Assessing Rehabilitation of Torture Survivors through a Gendered Lens: A Review of Empirical and Expert Perspectives

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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Abstract

Torture is a distinctly horrific human rights violation, which leaves survivors with an acute need for rehabilitation as a form of reparation. However, the state of knowledge around torture rehabilitation suffers from a knowledge gap around how gender influences the impact of torture and rehabilitation outcomes, particularly in developing countries. A gendered understanding of the torture experience can contribute towards the design and implementation of more relevant and effective rehabilitation policies and programs that are better equipped to respond to victims' needs. Thus, the fundamental question that this dissertation asks is: within rehabilitation programs, should male and female torture survivors be treated differently?

In investigating this question, this dissertation will provide an overview of the available literature on torture and torture rehabilitation in order to frame how key gender issues and debates have been understood to date. It will then present and analyze qualitative data around gender and torture impact and rehabilitation gathered from a study conducted by the Centre for the Study of Violence and Reconciliation (CSVR). This data was gathered through the use of the Delphi technique: a series of questionnaires were administered via email to a panel of 18 experts in the torture rehabilitation field from around the world, to assist in building consensus on both the impact of torture and the most adequate intervention options in developing countries. Each questionnaire included a separate gender section, where panellists were provided with primarily open-ended questions that yielded qualitative results. This data will be discussed in relation to the literature in order to present any new insights raised by consulting this source of expertise which is underrepresented in the literature base, as well as to highlight areas where more research is needed.

There was consensus among the panel of experts that there are gender hypotheses that can inform rehabilitation practice, but many panelists were hesitant to agree that there are systematic differences that would demand different interventions between genders and rather stressed that individual assessment is important in each case, as gender-related aspects will be influenced by contextual, interpersonal, and individual factors.

The data highlights a number of factors to consider when working with male and female torture survivors. In relation to male survivors, torture, and men's inability to fulfill gender roles subsequently, may impact on their sense of self or manhood, which can lead to a range of negative coping behaviors. Males may also present with less obvious ways of expressing emotions and distress, or may be less likely to seek help in the aftermath of torture. This was raised particularly in relation to sexual torture victimization. The lack of literature available on male sexual torture is particularly concerning and this is a clear area where more research is needed. In relation to female victims of torture, a central factor to consider is the experience of sexual violence as part of torture and its consequences, especially the severe stigma that victims face. Female victims are often forced to develop new skills and take on new roles in the aftermath of torture, which provides both challenges and opportunities for their rehabilitation. Additionally, their ability to recover from torture is influenced by the challenges of caring for their children, and women are often likely to place the needs of their families before their own, which was not always seen as negative.

It is hoped that this report will assist practitioners in the field of torture prevention and rehabilitation by illuminating the ways in which gender and torture interact, as a gendered understanding of the torture experience could enhance the treatment offered.

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I would never have been able to finish this dissertation without the incredible support of my supervisors and professors.

I would like to express my deepest gratitude to my supervisor, Dr. Hugo van der Merwe, who has been incredibly supportive and tolerant throughout the last two plus years. Without his guidance and patience, and the wide range of insightful comments and suggestions I have received from him throughout the entirety of this process, this dissertation would not have been possible. He has also been a very important mentor to me and has helped me to develop an understanding of transitional justice that has truly prepared me for the "real world" and that allowed me to secure a wonderful job in the field of TJ, where I am now able to apply all that I have learned in the classroom in practice. His insights and encouragement have been invaluable in both my academic and professional life, and for that I am most grateful.

I have enormously benefited from the time I spent working with Monica Bandeira on the CSVR project, and I want to express my greatest appreciation for the patience, guidance and generosity she has shown me throughout the time we spent working together. Most importantly, I joined the project with little formal research experience, and left the project feeling confident in qualitative analysis, and I owe that all to Monica. I learned so much from working with her, and I am very grateful that she was patient enough to give me the space to make mistakes and to try again. Additionally, this dissertation greatly benefitted from the supervision and feedback I received from her while preparing the CSVR gender report, and for that I am also incredibly grateful.

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Chapter I: Introduction

This chapter seeks to frame the subject of this dissertation, gender-relevant aspects to consider in torture rehabilitation, within a transitional justice framework. By establishing torture as a distinct human rights violation, which leaves survivors with a critical need for rehabilitation as a form of reparation, this chapter will argue that rehabilitation services can act as an effective political statement against the most abhorrent form of human rights violations,[1] and play a vital role in the greater process of achieving sustainable peace and respect for human rights in any transitional society. However, the state of knowledge around torture rehabilitation suffers from a gap in understanding the significant socio-cultural factors that may relate to recovery in non-Western contexts, and importantly how gender (as a key socio-cultural factor) influences the impact of torture and rehabilitation outcomes. A gendered understanding of the torture experience can contribute towards the design and implementation of more relevant and effective rehabilitation policies and programs that are better equipped to respond to victims' needs. In order to explore the ways in which gender influences the impact of torture and the design of rehabilitation services, this dissertation will use qualitative data collected during a larger study conducted by the Centre for the Study of Violence and Reconciliation (CSVR) to explore the question: within rehabilitation programs, should male and female torture survivors be treated differently? This chapter will conclude by outlining the context and purpose of the CSVR study and providing definitions of key terms that will be used throughout this dissertation.

1.1 Understanding Torture within a Transitional Justice Framework

Descriptions and illustrations of torture can be found in some of the earliest historical texts and artworks,[2] placing the torturer at the beginning of human history. In recounting the history of the practice of torture, Peters (1985) explained, "The capacity on the part of human beings to inflict pain on other human beings, in the name of the law, the state, or simply for personal gratification, is so widespread and enduring that to single out one aspect of it for discussion, and historical discussion at that, may seem invidious or pedantic."[3] Peters' point highlights the enduring presence of torture throughout history, and illustrates that its prevalence was, and is not today, easily confined to any one region or society. While the actual prevalence of torture is difficult to measure due to its politically sensitive nature,[4] numerous reports stress its widespread occurrence.[5] The many gruesome accounts of torture from the wave of uprisings across the Middle East and North Africa, known as the "Arab Spring,"[6] as well as the horrific events perpetrated by American authorities at Abu Ghraib and Guantanamo Bay, remind us that the practice of torture persists across regional and ideological divisions.

Despite its widespread prevalence, numerous international declarations and conventions strictly prohibit its use, and torture is regarded within international criminal law as one of the most serious crimes that states or

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[1] Basoglu, M. (ed.). 1992. Torture and Its Consequences: Current Treatment Approaches. Cambridge: Cambridge University Press: p. 3.

[2] Edward Peters recounts the various declarations of Roman jurists from the second and third century around the question, 'What is torture?' See Peters, E. 1985. Torture. NY: Basil Blackwell Inc., p. 1.

[3] Peters, 1985: 3.

[4] See Basoglu, M., J.M. Jaranson, R. Mollica, and M. Kastrup. 2001. "Torture and Mental Health: A Research Overview," p. 36 in E. Gerrity, T.M. Keane, and F. Tuma (eds.). 2001.The Mental Health Consequences of Torture. New York: Plenum Publishers, for discussion of methodological challenges in researching torture prevalence due to the political sensitivity around this type of abuse.

[5] Amnesty International found in its 2013 Annual Report that at least 112 countries tortured their citizens in 2012. See: Amnesty International. 2013. "Annual Report 2013: The State of the World's Human Rights." http://www.amnesty.org/en/annual-report/2013.

[6] See for example, Stack, L. 26 January 2012. 'Organizations Say Torture is Widespread in Libya Jails.' *The New York Times*, pg A4. http://www.nytimes.com/2012/01/27/world/africa/groups-denounce-widespread-use-of-torture-in-libya.html?pagewanted=all&_r=0.

individuals can commit.[7] Furthermore, many scholars and practitioners in the international human rights community discuss torture with particular disdain; for example, in his explanation of why it is important to study torture, Basoglu (1992) refers to torture as "the most abhorrent form of human rights violation."[8] Torture for many is the physical enactment of more abstract notions such as cruelty and evil. Luban (2005) illustrates this by analyzing the relationship between the torturer and victim:

> The self-conscious aim of torture is to turn its victim into someone who is isolated, overwhelmed, terrorized and humiliated. Torture aims to strip away from its victim all the qualities of human dignity…The torturer inflicts pain one-on-one, deliberately, up close and personal, in order to break the spirit of the victim—in other words, to tyrannize and dominate the victim. The relationship between them becomes a perverse parody of friendship and intimacy: intimacy transformed into its inverse image, where the torturer focuses on the victim's body with the intensity of a lover, except that every bit of that focus is bent to causing pain and tyrannizing the victim's spirit…torture is a microcosm, raised to the highest level of intensity, of the most tyrannical political relationships…"[9]

Luban's poignant and chilling description of the act of torture sheds light on the distinct nature of torture from other human rights violations, and also illuminates how the practice is understood in the human rights community generally, and the transitional justice community more specifically. Indeed it has been said that, "torture undermines the very core of human rights –the dignity and equality of every human being. It is about stripping away the dignity of one human being by another. It is about asserting power and control; about inflicting pain and despair and about destroying a person's identity and sense of self." [10]

The field of transitional justice (TJ) developed out of the response of those states transitioning from authoritarian rule to democracy in the 1980s, primarily in Latin America, to address human rights violations from the previous regime. The international human rights movement, in ascendance after World War II as state responsibility for atrocity was expanded to encompass the protection of human rights,[11] prominently advocated for the newly democratic states to address the systematic "egregious violations of human rights,"[12] committed under the previous authoritarian governments. This advocacy encouraged the birth of a new interdisciplinary field of practice concerned with pursuing truth, justice, and reconciliation in the wake of such systemic human rights violations, with the ultimate aim of preventing the resurgence of conflict, repression or human rights abuses,[13] and building a society "based on the rule of law and respect for human dignity."[14]

That torture can be understood as a "microcosm of the most tyrannical political relationships,"[15] demonstrates how torture is in essence, the archetype of abuse that transitional justice seeks to address and redress. Torture represents the ultimate betrayal of the state: the very power that is established to protect the people is used to terrorize the people, violently rupturing any notion of the rule of law, and annihilating the human dignity of its victims. As such, torture is generally prioritized in the transitional justice agenda, and is almost always named

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[7] REDRESS and Amnesty International. October 2011. "Gender and Torture: Conference Report." http://www.redress.org/downloads/GenderandTortureConferenceReport-191011.pdf, p. 7.
[8] Basoglu, 1992: 3.
[9] Luban, D. 2005. "Liberalism, Torture, and the Ticking Bomb." *Virginia Law Review*, Vol. 91: p. 1429-30.
[10] REDRESS and Amnesty International, 2011: p. 7.
[11] van Boven, T. 2012. "The Need to Repair." *The International Journal of Human Rights*, Vol. 16, No. 5: 694.
[12] Mistry, H. 2012. "Transitional Justice and the Arab Spring." Chatham House, International Law and Middle East Programme: p. 3, http://www.chathamhouse.org/publications/papers/view/182300.
[13] Hayner, P.B. 2002. Unspeakable Truths: Transitional Justice and the Challenge of Truth Commissions. New York: Routledge , p. 1.
[14] Oette, L. 2004. "Reparation for Torture in Iraq in the Context of Transitional Justice: Ensuring Justice for Victims and Preventing Future Violations." REDRESS: p. 1, http://www.redress.org/downloads/country-reports/Iraq_en.pdf.
[15] Luban, 2005: 1429-30.

among the lists of egregious human rights violations that TJ is meant to grapple with. Basoglu (1992) expands on how torture relates to the foundational concerns of transitional justice:

> The study of torture and care of tortured individuals is not merely a humanitarian concern; it is also an effective political statement against the most abhorrent form of human rights violation. Such political statements are essential in preserving hard-earned human rights in democratic societies. Torture is thus not a problem confined to a remote dictatorship or a totalitarian regime but one that concerns the very moral fabric of the democratic societies in which we live.[16]

Torture is used as a tool of deliberate individual destruction, "designed to destroy the physical and psychological capabilities of survivors to function as viable individuals."[17] The premeditated intention, sanctioned by a state authority, or someone acting in an official capacity, to destroy the individual victim both physically and psychologically, characterizes torture as a unique form of trauma and human rights violation, which leaves survivors with distinct needs.[18] Thus, addressing past acts of torture is a significant task for any transitional state, if it seeks to establish trust with its citizens and legitimacy for its institutions, as well as prevent the resurgence of violent conflict and human rights abuses. As these are indeed the goals of many post-conflict or post-authoritarian governments across the world, victims of torture should be a primary concern when designing transitional justice policies and programs.

1.2 Rehabilitation Programs

Rehabilitation programs have indeed become a common response from both NGO- and government-led transitional justice initiatives. Such programs generally seek to "alleviate the physical and psychological suffering inflicted upon the victims and to empower the torture victims to resume as full a life as possible."[19]

The adoption of the 2005 UN *Basic Principles and Guidelines on the Rights to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law* (hereafter Basic Principles)[20] was a clear sign of the growing international concern with the rights and needs of victims of human rights violations.[21] The Basic Principles state that "...victims of gross violations of international human rights law...should be provided with full and effective reparation...which include the following forms: restitution, compensation, rehabilitation, satisfaction, and guarantees of non-repetition."[22] As outlined in the Basic Principles and other relevant international covenants,[23] rehabilitation is

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[16] Basoglu, 1992: 3.
[17] Christian Peacemaker Teams. 2003. "Surviving Torture." http://www.cpt.org/files/PP%20-%20Surviving%20Torture.pdf.
[18] The impact of torture on the survivors, and the specific needs that are generated as a result of this type of abuse, will be explored in more detail in the following Literature Review chapter, and expanded on throughout this dissertation.
[19] See: IRCT, "About Us: The Members," International Rehabilitation Council for Torture Survivors, http://www.irct.org/about-us/the-members.aspx. This report of the International Rehabilitation Council for Torture Victims identified 146 rehabilitation centers and programs for torture victims.
[20] UN OHCHR. December 2005. "Basic Principles and Guidelines on the Rights to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law," Adopted and proclaimed by UN General Assembly resolution 60/147 of 16 December 2005, http://www.ohchr.org/EN/ProfessionalInterest/Pages/RemedyAndReparation.aspx.
[21] The Basic Principles are "intended to impress upon all organs of society, notably State authorities, that the victim's perspective is a requirement of human solidarity and a prescription of justice." See: van Boven, T. 2006. "Implementing Victims' Rights: A Handbook on the Basic Principles and Guidelines on the Right to a Remedy and Reparation." REDRESS: p. 1, http://www.redress.org/downloads/publications/Reparation%20Principles.pdf.
[22] Smith, E., N. Patel, and L. MacMillan. 2010. "A Remedy for Torture Survivors in International Law: Interpreting Rehabilitation, Discussion Paper." The Medical Foundation for the Care of Victims of Torture, p. 7, http://www.freedomfromtorture.org/sites/default/files/documents/MF%20Rehabilitation%202010%20Final.pdf

understood as a form of reparation, effectively placing the study of rehabilitation within a transitional justice framework.

