

**Justice Denied: The experiences of 100 torture surviving women  
of seeking justice and rehabilitation:**

**Report Summary**

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Particular themes: Participation; Representation/Peace-Processes; Human Rights; Violence Against Women; Health.

**1. Introduction**

In a recent report which was co-written by the author for the UK-based Medical Foundation for the Care of Victims of Torture (the “Medical Foundation”),<sup>2</sup> the cases of 100 torture surviving women from 24 different countries were examined in order to assess women’s experiences of accessing justice and rehabilitative care in their countries of origin in respect of abuses suffered. The 100 women first sought the services of the Medical Foundation during a six month period in 2008.

In the report, the authors examined the ways in which women experienced torture, with a particular focus on gender-specific torture. The report included information relating to the injuries and other sequelae sustained by the 100 women as a result of torture. The authors examined the profile of the women with a view to identifying factors which might render some more vulnerable to torture and other forms of abuse than others. The report includes an exploration of access to justice and rehabilitative care in the aftermath of torture, looking at the direct experiences of the women in the study, and also more generally at specific country information. Based upon the direct experiences of the 100 women, together with country information and clinical expertise more broadly, the authors identified and examined the barriers which prevent women from seeking or otherwise successfully accessing justice and clinical care and support in respect of torture and sexual violence. The report concludes with a number of recommendations.

The findings of the study, together with the report’s recommendations for a gender-sensitive approach to reparations, are outlined below. The full report, complete with sources, can be found at <http://justice-denied.torturecare.org.uk/>.

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<sup>2</sup> Ellie Smith and Jude Boyles, *Justice Denied: The experiences of 100 torture surviving women of seeking justice and rehabilitation*, Medical Foundation for the Care of Victims of Torture, UK, December 2009.

## **2. Findings of the Study**

### **2.1 How do women experience torture?**

The findings of the study were shocking. Eighty of the 100 women reported penile rape. Thirty-three survivors were also raped anally, twenty were orally raped, and six were raped with implements, including truncheons, bottles and rifles. Fifty-four of the 80 women were subjected to penile rape by more than one man, either in separate rape episodes or during gang rape. Forty-three women experienced multiple episodes of rape, and twenty-nine of the women lost count of how many times they had been raped. Women reported that rapes were perpetrated in front of family members, including children, or in public. Twelve of the women were first raped when they were 16 years or less, with one woman experiencing her first rape at just nine.

In addition to rape, thirty-one women reported experiencing other forms of sexual violence. In four cases, women's breasts were either cut or bitten, and in five cases, survivors were subjected to electric shocks, which, in two instances, were administered via their breasts. Several of the women reported that perpetrators ejaculated or urinated on them, and twenty-two were subjected to enforced nakedness during detention or questioning.

Survivors also experienced high levels of non-sexual violence. Eighty-two reported severe beatings, and forty-four were beaten with implements. Eleven women were subjected to falaka (beatings on the soles of the feet). Fifteen women were either cut or stabbed during torture, and 33 were burned with a variety of implements, including heated metal rods, acid, cigarettes and boiling water. Two women were shot. Five were subjected to forms of torture involving immersion either in foul water and/or simulated drowning, and 13 were subjected to hosing. Three women were suspended during their torture and 23 were bound with rope or held in leg irons. Thirty-three of the 100 women lost consciousness during torture.

In addition to physical violence, forty-six women were threatened with violence or death, and in twelve cases, perpetrators threatened violence or death to loved ones. In twenty-eight cases, women witnessed the torture and abuse of others.

### **2.2 The Clinical consequences of torture**

Seventeen of the women in the study conceived as a result of rape, and one survivor conceived twice through rape. Seven women who had been pregnant at the time of torture miscarried, including one woman who delivered a still-born baby in a prison cell. Twelve women suffered fistula or other form of damage to their reproductive organs following violent rape, and many others reported irregular or loss of periods, stress incontinence

and abnormal vaginal discharge. While the women in the study had not been routinely tested for STDs, seven reported contracting infections, and three were known to have contracted HIV. Ten of the women experienced continuing sexual problems. Thirty-eight of the women had scars, and these were mostly to the face, breasts and genitals. They included cigarette burns to the breasts, as well as facial burns caused by caustic liquid and hot water, as well as cuts to the genital area. Forty-two survivors reported experiencing ongoing pain, including lower back pain, Pelvic Inflammatory Disease and period pain.

