

Report on Expert Panel & Workshop organized by UN Voluntary Fund for Victims of Torture



Surviving Torture and Fighting Stigma: The road to recovery for victims of sexual and gender-based torture

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Acronyms

CEDAW	Committee on the Elimination of Discrimination against Women
CSOs	Civil Society Organizations
FGM	Female genital mutilation
IACHR	Inter-American Court of Human Rights
IDPs	Internally displaced persons
LGBTI	Lesbian, gay, bisexual, transgender and intersex
NGOs	Non-governmental organizations
PTSD	Post-traumatic stress disorder
SGBV	Sexual and gender-based violence
UNCAT	United Nations Committee against Torture
UNVFVT	United Nations Voluntary Fund for Victims of Torture

1.- Introduction

i.- Why it is important to focus on sexual and gender-based torture?

Gender-based violence, prevalent worldwide in peacetime and exacerbated in fragile contexts during conflict, can be committed against any person because of their sex and socially constructed gender roles. Although women, girls and lesbian, gay, bisexual, transgender and intersex (LGBTI) and gender-non-conforming individuals are the main targets, men and boys can also be victims of gender-based violence.¹ These crimes are a result of rampant cultural misogyny, frequently and wrongly justified or tolerated in the name of tradition, culture or religion.² Recognizing that some forms of sexual and gender-based violence may amount to torture is necessary to **bring to light the prevalence of these violations worldwide and to ensure survivors' rights.**

Additionally, it is important to understand sexual and gender-based torture to identify their full impact on people's physical integrity, mental health, and human dignity. Disability status, ethnicity, socio-economic status and some contextual factors, such as humanitarian crises, including conflict and post-conflict situations, can increase a population's vulnerability to violence and torture.³ Members of persecuted political, ethnic or religious minorities are frequently subject to discrimination and are severely under-protected, making them more vulnerable to torture and mistreatment.⁴

Examining intersectional discrimination and the consequences thereof is **essential for understanding the specific needs of torture survivors and ensuring effective and tailored support** for those who experience multiple and simultaneous forms of human rights abuse, stigma and persecution.

ii.- Support to organizations working on sexual and gender-based torture

In many parts of the world, in particular where State social services are lacking, there is an inadequate system, or a complete lack of a system, for redress for victims of sexual torture. Though article 14 of the Convention against Torture stipulates that victims of torture are entitled to redress, including fair and adequate compensation and the means for as full rehabilitation as possible, there are victims everywhere without support. In many countries, the United Nations Voluntary Fund for Victims of Fund (UNVFVT or the UN Torture Fund) and its partners are the only option available for rehabilitation and recovery.

For nearly forty years, the UN Torture Fund has identified and supported civil society initiatives providing essential and holistic services to victims of sexual and gender-based violence (as torture, such as medical treatment, psychological support, legal aid and representation. Of the organizations supported by the Fund in 2018, 134 out of the 155 provide rehabilitation and redress to torture victims who have been subjected to sexual and gender-based violence. In 2018, 4,400 victims, including 600 lesbian, gay, bisexual, transsexual and intersex persons received specialized assistance in centres supported by the UN Torture Fund worldwide.

¹ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 5 January 2016, A/HRC/31/57, para. 7.

² Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 5 January 2016, A/HRC/31/57.

³ Facts and Figures: Ending Violence Against Women, UN Women, last updated November 2018, available at: <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>.

⁴ Report of the Secretary-General on Conflict Related Sexual Violence, United Nation, 15 April 2017, s2017/249, available at: <http://www.un.org/en/events/elimination-of-sexual-violence-in-conflict/pdf/1494280398.pdf>.

Many of these organizations are not only employing time-tested methods that are proven to help survivors overcome and manage trauma, they are also pioneering new methods that are innovative and effective. For example, strategic litigation, including on the recognition of victims of sexual and gender-based violence as victims of torture when applicable, is critical to ensuring that survivors are entitled to redress and rehabilitation. Creativity in the field of rehabilitation services, including new medical technology, new approaches to psychotherapy, social assistance and legal aid will help organizations provide better and more efficient support to their beneficiaries.

iii.- Sharing experiences and raising the visibility of sexual and gender-based violence amounting to torture—the annual expert workshop and public panel

Along with the support provided to civil society organizations, the UN Torture Fund convenes annual thematic workshops for victims, human rights defenders and practitioners from organizations that are supported by the Fund. The workshop is an opportunity for them to exchange ideas and best practices, to discuss challenges and setbacks and to foster the improvement of rehabilitation services. In April 2019, the UN Torture Fund convened, in Geneva, a two-day workshop entitled “*Surviving Torture and Fighting Stigma: The road to recovery for victims of sexual and gender-based torture.*” The workshop was inaugurated by a public panel on 3 April 2019.

This year’s workshop brought together 23 participants from around the world, including medical doctors, psychologists, social workers and lawyers. Participants also included several representatives from United Nations human rights mechanisms. The workshop was divided into three segments, which focused on:

- 1) Practices for the identification of victims of sexual and gender-based violence amounting to torture and their experiences overcoming barriers to the provision of redress and rehabilitation services;
- 2) Experiences and lessons learned about the inclusion of a gender-responsive and victim-centered approaches to the design and implementation of services for these victims; and
- 3) The impact of intersectional discrimination on access to services for survivors of torture, and targeted support taking into account factors such as gender, identity and sexual orientation, age, ethnicity, disability and socioeconomic status.

This report summarizes the findings of the public event and expert workshop and reflects the written contributions submitted by participants. These findings will also be incorporated in the Report of the Secretary-General on the activities of the Fund that will be submitted to the United Nations General Assembly at its seventy-fourth session.

As part of these events, the UN Torture Fund in association with the Fundación Círculos de Estudios (Colombia), hosted the photo exhibit “the Right to Voice” to highlight the strength and voice of survivors of sexual and gender-based violence amounting to torture. The exhibit seeks to recreate historical memory and to promote social commitment to the restoration of rights of the more than 4,000 people who were victims of sexual violence during the internal armed conflict in Colombia. The 16 photographs exhibited show the road towards recovery and hope, and the fight against stereotypes of sexual and gender-based torture survivors.

2.- Definitions and scope

i.- Definition of gender-based violence, including sexual violence

Gender-based violence is considered to be any harmful act directed against individuals or groups of individuals on the basis of their gender. Gender-based violence may include sexual violence, domestic violence, trafficking, forced/early marriage and harmful traditional practices. **Sexual violence** is a form of gender-based violence and encompasses ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting’. Sexual violence takes multiple forms and includes, though is not limited to, rape, sexual abuse, forced pregnancy, forced sterilization, forced abortion, forced prostitution, trafficking, sexual enslavement, forced circumcision, castration and forced nudity.”⁵

Historically, protection under the United Nations Convention against Torture focused on violence at the hands of state actors that disproportionately affected men. However, international human rights jurisprudence and practice has evolved to recognize the importance of a gender perspective in the crimes of torture and other forms of ill treatment. International jurisprudence now widely recognizes certain cases of sexual and gender-based violence as a violation to the prohibition of torture. These include sexual violence perpetrated by the State or armed groups, as well as by private individuals when the State fails its due diligence obligations.⁶

Linda Loaiza López Soto, a woman from Venezuela, brought a claim to the Inter-American Court of Human Rights for the torture and sexual slavery she suffered when kidnapped by a stranger. She was 18 years old when she was abducted and sexually tortured for months, on a daily basis, while the authorities had key information in their possession to arrest her captor. In 2018, more than 17 years after the events, the Inter-American Court of Human Rights found the Venezuelan State responsible for its failure to prevent and investigate the events while they were occurring and for enabling the sexual torture to take place. This is the first time that violence committed against a woman at the hands of a private actor was classified as torture within the Inter-American human rights system.⁷

ii.- Definition of torture

The UN Torture Fund considers article 1 of the United Nations Convention against Torture as the basis of the definition of torture and also takes into account how the United Nations treaty bodies and other human rights mechanisms are broadening the concept of torture. Article 1 of the Convention prohibits any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person 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.