Reparations scholars have strongly advocated for the importance of rehabilitation in order to provide adequate redress for victims of torture specifically. Smith et al. (2010) has argued that, "rehabilitation is essential to the ultimate reparative aim of returning a victim of torture to the position they were in prior to their abuse."[24] Sveaass (2010) also offered a compelling explanation of the importance of rehabilitation for torture survivors, within a transitional justice framework:

> ...Justice is not necessarily the top priority for victims of torture, especially not at the outset. Rather, the focus centers on putting their lives back together again; their ability to get up in the morning, relate to their families, and see themselves in the mirror; and solving practical problems relating to housing, economy, and security… the persons who are made so vulnerable and disempowered by torture will very often need psychosocial assistance before they can think about reporting violations to a more formal body or claim accountability, justice, and compensation…and it is here that psychological and medical care may be a prerequisite. There are many examples of persons who actively refuse to enter into any kind of process of reporting, denouncing, or bearing witness, but who, after having received help, find themselves in quite a different position with respect to pursuing their case.[25]

However, while many scholars argue for the importance of rehabilitation, few have been able to effectively outline what is meant by rehabilitation—what services does it include and what does it not? Article 21 of the UN Basic Principles, provides the closest expression of a working definition of rehabilitation as a form of reparation under international law, which lies somewhere in between the range of narrow and holistic definitions of rehabilitation found throughout the literature.[26] Article 21 states that, "in certain situations persons who have suffered certain types of serious human rights or humanitarian law violations should be redressed by way of, among others, rehabilitation, meaning physical and psychological care as well as social and legal services."[27] However, there is no further explanation to outline what such care and services should entail.

In addition to the conceptual ambiguities around rehabilitation in international law, there is also a lack of empirical information regarding what measures are most helpful in the torture recovery process, particularly in non-Western contexts. Raphael & Wilson (1993) have pointed to the lack of systematic investigation and documentation of the effectiveness of the many approaches to dealing with the problems of torture survivors,[28] as "far more is known about the traumatic effects of maltreatment than about what measures can be helpful in the recovery process."[29] While there is now an emerging body of literature around the rehabilitation of torture survivors, there are many critical gaps in knowledge of the significant factors that relate to recovery.

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[23] For example, the right to rehabilitation as a remedy is contained in Article 14(1) of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984) (the "UN Convention against Torture"). See Smith et al., 2010: 6.

[24] Smith et al., 2010: 5.

[25] Sveaass, N. 2010 in C. Grossman, C. Hall, J. Mendez, L. McGregor, and N. Sveaass. 2010. "Panel II: Ensuring Reparations for Victims of Torture and Other Ill-Treatment."American University, Washington College of Law, *Human Rights Brief,* Vol. 17 (4): p. 32, http://digitalcommons.wcl.american.edu/hrbrief/vol17/iss4/4/

[26] See Section 1.6, "Definitions," in this chapter, for discussion of the range of narrow and holistic definitions of rehabilitation in the literature.

[27] Villalba, Clara Sandoval. 2009. "Rehabilitation as a form of Reparation under International Law." REDRESS, p. 10, http://www.redress.org/downloads/publications/The%20right%20to%20rehabilitation.pdf

[28] Raphael & Wilson (1993) as cited in Cullinan, S. 2001. "Torture Survivors' Perceptions of Reparation: Preliminary Survey." REDRESS, p. 49, http://www.redress.org/downloads/publications/TSPR.pdf.

[29] Engdahl & Eberly (1990) as cited in Cullinan, 2001: 49.

1.3 Gender

A significant knowledge gap remains concerning the ways that gender influences the impact of torture and subsequent rehabilitation outcomes. Understandings of gender[30] are shaped by both "culture" [31]and "community"[32] in different contexts. Cultural and communal beliefs, habits and ideas are closely related to power hierarchies, acting as their roots and their justification or legitimation. Equally, cultural and communal beliefs, habits and ideas are individuals' guide to life and, by extension, how they experience trauma and how they are subsequently affected. Therefore, any effective reparation program, including rehabilitation programs, should incorporate an appreciation of contextualized gender-meanings of trauma and recovery; yet there has been little consideration of gender within the research that seeks to understand the experience and impact of torture, and subsequent rehabilitation policies, strategies and practices.

While gender has in recent years gained more attention in the [broader] field of transitional justice,[33] the gender-blind nature of many transitional justice initiatives is still apparent. In Pablo de Greiff's *Handbook of Reparations*, Duggan and Abusharaf (2006) explain:

> … Indeed, a cursory glance at the literature on transitional justice reflects a striking absence of gender-differentiated analysis. The reasons for this failure, while frustrating, are not surprising: while policymakers are coming to understand that men and women experience political violence differently, the vast array of public policies being designed to redress the consequences of violence and facilitate democratic transition continue to be largely gender-blind.[34]

Similarly, the literature and policy around torture and torture rehabilitation is often missing any explicit focus on the distinct treatment needs that males and females may have, given the distinct ways they are impacted by the torture experience. For example, a 2008 evaluation report of torture rehabilitation centers supported by the European Instrument for Democracy & Human Rights (EIDHR) found that "most projects make no [gender] distinction in rehabilitation services. They provide identical services for men and women."[35] Quiroga and Jaranson (2005) in their substantial desk study on torture rehabilitation, noted that various literature reviews on the subject have indicated that many studies of torture survivors have failed to report how factors such as gender and cultural traits (among others) relate to post-torture symptoms.[36] Importantly, while a great deal of research around torture rehabilitation has used mixed-gender samples, very few studies have disaggregated their data according to gender, and few have made specific mention of differences in impact or recovery according to gender.

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[30] See Section 1.6, "Definitions," in this chapter, for definition of 'gender' that was used to guide the analysis presented in this dissertation.
[31] See Section 1.6, "Definitions," in this chapter.
[32] See Section 1.6, "Definitions," in this chapter.
[33] See for example, the 2007 Special Issue of the *International Journal of Transitional Justice* entitled, "Gender and Transitional Justice:" http://ijtj.oxfordjournals.org/content/1/3.toc , or the establishment of the "Gender Justice" program at the International Center for Transitional Justice: http://ictj.org/our-work/transitional-justice-issues/gender-justice.
[34] Duggan, C. and A. Abusharaf. 2006. "Reparations of Sexual Violence in Democratic Transitions: In Search of Gender Justice" in P. de Greiff (ed.). 2006. Handbook of Reparations. Oxford: Oxford University Press: 624.
[35] Corsten, N., M. Farquharson, W. Kheir, R. Araya, G. Stephan, M.R. Zalzal. June 2008. "Evaluation on Support to Prevention of Torture and Torture Rehabilitation Centres Supported by EIDHR." European Instrument for Democracy & Human Rights (EIDHR): p. 68, http://ec.europa.eu/europeaid/what/human-rights/documents/evaluation_torture_projects_en.pdf.
[36] Quiroga, J. and J.M. Jaranson. 2005. "Politically-motivated torture and its survivors: a desk study review of the literature." *Torture,* Vol. 16(2-3): 18.

1.4 Research Question

The fundamental question that this thesis is founded upon—within rehabilitation programs, should male and female torture survivors be treated differently—is crucial to the development of this emerging field, and in the absence of such a gendered lens, it is likely that opportunities will be missed to tailor programs and services to the specific needs of those that policy-makers and practitioners seek to rehabilitate.

When applying a gender lens to the study of torture, it becomes clear that gender can be used to understand and explain, in many instances: the reason or motivation behind the perpetration of torture; the methods used; the impact on the victim; and how the victim is able to cope following a torture experience. A gendered understanding of these aspects of the torture experience is likely to lead to the design and implementation of more relevant and effective rehabilitation policies and programs, which will have "stronger beneficial effects for those individuals who have survived such a horrific experience."[37]

It is clear that contextualised gender needs should be central to developing appropriate rehabilitation-reparations programmes; yet it is less clear what this incorporation would entail. The question of this dissertation thus is:

> What are the agreements and disagreements among rehabilitation experts with regard to the ways in which gender influences the experience of torture and the rehabilitation of survivors?

1.5 Research Context

It is important to emphasize that this thesis will use the perspectives of rehabilitation experts as the primary unit of analysis, rather than the perspectives and inputs of torture victims. This is primarily due to the fact that there are serious ethical dilemmas associated with directly interviewing torture victims about the impact of their experience, including the risk of re-traumatization.[38] The decision to focus on the perspectives of rehabilitation experts will be discussed in more detail in Chapter III, which outlines the methodology of this thesis.

In investigating this research question, this thesis will first provide an overview of gender-relevant issues discussed in the existing literature on torture impact and rehabilitation. It will then present and analyze data on gender and torture impact and rehabilitation gathered from a study conducted by the Centre for the Study of Violence and Reconciliation (CSVR), with whom I was affiliated during the study. While the methodology of the CSVR study will be outlined in Chapter III of this dissertation, this section will outline the context of the CSVR research project in relation to my research question.

The CSVR initiated research in 2012-2013 to address the knowledge gaps discussed above, and to better serve the torture survivors who access their rehabilitation services in inner-city Johannesburg, South Africa. After 20 years of experience working with victims of torture, CSVR found that many of the "psychosocial rehabilitation approaches available are not sufficiently responsive to the *contextual realities of its clients*"[39] (my emphasis). This lack of appropriate contextual awareness is a familiar critique of rehabilitation practitioners working in the African context.[40] For example, in the multi-cultural and urban setting of the CSVR trauma clinic in

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[37] Hooberman, J. B., B. Rosenfeld, D. Lhewa, A. Rasmussen, A. Keller. 2007. "Classifying the Torture Experiences of Refugees Living in the United States." *Journal of Interpersonal Violence*, Vol. 22(1): 122.

[38] Iacopino, V., Ozkalipci, O., Schlar C. 1999. Manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment the Istanbul Protocol, pp. 29-30; *Available at:* http://www.ohchr.org/documents/publications/training8rev1en.pdf.

[39] Bandeira, M. 2012. "Developing a contextually informed, psychosocial rehabilitation model for victims of torture." Centre for the Study of Violence and Reconciliation, p. 5. Unpublished.

[40] Bandeira, 2012: 5.

Johannesburg, vastly different social, political, and economic conditions exist than in the [Western] settings most often discussed in the literature on psychosocial interventions for torture survivors, which often focus on refugee torture survivors receiving care in a host state, often in Europe or the USA. For example, South Africa has very high levels of violence, and so the clients of the CSVR live in an environment that is significantly shaped by violence and a lack of security. Additionally, the clinic works with some of the more vulnerable and marginalized groups of the population such as forced migrants and poorer South Africans, and within this context, there are limited resources available to provide psychosocial care.[41]

To effectively respond to these realities, the CSVR initiated research with the intention of developing a torture rehabilitation model relevant to the South African context. Importantly, between 2009 and 2011, 45 % of the CSVR's client group were men, and 55 % women.[42] The majority of women in this group helped bring attention to the question: Is there due consideration of gender within the research that seeks to understand the experience and impact of torture? How do gender differences, if any, relate to rehabilitation strategies? Thus, the CSVR project established an explicit focus on gender in this study, specifically the way in which gender plays a role in torture victimization, impact, rehabilitation, and treatment, which has set it apart from other research endeavors around torture impact and rehabilitation.

I worked as the research assistant responsible for the gender component of this project. Thus, the CSVR data around gender and torture impact and rehabilitation will be presented in this dissertation as a contextual case study to help critically analyze the state of knowledge around gender and torture rehabilitation, and to help identify further research needs on the subject. The CSVR has consented to this use of their research and ethical clearance has been obtained from UCT.

Importantly, it should be noted that the CSVR has published a report on the gender-focused section of this project, for which I am the lead author, and the lead Researcher for the CSVR project, Monica Bandeira, is the co-author. This CSVR report is primarily my own writing, and has benefitted from Ms. Bandeira's supervision and editing. Certain sections of the CSVR report, including those that outline the methodology of the research and present the data that was collected, will appear in this dissertation (in Chapters 3 and 4 respectively), as the objective nature of the research methodology and the data obtained during this process made it difficult to present this information any differently within this dissertation.[43]

1.6. Definitions of Key Terms

Torture

This dissertation uses the definition provided in Article 1 of the United Nations (UN) Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (CAT) of 1985:

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[41] Bandeira, 2012: 4. The clients that receive torture rehabilitation services at the CSVR are mostly non-nationals (88%), from Angola, the Democratic Republic of Congo (DRC), Somalia, Rwanda, Uganda and Zimbabwe. Most clients came from the DRC, with the biggest remaining groups being Zimbabweans and South Africans. Most clients have experienced more than one traumatic event and 67 % (n=102) were unemployed at the time of intake...torture survivors who have been forced to flee their homes, communities and countries must simultaneously face the multiple and significant losses associated with exile.[41] They often live with ongoing threat and victimization; struggle for basic needs such as shelter, clothing and food; have limited personal resources; are separated from family, community, cultural and language groups; have limited access to employment and education; and have limited access to services and care.

[42] Bandeira, 2012: 4.

[43] However, for the purposes of this dissertation, I have significantly expanded on the literature review and discussion sections that appear in the CSVR report, which significantly distinguishes the two reports. The CSVR report can be accessed at: http://www.csvr.org.za/images/docs/Other/gender_and_torture.pdf, and Monica Bandeira can be contacted at: mbandeira@csvr.org.za, should there be any questions about the use of the information presented in the CSVR report in this dissertation.

> 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 which he or a third person has 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 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.[44]

This definition will be explored in more detail in the following chapter, which provides an overview of the literature base concerning torture impact and rehabilitation.

Gender

The UN offers an explanation of "gender" which has guided the operationalization of the concept for this dissertation, which will be discussed in more detail in the Methodology chapter:

> Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities, and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a women or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include race, poverty level, ethnic group and age.[45]

Importantly, the conceptual framework provided by this definition is grounded in the understanding that both 'culture' and 'community' shape understandings of gender in different contexts. The beliefs, habits and ideas shared within different cultures and communities are closely related to power hierarchies, which act as their justification or legitimation. Equally, cultural beliefs, habits and ideas are individuals' guide to life and, by extension, how they experience trauma. Therefore, the differences and inequalities between the roles and expectations of men and women in any given social context influence the methods by which torture is perpetrated, as well as how victims are impacted by and subsequently cope with their victimization.