Over half of the women were suffering from depression, and thirty-three continued to experience flashbacks. Twenty-nine of the women felt suicidal as a result of torture, and seven women were self-harming.

### 2.3 Access to justice

None of the perpetrators were successfully prosecuted.

Of the eighty women in respect of whom information was available, just 16 reported their abuse to law enforcement personnel. Of the 16, all but one had experienced violent sexual assault, including rape, as part of their torture. Two of the women reported only the non-sexual aspects of their torture, while a third woman reported a third act of rape, but not two previous offences. In 14 of the 16 cases, no police action was taken, and in four cases, survivors experienced further violence and/or detention at the hands of the police when they reported the abuse. In the remaining two cases, arrests were made, and one of those cases went to court. The case collapsed, however, when the perpetrator's family made violent threats to the survivor. The perpetrator subsequently walked free, and within a month of his acquittal had thrown acid in the survivors face while she was out on the street.

In the overwhelming majority of cases where women did not report torture, this was due to the fact that the same law enforcement personnel were the perpetrators. Women also described as reasons for not reporting their torture: a lack of faith in the justice system and investigative processes, fear for the safety of themselves and others, and a simple absence of anyone to report to.

The findings of the report were supplemented by a detailed review of available and credible country of origin information relating to access to justice. Women in the study came from countries experiencing a range of conflict, post-conflict and abusive-State conditions, impacting upon the quality of law enforcement and judicial mechanisms. In many cases, police forces were poorly equipped, understaffed and inadequately trained. Judicial mechanisms suffered similar problems, with both agencies susceptible to corruption, political bias and interference from the government or security services. In a number of cases, formal mechanisms co-existed with tribal or customary structures, in

circumstances where individuals were otherwise unaware of their legal rights.

In addition to problems affecting the administration of justice for all, women faced additional barriers in accessing justice because of their gender. Discriminatorily poor education lead, in some cases, to a lack of awareness of rights or an inability to articulate them. Country information revealed that in many cases, girls did not enjoy equality of opportunity in accessing education, and illiteracy amongst girls, particularly in rural areas, was relatively high. In many cases, education was curtailed by cultural prejudice, early marriage, sexual harassment, domestic or family work or caring for sick relatives. Disadvantageous employment prospects meant that for many women, legal and court fees were simply prohibitive, while a lack of autonomy, coupled with women's exclusion from the public sphere through engagement in purely domestic or otherwise gendered occupations, conspire to prevent many from seeking justice through formal mechanisms.

Finally, the fact of torture imposed a further hurdle for women in accessing justice, and this was particularly the case where she had experienced sexual violence. In such instances, disclosure of rape could stigmatise the survivor and have a devastating impact on her marriage and her relationship with her children, leading potentially to divorce, social and familial ostracism, destitution and impoverishment.

In addition, the report draws upon clinical expertise to consider the impact of trauma upon both the ability of women to disclose sexual violence, and the quality and nature of any evidence given. The authors reported that for many women, shame, humiliation and notions of guilt prevented or delayed the disclosure of sexual violence. The report describes how many women torture-surviving clients of the Medical Foundation describe a loss of "sexual honour" and a sense of being unclean or damaged by their experience. In addition, survivors often reported dissociative experiences which made it difficult for them to remember all aspects of their abuse in full, hence affecting the quality of their evidence. Survivors also experienced emotional numbing, impacting upon their demeanour when giving testimony, and leading to perceptions of "coldness". Finally, where there was a delay in reporting sexual violence, this was typically construed negatively to impugn credibility; whilst at the same time rendering the collection of physical evidence of rape impracticable in many cases.