The main elements of the definition of torture include:

⁵ Analytical study focusing on gender-based and sexual violence in relation to transitional justice, A/HRC/27/21, 30 June 2014, para. 3.

⁶ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 5 January 2016, A/HRC/31/57

⁷ Inter-American Court of Human Rights, *Caso Lopez Soto y otros vs. Venezuela*, Sentencia de 26 de septiembre de 2018 (Fondo, Reparaciones y Costas). Available at: http://www.corteidh.or.cr/docs/casos/articulos/seriec_362_esp.pdf.

- acts and omissions that inflict severe pain or suffering;
- intentionally inflicted to obtain information, to punish, to intimidate or for any reason based on discrimination;
- 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.

iii.- Sexual and gender-based violence amounting to torture

In relation to the first element of the definition, there is a solid body of jurisprudence from the United Nations Committee against Torture and other human rights mechanisms establishing sexual and gender-based violence as acts inflicting **severe pain and suffering** amounting to torture. To assess the level of pain and suffering “States must examine the totality of the circumstances, including the victim’s social status; extant discriminatory legal, normative and institutional frameworks that reinforce gender stereotypes and exacerbate harm; and the long-term impact on victims’ physical and psychological well-being, enjoyment of other human rights and their ability to pursue life goals.”⁸

The **intent** and **purpose** element of the definition is fulfilled “if an act is gender-specific or perpetrated against persons on the basis of their sex, gender identity, real or perceived sexual orientation or non-adherence to social norms around gender and sexuality.”⁹ Discrimination is one of the elements included in the definition, and sexual and gender-based violence is inherently discriminatory.¹⁰

The third element **involving a public official** is met when the acts are perpetrated by State actors or when States fail to exercise **due diligence** “to prevent and protect victims from gender-based violence, such as rape, domestic violence, female genital mutilation, and trafficking. This obligation arises when State authorities (or others acting in an official capacity or under color of law) have reasonable grounds to believe that such acts of torture or ill-treatment are being committed not merely by State officials, but **also by non-State officials or private actors**. The State’s failure to fulfill their positive obligations through indifference or inaction represents a form of encouragement and/or *de facto* permission.”¹¹

iv.- A note on terminology—victims or survivors?

“[...] I no longer like to use the word victim, I recognize myself as a surviving woman. I think about the pain that I lived and how I have transformed it to move ahead. Calling myself a survivor I feel like I am being reborn, I can tell my story in a calm way and it's a new opportunity.” Siris Renteria, *Fundación Círculos de Estudios Culturales y Políticos (Colombia)*

Some participants in the workshop used the term “victims” of sexual and gender-based torture as reflected in the definitions included in human rights instruments. Other practitioners noted the importance of using the word “survivor” to put emphasis on how these victims have

⁸ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, A/HRC/31/57, 5 January 2016, para. 68.

⁹ Ibid., para. 8. See Committee against Torture, General Comment No. 2., CAT/C/GC/2, 24 January, 2008, para. 20.

¹⁰ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, A/HRC/7/3, para 30 and 68.

¹¹ Excerpt from United Nations Voluntary Fund for Victims of Torture, (DRAFT) Reference document on the definition of torture. See Committee against Torture, General Comment No. 2., CAT/C/GC/2, 24 January, 2008, para. 18. See also Convention on the Elimination of All Forms of Discrimination against Women general comment No. 35 on gender-based violence against women, updating general recommendation No. 19, CEDAW/C/GC/35, 14 July 2017, para. 24.

been empowered to rebuild their lives and to fight for their rights. This report uses both, “victims” and “survivors” to acknowledge their right to self-identify themselves.

3.- Identification of survivors—strategies and approaches

Under article 14 of the United Nations Convention against Torture, torture victims are entitled to redress, including compensation, and rehabilitation services. This support is fundamental to enable them to heal, rebuild their lives, rejoin society and avoid revictimization. The identification of those who have survived this violation is a necessary first step to initiate the rehabilitation process.

Workshop participants discussed the complex and diverse range of barriers they confront to identify victims of sexual torture, including in cases in which the government does not recognize a group of survivors as victims of torture. Discussions addressed the need to challenge social barriers to overcome stigma; to build the capacity of survivors to know their rights; and to advocate for changes in policy and legal frameworks which can also constitute important obstacles for victims to access the support and services they need.

Practitioners and organizations need to use different methods to reach out to people and ensure they receive appropriate support. This may also include community wide advocacy to counter stigma. An important part of the discussion addressed experiences and best practices to identify victims, and to enroll them in programs that can support their rehabilitation needs. Practitioners also highlighted landmark cases in regional and international courts in which survivors of sexual and gender based violence were recognized as survivors of torture.

i.- Combatting cultural pressure, social stigma, fear and exclusion

The severe physical and mental trauma inflicted on victims of sexual and gender-based violence is often exacerbated by the **stigma and social exclusion** they confront from families and communities. Stigma is one of the many gendered consequences of sexual violence and the result of pervasive gender stereotypes, and pre-established rules related to women’s roles in society, to certain understanding of men’s masculinity, and to societal norms on sexual orientation and gender identity.

“On September 18, 1996, I was forcibly sterilized in the María Auxiliadora Hospital of San Juan de Miraflores in Lima...when [my husband] learned what had happened, he got very angry with me, he insulted me, he said that I was a prostitute [...]. At that time, I did not feel that I owned my body, he was the one who decided and controlled the birth rate, I could not take care of myself. I faced violence from my husband and society [...]. Most women in this situation have been abandoned by their husbands. Many like me faced a life alone with our children.” *María Elena Carbajal Céspedes, Centro de Atención Psicosocial (Peru)*

Addressing and combating stigma and social exclusion is critical to address one the major challenges to reporting sexual and gender-based torture, preventing victims from accessing services and other forms of support, and hindering the process of rehabilitation. In some cases, the fear of stigma extends to the survivor’s families, including their children. A participant explained: “Even the children of victims experience public stigma and discrimination in their ability to access employment and schooling, and their ability to process basic government citizenship documents such as ID cards, birth certificates, and marriage licenses.”¹²

¹² Indria Fernida, Asia Justice and Rights (Indonesia).

Culture norms and narratives around gender roles also affect the survivors' experience of sexual and gender-based torture. For example, victims may believe that their rape is a form of punishment for transgressing certain norms or for past deeds and feelings of shame and guilt may prevent them from seeking access to justice and medical and psychological support.

“Many men are dying in silence because they have lost their psychological masculinity after the sexual abuse they have suffered, thinking that they no longer deserve to be called men. [...] I know what this means, because I have suffered from loneliness, shame and confusion of personality, having been sexually abused like an animal. I kept silent for a long time, through ignorance, lack of motivation and inadequate guidance. I was long tortured by my own thoughts because I did not see any solution that could get me out of the situation. [...] Today I stand in front of you as an activist and feel the desire to always be the voice for the voiceless survivors.”
Aime Moninga Izilaba Refugee Law Project, Uganda

Although women and girls are disproportionately the victims of sexual violence, men and boys are also targets of such violence, particularly in conflict situations.¹³ Recent research conducted by All Survivors Project shows that sexual violence has been used against men and boys in over 20 countries, including in the contexts of political and ethnic violence, to intimidate perceived government opponents or to pursue government policies. Efforts to address this phenomenon, however, remain limited.¹⁴

Sexual torture of men is surrounded by a culture of shame and silence, in part because many men fear the stigma associated with sexual violence, fear of the consequences of being identified as a homosexual, and risk losing their families. Gaps in national legislations also make it difficult for survivors to report to the police or to seek medical services. For example, Uganda only recognizes the rape of women and criminalizes homosexuality. In this context, reporting sexual torture can be dangerous and survivors may refrain from reporting to avoid further attacks.

