

# Sexual Violence as a Tool of Torture and a Weapon during Conflict

## Definition

Sexual Violence is defined by the World Health Organization as: “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, including but not limited to home and work.”

## Types of Sexual Violence

Physical sexual assault, violence against the sexual organs (examples include beating and electrocution), emotional sexual assault/exploitation (forced to remain naked, forced to dance, being humiliated, exploited), forced to witness or participate in sexual violence against a family member, sexual verbal abuse

## The Impact

The impact of sexual violence is profound and far-reaching. The impact of sexual violence can be seen in all areas of life: Physical, Psychological, and Family/Social/Community

**Physical:** individuals may continue to suffer from tissue tears of the vagina, bladder and rectum, prolapsed uterus, incontinence, infertility, chronic pain in the lower abdomen, irregular menstrual cycle. Physical problems may be compounded if the individual avoids medical treatment due to feelings of shame or humiliation.

**Psychological:** PTSD, depression, anxiety, dysthymia

**Family/Social/Community:** shame, could be viewed as social outcasts or ‘damaged goods’. In many cultures marriage, fertility and motherhood are significant aspects of a woman’s life, women who have experienced sexual violence may face stigma and a loss of marital prospects. A pregnancy as a result of sexual violence may result in an unsafe abortion or a child born as a result may be stigmatized as a ‘problem child’. Women may choose to hide their experience to protect their child. Men who experience sexual violence may fear being seen as weaker or as less of a man.

Accounts of sexual violence towards women and girls have been reported throughout the ages, from the kidnapping and rape of Helen of Troy to the ‘Comfort Women’ of the Korean War and throughout modern conflicts around the world. Only recently, however, has the use of sexualized violence as a weapon or a war strategy been documented. Sexualized violence is known to be a method of torture in many countries.

This information sheet is based on an NPCT webinar on this topic, presented by Adeyinka Akinsulure-Smith, Ph.D., a Program Psychologist at the Bellevue/NYU Program for Survivors of Torture. The webinar was originally aired on March 22, 2011 and is archived on our website, [www.gcjfcs.org/refugee](http://www.gcjfcs.org/refugee) under [Webinars](#).

The [National Partnership for Community Training](#) and the [Florida Center for Survivors of Torture](#) are programs of Gulf Coast Jewish Family & Community Services. This publication was funded by the Office of Refugee Resettlement. For more information on this document and for research purposes, please contact [partnership@gcjfcs.org](mailto:partnership@gcjfcs.org).

**Treatment Options and Considerations**

**Why Now?** Take time to find out what has prompted your client to begin to seek treatment. What are their expectations? Are they coming to you because they feel overwhelmed or are they coming to you because they have an asylum hearing scheduled? If they are in need of help preparing for an asylum hearing, a clinician may have to work much more quickly with the client.

**Build safety and trust** Remember that a refugee or asylee client may be coming from a culture wherein therapy is an unknown entity.

**Psycho-education** Take the time to explain the process to the client; the process of how to participate in therapy, what the expectations are, what the responsibilities are of the clinician, the client and of the interpreter. Be prepared to re-explain as often as needed.

**Focus on their practical needs** Work slowly with your client. If concerns about basic life necessities are your client's priority, start with them. Provide support to help your client adjust to life in the U.S.

Decide with your client whether group or individual therapy is the best option.

Decide whether or not to use an interpreter, and if so, what the gender of that interpreter should be.

**ADDITIONAL INTERVENTIONS**

Each individual's experience will be different. Below is a list of interventions that have worked with other refugees and asylees who have experienced sexual violence. Look at what your client needs and draw down from these various schools of thought and interventions:

**Psychopharmacological consultation**

**Relaxation techniques** (to help the individual manage their anxiety level)

**Cognitive-behavioral interventions**

**Narrative exposure therapy** (to look at the individual's broad/whole life experience)

**Genograms, Timelines**

**Play therapy/expressive arts** (can be especially helpful for clients who cannot verbalize their experience)

**Involvement in community activities** where possible. Educating a population about the impact of rape to dissuade the negative responses (such as imposing shame on survivors) can be helpful.

Important to **draw on a client's cultural experience**. What made them happy and helped them decrease stress in their home country or culture?

**TREATMENT THEMES**

**Safety:** Help the individual know that they are safe in the U.S, and safe with you

**Multiple losses**

**Grief and mourning:** for their community, their experiences and the physical damage done to them

**Shame and anger**

**Hope and despair:** Is there anything good that will happen?

**Identity:** What does it mean for who the individual has become? How will they be seen by their community?

**Role loss/change**

**Cultural adaptation:** How are they seen by their community?

NPCT is a training and technical assistance program which enhances awareness about the impact of political torture and teaches skills to respond appropriately using trauma-informed care principles. It is a partnership of the Florida Center for Survivors of Torture (FCST), the Harvard Program in Refugee Trauma (HRPT) and the Bellevue/NYU Program for Survivors of Torture (PSOT).

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