#### 2.4 Access to therapeutic care and support

Resort to healthcare in the cases of the 100 women was surprisingly low given the brutality of the violence experienced and the clinical consequences suffered. Information relating to whether women sought medical treatment was available in 79 cases. Of those 79 women, 57 sought some form of assistance from either the formal or informal sector. Women rarely disclosed rape when seeking medical help, however, and typically accessed healthcare solely for the treatment of cuts, burns, knife wounds or the setting of broken bones. A number of women sought treatment "in secret", through the support of neighbours or private doctors who visited the house discreetly in order to

prevent their community or extended family from learning of their abuse.

The study revealed that many of the reasons which prevented women from reporting sexual violence to the police also prevented them from seeking medical help.

In addition, gender-specific health services were generally poorly resourced or otherwise absent, reflected a wider lack of State prioritisation of women. Women also described a fear of a lack of confidentiality of any clinical relationship, and this fear extended to traditional healers who, many women felt, might adopt the same negative attitudes towards survivors of sexual violence as the community at large. Women also feared internal medical examination, and the authors noted that, where conducted without sensitivity or regard to the emotional consequences of violation, such examinations could retraumatise a survivor. This was particularly the case when conducted by a male clinician or where several staff were present during the procedure. Finally, women failed to access medical care because they did not feel able to cope emotionally or psychologically with bad news about their health. Where there was a fear of damage to the reproductive organs, fear was compounded where there was a strong societal expectation for all women to have children.

## 2.5 Profile of Survivors

Twenty-one percent of the women in the study were considered to be poorly educated: eight per cent had received no formal education while an additional 13% had been educated only to primary level. Forty-five percent were educated to secondary level and 34% beyond.

Nearly half of the women (45%) were unemployed, worked within the domestic environment, helped relatives in family businesses or were engaged in menial or low-skilled work, such as cleaning, hotel catering or working in factories. Where skilled work or trades were undertaken, these were typically in gendered areas such as hairdressing, working as a beautician, in childcare, secretarial work, as a waitress or selling fabrics.

### **3. A Gender-Sensitive Reparations Model**

The aim of reparations in international law is to return the survivor to the position they were in prior to the abuse occurring. The authors observed, however, that in the case of the 100 women in the study, this would not constitute an adequate remedy, since the position they were in prior to their abuse had both rendered them vulnerable to gender-specific violence and hindered their ability to seek justice. The findings of the study therefore provided physical, practical support for the Nairobi Declaration on Women's and Girls' Right to a Remedy and Reparation (2007).

The authors concluded that the impact of sexual violence, both on the individual and the societies in which survivors live, could be profound where the responses of others to the survivor were themselves informed by social and cultural traditions and understandings, typically leading to the rejection and isolation of the survivor rather than the perpetrator. In considering the provision and form of full and effective reparations the context within which the abuse took place could not be ignored. Reparations should seek not only to provide for the survivor at an individual level, but also to prevent future acts of violence, address pre-existing discriminatory attitudes and practices, raise the status of women within society and promote gender equality.

Women had identified the need for reparations that ensure economic independence and enhance their ability to live their lives without constant fear, stigmatisation or discrimination. To achieve this, reparations should be approached with the specific needs of women in mind, in order that reparative measures avoid reinforcing, replicating or tacitly endorsing pre-existing gender inequalities. Reparations should be viewed as an opportunity to move society towards a more egalitarian position in terms of gender parity.

This could be achieved through a more considered application of existing principles and forms of redress.

The report noted that women approached the reparative process in various and multiple capacities: as survivors, as widows, as carers, providers and as vulnerable individuals post-conflict or on return to their countries or towns of origin. It was therefore essential that a reparations model was able to recognise and differentiate between the status and corresponding needs of women. In addition, an effective reparations model should go beyond addressing the needs of individual survivors, and seek also to prevent future violations and promote the status of women. Reparative elements should be employed flexibly in order that a model was able to respond effectively and adequately to post-conflict or repressive-state scenarios alike.

#### **4. Recommendations**

The authors of the reported made the following recommendations, which are reproduced here in full, and which are aimed at the facilitation of access to justice and rehabilitative care for women survivors of torture. Notably, although identified under discreet headings, the recommendations are largely interdependent, and there is a degree of fluidity between them such that the success of one depends upon the realisation of others:

##### **- Review and Reform of Domestic Legislation**

The study illustrated that women who are tortured often live in societies in which legal and cultural inequalities, together with a tolerance and societal acceptance of violence against women, enable abusive actions and facilitate perpetrator impunity. In order that torture of women be abolished, legislative review and reform must therefore target underlying contextual violence and disparities in addition to torture *per se*.