Addressing sexual torture against men and boys requires a better understanding about this practice, as well as strengthening the capacity of service providers to identify survivors, to reduce stigma and to address male survivors specific needs. Rehabilitating survivors will require long-term interventions that deal not only with the individual victims, but also with changing the perceptions of families and communities.

ii.- Legal recognition of survivors of torture, their rights and entitlements

In many communities, there is a lack of **knowledge about rights**, remedies and services. This lack of awareness is complex and extends from the individual, to the community, and to the government as a whole. People may not be aware of what constitutes sexual and gender-based torture or where they can report it. A survivor of sexual and gender-based violence may not know that he or she was a victim of a crime, let alone torture. This is particularly true for victims that live in rural and isolated contexts. As one of the panelist

¹³ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, A/HRC/31/57, 5 January 2016, para. 7. See also Analytical study focusing on gender-based and sexual violence in relation to transitional justice, A/HRC/27/21, 30 June 2014, para. 5.

¹⁴ Understanding sexual violence against men and boys in conflict, Charu Lata Hogg, June 19, 2018. Available at: <https://www.openglobalrights.org/understanding-sexual-violence-against-men-and-boys-in-conflict/>.

recounted in her testimony, she did not know that her forced sterilization constituted a human rights violation, and that she was entitled to redress and rehabilitation.

As many of the social benefits are conditioned on legal recognition of a person's status as a victim of torture, practitioners have taken on strategic approaches to litigation to fight for their clients' rights to be recognized as such.

In 2014, the 11 women survivors of sexual torture in the case of San Salvador Atenco against Mexican State agents launched an initiative to extend solidarity among women survivors of this serious violation in the country. The **campaign, "Breaking the Silence: All Together Against Sexual Torture"**, involves the participation of civil society organizations to document and make visible cases of sexual torture, and has achieved important milestones. The courage of the Atenco survivors have inspired many other women to break the silence and denounced what happened to them.¹⁵ In 2018, the Inter-American Court of Human Rights issued a decision in the Atenco case and established that Mexico is responsible for the violation of the prohibition of torture among many other rights.¹⁶

Frequently, harmful practices may be considered a cultural norm by the community instead of torture; female genital mutilation is an example of such a practice. In these cases, there may be a lack of sympathy and support for survivors, or even aggression towards those who complain, which further deters individuals from reporting violations.

Legal Action Worldwide has launched a **campaign to recognize female genital mutilation (FGM) as a form of torture in international law**. The organization is working on a case on behalf of FGM survivors. Although many countries have criminalized this practice, its prevalence is still very high. Challenges in identifying victims of FGM include:

- Due to its criminalization, communities that practice FGM have adopted highly secretive approaches in their practice of FGM. Often FGM comes to light only when victims are critically ill or have died;
- The increasing shift towards medicalization of FGM--undertaking this practice in hospitals as a way of countering the arguments on the harmful nature of the practice;
- Hostility by family members towards efforts for pursuing justice and accountability;
- Survivors in certain cultures do not consider the practice harmful, but view it as necessary for them to feel that they belong in the society;
- The community-inflicted stigma associated with women who have not undergone FGM, is a barrier towards effectively addressing FGM.¹⁷

Gaps in legal systems and frameworks can also be important obstacles to identify victims of sexual and gender-based torture. For example, in countries where male rape is not considered a crime and/or where same sex relations are criminalized, men that are victims of sexual violence amounting to torture may be afraid to report to the police or seek rehabilitation services for fear of being labeled as homosexuals.

¹⁵ Statement by Daniela Aguirre, Luna, Centro de Derechos Humanos Miguel Agustín Pro Juárez A.C., Mexico.

¹⁶ Inter-American Court of Human Rights, Caso Mujeres Víctimas de Tortura Sexual en Atenco vs. México, Sentencia de 28 de Noviembre 2018 (Excepciones Preliminares, Fondo, Reparaciones y Costas). Available at: http://www.corteidh.or.cr/docs/casos/articulos/resumen_371_esp.pdf.

¹⁷ Statement by Stella Ndirangu, Legal Action Worldwide (Kenya).

Likewise, in countries that fail to criminalize practices such as intimate partner violence, child and forced marriage and so-called 'honor crimes,' survivors have more difficulties coming forward to access necessary services. In other countries, marital rape may be recognized as a criminal offence but police may be unwilling to charge perpetrators because patriarchal views of marriage may justify this violence as the wife's duty toward their husbands.

Furthermore, survivors may refrain from reporting to protect themselves from further violence. Reporting cases of sexual and gender-based torture can be dangerous in some contexts, especially, in the absence of victim **protection** programs. In many countries, demonization and alienation in relation to migrants and asylum-seekers undermines feelings of security. Survivors may need to feel safe, for example by securing asylum status, before they can identify themselves as victims of sexual torture and begin receiving treatment. As one of the participants noted, "while the torture experience had a deep impact [on the victim] so did the forced displacement and the process of securing asylum."

Providers working with survivors of torture who are either refugees or asylum-seekers need to consider the significant losses that accompany displacement and the challenges inherent in the refugee or asylum-seeker experience."¹⁸ In several countries, there is also a need for practitioners to take into account the risk of retraumatization during the asylum-seeking process, in particular when physical exams are required for evidence of sexual violence or assault.

iii.- Strategies and approaches to reach out to survivors

"Sexual and gender-based violence break the physical, psychological, social and sexual identity of victims." David Onen Ongwech, *Refugee Law Project (Uganda)*

Participants discussed the need to employ different methods to reach out to survivors and to ensure that they receive appropriate support. Organizations have developed **screening tools** to address specific obstacles in the identification of victims of sexual and gender-based violence in different contexts, as well as among specific groups (internally displaced persons, refugees, male survivors, trafficked persons and forced sterilization victims). Some organizations have developed structured gradual interviews techniques that allow them to form a trusting alliance with victims in difficult settings, such as detention centers and refugee camps. Other organizations do not expressly screen, but put emphasis on creating an **enabling environment to generate conditions for survivors to disclose** their experiences when they are ready.

"The World Health Organization (WHO) does not recommend universal screening for violence of women attending health care. WHO does encourage health-care providers to raise the topic with women who have injuries or conditions that they suspect may be related to violence."¹⁹

The consensus among participants was the need to move beyond the terminology used (screening or other) to unpack these terms and analyze what they entail. Participants highlighted as critical aspects of this process:

¹⁸ Dr. Sonali Gupta, the Center for Victims of Torture (United State of America).

¹⁹ The World Health Organization, *Healthcare for women subjected to intimate partner violence or sexual violence*, A clinical handbook, WHO/RHR/14.26, September 2014, page 9.

- ✓ **Interdisciplinary approaches** are essential to determine the methods of identification and the type of rehabilitation and means of redress to address different needs of victims;
- ✓ A **positive therapeutic context** is important to build trust and ensure victims can feel safe to share their experience;
- ✓ Survivors should have **control over the information** they want to share, as well as when and how they want to share it;
- ✓ Supporting and **organizing survivors to support other victims** is an important strategy to help combat stigma and advocate at the community level;
- ✓ **Community involvement** plays an important role in identification and rehabilitation of victims. Outreach efforts must include sensitization and information on sexual torture and its impact;
- ✓ **Solidarity campaigns** are a good strategy to encourage victims of sexual and gender-based torture to come forward and demand a response from the State.