The framework described above provided conceptual guidelines throughout the gender analysis of the data.

Culture

Culture can be understood as the "cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material

[44] UN General Assembly, *Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, 10 December 1984, United Nations, pg 17
[45] UN Women: Gender Mainstreaming, Concepts and definitions, http://www.un.org/womenwatch/osagi/conceptsandefinitions.htm

objects and possessions acquired by a group of people in the course of generations through individual and group striving."[46]

Most simply, "culture is a way of life of a group of people--the behaviors, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next."[47]

Community

Community is generally understood to be a smaller social grouping, found within a particular culture. MacQueen et al. (2001) provided a definition of community as:

> A group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.[48]

Reparation

Reparations are considered one of the key elements of transitional justice. The International Center for Transitional Justice (ICTJ) explains:

> States have a legal duty to acknowledge and address widespread or systematic human rights violations, in cases where the state caused the violations or did not seriously try to prevent them.
>
> Reparations initiatives seek to address the harms caused by these violations. They can take the form of compensating for the losses suffered, which helps overcome some of the consequences of abuse. They can also be future oriented—providing rehabilitation and a better life to victims—and help to change the underlying causes of abuse.
>
> Reparations publicly affirm that victims are rights-holders entitled to redress.[49]

According to the UN Basic Principles, reparations include the following forms: restitution, compensation, rehabilitation, satisfaction, and guarantees of non-repetition.[50]

Rehabilitation

There is a tendency for scholars and practitioners to define rehabilitation either narrowly, or more holistically: the former explains rehabilitation only related to physical and psychological care, and the latter is more encompassing. A holistic understanding of rehabilitation is one that:

> …encompasses all sets of processes and services states should have in place to allow a victim of serious human rights violations to reconstruct his/her life plan or to reduce, as far as possible, the harm that has been suffered. Such processes/services should allow the victim to gain independence and to make use of

[46] Choudhury, I. "Culture." Texas A&M University. www.tamu.edu/faculty/choudhury/culture.html.
[47] Ibid.
[48] MacQueen, K. M., E. McLellan, D.S. Metzger, S. Kegeles, R.P Strauss, R. Scotti, L. Blanchard, and R.T. Trotter. 2001. "What is Community? An Evidence-Based Definition for Participatory Public Health." *American Journal of Public Health*, Vol. 91(12): 1929–1938.
[49] ICTJ. "Reparations." https://ictj.org/our-work/transitional-justice-issues/reparations.
[50] Smith et al., 2010: 7.

> his/her freedom. The processes should not be defined in advance as they would depend on the particular circumstances of each case. Nevertheless, states should be obliged to establish a rehabilitation system that incorporates at least physical and psychological services, and social, legal and financial services, which should be available to any person who might need them, depending, of course, on the individual circumstances of each case.[51]

Article 21 of the UN Basic Principles, provides the closest expression of a working definition of rehabilitation as a form of reparation under international law, which lies somewhere in between the narrow and holistic understandings, which states:

> In certain situations persons who have suffered certain types of serious human rights or humanitarian law violations should be redressed by way of, among others, rehabilitation, meaning physical and psychological care as well as social and legal services.[52]

1.7 Conclusion

This chapter sought to frame the subject of this dissertation, gender-relevant aspects to consider in torture rehabilitation, within a transitional justice framework. As torture is understood as a distinct human rights violation, survivors have distinct needs and transitional justice policies and programming should include rehabilitation as a form of reparation for torture survivors. However, the state of knowledge around torture rehabilitation suffers from a gap around how significant socio-cultural factors may relate to recovery, and importantly how gender (as a key socio-cultural factor) influences the impact of torture and rehabilitation outcomes. It is likely that a gendered understanding of the torture experience can enhance the relevance and effectiveness of rehabilitation programs, and thus improve the quality of the treatment that is offered to survivors. In the following chapter, an overview of the literature base on torture and torture rehabilitation is presented in order to frame how key gender issues, concepts and challenges have been understood within the literature to date. It will then present and analyze qualitative data around gender and torture impact and rehabilitation gathered from the CSVR study on torture rehabilitation. This data will be discussed in relation to the literature in order to present any new insights raised by consulting this source of expertise which is underrepresented in the literature base, as well as to highlight areas where more research is needed.

[51] Villalba, 2009: 10.
[52] Villalba, 2009: 10.

Chapter II: State of Empirical Knowledge Concerning Gender and Torture

In this chapter, an overview of the available literature on torture and torture rehabilitation is presented in order to frame how key gender issues, concepts and debates have been understood within the literature to date. This literature overview informed the various stages of the CSVR research project (which will be outlined in detail in the next chapter) by illuminating gaps in the relevant empirical knowledge base and highlighting key debates. Thus, the literature overview in this chapter will provide the reader with an understanding of the state of empirical knowledge around gender-relevant aspects of the experience and impact of torture, and will also demonstrate that gender has not been rigorously or systematically investigated in relation to the impact of torture and rehabilitation strategies.

2.1 Evaluating the International Torture Normative Framework

Limitations of the Normative Framework for Understanding Gendered Aspects of Torture

It is plausible that this gap in the literature exists partly because the traditional [international] normative framework for understanding and preventing torture, which limits torture to those acts that are state-sanctioned, has in many ways overlooked the experiences of women, who are often victimized with methods that amount to torture, but are victimized by those not necessarily acting in an "official capacity," or who are operating outside the "public" sphere.[53] When applying a gender lens to the study of torture impact and rehabilitation, it is crucial to recognize that the international normative framework for understanding and preventing torture is itself contested in relation to gender concerns. While this thesis does not intend to contribute towards such normative clarification and development, it will provide a brief summary of the ongoing debates in this regard, because overlooking such debates could render any subsequent gender analysis of the state of knowledge on the subject as shallow and artificial.

The only legally binding instrument at the universal level concerned exclusively with the eradication of torture, the UN Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (CAT), provides a definition of torture in its Article 1,[54] which provides four elements that are required to meet the threshold of torture: severe pain and suffering, physical and mental; intent; purpose; and state involvement.[55] Importantly however, this definition largely reflects the traditional and dominant understanding of torture as harm inflicted on prisoners in state detention, assumed to be predominantly male.[56] Although widespread State-violence against women is well-documented, Arcel (2001) maintains that "the typical image of the torture victim is a male that is arrested or imprisoned, suspected of a crime of dissenting political activity, tortured and maltreated in custodial settings."[57]

This narrow conceptualization has had two significant gender implications for normative understandings of, and

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[53] REDRESS and Amnesty International, 2011: 4.

[54] As noted in section 1.6 of the previous chapter, Article 1 defines torture 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 which he or a third person has 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 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. See UN General Assembly. 10 December 1984. "Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment." United Nations, http://www.un.org/documents/ga/res/39/a39r046.htm.

[55] UN Human Rights Council, A/HRC/7/3. 15 January 2008. "Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak.", UN General Assembly, p. 6, http://www.refworld.org/pdfid/47c2c5452.pdf.

[56] REDRESS and Amnesty International, 2011: 19.

[57] Arcel LT. 2001. "Torture, cruel, inhuman, and degrading treatment of women: Psychological consequences." *Psyche & Logos*, Vol. 22: 328.

responses to, torture: until only relatively recently, rape perpetrated by state actors was generally viewed as an inferior crime that did not meet the level of torture, but was categorized as cruel, inhuman, or degrading treatment,[58] and sexual and gender based violence perpetrated by non-state actors was overlooked as a possible forms of torture.

Women's rights advocates argued that such a narrow understanding of torture "denies protection from the many egregious forms of severe pain and suffering deliberately inflicted on others in different contexts – often women and those from marginalized groups – in an assertion of power and control by the state or with its acquiescence."[59] Arcel (2001) explained that, "[m]ainstream theorists did not until recently recognize that women, besides being violated with the same methods and for the same reasons as men, often are subjected to other forms of severe abuse that qualifies as torture…"[60]

Responding to the criterion that torture must be state-sanctioned, these advocates argued that the "intention, purpose and level of pain and suffering inflicted by non-state actors (particularly in cases of rape and domestic violence) on women is very similar to torture in detention."[61] On this point, Rhonda Copelon (1994) explained that, "[w]hen stripped of privatization, sexism and sentimentality, private gender-based violence is no less grave than other forms of inhumane and subordinating official violence."[62]

The advocacy for a more gender-sensitive normative framework for understanding and responding to torture was not so much focused on changing the definition, but rather for achieving legal recognition that "a state is implicated in acts carried out by non-state actors by its failures to prevent and respond to such acts."[63] In this sense, the purpose of conceptualizing other types of harm as amounting to torture is important because doing so invokes state responsibility to remedy the situation for victims.

Legal and Normative Developments

In the last decade or so there have been important legal and normative developments in recognizing state responsibility for the egregious gendered crimes perpetrated by both state and non-state actors, or in contexts outside of state custody. For instance, it is now widely recognized that rape perpetrated by official actors constitutes torture. Former UN Special Rapporteur on Torture, Manfred Nowak, in his January 2008 report to the UN Human Rights Council stated, "[i]t is widely recognized, including by former Special Rapporteurs on torture and by regional jurisprudence, that rape constitutes torture when it is carried out by or at the instigation of or with the consent or acquiescence of public officials."[64] In the report's conclusion and recommendations section, the Special Rapporteur stated,"[e]choing international and national jurisprudence [sic] rape and other serious acts of sexual violence by officials in contexts of detention or control not only amount to torture or ill-treatment, but also constitute a particular egregious form of it, due to the stigmatization they carry."[65]

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[58] Aswad, E.M. 1996. "Torture by Means of Rape." *Georgetown Law Journal*, Vol. 84 (1913): 1.
[59] REDRESS and Amnesty International, 2011: 7.
[60] Arcel, 2001: 328. Sexual violence, including rape, and other forms of gender-based violence, including forced abortion, forced sterilization, domestic violence, female genital mutilation, among other methods, have been put forward as examples of forms of violence that may qualify as torture but have traditionally not been conceptualized as such; see also UN Human Rights Council, A/HRC/7/3, 2008.
[61] REDRESS and Amnesty International, 2011: 19.
[62] Copelon, R.1994. "Recognizing the Egregious in the Everyday: Domestic Violence as Torture." *Columbia Human Rights Law Review*, Vol. 25: 291-367, as cited in REDRESS and Amnesty International, 2011: 19.
[63] REDRESS and Amnesty International, 2011: 7
[64] He noted that the decisions of the Celebici and Furundzija cases at the International Criminal Tribunal for the former Yugoslavia have contributed to the international recognition of rape as a form of torture within the domain of international criminal law. See: UN Human Rights Council, A/HRC/7/3, 2008: 9.
[65] UN Human Rights Council, A/HRC/7/3, 2008: 24.

Special Rapporteur Nowak was also explicit in his support for recognizing certain forms of gender-based violence inflicted by non-State actors as torture or other cruel, inhuman or degrading treatment or punishment.[66] He argued that, "the language used in Article 1 of the Convention [CAT] concerning consent and acquiescence by a public official clearly extends State obligations into the private sphere and should be interpreted to include state failure to protect persons within its jurisdiction from torture and ill-treatment committed by private individuals."[67] The report concluded in its recommendations that there are "striking parallels between official and private torture in terms of strategies, process and resulting trauma, and showed that State acquiescence can occur at different levels."[68]

Remaining Gender Concerns within the Normative Framework

Despite these normative and legal developments however, influential human rights advocacy organizations maintain that "there has been scant progress in preventing and responding to torture of women and other marginalised groups."[69] Within the literature on the subject, there are very few studies that focus exclusively on the female torture experience, limiting the amount of knowledge available to contribute towards preventing the practice and providing rehabilitation for victims. As Roberston et al. (2006) noted, "[s]ome recent studies have focused on gender-based violence in armed conflict (Ward & Vann 2002, Sideris 2003), but few have focused specifically on women and their experience with torture."[70]

At a policy level, there is certainly a fear on behalf of international policy-makers and courts that "recognition of the state's failure to address torture or persecution by non-state actors in the context of widespread and systematic discrimination and violence against women will 'open the floodgates,'"[71] creating duties for all those who have ratified CAT to prosecute those who commit torture, including non state actors, at a massive scale. While Special Rapporteur Nowak provided explicit support for expanding the torture framework to account for severe gendered harms, this recognition has by no means penetrated the mainstream discourse on torture impact and rehabilitation, and there is a clear lack of consensus on which gendered methods of violence qualify as torture, which is evident in the policy, practice, and academia around torture. For instance, while rape by official state actors is widely recognized as torture, it is less clear to what degree rape perpetrated in the context of internal armed conflict is considered torture. A larger degree of ambiguity and disagreement remains around whether gender-based violence in the private sphere can amount to torture.[72]

Indeed, a 2011 REDRESS and Amnesty International conference report on "Gender and Torture" found that "there is a complex array of issues of definition, responsibility and accountability for harms inflicted by non-

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[66] While noting that there is no exhaustive list, within this report he focused on three forms of gendered violence that occur outside the public sphere which may constitute torture: domestic violence (intimate partner violence), female genital mutilation and human trafficking.

[67] UN Human Rights Council, A/HRC/7/3, 2008: 7. The Special Rapporteur continued that with regard to such gendered violence, "the purpose element [of the torture criterion] is always fulfilled if the acts can be shown to be gender-specific." He explained that violence is gender specific when "it is aimed at 'correcting' behavior perceived as non-consonant with gender roles and stereotypes or at asserting or perpetuating male domination over women," given that discrimination is one of the elements mentioned in the CAT definition. He continued that, "if it can be shown that an act had a specific purpose, the intent can be implied."

[68] A UN Human Rights Council, A/HRC/7/3, 2008: 24.

[69] REDRESS and Amnesty International, 2011: 10.

[70] Robertson, C. L. et al. 2006. "Somali and Oromo refugee women: trauma and associated factors." *Journal of Advanced Nursing*, Vol. 56(6): 583.

[71] REDRESS and Amnesty International, 2011: 17.