In order to ensure that perpetrators of sexual violence and other forms of gender-specific abuse are held accountable for their actions, domestic legislation relating to all aspects of violence of women and girls, including violence occurring within the private sector, should be reviewed and, where necessary, new legislation enacted providing for the criminalisation of violence against women in all its forms. Such a review should encompass cultural practices which were harmful or otherwise disadvantageous to women. Where sexual violence was perpetrated during conflict, the authors called for the recognition in national laws of offences such as rape and other forms of sexual violence, sexual slavery and enforced impregnation as war crimes, crimes against humanity as a means of committing acts of genocide.

A thorough legislative review and repeal of all discriminatory legislation should be conducted as a means of addressing gender disparity. Such a review should encompass inequality in the exercise of all economic, social and cultural, as well as civil and political rights. States should also ensure they are signatories to international human rights instruments, including the Convention on the Elimination of All Forms of Discrimination Against Women, together with its Optional Protocol.

##### **- Reporting and Investigating Torture Allegations: the Police**

Police officers and security personnel should receive training in human rights and gender issues in order to enable them to respond adequately, sensitively and professionally to complaints of sexual violence and abuse. Forces should actively recruit, train and make available female police officers to deal with sexual and gender-based violence.

Complaints relating to the conduct of the police following an allegation of sexual violence should be promptly and adequately investigated in order that survivors gain faith in the system and feel more able to come forward. Allegations against police themselves

as perpetrators should be investigated and, where appropriate, perpetrators held accountable in order that the police service is not seen to be above the law.

The adequate investigation of an allegation of sexual violence involves the collection of evidence and interviewing of witnesses, and to this end, the State must ensure that the police forces are adequately resourced. Testimony should be taken in an environment which ensures confidentiality of the survivor and any witnesses, such as a secure interview room, and interviewing should be conducted by individuals trained in working with survivors of serious abuse. Medical evidence must be obtained promptly and in a sensitive manner. It is also vital that survivors of sexual violence are kept informed as to the progress of the investigation.

- Prosecuting perpetrators: the courts

In order that an individual's right to justice is rendered practicably realisable, court procedures and rules of evidence should ensure that women are not at a disadvantage, while the legal process must conform to international fair trial standards. In particular, a survivor must be enabled to recount her experience in an environment which ensures not only her security but also her dignity. In light of the context of many acts of sexual violence, rules of evidence should not impose impossible evidentiary burdens on the survivor, including the need for a witness to an attack, pre-suppose her sexual availability, permit the use of evidence relating to the prior sexual conduct of the survivor or otherwise call into question her credibility simply on the basis of gender.

Investigative procedures and questioning should not seek to further humiliate, victimise or traumatise a survivor of sexual violence. Rules should also allow the defence of consent to be questioned, including issues of consent where perpetrators are in a position of power or control over the survivor. Courts must also consider evidence from men and women on an equal footing and protect the identity of the survivor and any witnesses where necessary for the fair and proper conduct of the trial.

The Court environment is also crucial to the effective prosecution of perpetrators of sexual violence, and to that end, the judiciary and other court staff should be trained in issues of gender and human rights. Training on the content, nature and acceptability of so-called "soft" medical evidence attesting to the psychological impact of sexual violence is also required, together with a greater understanding of expected clinical findings following a physical examination of the survivor.

Training should also encompass the impact of sexual violence and trauma on testimony and recall, such that the evidence which a woman is able to give in court can be considered within its appropriate context, and without gaps in recall deemed automatically to indicate implausibility. Measures designed for the protection and security of survivors and witnesses to crimes of sexual violence, along the lines of services offered by the Victims and Witnesses Unit, based within the Registry of the International Criminal Court also serve to facilitate the giving of testimony without



risking further stigmatisation or violence. Protection functions would also encompass counselling services, which in turn should support and enable a survivor throughout the judicial process without negatively impacting on the survivor's credibility. To that end, education of judicial staff relating to the impact of trauma on credibility is essential, and, where appropriate, rules of procedure and evidence should be incorporated to reflect the position, along the lines of those enunciated by the International Criminal Tribunal for the Former Yugoslavia.