“When we arrived at the crowded detention facilities in the mission of locating and identifying torture victims, our challenge was multifaceted and complex. Many victims were in such mental and physical state that hardly enabled basic communications. Engaging trust and openness with strangers like us can be difficult and may sometimes require several visits before it gradually evolves. With others, their need to share post-traumatic stories is urgent and explosive, hardly regulated or contained. In both cases, great care and responsibility is needed in order to gain valid testimonies that will serve their legal needs.”²⁰

4.- Transforming survivors and communities—types of rehabilitation services

“Being a male survivor of sexual violence and a refugee [...] comes with a lot of challenges including livelihood problems due to lack of jobs, stigma and discrimination, domestic violence, divorce and separation, physical injuries and ailments as well as psychological pain and confusion.” Aime Moina, Refugee Law Project (DRC/Uganda)

International obligations with respect to the prohibition of torture require States to respond to the immediate needs of victims “to restore, as far as possible, their independence, physical, mental, social and vocational ability; and full inclusion and participation in society.”²¹ However, in most States, laws, policies and budgets do not ensure essential rehabilitation services and it is the NGOs, victims’ associations, private hospitals and legal clinics, which end up filling these gaps.

Participants discussed a wide range of medical and psychosocial services, as well as support to access the justice system and other measures to provide opportunities for economic autonomy and stability. Many of these initiatives go beyond individual rehabilitation services and address the recovery of families and communities.

²⁰ Statement by Alexandra Roth, Hotline for Refugee and Migrants (Israel).

²¹ Committee against Torture, General comment No. 3 (2012), CAT/C/GC/3, 13 December 2012, para. 11.



The Centre for the Study of Violence and Reconciliation

Throughout the workshop, participants drew attention to the need to undertake a holistic approach to assess victims' needs and to effectively coordinate interdisciplinary responses to support survivors. A holistic approach should:

- ✓ Build strong **referral networks** at the community level to meet survivors' multiple needs;
- ✓ Actively **involve survivors in the design and delivery** of rehabilitation programs to ensure that the program meets their needs;
- ✓ Be informed by the survivors' **cultural context** which influence the concepts of illness as well as what are acceptable therapies and approaches;
- ✓ Ensure **confidentiality** to avoid labeling of victims and their re-victimization in the family and the community;
- ✓ Address the **vulnerability of survivors to new forms of violence**, including domestic and community violence.

i.- Clinical interventions—medical care ²²

Sexual and gender-based torture harms victim's health in many different ways, including long and short-term, as well as in apparent and concealed ways. Providing medical care to victims of sexual and gender-based torture requires confidential and non-discriminatory medical assessments carried out by skilled medical and forensic providers. As a first step, healthcare providers need to obtain the victims' medical history to address specific health issues. Healthcare providers need to use a trauma-informed approach that takes into account the patient's level of comfort and ability to tell their story. To avoid re-victimization, the patient's trauma history should only be discussed as necessary for the provision of care.

²² This section is based on the presentation delivered by Dinali Fernando, MD, MPH, Medical Director, Libertas Center for Human Rights (United State of America).



* Ades, et al. An Integrated, Trauma-Informed Care Model for Female Survivors of Sexual Violence, The Engage, Motivate, Protect, Organize, Self-Worth, Educate, Respect (EMPOWER) Clinic. *Obstet Gynecol.* 2019 Apr;133(4):803-809.

In conducting physical exams, as well as more specifically the gynecological and genitourinary exams, healthcare providers need to consider the need to:

- ✓ Discuss confidentiality and medical privacy laws with survivors to make them feel safe;
- ✓ Clarify purpose of visit (check-up, address specific health issues, support a forensic evaluation/affidavit);
- ✓ Consider patients' medical histories & evaluate symptoms in the context of their trauma;
- ✓ Evaluate the need to provide mental health, legal and social services—use a collaborative care model;
- ✓ Recognize patients' experiences as traumatic, which may not have been acknowledged as such by them. ;
- ✓ Use medical interpreters as needed, but be particularly mindful of confidentiality concerns with interpreters from same community for sexual and gender-based violence survivors.

Diagnosis	Treatment
• Infections	→ antibiotics, antivirals, antiretrovirals
• Chronic genital pain/erectile pain	→ steroid injections
• Fistulas, Urethral Strictures	→ surgery
• Anal Fissures, Peyronie's disease, Erectile dysfunction	→ topical/oral medications, surgery

• Chronic Disease	→ lifestyle modifications, psychological care, medications
• Sexual dysfunction/ psychological distress	→ therapy, medications
• Adverse pregnancy outcomes	→ improved prenatal care, health education
FGM sequelae	
• Neuromas	→ surgical excision
• Recurrent infections, hematocolpos	→ deinfibulation
• Obstetric complications	→ antenatal screening with urogynecologist and/or a specialist perineal midwife for deinfibulation; manual perineal support & episiotomies to incise scar tissue and expedite delivery.
Reconstructive surgery	→ mixed data

Participants emphasized the following **best practices** in the provision of medical services:

- ✓ Establish trust and rapport with victims—normalize symptoms;
- ✓ Use a culturally sensitive approach to elicit medical concerns without pressure for a response to disclose information;
- ✓ Screen for common medical sequelae of SGBV—evaluate for organic causes of symptoms that can be medically treated before giving a psychosomatic diagnosis;
- ✓ Explain diagnoses and offer treatment options, explaining risks & benefits and providing language appropriate written and illustrated materials;
- ✓ Use a multidisciplinary team approach by well-trained and respectful medical professionals, including psychologists, sexologists, infectious disease specialists, urologists, obstetricians/gynecologists, proctologists, primary care doctors, and pediatricians;
- ✓ Engage in shared decision making with patients to determine the treatment plan. Ask if they have questions—reassure;
- ✓ Train medical doctors in human rights and provide awareness about sexual and gender-based torture.

ii.- Mental health and psychosocial support services

“The amount of trauma associated with sexual violence is unimaginable, leading to cases of Post Traumatic Stress Disorders, depressive symptoms, anxiety disorders, suicidal thoughts, secondary sexual dysfunction, among others. This often leads to cycles of vulnerability and dysfunctional patterns that affect the whole household. Some resort to drinking to numb their pain, aggressive behaviour or withdraw from their families to avoid the humiliation of their inability to be the father, partner and husband they used to. Therefore, experiences of violence during war create violence “during peace”. David Onen Ongwech, Refugee Law Project (Uganda)

Victims of sexual and gender-based torture are likely to develop mental health conditions, including anxiety, moderate-severe depressive disorder, personality disorders, post-

traumatic stress disorder (PSTD) and complex PSTD. According to Spirasi—an Irish NGO that helps migrant and asylum seeker victims of torture—nearly 75 per cent of women from the Spirasi population tested met the criteria for either PTSD or CPTSD. Some 70 percent of men from the Spirasi population tested met the criteria for PTSD or CPTSD.

Forty-eight per cent of female clients and 42 per cent of male clients met the criteria for CPTSD and 29 per cent of female clients and 35% of male clients met the criteria for PTSD. Data shows that high rates of CPTSD as a result of torture across both genders is expected. However, women score higher than men in CPTSD despite only qualifying for the UNCAT definition of torture 57 per cent of the time, as opposed to men who qualified 82 per cent of the time. Woman's gender may be a predisposing factor for her being at risk to the interpersonal trauma and disempowerment which leads to CPTSD.