[72] Examples of such gendered-based violence in the private spehere include domestic violence, so-called honour-based' violence, trafficking, violence against lesbian, gay, bisexual and transgender people, female genital mutilation, and the denial of reproductive rights. See REDRESS and Amnesty International, 2011: 23-37.

state actors particular to the legal framework on torture, which need further clarification and development."[73] As previously mentioned, this dissertation does not intend to contribute towards such clarification and development. However, these debates are important to highlight both because they constitute part of the limited narrative that does exist around gender and torture, and also because in order to effectively respond to the [gendered] needs of torture victims, we need to be clear "how power dynamics based on gender shape the existing legal framework on torture."[74]

2.2 Gendered Methods of Torture

It is important to note that the progress that has been made in regard to recognizing the gendered harms females experience as amounting to torture, has led some scholars to note that there has been perhaps an overemphasis on sexual violence against women within the larger body of literature around human rights abuses and armed conflict. This overemphasis can perhaps also be detected within recent international institutional responses to "gender issues" in the field of transitional justice (TJ), to the neglect of other gendered violations that women and men experience in such contexts. For instance, it is rare for international criminal tribunals, as key instruments of TJ, to consider gender-based atrocities as anything other than sexual violence against women.[75] This is problematic in that "men too are victims of sexual violence, and women are victims of gendered violence that is not sexual."[76] As Franke (2006) has explained:

> The reduction of gender to the sexual and the ignorance of how men can suffer gendered violence is, to be most generous, a form of overcompensation for the years of ignoring women's place in humanitarian law. Yet this overcompensation has had the effect of sexualizing women in ways that fail to capture both the array of manners in which women suffer gross injustice, as well as the ways in which men suffer gendered violence as well.[77]

Indeed, one's gender identity can be attacked, exploited, or humiliated in a variety of ways that do not involve the targeting of sexual organs or the forcing or threatening of sexual acts.[78]

However, given the limited focus on gender within the torture literature base, there is little knowledge or experience to evaluate with regard to non-sexual, yet gendered methods of torture. Indeed, this literature overview found that the primary gendered experience discussed within the torture literature is that of sexual violence, or rape. Additionally, because of the lack of consensus around gender-based violence in the private sphere as torture, and because there is very little [explicit] acknowledgment of these forms of gendered violence as methods of torture within the literature on torture rehabilitation, this gender analysis of the literature base will

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[73] REDRESS and Amnesty International, 2011: 8.
[74] REDRESS and Amnesty International, 2011: 11.
[75] Franke, K.M. 2006. "Gendered Subjects of Transitional Justice." *Columbia Journal of Gender and Law*, Vol. 15(3): 823.
[76] Franke, 2006: 823.
[77] Franke, 2006: 822.
[78] For example, during the struggle against apartheid in South Africa, warders and policemen would use psychological torture to break down the gender identity of victims. South African struggle veteran, Thenjiwe Mtintso, who, when testifying at a TRC hearing, exclaimed: "The sexual abuse, Chairperson, need not have taken the form of rape alone. It took many forms…For instance I am sure that women will confirm that when you come into the clutches of the security police, [they make] statements like, 'you have joined these men, because you have failed as a woman, you have failed to find a husband, you have failed to look after your children, you are a failure. This is why you have joined. You are not a proper woman. Another favourite statement would be, 'you are with these men, because you are a whore, you are an unpaid prostitute, you have come to service these men.' This consistency of drawing away from your own activism, from your own commitment as an actor, was perhaps worse than torture, was worse than the physical assault, because you could deal with that. But when, even what you have stood for, is reduced to prostitution, unpaid prostitution." See Mtintso in Ross, F.C. 2002. Bearing Witness: Women and the Truth and Reconciliation Commission in South Africa. London: Pluto Press: 65.

focus primarily on sexual violence, including rape, perpetrated by those acting in an official capacity, or perpetrated as a tactic/weapon within armed conflict, as the most significant gendered method of torture (conceptualized as "sexual torture").

Sexual Torture

Some of the first (and only) researchers to focus exclusively on sexual torture, Lunde and Ortmann (1992), defined and categorized sexual torture as:

> 1) Violence against the sexual organs; 2) physical sexual assault, i.e. sexual acts involving direct physical sexual contact between victim and torturers, between victims, between victim and an animal, or all three; 3) mental sexual assault, i.e. forced nakedness, sexual humiliations, sexual threats and witnessing others being sexually tortured; 4) a combination of the three. Within each of these principal groups there is a wide range of sexual torture methods. Furthermore, sexual torture is often carried out in conjunction with other torture, both physical and psychological.[79]

Torture is used to discourage dissent and demonstrate power, which is particularly true of sexual torture.[80] Agger and Jensen (1996) explain:

> The use of sexuality seems to be an intrinsic part of psychological warfare—one of the effective means of tampering with the soul, because of the special feeling of *complicity* which this type of torture can provoke: the detainee is forced to participate in the aggression towards him or herself (Agger, 1994; Weinstein et al., 1987) The traumatizing effects of this type of moral torture are presumably only surpassed by the moral and psychological breakdown of a detainee, who is forced to collaborate with the repressive apparatus in one way or another.[81]

As is illustrated in the quote above, sexual torture is discussed in the literature as distinctly traumatic. Arcel (2001) asserts, "prolonged and repeated sexual torture is the most traumatizing human experience of all."[82]

Gendered Reasons for Perpetration

Understanding why this method of torture is perpetrated is useful for understanding the impact it may have on survivors. Such a discussion can also be applied to understanding the reasons why non-sexual methods of torture are perpetrated against males and females, which is also important for understanding how to prevent this practice and how to rehabilitate victims.

Within the traditional framework for understanding torture, which generally conceptualizes males within a custodial setting as the primary victims, the reasons for perpetration are usually understood to be: punishment

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[79] Lunde, I. and J. Ortmann. 1992. "Sexual Torture and the Treatment of its Consequences," in M. Basoglu (ed.), 1992: 312.

[80] Peel, M. 2004. "Introduction" in M. Peel (ed). Rape as a Method of Torture. Medical Foundation for the Care of Victims of Torture, p. 11.

[81] Agger, I. and S. Jensen. 1996. "Repressive Strategies on the Individual Level," in Trauma and Healing Under State Repression. London: Zed Books, p. 79.

[82] Arcel, 2001: 344. Arcel elaborates: "…The sexual assault attacks the most intimate parts of the body and soul. Sexuality, normally a part of a safe intimate relationship, is turned into the most aggressive and unpredictable attack. The humiliation, shame and fear felt in the torture situation is carried with the victim for the rest of her life if untreated. The torturer often tells the woman that she will not be able to be a woman again and will never be able to have children. Since sexual torture involves the intimate parts of the body it creates a special tormenting feeling of complicity in the victim. Even under the most forcible and inescapable situations where resistance only brings more and heavier assaults, women feel guilty and feel they should have done something to escape the situation (Jaransen, 1993, Arcel 1998). Acts of psychological and sexual abuse are invasions of the self of the victims." See Arcel, 2001: 341.

for criminal acts or political opposition, for the purpose of obtaining information or a confession, or for the purpose of intimidation or discrimination. While these reasons likely encapsulate a great deal of the motivations behind torture perpetration, a gendered understanding of torture highlights that such extreme methods of violence are also perpetrated against women and men who, either directly or indirectly, resist the role ascribed to their gender in a given society. In the case of women, they may do this by taking an active role in a political opposition movement, or "by expressing an attitude to the role of women which is not in keeping with the dominant norms."[83]

Additionally, those women who more or less subscribe to their gender role may also be tortured in order for the perpetrators to obtain information about their husbands, family members or acquaintances. For example, van der Veer (1992) explained,

> Many women who are raped during a raid on their house or in prison were not themselves politically active. They became victims because their husband, father or other male relative was involved in political activities.[84]

Similarly, women are also sexually tortured as a direct attack on the men in their lives or communities—in this sense their bodies are used "as a terrain for male struggle."[85] Arcel (2001) explains that, "[i]n a patriarchal society each rape symbolizes defeat and the impotence of enemy men in protecting their women."[86]

Women are also in many contexts sexually tortured by officials, "simply because they are women and thus considered to be socially inferior human beings to whose bodies and minds the person in authority feels he is entitled to get access."[87] This reality explains much of the sexual violence that is perpetrated within the private sphere, as well as in contexts of forced displacement or asylum-seeking, where women are particularly vulnerable.[88]

An Amnesty International report on torture and ill-treatment of women maintains that the majority of female victims who are tortured by state agents are those suspected of criminal offenses. The report explains that, "[i]n many countries, severe beatings and other physical and psychological abuse are standard practice for arrested criminal suspects or marginalized women who come into contact with the law. In the majority of countries, the racial, ethnic or religious background of the women, or their poverty, render them especially vulnerable to acts of torture or ill-treatment."[89] Indeed, gender as a factor of difference is inextricably linked to other social factors, including class, race, age and religion.[90] The report concludes that, "the torture of women is a daily

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[83] van der Veer, G. 1992. Counselling and Therapy with Refugees: Psychological Problems of Victims of War, Torture and Repression. Chichester: John Wiley & Sons, p. 231. On this point, Ross (2003) also explained: "Prison authorities made women's political choices seem aberrant, inappropriate. It is as though an idea of womanhood existed against which all women were measured. Underlying the model is a notion of the correct occupation of space that finds its echoes elsewhere in the world, particularly in Latin America, where women were punished for taking to the streets in political protests. Implicitly, an ideal woman was one who was acquiescent to the state, a woman who remained in the confines of the domestic realm." See Ross, 2003: 65.

[84] van der Veer, 1992: 236.

[85] Ross, 2003: 24.

[86] Arcel, 2001: 335.

[87] Arcel, 2001: 328.

[88] For example, Martin (2004), who has written extensively on the experience of women refugees, explained: "During flight, refugee and displaced women and girls have been victimized by pirates, border guards, army and resistance units, male refugees, and others with whom they come in contact…The abuse may be as flagrant as outright rape and abduction or as subtle as an offer of protection, documents, or assistance in exchange for sexual favors. Unaccompanied women and children are particularly at risk of such sexual and physical abuse." See Martin, S. 2004. Refugee Women, 2nd Edition. Lanham, Md.: Lexington Books: 45, 48.

[89] Amnesty International. 2001. "Broken Bodies, Shattered Minds: Torture and Ill-Treatment of Women." http://www.amnesty.org/en/library/info/ACT40/001/2001, p. 41.

[90] El-Bushra, J. and I. Sahl. 2005. "Cycles of Violence: Gender Relations and Armed Conflict." Nairobi: ACORD, p. 83.

reality, rooted in pervasive discrimination that continues to deny women full equality with men and that legitimizes violence against women."[91]

While the reasons for traditional torture perpetration against males are well-documented (punishment, obtaining information, discrimination), the motivation for sexual torture against men is often to "secure complete control over the man,"[92] "to terrify, demoralise and destroy family and community cohesion,"[93] and to assert power and dominance; all reflecting similar reasons that women are sexually tortured. In this way, "power dynamics are established within the sexes as well as between them."[94]

The impression made in the literature is that when males are targeted with sexual torture, it is generally due to their direct role as political actors: they are generally being punished, either for their social/ethnic or political affiliation, to signal defeat in a political struggle, or are being questioned for information. Russell (2007) stressed that both adult men and boys are vulnerable to sexual violence "during military operations in civilian areas and in situations of military conscription or abduction into paramilitary forces."[95] Additionally, similar to females being targeted for stepping out of the gender role, certain authors note that males who identify with alternative sexualities may be more vulnerable to sexual torture victimization, particularly in a detention setting.[96]

2.3 Gendered Analysis of Torture Prevalence

Understanding the prevalence of torture is crucial for designing policies to prevent this type of abuse and for creating effective rehabilitation options for victims. Understanding the true scope of the problem can help advocates and policymakers generate the support they need to implement and sustain prevention and rehabilitation programming, and can also shed light on where the victims are who are in need of such remedy and treatment. As will be discussed below, the prevalence of certain gendered forms of torture, particularly sexual torture, has been understudied and largely undocumented, which has created an environment where victims are too often overlooked, and lack channels for support and rehabilitation.

Methodological Challenges of Researching Torture Prevalence

Within the body of literature on torture impact and rehabilitation, there is a dearth of information around sexual torture prevalence and impact. It should first be noted that there are serious methodological challenges involved in researching torture, which make it difficult to accurately measure the prevalence of torture generally, and sexual torture in particular. As Moisander and Edston (2003) note, "…systematic data on national and regional variations in torture practices are scarce because epidemiological reports of cases of violations of human rights are, by their very nature, extremely difficult to carry out."[97] As Modvig and Jaranson (2005) explain,

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[91] Amnesty International, 2001: 1.
[92] Patel, N. and A. Mahtani. 2004. "Psychological Approaches to Working with Political Rape," in M. Peel (ed), 2004: p. 32.
[93] Russell, W. 2007. "Sexual violence against men and boys." *Forced Migration Review,* Vol. 27: 22.
[94] Sivakumaran, S. 2007. "Sexual Violence Against Men in Armed Conflict." *The European Journal of International Law*, Vol. 18(2): 267. On this point, Sivakumaran (2007) elaborated that, "The construction of masculinity is that of the ability to exert power over others, particularly by means of the use of force. Thus, men are considered to represent the virility, strength and power of the family and the community, able to protect not just them but others. Sexual violence against male members of the household and community would thus suggest not only empowerment and masculinity of the offender but disempowerment of the individual victim." See Sivakumaran, 2007: 268.
[95] Russell, 2007: 22.
[96] See Peel, M. 2004. "Males as Perpetrators and Victims," in M. Peel (ed), 2004: p. 62.
[97] See Moisander and Edston, 2003 as cited in B. Morentin, L.F. Callado, and M.I. Idoyaga. 2008. "A follow-up study of allegations of ill-treatment/torture in incommunicado detainees in Spain: Failure of international preventive mechanisms." *Torture*, 18(2): 88.