- Financial compensation, reimbursement and return of property

Compensation and reimbursement should be prompt and adequate. Quantification of loss of life or limb, or economic assessment of pain and suffering are inevitably difficult and controversial. Any gender-sensitive compensation assessment model should consider and incorporate material loss, together with the pain, suffering and mental anguish occasioned to the survivor. In the case of sexual violence, this will include not only physical consequences of harm such as damage to reproductive organs, pregnancy and infection, but also emotional consequences of abuse such as shame and feelings of guilt.

Broader consequences of sexual violence, such as stigmatisation, damage to reputation and rejection should also be considered. In addition, loss of opportunities and earning potential over a lifetime, together with any enhanced earning responsibilities due to, for example, rejection, death or incapacitation of husband or other family member, or additional support needs for any child born as a result of rape should also be included in any compensatory payment. Such support might include enabling and empowerment measures such as training or designed to increase future earning potential.

In practical terms, compensation should be provided in a sensitive manner and in such a way that payment does not in any way appear, in the eyes of the recipient or community, to devalue the gravity or nature of the harm suffered. Measures may also be required to ensure that compensation should reach the survivor herself, and be used for the purpose intended. By the same token, financial compensation to children born as a result of rape can be placed in a trust fund, for release when they reach 18.

- Reaffiliation: restoration of dignity and satisfaction

Retributive justice is capable of achieving a reparative effect. Justice can have a positive therapeutic benefit and as such can be rehabilitative in both the legal and clinical senses of the word. Significantly, the effective investigation and prosecution of perpetrators sends out a clear message to the community and society more broadly that sexual violence against women is unacceptable, hence acknowledging the damage that sexual violence has done, whilst contributing to the social and legal rehabilitation of the individual survivor and many other survivors who are unable to take their complaints to court.

For women survivors to reintegrate into society, the restoration of their dignity in the eyes of the community is essential. Measures aimed at the restoration of dignity additionally help to create a social and moral context in which sexual abuse is seen as unacceptable, and hence serve as a means of guaranteeing non-repetition of violations. In addition to retributive justice, reparative forms of justice are important in their impact on the ability of the survivor to reintegrate into society and their ability to live their lives. Measures might include public apologies to the survivors of abuse by individual perpetrators or, in cases where sexual violence has been committed on a massive scale, a State acknowledgement of the abuse inflicted and suffering endured goes some way to restoring the reputations and dignity of survivors of sexual violence, as well as redeeming the memories of the dead.

The success of measures aimed at restoration of dignity and guarantees of non-repetition would hinge, in part, on the reform and education of a State's police force, armed forces, judiciary and other State organs, through education and training in human rights, the rights of women and sexual violence. Changing attitudes to women and to violence committed against them would also necessitate public education, which can be channeled through work with community and tribal leaders and schools, where curricula should include human rights education in general, and women's rights in particular. In addition to seeking to change community attitudes, such an approach should work to abolish traditional customs or practices harmful or otherwise detrimental to women and girls. In addition, stress must be placed on the education of girls, on the value of women in the workplace and in public life. A similar approach will be required in relation to children born as a result of rape, who are typically stigmatised.

Community and symbolic reparations are also helpful, as they acknowledge the impact of sexual violence on the community more broadly, whilst at the same time serve to restore the dignity of survivors in the eyes of their community.

Finally, naming acts as torture is a powerful weapon in eroding the cultural acceptability of sexual or gender-based violence. Nowak refers in his recent report, for example, to the effect on individual survivors from Guatemala of describing acts of sexual violence as torture: individuals felt relatively insulated from social stigmatisation than when acts were described instead as rape, sexual slavery or enforced impregnation. By contrast, employing euphemisms for rape or sexual slavery denigrates and diminishes the experiences of survivors, and in some cases goes so far as to imply or connote a degree of complicity of the survivor in their abuse. While such an approach might be employed to enable more women to come forward to seek justice, the use of such language is itself borne out of the stigmatisation of rape, and a preferable approach would be to provide an enabling environment which allows women to describe their torture and abuse without fear of further discrimination or stigmatisation, and by demystifying the language of sexual violence such that it becomes owned by the survivors.