In addition to the effects of trauma, many survivors struggle with a number of socio-economic challenges such as childcare responsibilities, lack of financial independence and language skills. Participants agree that a holistic approach that provides multidisciplinary services is critical in the rehabilitation process and shared a number of therapeutic initiatives that recognize survivors' wide range of needs.

A common thread among the diversity of psychosocial services and models for supporting survivors is the **critical role played by communities** in rehabilitation processes. For example, the therapies provided at the Center for Rehabilitation and Prevention «Vive Žene» in Bosnia and Herzegovina are based on a notion of trauma that makes a strong connection between the personal and the context—trauma that can only be understood in a specific social-cultural-political context. This psychosocial approach stresses individual healing together with community healing—that is rebuilding trust and social networks in communities where war crimes and genocide have occurred. Central to this work is the model of sequential traumatization, which understands trauma as a process that continues even when the acts of terror have stopped and can be transferred to the next generations.²³

Survivor-led support groups also provide a therapeutic environment for victims to find acceptance and help re-establish safety by rebuilding trust. For example, the Fundación Círculos de Estudios in Colombia organizes survivor support groups that provide psychosocial accompaniment to victims of sexual violence in the context of armed conflict. In these therapies, several professionals accompany a group of women and work on their emotions and relationships, those same emotions that were transformed by the war and by the human rights violations that they confronted. In these groups, they narrate their life and what has happened to them, in a safe space, accompanied by professionals and other victims, which has allowed them to weave ties of mutual help.

“At the beginning I was very quiet, after seeing other women who had the courage to narrate what happened to them, I also had the courage to tell my own story and that helped me to heal, to free myself from all burdens and realize that I was not to blame for everything that had happened. [...] I became stronger, knowing my rights as a woman and I started to fight for them.” Siris Renteria, *Fundación Círculos de Estudios Culturales y Políticos (Colombia)*

The use of **specific methodologies** can also help to create a comfortable and safe environment for survivors to heal. For example, the Center for the Study of Violence and

²³ Presentation of Augustina Rahmanović, Center for Rehabilitation and Prevention «Vive Žene», Tuzla, Bosnia Herzegovina. This model was developed by Hans Keilson (1992) and adapted by Becker and Weyermann (2000).

Reconciliation in South Africa uses body mapping to highlight where victims are hurting and support those struggling with naming their feelings. Family drawings are also used to map out and discuss how families are evolving. The Center works with community members and builds their capacities to work with survivors in their own communities. This approach ensures sustainability of counseling in a context where resources are scarce.

Participants also underscored as an important part of a survivor's healing their participation in the process documenting their own experiences. For example, the Center for the Victims of Torture is piloting a new approach called '**therapeutic documentation**,' that aims at ensuring that "the process of documenting the survivor's experience is survivor-centered, avoids retraumatization and is implemented in such a way as to be a therapeutic experience for the survivor. This documentation can then be used in various ways such as for individual or community memorialization, to inform policy making, support advocacy efforts, or be used for justice and accountability."²⁴

Similarly, in Indonesia, Asia Justice and Rights (AJAR) has developed a **participatory action research methodology** called "Stone & Flower." This methodology integrates healing, documentation, solidarity-building and critical analysis, so that survivors can take part, be empowered, and benefit from the process of gathering knowledge. This methodology "addresses human rights violations, the social and political impacts of violations, and provides an environment where healing can take place."²⁵

The **Stone and Flower** tools²⁶

- 1. Time Line**—understanding the violence experienced by women before, during and after conflict and building a collective history;
- 2. Community Mapping**—drawing a map that show the victim's homes, the places where violations took place, and other important locations in their story;
- 3. Resource Mapping**—analyzing sources of livelihood, before during and after conflict and understanding the cycle of poverty experienced by victims in post-conflict situations;
- 4. Body Mapping**—understanding how the violations experienced by victims have impacted their bodies;
- 5. Stone and Flower**—describing whether the rights to truth, justice, healing and a life free from violence exist in their personal, family and community life;
- 6. Taking Photos, Telling Stories**—creating a photo story about victims' life with portraits of locations and objects that have particular meanings;
- 7. Memory Boxes**—crafting victims' stories with objects that hold memories and writing about their life experiences.

All the different therapies described above have contributed to raise victims' awareness of their own rights and to empower and transform many torture survivors into activists and

²⁴ Dr. Sonali Gupta, the Center for the Victims of Torture (United State of America).

²⁵ Indria Fernida, Asia Justice and Rights (Indonesia).

²⁶ Adapted from the workshop presentation by Indria Fernida, Asia Justice and Rights (Indonesia). The full manual is available at: <http://www.asia-ajar.org/files/stone%20%26%20flower.pdf>.

human rights defenders. This in turn can contribute to contest the stigma associated with sexual and gender-based torture and allow individuals and communities to heal.

María Elena Carbajal Céspedes is a survivor of the forced sterilization program implemented during the Government of Alberto Fujimori in Peru. She described that as a consequence of the sterilization, she faced domestic violence and was abandoned by her husband. With the support of the Psychosocial Care Center (CAPS) she has strengthened her leadership abilities and she is currently the president of the Association of Victims of Forced Sterilization of Lima and Callao (AVEF), where she promotes judicial processes and reparation measures on behalf of victims of forced sterilization.²⁷

iii.- Legal support to access justice

“Survivors have a different perception of what justice is. Justice is not just to see the perpetrators in jail. Justice means going-on with their lives and life plans, often brutally interrupted by the violence suffered and its physical and social consequences and by the stigma. We must be guided in our actions by the views and desires expressed by survivors.” Peggy Hicks, Office of the High Commissioner for Human Rights

Access to justice is a fundamental element of the right to redress and rehabilitation. It requires a fair and impartial judicial proceeding and the enforcement of the court's decision. Participants stressed the importance of survivor-led approaches to justice in which the notion of justice is not as an end in itself, but rather an element of the healing process. These approaches need to focus on building the capacity of survivors and community members to meaningfully participate in seeking accountability.

The search for justice, however, is often a long and sometimes an elusive journey and individuals and communities need a variety of rehabilitation services while this process is ongoing. Participants draw attention to laws establishing the rights to receive medical, psychiatric and psychosocial assistance, as well as to have legal accompaniment to facilitate access to truth, justice and comprehensive reparation for victims of sexual torture. However, participants noted many gaps in implementation. There are also challenges in obtaining and preserving evidence which is needed to access those services. Justice processes may require a high burden of proof to establish sexual violence, such as psychological and gynecological exams, but evidence of sexual violence may disappear if such exams are not conducted on time.

Participants underscored the additional obstacles to access justice for women deprived of liberty because of unfair criminal proceedings, based on evidence originated through sexual torture. For example, the deterioration in the economic conditions of their families, who are confronted with the expenses related to their criminal cases, the economic burden of caring for the survivor's children and the fact that survivors are often sent hundreds of kilometers from their homes and, therefore, a family visit becomes impossible. When faced with lengthy unfair criminal proceedings while they are deprived of their liberty, unable to see their family, and face economic complications, the priority for survivors and their families is to obtain freedom. Consequently the investigation of the acts of sexual torture, the punishment of those responsible and the victim's access to redress and rehabilitation take a back seat.

²⁷ Statement by María Elena Carbajal Céspedes, CAPS (Peru).

Lack of adequate protection for victims of sexual torture is also a major challenge to access the judicial system. As one of the participants pointed out “most of the clients are survivors of brutal forms of sexual violence perpetrated by military/government soldiers, and where perpetrators are non-state agents they have considerable influence and political clout.”²⁸ Most countries, however, lack a witness or victim protection program.