> Torture is often clandestine and surrounded by silence for several reasons. The perpetrators [sic] seek to hide the fact that the torture took place. The survivor of torture frequently carries the burden of feelings of guilt and shame, which makes it too painful and humiliating to tell the outside world about the torture...The factual information of the torture event (who did what to whom, how, when, where, and why) can almost only be obtained from the torture survivors, who might need treatment and support. For human and ethical reasons, the gathering of information can best be obtained in a supportive environment with facilities to provide treatment. Even in such a supportive environment, the emotional barriers often prevent the full accounting of the atrocities until a long-term confidential relationship with the therapist has been established. This silence makes it particularly difficult to provide data on torture occurrence; whereas this does not apply to the same degree to exposure to other types of political violence.[98]

In light of these challenges, determining the prevalence of gender-based violations, especially sexual torture is even more problematic. Due to the sensitive nature of the topic and the social stigma that is attached to such victimization, victims are less likely to disclose such experiences.[99] As Oosterhoff et al. (2004) have noted, "…sexual torture rarely seems to be reported. Survivors may blame themselves for being tortured, may feel afraid of the social and legal consequences of speaking out, or may be silenced by shame and guilt, which can affect both private and socio-political life."[100]

While lack of disclosure is a clear methodological challenge in researching this type of violation, the lack of an explicit focus on sexual torture within the literature base may also be because there is disagreement and inconsistency in the [gendered] concepts and terms that are used to understand and study torture and its impact on survivors. This lack of coordination in terms and language has likely had a negative impact on the body of reliable data on torture prevalence generally, and on the prevalence, nature and impact of sexual torture methods more specifically**.** For example, while there are a few researchers who have studied the prevalence and impact of 'sexual torture' specifically,[101] it appears that many others have not conceptualized such [sexual] methods of violence as torture, and may have overlooked its prevalence (and subsequent impact) within their sample group of survivors, and thus missed opportunities to explore and report on this gendered form of torture. For example, Hooberman et al. (2007) in their study which sought to systematically categorize the diverse traumatic events that are defined as torture, found that, "there is empirical support for a number of clinically useful [torture] distinctions, such as between witnessing torture, physical assault, and sexual abuse."[102] Hooberman et al. then describe earlier, similar studies that sought to categorize various torture experiences, but where the authors did not expand on their classifications in such a way that explicitly mentioned sexual methods.[103]

A review of the recent literature exposes the frequency with which authors still discuss torture and rape as two separate experiences. For example, McColl et al. (2010) noted in their study: "[m]en are more likely to have experienced torture, being close to death, serious injury, imprisonment and combat. Women are more likely to

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[98] Modvig, J. and J. Jaranson. "A Global Perspective of Torture, Political Violence, and Health," in J.P. Wilson and B. Drozdek (eds.). 2004. Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees and War and Torture Victims. NY: Routledge, p.39.

[99] Quiroga and Jaranson (2005) elaborate that, "The shame with which patriarchal or traditional societies view the sexually traumatized woman extends to her family and even to her community," p.64. In such contexts, it is common for rape victims to choose not to disclose such an experience in order to protect herself and her family from stigma and isolation.

[100] Oosterhoff, P., P. Zwanikken, and E. Ketting. 2004. "Sexual Torture of Men in Croatia and Other Conflict Situations: An Open Secret." *Reproductive Health Matters*, Vol. 12(23): 70-71.

[101] See: Agger, I. 1989. "Sexual Torture of Political Prisoners: An Overview." *Journal of Traumatic Stress*. Vol. 2(3): 305–318; Lunde and Ortmann, 1990, in M. Basoglu (ed.) 1992; Mollica, R.F., L. Son. 1989. "Cultural dimension in the evaluation and treatment of sexual trauma. An overview." *Psychiatr Clin North Am.* Vol. 12(2): 363-79.

[102] Hooberman et al., 2007: 117-118.

[103] See Hooberman et al., 2007: 110-111.

have experienced forced separation from family, and rape or sexual abuse."[104] Consensus on this issue would have implications for the way in which researchers measure the prevalence of torture in sample populations and thus how they report on the likelihood of torture victimization for males and females. Indeed, "[t]he lack of a clear and commonly accepted language inhibits the development of an effective reporting system and/or databases, and thus restrains prevention, monitoring and advocacy efforts."[105]

Gender Differences Associated with the Likelihood of Torture Victimization

There is a long-standing assumption in the field that men are more likely than women to experience torture. For instance, Robertson et al. (2006) noted in a section of their report that summarized "what is already known about torture," that "women are less likely to experience trauma and torture then men, because torture has been used to target intellectuals, activists and community leaders."[106] Indeed, this position can also be found as an implicit assumption throughout the literature. However, findings from empirical studies have often supported such a claim. For instance, a study by Hooberman et al. (2007), which sought to classify the torture experience of refugees living in the United States, found that men experienced significantly more traumas in beatings and deprivation factors, while women experienced significantly more traumas than men in the family torture category, highlighting that males are more likely to suffer direct torture victimization, while females are more likely to suffer indirect victimization.[107] Additionally, McColl et al. (2010) in their study found that men experienced higher levels of traumatic events and were more likely to have experienced torture.[108]

In contrast, however, Pabilonia et al. (2010) claim "women are just as likely as men to experience torture, as changes in warfare and terrorism have caused torture to spread to vulnerable members of the community."[109] Jaranson et al. (2004) found that in a community sample of 1, 134 East Africans living in Minnesota, women had been tortured as often as men. [110] This data importantly produced evidence contrary to the assertion that males are more likely than females to experience torture.

However, the perceived and assumed gender differences surrounding the likelihood of victimization may also be influenced by how various researchers conceptualize torture. It is possible that this long-standing assumption is based on a narrow conceptualization of torture, which might exclude the various forms of sexual violence perpetrated by a variety of state and non-state actors against females. Thus, given the lack of consistency and standardization in how sexual torture is understood, researched, and discussed, as well as the methodological difficulties of gathering data, as well as victims' fear of disclosure, it is difficult to understand the actual prevalence of torture more generally, especially with regard to gender differences around the likelihood of victimization. The findings from Jaranson et al. (2004) however, suggest that this longstanding assumption may require further exploration.

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[104] McColl, H. et al. 2010. "Rehabilitation of torture survivors in five countries: common themes and challenges." *International Journal of Mental Health Systems*. Vol 14(6)**:** 5.
[105] Baker, 2007 as cited in Rumbold, V. 2008. "Sexual and Gender Based Violence in Africa: Literature Review," Population Council, http://www.popcouncil.org/pdfs/AfricaSGBV_LitReview.pdf, p. 9.
[106] Robertson, 2006: 584.
[107] Hooberman et al., 2007: 119.
[108] McColl et al., 2010: 5.
[109] Pabilonia, W., S.P. Combs, and P.F. Cook. 2010. "Knowledge and quality of life in female torture survivors: Building health-related knowledge and quality of life through health promotion and empowerment strategies among female expatriate torture survivors." *Torture,* Vol. 20(1): 5.
[110] Jaranson, JM., J. Butcher, L. Halcón, D.R. Johnson, C. Robertson, K. Savik, M. Spring, and J. Westermeyer. 2004. "Somali and Oromo refugees: correlates of torture and trauma history." *American Journal of Public Health*, Vol. 94: 591-8.

Missed Opportunities to Research Sexual Torture

On the other hand, there are torture prevalence and impact studies that do note that sexual methods were used against those in the sample, often by including the terms "rape" or "sexual assault"[111] in a table that presents all torture methods reported by the sample group. However, very often the authors do not disaggregate this data further, and in doing so, lose an opportunity for a deeper [gendered] analysis of this type of torture experience. For example, Danneskiold-Samsoe et al. (2007) found that 19 per cent of their sample had experienced "sexual torture," however, there is no further discussion of what methods qualified as 'sexual torture,' nor is there discussion of whether such methods had a distinct impact on survivors.[112] While in some respects this might be considered positive as these authors are conceptualizing methods of sexual violence as a form of torture, doing so should not quell the need for more data on the distinct impact of such gendered methods.

The failure to further disaggregate data on sexual torture has contributed towards the dearth of information around this gendered experience of torture and the particular rehabilitation needs such an experience might generate. Given this shortcoming, the literature base on sexual violence perpetrated in the context of armed conflict and displacement, particularly concerning the use of "rape as a weapon of war," is useful to consult to better understand the nature and impact of sexual torture and the subsequent rehabilitation needs of victims. However, sexual violence in these contexts is rarely referred to or conceptualized as "sexual torture," illustrating the inconsistency that remains in how practitioners and academics understand and report on the experience of sexual violence.[113]

In sum, gender plays a significant role in shaping the methods of torture that are perpetrated, and due to the traditional conceptualization of torture that still widely prevails, and the ambiguity and inconsistency around the language and terms we use to study torture, certain gendered methods of violence that amount to torture may go unnoticed, unreported, and understudied, which then limits our understanding of the scope of such violations and victims' subsequent needs.

Prevalence of Sexual Torture

While information around sexual torture is a significant gap in the literature, there are a small number of studies that have gathered useful data about this method of torture. With regard to the prevalence of sexual torture, the general consensus in the literature is that females suffer disproportionately from sexual torture methods, compared to their male counterparts. Hooberman et al. (2007) found that the women in their sample experienced significantly more traumas than men in the rape/sexual assault factor and family-related traumas, whereas men were more likely to report more types of physical beatings.[114] These authors explained that, "[t]orturers may be more likely to use sexual assault with women as opposed to men, explaining a part of the gender differences."[115] Drozdek and Bolwer (2011) found that rape or sexual abuse was reported by 50% of the females and by 26% of the male participants in their study.[116] Morentin et al. (2008) in their study found that

[111] Within the literature on torture rehabilitation, when gendered methods are noted, the following terms are used most frequently: sexual torture, sexual violence, rape, sexual assault/abuse/harassment, genital abuse/mutilation, forced to rape, forced nakedness, threats of rape, threats to rape family.

[112] Danneskiold-Samsoe, B., E.M. Bartels, I. Genefke. 2007. "Treatment of torture victims- a longitudinal clinical study." *Torture*, Volume 17(1): 11-17.

[113] There are over 25 empirical reports on the prevalence/magnitude of sexual violence in the DRC alone, and many reports which focus on sexual violence in the Balkans conflict, Rwanda, Sudan, Cambodia, Guatemala, Peru, etc., but importantly, such reports would not come up in searches for 'torture' or 'sexual torture.'

[114] Hooberman et al., 2007: 116.

[115] Hooberman et al., 2007: 119.

[116] Drozdek, B., & N. Bolwerk. 2011. "Group Therapy With Traumatized Asylum Seekers and Refugees: For Whom It Works and for Whom It Does Not?" *Traumatology,* Vol. 16(4), 160-167.

there was a preference of sexual torture on women.[117] Arcel (2002) has also claimed that gender-specific torture is directed disproportionately or primarily against women.[118]

While the assumption that females suffer disproportionately from sexual violence is likely to be accurate, claims around a higher prevalence of sexual torture used against females are difficult to confirm, as prevalence data on sexual torture is severely limited due to underreporting on the part of victims, both male and female,[119] as well as the range of methodological challenges highlighted previously. Very importantly, Quiroga and Jaranson (2005) note that sexual torture of men has not been systematically studied, which further limits the reliability of prevalence data on sexual torture. Indeed, as Osterhoff et al. (2004) state, "[a]ttention to date has focused much more on the sexual torture of women than of men, however, and although studies suggest that sexual torture of men is not uncommon, data are almost non-existent."[120]

Sivakumaran (2007), one of the few authors to focus on sexual violence (including sexual torture) perpetrated against males, noted that where sexual violence has been investigated, sexual violence against men is seen as regular and widespread, although not at the same rate as sexual violence against women.[121] A UN OCHA (Office for the Coordination of Humanitarian Affairs) discussion paper explained that sexual violence against men and boys has been labeled "the forgotten method of torture by health practitioners and academics alike."[122] Lewis (2012) explained that as with sexual violence against women, "exact numbers regarding the incidence of sexual violence against men in armed conflict are difficult to ascertain, in part due to underreporting and non-recognition."[123] He notes, however, that in one assessment of 5,000 male inmates at a concentration camp in Bosnia-Herzegovina, 80 per cent reported being raped.[124] Furthermore, an extensive study of 434 male political prisoners in El Salvador found that 76 per cent reported being subjected to at least one form of sexual torture.[125] Certain authors have also claimed there is also reason to think that genital abuse against men is so common that it may not even be regarded as sexual torture.[126] Russell (2007) asserted that this lack of knowledge regarding the nature and impact of male sexual violence "leads to limited assistance and justice."[127]

These findings highlight issues with the widespread belief that females are more likely to experience sexual torture methods. While it is important to understand the nature of female vulnerability to torture and extreme violence, the extensive focus on sexual violence against females has perhaps created a context where men and boys are overlooked by key stakeholders and service providers (humanitarian workers, shapers of international and national criminal legal frameworks, rehabilitation practitioners) as possible victims of sexual torture, potentially limiting opportunities for the effective rehabilitation of male torture victims. For instance, DelZotto

[117] Morentin et al., 2008: 87-98.
[118] Arcel, L.T. 2002. "Sexual torture – still a hidden problem." *Torture*, Vol.12: 3-4.
[119] Walker, J., J. Archer, and M. Davies. 2005. "Effects of Rape on Men: A Descriptive Analysis." *Archives of Sexual Behavior,* Vol. 34: 69-80.
[120] Oosterhoff et. al., 2004: 68.
[121] Sivakumaran, 2007: 259.
[122] UN OCHA. 2008. "Discussion Paper 2: The Nature, Scope and Motivation for Sexual Violence Against Men and Boys in Armed Conflict." http://gender.care2share.wikispaces.net/file/view/Discussion+paper+and+Lit+Rev+SV+against+Men+and+Boys+Final.pdf, p. 4
[123] Lewis, D. A. 2009. 'Unrecognized Victims: Sexual Violence Against Men in Conflict Settings Under International Law.' *Wisconsin International Law Journal*, Vol. 27: 11.
[124] Lewis, 2009: 11.
[125] Oosterhoff et. al., 2004: 69.
[126] Peel (2002) in his edited volume on the medical documentation of torture, found that electric shocks to the genitals may happen to as many as 50 per cent of males who are tortured globally; see Peel, M. "Male sexual abuse in detention" in M. Peel and V. Iacopino, (eds.) 2002. The Medical Documentation of Torture. London: Greenwich Medical Media, pp. 179-190. Also See: Van der Veer, 1992; Basoglu (ed.), 1992; Daugaard, G, H. Petersen, U. Abilgaard, et al.1983. "Sequelae to genital trauma in torture victims." *Archives of Andrology*, Vol. 10: 245-48.
[127] Russell, 2007: 22-23.

and Jones (2002) have identified that "there are 4,076 NGOs that address war rape and other forms of political sexual violence (Del Zotto, 2001). Out of this number, only 3% mention the experiences of males at all in their programs and informational literature. About one quarter of the groups explicitly deny that male-on-male violence is a serious problem." [128] Additionally, the emphasis on sexual violence as primarily a female experience has created an assumption that fails to imagine how women might experience torture beyond sexual methods, which then limits our ability to understand their experience and meet their rehabilitation needs.

2.4 Gendered Analysis of Torture Impact

Torture is a very intimate experience and those who torture are experts at judging personal weaknesses in order to fulfill their predetermined goals. Torturers will hone in on gender aspects that make the victim particularly vulnerable, and exploit them, to achieve whatever intention they harbor. These gendered attacks are thus likely to manifest gendered impacts, which will lead to distinct treatment needs between males and females. Additionally, socially-constructed gender roles provide both opportunities and constraints for victims as they cope with the aftermath of the torture experience.[129] In this sense, sensitivity to gender is critical to understanding experiences of torture and developing effective interventions.