- Reintegration: Sustainable and independent living

The right to own property is curtailed or denied in the cases of women in many cultures. In addition to the reform of discriminatory laws preventing women from owning or otherwise dealing with real estate, a reparations package must ensure that women are able to return to their land in safety and, once there, live in a secure environment. Where individuals have lost their homes as a result of conflict or rejection by their family, adequate housing should be provided for survivors and their dependants, together with household essentials. Damaged homes should be repaired as a priority in order that vulnerable women are able to live in relative security. Reintegration can also be facilitated through the provision of various social services to assist with issues such as family support and economic advice.

Specific training, including adult education to make up for educational opportunities lost in situations where women were girls at the time a conflict started or to compensate for discriminatory exclusion or withdrawal from the education system, or vocational, business training, will enable women to take a more prominent place in the labour market, raising the status of women, ensuring a greater involvement in public life, a better understanding of their rights and how to articulate them, and lead to enhanced financial independence. Education should be offered to the survivor free of charge, with bursaries or scholarships also available to survivors and a number of school and graduate places being reserved for survivors. In addition, the provision of micro-credit and preferential loans, together with ongoing business advice and childcare assistance will also help women who have suffered sexual violence to provide for themselves and their children.

Finally, enhanced efforts to include women and girls in disarmament, demobilisation and reintegration processes serve to emphasise the participation and role of women and girls in conflict, whilst at the same time providing resources and training to enable survivors to pursue economically independent lives.

- Provision of health services, therapeutic support and assistance

Physical and psychological healthcare and support is a vital component in the provision of a remedy to survivors of sexual violence. It is essential that it is offered as a means to rehabilitation itself, and also in the form of support through the legislative process. Free medical care, with an emphasis on specific services for women, should be provided to women survivors of sexual violence. Healthcare provision should respond specifically to women's reproductive and sexual health needs. It should encompass free examination to assess the physical and emotional consequences of rape and other forms of sexual violence, together with free counselling and support, HIV, STD and pregnancy testing together with consequent treatment, including the provisions of anti-retrovirals and necessary surgical interventions such as fistula surgery, when required. It should also include related emergency treatment, as well as prescription drugs and treatment to address infections, physiotherapy and other forms of pain management in respect of ongoing physical pain or discomfort, mobility aids and prosthetics where required.

Healthcare should also cover antenatal and maternity care in respect of children born as a result of rape.

Healthcare provision should be accessible, available and appropriate, and provided by staff who in turn should be sufficiently trained and sensitive to issues raised by sexual violence, human rights in general and the rights of women in particular. Services and treatments established and offered by women for women, which are typically under-funded or otherwise poorly resourced, should be supported, and treatment should be provided in concert with, rather than in opposition to, traditional treatment and healing practices provided by indigenous women.

Finally, reparations should include the repair or restoration of healthcare facilities and infrastructure damaged by conflict or repressive State actions in order to render services and treatments accessible and available in the long-term.

- Determining the reparative model

The process of change is as important as the changes themselves, since it represents a further opportunity for the promotion and advancement of women within their respective societies. Women typically encounter difficulties in taking advantage of development opportunities, yet serve a vital role in rebuilding post-conflict societies. It is therefore essential that women survivors are directly involved in and consulted on any reparations package, and their views on the nature of remedies required incorporated and reflected in the resulting model. In the case of individual survivors, direct consultation must be a part of the reparative and retributive process. Consultation more broadly with women's groups and other survivors is especially important in cases of mass violations, where many women will be unable to bring individual claims before the courts. Participation in the consultative process has its own empowering and rehabilitative benefits, and raises the status of participants, particularly where community or symbolic reparations are required.

