**WHAT IS SEXUAL TORTURE?**

While sexual torture is explained in the Istanbul Protocol, it is not defined there, nor in other international documents.

We define sexual torture as any act that fulfills the UNCAT* torture definition, and that further involves sexual references or acts (10). Sexual torture introduces an element of shame and exploits social norms around sex (9).

**INTERNATIONAL STANDARDS**

Sexual torture is recognized as a method of torture in the Istanbul Protocol and is thus an unacceptable form of treatment under any circumstance (1).

The first legal conviction regarding sexual torture was in 1998 by the International Criminal Tribunal for the former Yugoslavia (ICTY) when rape was recognized as a form of torture (2,3).

**IN PRACTICE**

The Istanbul Protocol states that sexual torture encompasses both physical and non-physical methods. This includes forced nudity, forced witnessing of sexual torture, threats of sexual torture, verbal sexual harassment, forced non-penetrative sexual interaction, forced masturbation, forced anal and/or vaginal penetration by the perpetrator, objects or an animal, electroshock to genitalia, and mutilation of genitalia, among others.

The UNCAT has further considered acts such as forced virginity testing, forced anal examinations and female genital mutilation as amounting to torture in cases where a state “fails to exercise due diligence to prevent, investigate, prosecute and punish” those responsible (4).

Sexual torture has been documented worldwide, and survivors represent a broad range of groups of both men, women, LGBTI persons and children. In a global study from 1990, the prevalence of sexual torture was 61% among torture survivors (5). A 2015 study among Palestinian men and boys in detention put sexual torture prevalence at 4% (6). Finally, a 2016 Amnesty International study among 100 women who had reported violence upon arrest in Mexico, found 72% of them to have experienced sexual violence during the arrest with 33% reporting rape (7).

**HEALTH CONSEQUENCES**

The risks and health impacts of sexual torture depend on the sexual torture method, duration and intensity.

The most common documented physical health impacts are: constipation or incontinence, menstrual disturbance, bruises, sores, bleeding, urinary tract infections, erectile dysfunction, painful sexual intercourse, infertility, impotence sexually transmitted infections including HIV and HPV, chronic pelvic pain and unwanted pregnancy (5,8,11,12).

Mental health impacts that have been documented among survivors of sexual torture include: suicidality, Post-Traumatic Stress Disorder (PTSD), personality disorders, depression, anxiety, insomnia, and sexual dysfunction (5,8,11,12).

Social stigma and shame are 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 (9).

**CONCLUSIONS**

- There is a strong need for a globally-agreed definition of sexual torture to differentiate it from war crimes and sexual violence. This would improve monitoring and documentation of sexual torture on a global scale.

- Awareness-raising on sexual torture among health care providers, authorities and the general public is required in order to improve reporting, and to begin addressing the related taboo and stigma concerning this topic.

- More research is needed to better document prevalence, health consequences and prevention mechanisms of sexual torture among survivors.
REFERENCES


* In the UNCAT Part 1, Article 1, torture is defined as: “…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.” (UN General Assembly 1984).