Importantly, many of the challenges that arise after the torture experience, are amplified in a refugee context, or are caused by displacement, and the 'additional trauma from stressors in the refugee experience,'[130] often have a severe gendered impact on survivors and their families. Displacement is a significant and overarching theme that appears throughout the literature on torture and rehabilitation, especially because the majority of studies found in the literature are those focused on refugee populations seeking torture rehabilitation services in the receiving country, primarily in Europe or the United States.

Psychological Impact

When gender-disaggregated data is presented in the literature, it usually is with regard to highlighting gender differences in the prevalence of [Western] psychological disorders such as Post Traumatic Stress Disorder (PTSD), Depression or Anxiety. Indeed, there is a strong trend in the literature base to discuss the impact of torture by cataloguing the medical and/or psychological effects of torture, with most available data focusing on "gender-neutral symptoms, diagnoses and syndromes."[131]

Consensus appears in the literature that females are more likely to develop these disorders than their male counterparts. Leaman and Gee (2012) note that female torture survivors are at a higher risk of PTSD and Depression (Keller et al., 2006; Van Ommeren et al., 2001, Hooberman et al., 2007)[132] while Yasan et al. (2008) reported women being twice as likely to develop PTSD as men who experience the same traumatic events.[133]

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[128] Del Zotto, A., and A. Jones. 2002. "Male-on-male sexual violence in wartime: human rights' last taboo?" Paper presented to the annual convention of the International Studies Association, New Orleans, 23-27 March, pp. 1-15.

[129] See: El-Bushra J. 2003. "Fused in combat: Gender relations and armed conflict." *Development in Practice*, Vol. 13: 252; Macksoud, MS and J.L. Aber 1996. "The war experiences and psychosocial development of children in Lebanon." *Childhood and Development*, Vol. 67:70–88; Derluyn I, E. Broekaert, G. Schuyten, E. De Temmerman. 2004. "Post-traumatic stress in former Ugandan child soldiers." *Lancet*, Vol. 363:861–3.

[130] See findings from: Somnier et al. 1992; Basoglu et al. (1994b); and Basoglu and Mineka (1992) as cited in Quiroga and Jaranson, 2005: 25-26.

[131] Cullinan, 2001: 31.

[132] Leaman, S. C., C.B. Gee. 2012. "Religious coping and risk factors for psychological distress among African torture survivors." *Psychological Trauma: Theory, Research, Practice, and Policy*, Vol 4(5): 460.

[133] Yasan, A.,G. Saka, M. Ertem, M. Ozkan & M. Ataman. 2008. "Prevalence of PTSD and related factors in communities living in conflictual area: Diyarbakir case." *Torture*, Vol. 18(1): 30.

Suli and Como (2002) found a 59 per cent higher PTSD prevalence rate in women.[134] Ai (2004) in her study on gender differences in war-related mental health issues among adult refugees found that the female gender was a postive predictor for PTSD severity scores and depressive disorders.[135] Similar conclusions about increased prevalence of PTSD among women are found throughout the literature, albeit to different degrees.[136] Empirical studies have also noted generally higher rates of psychosocial distress among female victims. For example, Van Ommeren et al. (2001) found that women who were tortured reported more lifetime anxiety, somatoform pain, affective and dissociative disorders.[137] Additionally, Ekblad et al. (2002) completed a three month follow up of 131 adult Kosovars mass-displaced to Sweden and found that women had more psychiatric symptoms than men.[138]

In trying to explain the relationship between female gender and increased PTSD severity scores, Ai (2004) investigated whether this may be due to a "tendency of women to report a greater level of distress than do men in response to a similar stressor."[139] She found to the contrary that "Kosovar women who had similar exposures to war trauma events as did men might report less distress" than their male counterparts.[140] This finding challenges the conventional assumption found in the literature that males are less likely to express emotion and distress, given that socially constructed notions of masculinity in many societies condition males to feel "ashamed of their feelings, [and] guilty especially about feelings of weakness, vulnerability, fear and despair."[141]

Another explanation for the relationship between female gender and increased PTSD severity scores is noted by Johnson and Thompson (2008) who explain "Mollica et al. (1987) and Ekblad et al. (2002) suggest that the females in their samples may have been at higher risk [of developing PTSD] because of the psychological consequences of rape, the violent loss of spouses and children and of becoming a single parent or widow."[142]

That the consequences of rape might lead to more severe psychological harm than other non-sexual traumatic events, is a claim that is supported by findings from other studies. For example, Hooberman et al. (2007) found in their study that scores on the rape/sexual assault factor were positively correlated with severity of anxiety symptoms, depressive symptoms, and PTSD symptom severity.[143] Quiroga and Jaranson (2005) note a higher frequency of PTSD following sexual assault than for other crimes."[144] Additionally, Keller et al. (2006) found that, "levels of anxiety, depression, and PTSD symptoms were significantly related to several of the traumatic experiences studied. For example, patients who reported having been raped endorsed significantly more

[134] Quiroga and Jaranson, 2005: 16.
[135] Ai, A. 2004. "Gender Differences in War-Related Mental Health Issues Among Adult Kosovar Refugees in the United States." *Journal of Social Work Research and Evaluation*. Vol. 5(1): 81.
[136] Johnson and Thomson (2008) note: "Most of the studies examining gender differences in civilian responses to war trauma suggest that females are more likely to develop PTSD than males (Ai et al., 2002; Ekblad et al., 2002; Eytan et al., 2004; Gavrilovic et al., 2002; Mollica et al., 1987; Potts, 1994; Reppesgaard, 1997; Scholte et al., 2004)." See Johnson, H. and A. Thomson. 2008. "The development and maintenance of PSTD in civilian adult survivors or war trauma and torture." *Clin Psychol Rev*., Vol. 28(1): 41.
[137] Van Ommeren, M., J.T.V.M de Jong, B. Sharma, I. Komproe, S.B. Thapa, E. Cardena. 2001. "Psychiatric disorders among tortured Bhutanese refugees in Nepal." *Archives of General Psychiatry,* Vol. 58(5): 475-82.
[138] Ekblad, S., H. Prochazka, and G. Roth. 2002. "Psychological impact of torture: a 3-month follow-up of mass-evacuated Kosovan adults in Sweden. Lessons learnt for prevention."*Acta Psychiatr Scand*, Vol.106 (suppl 412):30-6.
[139]Ai, 2004: 84.
[140] Ai, 2004: 91.
[141] Mejia, Ximena E. 2005. "Gender Matters: Working With Adult Male Survivors of Trauma." *Journal of Counseling and Development*, Vol. 83: 29.
[142] Johnson and Thomson, 2008: 44-45.
[143] Hooberman et al. 2007: 108-123.
[144] Quiroga and Jaranson, 2005: 63.

symptoms on each of the scales studied; anxiety, depression, and PTSD."[145]

While this evidence may illustrate that sexual victimization is likely to cause particularly severe psychological harm, certain authors have voiced concern with framing the impact of rape and sexual violence in terms of psychological disorders, such as PTSD. Patel and Mahtani (2004) who have extensively researched the rehabilitation of political rape victims, note that PTSD and similar diagnoses may risk "oversimplifying and de-politicizing both the impact of rape and the therapeutic attempts used to help rape survivors manage their difficulties."[146]

Limitations of Western Psychological Diagnostic Frameworks

Indeed, the large number of studies that conceptualize the impact of torture in terms of Western psychological disorders reflects that many torture rehabilitation practitioners assume that diagnoses such as PTSD or Depression are appropriate concepts to understand the impact of torture on survivors. Kienzler (2008), however, has cautioned that Western psychiatry "reflects a particular American and European view of psychopathology…that focuses solely on problems located within the individual and lacks a developed conceptual vocabulary for relational, social, communal, and cultural problems."[147]

There is a growing body of scholarship that expresses concern in applying such approaches that "typically assume that all psychological concepts are universal and culture- and gender-neutral,"[148] and which allow the "historical, cultural and political contexts of violence against women and men" to be overlooked.[149] Sideris (2003) elaborates on the shortcomings of Western diagnostic frameworks for understanding the gendered impact of severe violence:

> A biomedical discourse which focuses on individual internal dynamics, cognitive processing, biological changes and neurochemical processes is not able to accommodate feeling-states which are constituted by social process. But neither is this discourse able to distinguish between forms of suffering for people in the same culture (Das, 1990). For example, social dislocation affects men and women differently by virtue of the variations in their access to material resources, social status, and power. Therefore, the emotional response and loss of social belonging/identity, will be felt differently by men and women and require distinct interventions.[150]

Sideris (2003) noted that her argument is not a new one. She explained that it is nonetheless necessary to reiterate as, "even within the body of scholarship that critiques biomedical approaches to trauma, the force of gender in organising psycho-social consequences of extreme trauma is not always sufficiently emphasized."[151]

It is important to note, however, the narrative around the importance of considering social context as a primary factor relevant to recovery and rehabilitation is relatively new and has not necessarily led to a clear shift in

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[145] Keller, Allen, D. Lhewa, B. Rosenfeld, E. Sachs, A. Aladjem, I. Cohen, H. Smith, K. Porterfield. March 2006. "Traumatic Experiences and Psychological Distress in an Urrban Refugee Population Seeking Treatment Services." *The Journal of Nervous and Mental Disease*, Vol. 194(3): 192.
[146] Patel, N. and A. Mahtani. 2004. "Psychological approach to rape as torture" in M. Peel (ed.) 2004. Rape as a Method of Torture. Medical Foundation for the Care of Victims of Torture Publications: 21.
[147] Kienzler, H. 2008. "Debating war trauma and post-traumatic stress disorder (PTSD) in an interdisciplinary arena." *Social Science and Medicine*, Vol. 67(2): 223.
[148] Patel and Mahtani, 2004: 22.
[149] Patel and Mahtani, 2004: 22.
[150] Sideris, T. 2003. 'War, gender and culture: Mozambican women refugees.' *Social Science & Medicine,* Vol. 56(4): 722.
[151] Sideris, 2003: 722

practice. Indeed, "many rehabilitation practitioners [sic] complain about the disjuncture between existing suggested models [of rehabilitation] and the contextual realities their clients face."[152] This gap is what motivated the CSVR study that this dissertation is based upon.

Social Impact: Suffering and Resilience

The differences and inequalities between the roles and expectations of men and women in any given social context influence how victims are impacted by and subsequently cope[153] with their victimization. As the UN Special Rapporteur on Violence Against Women, Rashida Manjoo, explained in her 2010 report:

> [E]ven when women are subjected to the same violations as men, their pre-existing socio-economic and legal status and the cultural meanings surrounding the construction of the male and the female in patriarchal societies may cause different ensuing harms for men and women."[154]

Within the literature based around torture, there is however a dearth of information concerning the ways in which culturally-informed gender norms influence the impact of torture, and also how the experience of torture might challenge existing gender norms, and how survivors may respond to this.[155] While a knowledge gap is evident, certain studies within the literature do discuss how cultural gender norms influence the manner in which men and women cope with the torture experience, and some have highlighted gender differences in coping strategies. Certain authors have claimed that females are generally more symptomatic than males and exhibit poor coping skills comparatively.[156] Pabilonia et al. (2010) for example argue that:

> Because women torture survivors are poorly prepared for the risk of torture, they tend to have a greater amount of psychiatric problems and ineffective coping mechanisms as compared to males who have experienced similar torture. In addition, fear and shame from their experiences can persist, giving rise to isolation once they relocate. All of these factors can play into the fact that women torture survivors can have a greater number of social problems, negative coping strategies, and experience the impact of fewer resources for their livelihood as compared to their male counterparts.[157]

Similarly, Robertson et al. (2006) noted that "[w]hen women [torture survivors] immigrate, their trauma experiences and losses contribute to their poverty and isolation, and these are exacerbated by lack of education, literacy and language skills."[158] Palmer and Zwi (1998) stated that, "[w]omen affected by conflict have been shown to have lower self-esteem and a greater sense of helplessness than men (Oxfam Health Unit, 1993; Summerfield, 1990), which is partially attributable to the loss of their position within society (Al-Rasheed,

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[152] Bandeira, 2012: 3.

[153] "Coping is conceptualized as the individual's response to stressful or negative events, and different individuals may be inclined to employ different coping strategies." See: Araya, Mesfin, J. Chotai, I.H. Komproe, J. de Jong. 2007. "Gender difference in traumatic life events, coping strategies, perceived social support and sociodemographics among postconflict displaced persons in Ethiopia." *Soc Psychiatry Psychiatr Epidemiol*, Vol. 42: 307.

[154] UN Human Rights Council. A/HRC/14/22. 19 April 2010. "Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo," UN General Assembly, pg. 17, http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.22_AEV.pdf

[155] Describing this lack of information, Sideris (2003) has noted: "Much has been written about the existential dilemmas and changes to the sense of self that are amongst the outcomes of organized violence (Janoff-Bulman (1989); Lifton, 1988; Turner, 1993; Wilson, 1989). But the subtle shifts in gender roles and identity that war can induce have not been adequately examined in the psychological literature, which is surprising given the effects these changes have on individual men and women, family structure, and social relations between men and women…" See Sideris, 2003: 719.

[156] Sachs, E., B. Rosenfeld, D. Lhewa, A. Rasmussen, and A. Keller. 2008. "Entering Exile: Trauma, Mental Health, and Coping Among Tibetan Refugees Arriving in Dharamsala, India." *Journal of Traumatic Stress,* Vol. 21(2): 199-208.

[157] Pabilonia et al., 2010: 5.

[158] Robertson 2006: 579.

1993; Jacob, 1992).[159]

Other scholars, however, have stressed the remarkable resilience that female torture survivors demonstrate. Rubio-Marin (2009) explains how females are socialized to cope more resiliently than their male counterparts:

> Often in their roles as nurturers and caretakers, women are socialized in ways that make them psychologically more fit to articulate and share feelings around emotional loss, an experience that may be essential to their rehabilitation. Also, women may feel less threatened in their self-perception by the need to rely on others for support and thus may be better suited to improvise informal solidarity networks…patterns of male socialization might make men less prone to rely on self-help groups or civil society beneficence venues to cope with the practical challenge of providing for basic needs in a post-conflict situation or to seek psychological help to deal with emotions around loss...[160]

Rubio-Marin's explanation highlights a key gender assumption that is raised elsewhere in the literature base that is relevant to rehabilitation efforts: females are more likely to report/share their experience and feelings around trauma, while males are less likely to seek help.[161]

While a gendered discussion of resilience factors for torture survivors is largely lacking within the torture rehabilitation literature base, there are a number of anthropological studies that discuss gendered aspects of resilience in the aftermath of armed conflict or other experiences of extreme violence, particularly with regard to the female and male ability to take on new or non-traditional gender roles.[162] The consensus within this literature is that, as a result of armed conflict, "women take on more responsibility for providing for the family while men's work is reduced [given the nature of post-conflict fractured economies], women gain confidence in their ability to take responsibility, while men feel 'lost', with their masculinity undermined"[163] and find other, negative ways to assert their masculinity, such as through exhibiting violent behavior, or engaging in substance abuse.[164]

Nonetheless, gender differences around coping and resilience factors for torture survivors specifically have not been systematically explored and should become a focus of further research.