The implementation of agreed reparations should similarly be gender sensitive, and any implementing body should include representatives with gender expertise, including expertise in gender-based violence. Both the formulation and implementation of reparations must be transparent, and bodies responsible for both should be accountable and subject to monitoring. Realistic, timed targets for implementation should be set to ensure prompt and adequate delivery. National and, where appropriate, international monitoring, accountability and support should also be made available, and survivors directly involved in the monitoring and evaluation of reparative programmes.

International donors should enhance implementation through reporting requirements as well as technical support and assistance. International reporting mechanisms such as the Committee Against Torture and the Committee for the Elimination Against Women can also assist implementation, where a lack of remedy would otherwise constitute an abuse of governing human rights instruments. The international community can also ensure the

implementation of reparations packages through fact-finding and monitoring missions, to include scrutiny of a range of laws of particular relevance to or impact upon women. Monitoring and recording mechanisms should also be established to track the incidence of sexual violence and in order to gauge and assess progress in its eradication.

Having identified key areas for change, together with essential key features of any process to facilitate change, it is essential that steps are taken to ensure accessibility to the process. To this end, measures are required which enable the identification of survivors and which allow for their safe involvement. Identification and outreach systems should be constructed transparently, with both establishment and implementation involving civil society organisations, women's groups and survivors, where possible. Steps should also be taken to ensure that women and girls are included in any processes, through the promotion of measures aimed at countering shame and stigmatisation and through gender-specific programmes.

Access can also be facilitated practically by a revision of obstacles to reparations in the form of administrative eligibility requirements. Such obstacles might include the prior presentation of a birth certificate, publication of victims' names, and the non-recognition of traditional, customary marriages. Legal assistance and advice, together with therapeutic support, should be provided on a free and confidential basis.

- Access to a remedy in practice

Reparation and rehabilitation is inaccessible in practice for many women survivors tortured by the state. Torture, and sexual violence in particular, often stigmatise the victim rather than the perpetrator, and disclosure may have dire social, economic and familial consequences. Notions of family honour lead to pressure not to report sexual violation or to seek therapeutic care in respect of harm suffered, while the emotional impact of abuse severely inhibits help-seeking and reporting, where survivors are often left feeling depressed, isolated, ashamed and exhausted.

Where violence is reported, difficulties in recall, fragmented accounts, late disclosure and emotional numbing are seen as factors which impugn the survivor's credibility rather than as natural responses to trauma. These difficulties are compounded by pre-existing gender inequalities, including discriminatorily poor or curtailed education and limited employment prospects, which impact upon the degree of exposure to the public domain, which in turn affect women's awareness of rights, together with their ability and confidence to articulate them.

Ingrained cultural notions of women as property, together with a societal toleration of life-long gendered abuse mean that many women may simply fail to identify themselves as potential subjects of protective provisions or human rights standards. Others may view their experiences as an inevitable continuum of the abuse they have already suffered as a girl, domestically, and in the work place, or simply lack the necessary degree of

autonomy to act independently to report the abuse experienced.

Gender inequalities also produce bias within the systems designed to provide redress, reparation and rehabilitation, manifesting as police failings to conscientiously investigate allegations of torture and sexual abuse, discriminatory procedural and evidential rules of court and a lack of prioritisation of gender-appropriate therapeutic services. In many cases, cultural perceptions of women are reflected in the State's legislative provisions.

The consequent lack of justice leads to cycles of impunity, compounding the abuse suffered. Failure to provide appropriate rehabilitative care engenders long-term mental health difficulties, while physical conditions, when left untreated, typically deteriorate, desperately affecting the individual's quality of life, and in some cases proving fatal. A reparations model which seeks to put the survivor back in to the position they were in prior to the occurrence of the abuse is therefore inadequate in the case of many women survivors of torture. Inequalities which produced a susceptibility to violence are the very same factors which affect access to justice and healthcare in the aftermath of abuse suffered, and so their revision itself must form a vital component of a reparative process.

Such a process must consider not only justice at the individual level, but also seek to address underlying causation, and hence also provide a form of justice at the societal level. Such a process does not require the enactment of new rights, but simply the better recognition and enforcement of existing rights, bringing into stark focus the strong and direct link between the protection of civil and political rights and respect for economic, social and cultural standards.

United Kingdom,

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