In countries where access to justice and reparations are not feasible options, some organizations are making use of international human rights mechanisms to obtain redress for victims of sexual torture. For example, in December 2018, Legal Action Worldwide, together with 30 South Sudanese survivors of sexual violence, filed the first case against the Government of South Sudan for sexual violence committed by members of the South Sudanese army, the Sudan People’s Liberation Army (SPLA), and the Presidential Guard before **UN Committee on the Elimination of all Forms of Discrimination Against Women (CEDAW)**. The complaint addresses sexual slavery, sexual torture, rape and gang rape against women and girls.

The United Nations Victims’ Rights Advocate

The Victims’ Rights Advocate works with all parts of the UN system, which comprises many departments, agencies, funds and programmes with operations in the field, Member States and a range of stakeholders, including civil society and the media, to make sure that an integrated response to victim assistance in line with the Secretary-General’s strategy and the existing UN strategy on assistance and support to victims adopted by the UN General Assembly in 2007 (A/RES/62/214, Annex) exists.

The VRA is regularly visiting field missions in order to gain a firsthand understanding of how sexual exploitation and abuse is addressed in the missions. These visits are also a way for the VRA to connect with victims directly, to hear their stories and to learn from their experience in order to better support them and others.²⁹

iv.- Livelihood initiatives to support survivor’s economic needs

“We also need to remember that the majority of survivors are parents with many responsibilities; sometimes their healing is delayed because apart from their personal problems related to sexual violence, the family is also confronted with many other problems related to the conflict (the woman and/or the daughter/s may have also been victims of sexual violence and may also experience so many basic needs). Children do not go to school because school is not free even in the so-called government schools.” Aime Moiniga, Refugee Law Project (DRC/Uganda)

For many survivors, justice is beyond seeing the perpetrators punished or the state acknowledging their status as victims and should include measures that address their struggle for economic survival. Alongside sexual and gender-based torture, many victims “also experienced violations of their social and economic rights. [...] These abuses include the loss of land and livelihoods, destruction of homes and possessions, forced displacement to squalid camps, and exclusion from education and healthcare services. The abuses are not only widespread but can often extend over many years, if not decades.”³⁰

²⁸ Stella Ndirangu, Legal Action Worldwide (Kenya).

²⁹ Extract from The Role of the Victims’ Rights Advocate, available at: <https://www.un.org/preventing-sexual-exploitation-and-abuse/content/role-victims%E2%80%99-rights-advocate>.

³⁰ Indria Fernida, Asia Justice and Rights (Indonesia).

Participants discussed some pilot livelihood activities to support survivors' economic needs. For example, in Myanmar, AJAR piloted activities that included sewing and soap-making trainings, and provided grants for small survivor-run business with women survivors of sexual violence. In Uganda, "Men of Hope" have started sustenance activities such as piggery, poultry, and mushroom growing to assist survivors in becoming self-sufficient.

v.- Advocacy initiatives

Participants draw attention to the need for service providers to understand the value of taking on an advocacy role to push for legal and policy changes to support survivors. Service providers can contribute to breakdown societal attitudes that blame survivors, especially of SGBV, and to counteract stigmatization.

An important element of this advocacy role is to educate different stakeholders to change perceptions and to improve services for survivors. For example, service providers can work with immigration services to build their capacity on how sexual and gender-based torture impact victims' ability to convey their story and how this can impact their credibility as asylum-seekers. Advocacy in this area can also lead to better access to basic needs including healthcare and housing, which are central to rehabilitation.

Service providers and practitioners can also use the quantitative and qualitative data that they collect to substantiate evidence-based advocacy for an increase funding for services as well as to promote changes in laws, policies and practices at the local and the national level. In addition to data, sensitization to a survivor's lived experience through effective story telling can be a powerful tool to inform public debate on the necessary responses to sexual torture and to train healthcare professionals and other stakeholders in this regard. Participants underscored that advocacy initiatives should always be implemented in a way that empower survivors and respect their autonomy.

Wchan Organization for Human Rights Violations, an organization that works on the impact of torture on individuals, families and society, conducts victim rights workshops inside detention centers and prisons to bring together prisoners, guards, monitors, officers and social workers in these institutions. The workshops enable prisoners to share their experiences and advocate for changes to improve their situation. Wchan's counselors facilitate these workshops and inform participants of United Nations' efforts to eliminate torture.³¹

5.- Specific support in the context of intersectional discrimination

Gender, together with other factors like gender identity and sexual orientation, age, ethnicity, disability, socioeconomic status and religion *inter alia*, influences the specific impacts and, consequently the needs of victims. Any group that faces discrimination is not only more likely to be subjected to torture, but also more likely to face obstacles in accessing rehabilitation. Furthermore, individuals experience discrimination and violence based on more than one ground. The notion of intersectional discrimination acknowledges "that individuals do not

³¹ Extract from the statement of Ahmed Ammin, Wchan Organization for Human Rights Violations (Iraq).

experience discrimination as members of a homogenous group but rather, as individuals with multidimensional layers of identities, statuses and life circumstances.”³²

The following sections explore how intersectional identities affect the ways in which people experience varying forms of sexual and gender-based torture, which requires rehabilitation services that are tailored to the needs of specific groups and individuals, and the use of a “client-centered model” in which survivors play an active role in the rehabilitation planning process.

i.- Sexual and gender-based torture against LGBTI persons

Lesbian, gay, bisexual, transgender and intersex persons “are disproportionately subjected to torture and other forms of ill-treatment because they fail to conform to socially constructed gender expectations.”³³ In situations of armed conflict, these prejudices are exacerbated and often used to justify further violence. A participant described how in the context of the Colombian conflict, forced nudity, rape, sexual harassment and forced pregnancy have been used as exemplary punishment against LGBTI people. Sexual violence in custodial settings—whether prisons, detention centers or medical establishment—against LGBTI people is also prevalent.³⁴

Participants drew attention to the many obstacles faced by LGBTI people to access rehabilitation services, including fear of discrimination and reprisals, the treatment of non-conforming gender identity and sexual orientation as an illness, and the lack of services that adequately address the needs of LGBTI persons subject to sexual violence. In relation to access to justice, gaps in legal frameworks, discrimination and prejudice among justice operators, lack of trust in the justice system, and ineffective investigation of cases have resulted in enduring impunity for these cases in many parts of the world.

To address the specific needs of LGBTI people, it is critical to take into account differential impacts and to ground support measures in human rights approaches. Participants discussed the need to look at how sexual violence is rooted in social dynamics that are renewed through homophobic hate speeches. In this context, rehabilitation measures need to address the construction of new narratives that respect diversity and the rights of LGBTI people.

ii.- Impact of sexual torture on indigenous women

“Andean culture is marked by the hegemony of the masculine and the subordination of the woman, who first belongs to the father and then is given to the husband who will grant her, in her adult life, a social identity [...]. From this perspective, sexual torture constitutes not only an attack against women, but also a humiliation for men; the hegemonic masculinity is threatened as the perpetrator holds power and his act is an act of domination. [...] The victim, after the event, loses all places, is stigmatized and reduced to a degraded condition. She is ejected from the community for having participated in a sexual exchange with a subject alien to her social universe; she has been contaminated, corrupted and becomes unworthy before the eyes of the community.” Yovana Pérez Clara, *Centro de Atención Psicosocial (Peru)*

³² Committee on the Rights of Persons with Disabilities, General Comment no. 3 (2016) on women and girls with disabilities, 25 November 2016, CRPD/C/GC/3, para 16.

³³ Cited in Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, A/HRC/22/53, 1 February 2013, para. 79.

³⁴ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, A/HRC/31/57, 5 January 2016, paras. 34 to 36.