Social Impact: Sexual Torture

Yohani and Hagan (2010) argued that the effects of sexual violence in war, of which sexual torture is often a form, are "shaped by the social and cultural context where [sexual violence] occurs...Culture also influences the way survivors and communities make meaning and respond to war rape and other traumatic experiences."[165] Patel and Mahtani (2004) also highlighted the importance of cultural gender roles, which shape the impact of rape for any victim and the presenting traumatic symptoms.[166]

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[159] Palmer, Celia A and A.B. Zwi.1998. "Women, Health and Humanitarian Aid in Conflict." *Disaster,* Vol. 22(3): 242.
[160] Rubio Marin, Ruth. 2009. "The Gender of Reparations in Transitional Societies" in R. Rubio Marin (ed.) 2009. The Gender of Reparations: Unsettling Sexual Hierarchies While Redressing Human Rights Violations. New York: Cambridge University Press: 111-112.
[161] See Mejia, 2005: 29-30.
[162] See Sideris 2003; El-Bushra and Sahl, 2005; Lwambo, 2013.
[163] El-Bushra, Judy. 2000. "Transforming Conflict: Some Thoughts on a Gendered Understanding of Conflict Processes" in Jacobs, Susie, R. Jacobson, J. Marchbank (eds.) States of Conflict: Gender, Violence and Resistance. London: Zed Books: 68.
[164] See El-Bushra and Sahl, 2005.
[165] Yohani, S.C., and K.T. Hagen. 2010. "Refugee women survivors of war related sexualised violence: a multicultural framework for service provision in resettlement countries." *Intervention*, Vol. 8(3): 208.
[166] Patel and Mahtani, 2004: 26.

There is little information in the literature, however, with regard to gender differences related to the impact of sexual torture. Gender differences that are discussed are primarily in relation to the social impact of sexual torture, particularly the social stigma that is attached to such victimization. Most frequently discussed in the literature is the stigma that female rape victims face as a gendered impact of sexual torture. As previously noted, within the relevant literature, sexual victimization is framed largely as a female experience and thus the stigma directed at female victims is discussed most often. In many patriarchal societies, sexual attacks are perceived as shameful. [167] As van der Veer (1999) explains: "In some cultures, deflowering may result in the woman no longer being considered acceptable as a marriage candidate. In other cultures, rape may lead to a woman becoming stigmatized as a 'whore' and to her being ostracized by her husband and family…"[168] Patel and Mahtani (2004) cite a Vietnamese proverb which provides graphic insight into the patriarchal norms that fuel such stigmatization: "someone ate out of my bowl and left it dirty."[169] Patel and Mahtani explain that the severe social sanctions that are often directed towards victims of rape "inevitably affect the woman's subjective reaction to rape as well as the psychological presentation of any related difficulties."[170]

The literature also stresses that in many contexts a sexual attack on the female is often a source of shame for the entire family. Many studies note that female victims often keep silent about their victimization in an effort to protect their families and themselves from the shame and humiliation attached to such an experience.[171] An Amnesty International report on the torture of women noted that,

> Investigations conducted in areas including the former Yugoslavia, northern Uganda, eastern Congo and India have demonstrated that most victims fail to admit they have been raped for fear of being stigmatized by society or rejected by their husbands. Evidence also shows that this fear is well-founded: women who have been raped have been unable to find marriage partners, and those who were married are often deserted by their husbands."[172]

Van der Veer (1999) also explains how in Islamic cultures particularly; women will keep silent about rape in order to avoid communal blame for the attack.[173]

Interestingly, Patel and Mahtani (2004) claim that it is often even more difficult for men to disclose rape than for women, given their fears in relation to notions of masculinity, sexuality, and roles in society.[174] Similarly, Loncar et al. (2010) have argued:

> In the eyes of the community, an act of rape and sexual abuse of a man constitutes much worse humiliation than in a case when a woman is the victim. This is especially the case in the rural, traditional communities of eastern Croatia and most of the Bosnia and Herzegovina, where men are expected to be able to protect themselves against such acts. As a consequence, a male rape victim has to bear an additional burden of public and family condemnation.[175]

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[167] See Arcel, 2002.
[168] Van der Veer, 1999: 232.
[169] Patel and Mahtani, 2004: 26.
[170] Patel and Mahtani, 2004: 26.
[171] See Patel and Mahtani, 2004: 27.
[172] Amnesty International, 2001: 50.
[173] van der Veer explains that "According to Islam, women are considered to be strong, threatening, sexually active individuals who should be kept under control in order to prevent them from tempting the men to forsake their social and religious duties (Mernissi, 1985). From this perspective rape is blamed on the woman herself and may result in social rejection (cf. Amnesty International, 1991). To avoid ostracism, many women keep silent about rape." See van der Veer, 1999: 23.
[174] Patel and Mahtani, 2004: 34.
[175] Loncar, M., N. Henigsberg, P. Hrabac. 2010. "Mental Health Consequences in Men Exposed to Sexual Abuse During the War in Croatia and Bosnia." *Journal of Interpersonal Violence*, Vol. 25(2): 199 .

Elaborating on the devastating impact of sexual torture on males, Loncar et al. (2010) claim that 'Rape Trauma Syndrome' is often more pronounced in males than in females, which they explains is a consequence of the intense fear males have to seek help after such an experience, and as a result, they are left alone to cope, increasing their psychological harm.[176] Sexual torture against males is also often "accompanied by verbal threats about the masculinity of the victim, his reproductive capacities and his future sexual functioning"[177] as well as attacks on his sexual identity, often leveling accusations of homosexuality. Thus, Patel and Mahtani (2004) explain that,

> In addition to the multiple effects of other forms of torture, men can thus experience serious doubts about their sexual identity, problems in their relationships and sexual functioning, intense feelings of guilt, shame and self-blame, and moral and religious conflicts.[178]

The idea that males may experience more intense humiliation and subsequent psychological distress than females in relation to sexual victimization has led certain scholars to claim males are thus less likely than female to report cases of sexual torture, which would invariably skew prevalence data around this type of victimization. Loncar et al. (2010) cite a variety of data to prove that males experience sexual violence more than we are aware, and suggests that males are rather less likely than females to report sexual victimization, and it is this difference that creates the impression that females suffer so disproportionately from sexual violence.[179] Sivakumaran (2007) expands on this hypothesis that males are less likely to disclose experiencing sexual violence:

> Men also may be loath to talk about being victimized, considering this incompatible with their masculinity, particularly in societies in which men are discouraged from talking about their emotions. The incompatibility between this understanding of masculinity and victimization occurs both at the level of the attack itself – a man should have been able to prevent himself from being attacked - and in dealing with the consequences of the attack – to be able to cope 'like a man'…[180]

This proposed difference is indeed relevant for rehabilitation, as well as many other international humanitarian policies, but it is also a problematic: the claim that male rape victims find it more difficult than female rape victims to disclose their experience assumes that the male fear of stigma is more severe than the female fear of stigma, which is a claim that has little empirical support in the literature, especially considering the general dearth of gender disaggregated data around the impact of sexual torture.

2.5 Conclusion

A gendered understanding of the experience of torture and its impact on survivors is both necessary and important to the field in order to ensure practitioners working with victims of torture are able to provide effective and relevant rehabilitation services. However, an overview of the torture and torture rehabilitation literature base has demonstrated there is a knowledge gap in terms of gender and torture. Gender as a factor of difference has not been rigorously or systematically investigated in relation to the impact of torture and rehabilitation strategies, and few studies have disaggregated data according to gender or made specific mention of differences in impact or recovery according to gender.

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[176] Loncar et al., 2010: 193.
[177] Patel and Mahtani, 2004: 31.
[178] Patel and Mahtani, 2004: 31.
[179] Loncar, 2010: 191-192.
[180] Sivakumaran 2007: 255.

The gender discourse that does exist within the literature base primarily focuses on: proposed differences in the ways that males and females may be vulnerable to torture victimization generally, and certain [sexual] torture methods in particular; how gender may influence the development of psychological disorders following a torture experience, and relatedly, the positive and negative coping strategies males and females demonstrate following a torture experience; and, how gender can be an explanatory factor in understanding the prevalence and impact of sexual torture/violence.

The data and analysis presented in the following chapters will explore the gendered themes that are raised in the literature, and also contribute new insights toward the knowledge gap and raise questions for further research into ways that gender, as a key socio-cultural factor of difference, influences the impact of torture and how such gender-aspects may relate to recovery.

Chapter III: Methodology[181]

A critical gap in the literature is evidence-based information surrounding the socio-cultural factors that influence the impact of torture on survivors, and how these factors contribute towards the recovery process. A great deal of the literature on torture rehabilitation is based on studies that have been conducted within Western contexts, where vastly different social, political and economic conditions exist than those conditions in developing countries, particularly developing, post-conflict contexts. Indeed, after 20 years of experience working with victims of torture, the Centre for the Study of Violence and Reconciliation (CSVR) has found that many of the "psychosocial rehabilitation approaches available are not sufficiently responsive to the contextual realities of its clients;"[182] a concern which is widespread among torture rehabilitation practitioners working in the African context.[183]

The data and analysis presented in this dissertation, which focuses on expert perspectives of the ways in which gender influences the experience and impact of torture, are components of a larger project conducted by the CSVR, which aimed at developing an African Torture Rehabilitation Model: a contextually-informed, evidence-based psychosocial model for the rehabilitation of victims of torture. A key source of knowledge to fill the gap in the literature noted above is practitioner/clinician experts either based in the Global South, or with experience working in this context. To draw from this knowledge base, which is not adequately represented in the literature, the CSVR assembled a panel of 18 experienced and respected professionals in the torture rehabilitation field from around the world, including researchers, practitioners, and supervisors with experience in torture rehabilitation within developing contexts. This chapter will outline the methodology that was used by the CSVR to address the gap in the literature through a consensus-building process of drawing on this source of expertise.

When developing the CSVR project it became clear that it presented an opportunity to explore in greater detail the gender aspects of torture and its consequences, as there are few empirical insights concerning gender and torture within the literature base, which may hinder the ability of those clinicians working with victims of torture to meet the needs of those they seek to rehabilitate. Thus, the CSVR decided to add a specific gender component to the larger research project in an effort to contribute towards the identified gap in the literature on this subject. The gender questions were presented in a separate section in each round of the Delphi (this process is explained below), and the author of this dissertation was responsible for designing these gender sections, and for managing and analyzing the gender data, which was done separately from the data pertaining to the development of an African Torture Rehabilitation Model.

3.1 The Delphi Technique

The data regarding gender was obtained through questions included in the Delphi technique used in the larger CSVR research project (which explored a number of other factors and contained additional research steps). Here, the 18-member panel experienced in the field of torture rehabilitation was assembled. The role of the panel was to assist in building consensus on both the impact of torture and the most adequate intervention options, which was achieved by using the Delphi technique, which "is in essence a series of sequential questionnaires or 'rounds,' interspersed by controlled feedback, that seek to gain the most reliable consensus of opinion of a group of experts."[184]

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[181] This chapter appears here almost exactly as it does in the CSVR gender report, given the objective nature of the methodology that was used to gather the results that are presented in both reports.
[182] Bandeira, 2012: 5.
[183] Bandeira, 2012: 5.
[184] Powell, C. 2003. "The Delphi technique: myths and realities". *J Adv Nurs*, 2003. 41(4): p. 376-82.

The technique has been adapted for use to various questions or processes,[185] which means it "is well suited as a means and method for consensus-building by using a series of questionnaires to collect data from a panel of selected subjects."[186] The technique is set up in the format of rounds, whereby the members of the panel respond to questions independently, in this case, through written responses, as the questionnaires were administered to the panelists via email. In between rounds, the data is analyzed and feedback is given to the panel. The initial round usually consists of open-ended questions but can also consist of structured questions based on literature. Subsequent rounds seek to quantify the results gathered. Through the use of ranking and rating techniques, consensus is finally built.

The Delphi technique does not specify the ideal number of participants or panelists, as this depends on factors such as the problem statement, the resources available (time and money), and the availability of experienced people in the field.

3.2 Rationale

The rationale for using the perspectives of rehabilitation experts as the primary unit of analysis, rather than the perspectives and inputs of torture victims, is primarily due to the fact that there are serious ethical dilemmas associated with directly interviewing torture victims about the impact of their experience, including the risk of re-traumatization.[187] This is particularly true in the case of researching victims who experienced torture of a sexual nature, and who might have to recall such an experience in a "societal context of disbelief, fear and shame."[188] For this reason, it was deemed appropriate for this mini-dissertation to present and analyze the perspectives of rehabilitation experts who have direct experience working with torture survivors in order to avoid any such ethical dilemmas.

Additionally, the preponderance of research on this topic is published by academics, often based in Western settings, who are less likely than practitioners to have exposure to the day-to-day issues that arise in the context of rehabilitation. Thus, rehabilitation practitioners have a unique set of perspectives and insights which are particularly valuable in relation to this research question; their understanding of the experience and impact of torture for victims is rooted in direct experience working with victims during recovery, often over a sustained period of time.

As the insights from practitioners are lacking in the literature base, particularly those working in developing settings, this dissertation seeks to address this knowledge gap by raising issues that have to date been relatively unexplored within the field, amongst a group of rehabilitation experts with experience working in developing contexts. Given the exploratory nature of this research, the Delphi technique was chosen as it is particularly "well suited as a research instrument when there is incomplete knowledge about a problem or phenomenon…The Delphi method works especially well when the goal is to improve our understanding of

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[185] Lindstone, Harold A. and M. Turoff. 2002. "The Delphi Method: Techniques and Applications." New Jersey Institute of Technology. http://is.njit.edu/pubs/delphibook/.

[186] Hsu, C.C. 2007. "The Delphi Technique: Making Sense Of Consensus." *Practical Assessment, Research & Evaluation*. Vol. 12(10): 1-8.

