

Cutting, stabbing, burning of genitalia

Genital mutilation

Extraction of reproductive organs

Forced sterilisation or castration

Forced pregnancy

Forced abortion

Excision and killing of unborn children

Killing of pregnant women

Alcohol- or drug-facilitated sexual torture

Sexual torture under suffocation

Forced prostitution

Sexual slavery

Notes and references

¹ Annex 1: complete list of methods of sexual torture identified by the participating centres.

² <http://www.noticiasmvs.com/#!/noticias/revisa-cidh-cumplimiento-de-sentencias-en-los-casos-de-ines-fernandez-y-valentina-rosendo-518>

How to support the IRCT

We need your support to fight torture and to help torture survivors rebuild their lives. By donating even a small sum, you can assist us to put an end to torture and to ensure that torture survivors and their families receive much-needed treatment and other services

By credit card

Please visit www.irct.org to make a donation using a credit card. All transactions are guaranteed safe and secure using the latest encryption to protect your personal information.

By cheque

Cheques made payable to the International Rehabilitation Council for Torture Victims (IRCT) should be sent to:

International Rehabilitation Council for Torture Victims
Vesterbrogade 149, building 4, 3rd floor
1620 Copenhagen V, Denmark

By bank transfer

Danske Bank
Holmens Kanal Branch
Holmens Kanal 2
1090 Copenhagen K
Denmark
SWIFT code: DABADKKK

Danish Kroner (DKK) Account

Registration No. 4183
Account No. 4310-821152
IBAN DK90 3000 4310 8211 52

Euro (EUR) Account

Registration No. 4183
Account No. 3001-957171
IBAN DK69 3000 3001 9571 71

U.S. Dollars (USD) Account

Registration No. 4183
Account No. 4310-005029
IBAN DK18 3000 4310 0050 29





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