Indigenous women and girls experience exceedingly high rates of violence. This violence is rooted in racism, colonialism and the marginalization that they experience in the political, social, cultural and economic spheres.³⁵ In particular, sexual and gender-based torture has been used against indigenous women as a weapon of war in conflict situations, as well as in the context of development projects to assert power over their communities. Notably, the forced sterilization of indigenous women, has to be understood in the context of denial of rights to self-determination and cultural autonomy.³⁶ Several international human rights mechanisms have affirmed that this practice can amount to torture.³⁷ Indigenous communities' unequal access to justice and comprehensive health services, however, has resulted in high levels of impunity, fueling a vicious cycle of exclusion and violence.

There are numerous barriers that indigenous women are confronted with to access justice and rehabilitation services, including:

- Stigma and rejection from their families and communities;
- Lack of accessible and culturally appropriate rehabilitation services, including from a community-based approach;
- Strong mistrust towards State institutions and civil society organizations providing services;
- Lack of specificity in national legislation in relation to the type of sexual and gender-based torture.

Participants shared strategies and good practices to overcome these obstacles, including the importance of working with individuals and organizations trusted by indigenous communities to ensure access to rehabilitation services. They also emphasized the need to implement participatory assessments to ensure that support measures recognize the specific needs of indigenous women and incorporate their traditional resources, as well as the importance of working with professionals who have knowledge of indigenous cultures, traditions and languages.

Regarding the legal framework, participants emphasized key advances, including the increasing number of ratifications of the Rome Statute, one of the first international instruments to recognize how sexual and gender-based violence can constitute crimes against humanity, war crimes, and potentially genocide.³⁸ Among the other highlighted advances were the development of protection mechanisms that visit to places of detention and the establishment of specific programs to provide services to victims of sexual violence, like the program to provide redress to victims of forced sterilization in Peru. However, participants also noted that many of these programmes have insufficient budgets and are therefore not adequately implemented, or lack cultural specificity for indigenous women.

iii.- Impact of Sexual and gender-based violence on women with disabilities

³⁵ Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo, A/HRC/20/16, 23 May 2012, para. 61.

³⁶ Report of the Special Rapporteur on the rights of indigenous peoples, Victoria Tauli Corpuz, A/HRC/30/41, 6 August 2015, para 34.

³⁷ Both the UN [Committee on the Rights of Persons with Disabilities](#) and the [Special Rapporteur on torture](#) affirmed that the practice of forcible sterilization may constitute cruel, inhuman or degrading treatment. See CRPD, [General comment No. 3 on women and girls with disabilities](#) (2016), para. 32; [Report of the Special Rapporteur on torture and other cruel, inhumane or degrading treatment or punishment](#), 5 January 2016, UN Doc. A/HRC/ 31/57, para. 45.

³⁸ See Coalition for the International Criminal Court, [Gender inequality and sexual violence](http://www.coalitionfortheicc.org/global-challenges-ICC-gender-inequality-sexual-violence), available at: <http://www.coalitionfortheicc.org/global-challenges-ICC-gender-inequality-sexual-violence>

“I have seen many children placed in institutions or residential homes as a so-called ‘measure of protection’ after they experienced sexual violence in the family or after they were rescued from trafficking [...]. Because the staff of these places are not prepared to recognize this, they wrongly suppose that these symptoms are a part of the victim’s psychosocial disability and do not see the link to the trauma. As a result, victims are forced to take strong drugs, often in doses that are too high.” Aneta Genova, Validity (Hungary)

Persons with disabilities are often isolated from society and placed against their will in institutions, including prisons, care centers, orphanages and mental health institutions. They are often subject to severe forms of restraint and to physical, mental and sexual violence. Persons with disabilities are also particularly vulnerable to sexual violence and abuse committed by family members and caregivers in the private sphere, and may be exposed to intrusive medical treatments without their consent.³⁹

Participants discussed the many obstacles faced by women and children with disabilities in residential care and those placed under guardianship, with particular attention to the challenges faced by victims of sexual violence in receiving adequate psychosocial support and to accessing the justice system. Participants draw attention to the need for research to map out problems in this area.⁴⁰ For example, a recent research conducted in Bulgaria, pointed at important gaps within the social protection system, including social workers’ lack of understanding and discriminatory attitudes toward victims.

Similarly, the criminal justice system offers insufficient guarantees to ensure access to justice for people with disabilities. For example, Bulgaria has new laws aimed at aligning national laws with the Convention on the Rights of Persons with Disabilities, but according to a participant, implementation lags behind due to lack of infrastructure. Participants noted that implementation problems affect many other countries.

A major concern in this area is that this violence remains unknown and is not being recognized as torture. Participants highlighted the need to increase the knowledge about how isolation and institutionalization affects women with disabilities, and can amount to torture; in particular when SGBV is part of the experience. To name and map out the problem, to bring cases before the courts and to advocate for legislative changes were also discussed as critical to achieve the recognition of this violence as a form of torture.

iv.- Widows, single, divorced and separated women

Research shows that women and children are more exposed to violence during humanitarian crises, including in conflict and post conflict situations.⁴¹ In these contexts, widows and single, divorced and separated women are more vulnerable to sexual and gender based torture as a result of social, economic, political and cultural factors.

When women and their children are displaced due to war or natural disasters, they lack a social safety net that would enable them to access alternative housing which expose them to sexual violence. Women living in IDP camps also face numerous obstacles to access healthcare and other support services. For example, the practice of purdah in Rohingya

³⁹ Torture and other cruel, inhuman or degrading treatment or punishment, A/63/175, 28 July 2008, para. 38-40.

⁴⁰ More information available at: <http://bgrf.org/articles/brief-overview-of-the-results-of-the-projects-550.html> and <http://www.alliancedv.org/articles/brief-overview-of-the-results-of-the-projects-422>

⁴¹ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 5 January 2016, A/HRC/31/57, paras. 52 and 53. See also OHCHR, Women’s human rights and gender-related concerns in situations of conflict and instability, available at: <https://www.ohchr.org/EN/Issues/Women/WRGS/Pages/PeaceAndSecurity.aspx>

society, in which women and girls are expected to stay within the home,⁴² severely limits Rohingya refugee women's ability to venture outside of their immediate surrounding to access to services. For example, Yazidi women living in IDP camps are perceived as "infidels" by Muslim communities residing in the same camps and discriminated against. Yazidi survivors of sexual torture may be unwilling to seek health services as they perceive Muslims as the perpetrators.

Women who have been subject to sexual torture during war may be punished with further violence and abandoned by their husbands. Likewise, widows, separated and divorced women, as well as women whose husbands were disappeared during conflict may be vulnerable to transactional sex or other forms of sexual exploitation. For example, women may be forced by the family of their former husbands into sexual relationships with other family members to be allowed to remain in the in-laws' house.

As a result of stigma and discrimination, these women are rarely taken seriously by authorities and often experience unequal access to rehabilitation services. These together with fear of the social and legal consequences of speaking out prevent many women and their children to access adequate health services, justice and other support programs.

Participants discuss a range of strategies to ensure access to specialized rehabilitation services to women in the context of armed conflict or post conflicts, including:

- Advocating for legal and policy changes to prevent and protect women against sexual and gender based torture;
- Establishing shelters, transit homes and rehabilitation centers;
- Building the capacity of these women as well as representatives from State agencies about women's rights and relevant services;
- Supporting the creation of government funds to support psychosocial services and legal counseling.

6.- Conclusions and recommendations

Conclusions

Gender-based violence can be committed against any person because of their sex and socially constructed gender roles, including women, girls, LGBTI and gender-non-conforming individuals and men and boys. Using the torture lens to look at sexual and gender-based violence is critical to better understanding its full impact on people's physical integrity, mental health, and human dignity.

