

## WHAT IS SEXUAL TORTURE?

Sexual torture includes “verbal, emotional and physical acts of a sexual nature with the intention of producing physical and psychological suffering” as per the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol) (1). Research and normative documents on sexual torture implicitly define it as an act or discourse that fulfils the UNCAT torture definition while being sexual in nature (2–5). Sexual torture is gendered as perpetrators exploit social norms around sex introducing an element of shame. In addition to the common physical and psychological consequences of torture, sexual torture often results in severe social consequences (1,3,6,7).

Sexual violence has been found to constitute torture when the legal elements of torture are met (severity, purpose, public official involvement and intent) (8–15). Acts of sexual violence that have been found by international courts to constitute torture or other ill-treatment include rape, electrocution and beatings of genitals, forced sterilization, forced witnessing of sexual attacks on another, molestation, and threats of rape or other sexual violence (10,16–18). Rape, the most often sexual violence litigated as torture, has been found by international courts to necessarily give rise to severe pain or suffering, whether physical or mental (11,13). Additionally, acts of sexual violence are inherently discriminatory forms of gender-based violence, satisfying torture’s prohibited purpose element. Importantly, acts of sexual violence can trigger international obligations to prevent torture and ill-treatment both when such acts are committed directly by public officials or by private actors with the knowledge, consent or de facto acquiescence of public officials (19).

## IN PRACTICE

Sexual torture encompasses both physical and non-physical methods. Physical methods include forced nudity, groping, forced masturbation, rape by the perpetrator, an object or an animal, electroshock to genitalia, forced sexual intercourse with another victim, and beating and mutilation of genitalia, among others (1). Non-physical methods include forced witnessing of sexual torture, threats of sexual torture to self or family member, and verbal sexual harassment (1). Some of those practices may take place within the context of conversion therapy to which LGBTQI+ persons may be subjected (20). Forced genital examinations are a form of sexual torture addressed in a separate factsheet (fact sheet Nr. 13) (21).

In a study of refugees and asylum seekers in Denmark, 61% of torture survivors reported being subjected to sexual torture (5). The prevalence of

sexual torture varies from one context to another as evidenced by a range of studies documenting it (7,22–40). While these studies cannot be compared due to high heterogeneity, they demonstrate that sexual torture is documented across different regions of the world, and survivors represent a broad range of groups of men, women, LGBTQI+ persons and children. Most studies report higher rates of sexual torture among women than men (33,39,41). For example, a study of 154 asylum seekers in Denmark found that 78% of women reported sexual torture compared to 25% of men (39).

## HEALTH CONSEQUENCES

The risks and health impacts of sexual torture depend on the specific method, duration and intensity as well as on the individual survivors’ physical, mental and social status.

The most common documented physical health impacts are genital injuries, bleeding, urinary tract infections, menstrual disturbance, sexual dysfunction, painful sexual intercourse, urethral stricture, incontinence, infertility, impotence, sexually transmitted infections including HIV and HPV, chronic pelvic pain and unwanted pregnancy (1,29,32,35,37,42–45).

Sexual torture may result in long-lasting profound psychological impact including suicidality, Post-Traumatic Stress Disorder (PTSD), personality disorders, depression, anxiety, insomnia, and sexual dysfunction (1,29,37,38,42,43,46,47). Survivor narratives often describe feelings of shame and guilt, social isolation, self-harm and emotional instability (7,23,24,47,48).

Social stigma is particularly significant among survivors of sexual torture, likely exacerbating the psychological impact. Social stigma may lead to inability to work, negative self-image, social exclusion, and disruption in family and social relationships (6). For women who have experienced rape, social consequences may be particularly severe, including unwanted pregnancy and reduced marriage prospects (23,46).

## CONCLUSION

Sexual torture is an overarching practice that includes both physical and psychological torture. Raising awareness on sexual torture among health care providers, authorities and the public is required to improve care and redress. Services to survivors should always be survivor-centered and gendered. This means that survivors should exercise control over their care and providers should prioritize survivors’ agency and well-being.

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