The international human rights framework has evolved to recognize the importance of a gender perspective in assessing torture and other forms of ill treatment and now recognizes certain cases of sexual and gender-based violence as a violation of the prohibition against torture. These include sexual violence perpetrated by State or armed groups as well as by private individuals when the State fails its due diligence obligations.

States' obligations to address the needs of victims of sexual and gender-based torture encompass the provision of rehabilitation services and access to justice. More often than

⁴² Ninety-five per cent of Rohingya women and men surveyed in 2015 in the registered camps, reported that the main role of women is cooking; 53 per cent believed that women should not be allowed to leave the house - 42 per cent of surveyed women reported spending an average of 21 to 24 hours a day inside their house - for all these survey responses there was insignificant difference in opinion between women and men respondents

not, however, State's social services are lacking and NGOs, victims' associations, private hospitals and legal clinics are often the only options available for rehabilitation and recovery.

Civil society organizations and service providers, though, are confronted with a number of obstacles to identifying victims of sexual and gender-based torture and ensuring they can access those specialized services. These include stigma and exclusion; gaps in legal systems and frameworks, lack of knowledge about rights and fear of further violence. To overcome these barriers, service providers have developed a variety of interdisciplinary approaches to identify and address the different needs of survivors. Critical to these approaches is the need to build trust and an enabling environment for victims to feel safe to access rehabilitation services.

Sexual and gender-based torture harms the victim's physical and mental health in many different ways, both apparent and hidden ways as well as in the long and short-term. Participants discussed vital medical interventions as well as a wide range of mental health and psychosocial support services and stressed that to address the specific needs of victims and effectively coordinate multidisciplinary services; it is critical to employ a holistic approach that build strong referral networks and involve survivors in the design and delivery of these programs.

The discussion also focused on measures to support victims' access to justice as a fundamental element of the right to rehabilitation. Despite some advances in this area—including the development of laws recognizing the right to receive medical and psychosocial assistance as well as legal counsel—gaps in implementation and the lack of protection for victims of sexual torture continue to hamper victims' rights. Participants stressed the importance of survivor-led approaches and the need to focus on building the capacity of survivors and community members to meaningfully participate in seeking accountability.

Participants also drew attention to important advocacy initiatives promoting legal and policy changes and aimed at changing societal narratives that blame survivors. Advocacy is critical to educate different stakeholders, to change perceptions and to improve services for survivors. Another important aspect of advocacy should be the use of quantitative and qualitative data to substantiate the need for these specialized services to be funded.

Discussions also centered on intersectional discrimination and how different factors such as gender identity and sexual orientation, age, ethnicity, disability, and socioeconomic status influence the specific needs of victims and makes it more difficult for specific groups and individuals to access rehabilitation services. Participants looked at the specific obstacles confronted by LGBTI people, indigenous women, women with disabilities, men and boys, and the challenges facing widows, single, divorced and separated women.

Examining intersectional discrimination and its consequences is essential to ensuring effective, tailored support for victims of sexual torture who experience multiple forms of human rights abuse and persecution.

Recommendations for States and the international community

Legal reform

- a) Recognize the rights and entitlement to benefits of all victims of sexual and gender-based torture, with particular attention to the relevant articles of the United Nations Convention against Torture, including article 1 on the definition of torture and article 14 on the right to redress. Consult as well the general comments of the Committee against Torture, which provide further elaboration on the provisions of the Convention, with

particular attention to general comment No. 3 (2012) on the implementation of article 14 by States parties.

- b) Eliminate normative gaps, which may be an obstacle to identify victims of sexual and gender-based torture and limit their access to rehabilitation services. Gaps include the lack of recognition of intimate-partner violence, marital rape, child, early and forced marriage, female genital mutilation and other harmful practices as criminal offences that can, in certain circumstances, amount to torture, as well as the criminalization of same sex relations and sex work.
- c) Provide for victim protection programs, which ensure that victims do not confront further violence and feel safe accessing the justice system. Legal reforms should be designed to combat inequality and legal, structural and socio-economic conditions that perpetuate gender-based torture, as well as sexual and gender-based discrimination more generally.
- d) Ensure a victim-centered and gender sensitive approach in the immigration and asylum legal processes, including by the early identification of victims of torture among migrants and asylum-seekers. Such reforms could include new programs that train practitioners to prevent victims' retraumatization, including by adopting a flexible approach to the delivery of testimony and administration of physical exams.

Prevention

- e) Develop robust preventive measures, including early warning and early response mechanisms. Such measures should include engaging guards, officers, security forces and monitors inside detention centres and police stations to help change stereotypical narratives around sexual and gender-based violence (SGBV) (see also Capacity-building, below).
- f) Promptly and thoroughly investigate allegations of sexual and gender-based torture, and prosecute perpetrators.
- g) Provide training to medical professionals on the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol), emphasizing the importance of gathering evidence promptly after alleged violations, especially when physical evidence is relevant.

Financial support

- h) Sensitize States, UN agencies, international institutions and donors to the critical need for funding targeted to support the rehabilitation of victims of sexual and gender-based torture.
- i) Establish and ensure adequate resources for State services that can provide holistic support to victims of torture or, in the absence of such services, provide adequate, long-term funding to civil society organizations and service providers to ensure the fulfilment of victims' right to rehabilitation.

Capacity-building

- j) Ensure that law enforcement officials and justice operators working on SGBV cases receive adequate training that addresses the stigma faced by victims, their specific needs and the barriers they face in accessing justice.

Advocacy

- k) Advocate for reforms in policy and legal frameworks that currently may pose substantial obstacles for victims' access to the support and services they need.
- l) Use quantitative and qualitative data in a systematic way to support initiatives that advocate for legal reforms and changes in the justice system.

- m) Develop initiatives to sensitize State representatives and other relevant stakeholders, including at the community level, to combat stigma and societal attitudes that blame victims of SGBV.
- n) Disseminate media campaigns aimed at preventing violence against women and girls.
- o) Promote reporting to UN human rights mechanisms and other Regional and National Human Rights mechanisms.

Capacity-building

- p) Build the capacity of victims to identify what constitutes sexual and gender-based torture, to know their rights, as well as how to access available rehabilitation services.
- q) Train medical doctors, nurses, social workers, police officers and other relevant actors on how to properly handle cases of sexual and gender-based torture and how to connect victims with referral support services.
- r) Identify community members and build their capacity to work with victims and raise awareness within their communities

Research

- s) Develop knowledge and understanding of the victims' country contexts and cultural narratives around sexual and gender-based violence to guarantee that victims feel respected in the rehabilitation process and to ensure the best outcomes for treatment.

A holistic approach

- t) Employ a multidisciplinary approach that involves medical and psychological services, legal support to access the justice system and social initiatives to support victims economic needs and their integration in their communities. A holistic approach should also involve the families and wider communities of victims to support social transformation and change community attitudes toward sexual and gender-based torture.

A victim-centred approach

- u) Actively involve victims in the design and delivery of rehabilitation programs to help ensure that services meet victims' needs, including when victims face other or multiple forms of discrimination, violence or torture.
- v) Ensure that rehabilitation services are informed by victims' cultural context, which can influence notions of illness and health, as well as of socially acceptable healing therapies and approaches.

Prevent re-victimization

- w) Employ confidentiality measures to ensure that victims who access rehabilitation programs will not be re-victimized by their families and communities.
- x) Use community advocacy and education to combat stigma and ensure better protection and support for victims of torture.

Practitioners' wellbeing

- y) Incorporate staff self-care initiatives for practitioners and service providers into their work to ensure their wellbeing. These measures are critical to guarantee the sustainability of services and organizations.