[187] Iacopino, V., Ozkalipci, O., Schlar C. 1999. Manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment the Istanbul Protocol, pp. 29-30; *Available at:* http://www.ohchr.org/documents/publications/training8rev1en.pdf.

[188] See: Fontes, L.A. 2004. "Ethics in Violence Against Women Research: The Sensitive, the Dangerous, and the Overlooked." *Ethics & Behavior*. Vol. 14 (22): 141-174.

problems, opportunities, solutions..."[189] In this way this research should be understood as the beginning of an exploration of the ways in which gender relates to the experience and impact of torture, and the data it generates should highlight the need for more research that focuses specifically on gender and torture, particularly within developing countries.

3.3 The Delphi Panel

The process sought to include a minimum of 10 panelists including a range of academics, practitioners, and researchers with experience and knowledge in this field and/or with this context/client population. Both international and local people were sought, while CSVR's own clinicians who met the criteria, were also included on the panel. Criteria for inclusion included:

Practitioners were required to have:

- A minimum of 5 years of experience in working with victims of torture, and/or
- Provided interventions to a minimum of 50 torture victims, and/or
- Provided supervision to a minimum of 10 clinicians who conducted interventions to victims of torture in the last 5 years.

Researchers/academics were required to have:

- A minimum of two publications in the last 5 years in the field of torture rehabilitation, and/or
- Provided supervision to researcher(s) exploring the topic of torture rehabilitation in the last 5 years.

The final panel consisted of 18 panelists and included:

- 11 women (61%).
- 7 men (39%).
- 5 panelists from the global north (28%).
- 13 panelists from the global south (72%).
- At the time of participating in the process, panelists were based in 9 different countries, namely: Cameroon, Denmark, Egypt, Jordan, Kenya, Philippines, South Africa, USA, and, Zimbabwe.
- Except for the panelists based in Jordan and Egypt (who are originally from North America), all the other panelists come from the countries they are based in.
- 5 (28%) of the panelists came from the CSVR (this included practitioners and supervisors).
- 16 panelists met the "practitioners" criteria (89%).
- 13 panelists met the "supervisors" criteria (72%).
- 6 panelists met the "researchers" criteria (33%).

3. 4 The Delphi Rounds

Four rounds of the Delphi process included gender-related questions, but only the first three rounds will be discussed in this dissertation. Please refer to Appendix III for copies of the questionnaires that panelists responded to in Rounds I-III. It should be noted that the second and third questions presented in Round III (see below) were focused on soliciting more technical information concerning clinical aspects of rehabilitation that are largely outside the scope of this dissertation, which seeks to highlight significant gender aspects in relation to the experience and impact of torture that are relevant to rehabilitation. It does not seek to explain *how* (in a

[189] Skulmoski, G.J., F.T. Hartman, J. Krahn. 2007. "The Delphi Method for Graduate Research." *Journal of Information Technology Education*, Vol. 6: 1.

clinical sense) practitioners should address these aspects in rehabilitation. Thus while these questions are presented below to provide a complete picture of Delphi Rounds 1-3, these questions and the associated responses will not be presented nor discussed beyond this section.

Based on the data gathered in each round, as well as any gender themes that emerged from an initial literature review, and an analysis of the notes kept by CSVR clinicians working with torture survivors (referred to as Individual Process Notes or IPNs),[190] the following questions relating to gender were asked in each successive round of the Delphi process:

Round I asked panelists:

- In your experience, do men and women experience torture in different ways? If so, please elaborate here; and,
- Are the daily stressors that follow a torture experience felt differently by men and women? If so, please elaborate here

Round II asked panelists:

- To rate their level of agreement with 29 gender-hypothesis statements that emerged from Round I using a five-point scale (1- Strongly agree; 2- Agree; 3- Neither agree nor disagree; 4- Disagree; 5- Strongly disagree).

Round III asked panelists:

- Are there certain aspects of interventions that should differ between male and female clients? In other words, are there gender considerations that affect the nature/type of intervention used for a client? If yes, please explain what these are.
- Are there particular issues that clinicians should consider when working with a client of the opposite gender? Are there issues clinicians should consider when working with a client of the same gender?[191]
  Please keep the following scenarios in mind when answering this question:
  Female Client – Female Clinician; Female Client – Male Clinician; Male Client – Female Clinician; and Male Client – Male Clinician
- Below are the statements from the previous Delphi round, with which more than 80% of panelists agreed. Please consider each statement and explain what the implications for designing an effective intervention are, or how this should be addressed in a clinical intervention.[192]
- Optional Section**:** The following statements are those for which there was no clear consensus among panelists, or in which panelists disagreed with the statement. Although this is not central to our model development process it raises many interesting questions we would like to understand better. If you have some extra time to respond to these questions, we would appreciate you doing so. Please explain your position on each statement so we can better understand why there was non-consensus or disagreement for each issue.

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[190] Given that this component of the research (IPN analysis) was far more relevant to the larger research study and had little impact on the gender questions that were asked in the Delphi rounds, the process which generated the IPN data, and the data itself, will not be discussed in this dissertation.

[191] As this question solicited more technical information around clinical rehabilitation approaches, the data gathered from this question is largely outside the scope of this thesis and will not be presented nor analyzed in this dissertation. Therefore in all subsequent discussion around Round III, this question and the associated responses will be omitted. To review this data please refer to: Goodman, R. and M. Bandeira. 2014. "Gender and Torture: Does it Matter? An exploration of the ways in which gender influences the impact of torture and rehabilitation strategies." Centre for the Study of Violence and Reconciliation. www.csvr.org.za/index.php/publications/2591-gender-and-torture-does-it-matter-an-exploration-of-the-ways-in-which-gender-influences-the-impact-of-torture-and-rehabilitation-services.html

[192] Ibid.

Round I

Round I asked panelists:

- In your experience, do men and women experience torture in different ways? If so, please elaborate here; and,
- Are the daily stressors that follow a torture experience felt differently by men and women? If so, please elaborate here.

As the nature of the Delphi process is to build consensus amongst a group, it was important to start with open-ended questions so as to orient ourselves in the current knowledge of the panelists and to evaluate which issues would be the most relevant and important to build consensus around in going forward. Additionally, open-ended questions were thought to be the best way to ensure nuanced, rich responses, and are the most typical way to start off a Delphi process.

Given that the impact of torture on survivors was a significant focus of this study, the gender section in Round I focused on the degree to which gender is useful for understanding the impact of torture.

Thematic content analysis (TCA) was conducted, as it was believed that the main themes to emerge from the panelist responses would reflect a wide range of relevant issues around gender and torture impact, which should be explored in subsequent Delphi rounds, in the context of intervention strategies. Responses to the questions were collected in one document (the responses for Question 1 were organized separately from the responses for Question 2) , which was read numerous times to break into the data, and after becoming familiar with the responses, a list of themes that emerged from the responses was drafted. Themes were organized around potential gender differences, therefore most themes are gender-specific; for example: Male: less agency re. family; or, Female: indirect victim.

The original list of themes was extensive and quite specific, and so the themes that represented more specific issues were collapsed under broader themes. Additionally, after becoming familiar with the data, it became clear that many panelists discussed issues relating to the second question in the first question and vice versa, and so the lists of themes from the two questions were merged into one list of comprehensive, condensed themes. The condensed list of themes that emerged from both responses will be presented in the following "Results" Chapter. The data was first coded manually with this list, and then electronically using NVivo 8.0.

Using NVivo 8.0, a "document coding report" was produced which presented each node, or theme, with the sections of data that were coded with that node/theme. The corresponding statements for each of the themes were then summarized and condensed into one overarching statement that, to the best degree possible, represented the consensus around that issue in the responses. Where panelists focused on different aspects of the same theme, more than one statement was created to represent this.

The statements that were created were understood to reflect the most important points from Round I, and are were meant to capture possible gender differences relevant to torture impact and rehabilitation. Similar comprehensive statements were created to represent gender differences that were highlighted during the literature review, and also to represent the themes that emerged from the Intervention Process Notes (IPN) analysis. These statements were combined into a comprehensive document and were then collapsed to decrease repetition of similar points, which produced a final list of 29 statements, capturing the potential gender differences relevant to torture impact put forward by the panelists.

Round II

Round 2 asked panelists:

- To rate their level of agreement with 29 gender-related statements that emerged from Round I using a five-point scale (1- Strongly agree; 2- Agree; 3- Neither agree nor disagree; 4- Disagree; 5- Strongly disagree).

The 29 statements that emerged from Round I were presented in the second round for panelists to evaluate the degree to which they agreed or disagreed with the statement using a five-point scale from strongly agree to strongly disagree, and then were asked to assess whether this issue was relevant or significant in terms of designing an intervention.

When responses were reviewed, it became clear that a few panelists were unclear about the question of, "whether the issue is relevant in terms of therapy." Given this confusion, all responses from this column were not considered in the analysis. However, this error was addressed in Round III, which will be discussed below.

Therefore, the analysis of Round II was mostly quantitative, and evaluated whether panelists agreed or disagreed with each of the 29 statements, and then a TCA was conducted on the few comments that were provided by panelists.

Using Excel, a spreadsheet was created which presented how many respondents either 'strongly agreed,' 'agreed,' 'disagreed,' or 'strongly disagreed,' with each statement. Next, an 'agree' column was created on the spread sheet, which was the composite of 'strongly agree' and 'agree,' as well as a 'disagree' column, which was the composite of 'strongly disagree' and 'disagree.' Then the numbers of panelist responses under each scale anchor, for each statement, were converted into percentages.

After creating the percentages it was clear which statements most panelists agreed with, those that most disagreed with, and those where panelists were split between agreeing and disagreeing. The statements that more than 80 per cent of panelists agreed with were highlighted as those statements that generated the most consensus, and were asked about in Round III, in terms of the implications of these issues for intervention. The need to keep the gender section concise contributed to the decision of an 80 per cent consensus cut off mark, rather than a lower threshold.

Lastly, the statements that generated the most non-consensus (when the group was split between agreeing and disagreeing), and the statements that most panelists disagreed with, were highlighted. The seven statements with the lowest difference values between the 'agree' and 'disagree' columns were included in Round III, as an optional section to explore why non-consensus occurred.

Finally, a table was created to organize any qualitative comments panelists gave for the statements, although not many comments were provided. These comments were useful however, when analyzing the progression of the Delphi responses and considering how certain panelists' positions shifted throughout the various rounds.

Round III[193]

Round III asked panelists:

[193] Please recall that questions two and three are omitted from this section due to the nature of these questions which solicited data beyond the scope of this dissertation.

- Are there certain aspects of interventions that should differ between male and female clients? In other words, are there gender considerations that affect the nature/type of intervention used for a client? If yes, please explain what these are.
- Optional Section**:** The following statements are those for which there was no clear consensus among panelists, or in which panelists disagreed with the statement. Although this is not central to our model development process it raises many interesting questions we would like to understand better. If you have some extra time to respond to these questions, we would appreciate you doing so. Please explain your position on each statement so we can better understand why there was non-consensus or disagreement for each issue.

The main purpose of Round I and II was to determine what were the most relevant and important gender differences to consider when trying to understand the experience and impact of torture, if any. Round III of the Delphi gender section sought to move away from exploring impact, and towards investigating how intervention can be improved, or made more effective, to better address these potential gender differences.

All answers for the first question were collected within a document, and TCA was conducted, which generated a list of themes that came up in the responses, which was further collapsed into a more concise list of themes, similar to the process outlined for the analysis of the Round I responses. After consideration and discussion around the final list of themes generated from this question, it was decided that it was not necessary to pursue consensus-building around this question in the next round. These results will be discussed in the following "Results" Chapter.

Round III also included an optional section that presented a table with the seven statements from Round II for which there was non-consensus among panelists, or in which panelists disagreed with the statement. In this optional table, panelists were asked to reiterate their position on the issue (on the same 5-point 'strongly agree' to 'strongly disagree' scale), and the 'composite agree' and 'composite disagree' positions of the group for each statement were listed in an adjacent column (for example, 37.5 % of panelists 'disagreed or strongly disagreed' and 31.25 % of panelists 'agreed or strongly agreed'). Next, a column was provided for comments and panelists were asked to explain their position on each statement, so we could investigate why there was non-consensus or disagreement for each issue. The same method used to analyze the consensus statement table was used to analyze the responses for the optional table.

The average response rate across the four rounds was 89% [completed all rounds = 13 (72%); completed 3 rounds = 3 (17%); completed 2 rounds = 1 (5%); completed 1 round = 1 (5%)].

3.5 Limitations of the Methodology

There are a number of limitations with the Delphi technique that should be highlighted and its results should be understood in light of these. Most importantly, the quality of responses depends entirely upon the panel. An analysis of the panel's inputs in this study reveals that some of the experts held certain gender assumptions or biases, which illustrates they may have had little formal training on gender, and thus they may not have been the best subjects for the gender-focused component of this study. Additionally, the quality of the responses also depends on the degree panelists are willing to fully engage with the questions, and communicate complex and thorough insights in writing. On this point, the gender section was presented as the last section of the questionnaires in each Delphi round, and so it is possible that panelists were fatigued from the previous intensive sections by the time they reached the gender section and were thus less likely to provide rich responses. Panelists may also lose interest in the topic throughout the process, particularly if consensus is not reached within the timeline they anticipated. Very importantly, participants and the researcher are not face-to-

face, which in this case likely hindered data collection.[194] With exploratory research around a complex and nuanced subject such as this one, the opportunity to ask panelists for clarification or elaboration in their responses would be useful in order to ensure rich responses.

[194] "A Guide to Research Tools: The Delphi Method." Recreation Tourism Research Institute. http://web.viu.ca/rtri/Delphi%20Method.pdf

Chapter IV: Results[195]

To draw from a knowledge base that is not adequately represented in the torture rehabilitation literature, the CSVR assembled a panel of 18 experts in the torture rehabilitation field from around the world, with experience working in torture rehabilitation within developing contexts. Not all the data that was collected around gender will be presented and discussed in this dissertation, due to the concerns raised in the previous "Methodology" chapter. The data presented below provides an interesting exploration of the ways in which these experts perceive gender to influence the experience of torture, its impact, and the implications of these gender-aspects for rehabilitation. The data represents an exploration of the topic and highlights the need for more research that focuses specifically on gender and torture.

4.1 Round I - Exploring gender related factors regarding the experience of torture and its impact

Seventeen (17) panelists responded to the open-ended gender questions in Round I:

- In your experience, do men and women experience torture in different ways? If so, please elaborate here; and,
- Are the daily stressors that follow a torture experience felt differently by men and women? If so, please elaborate here

The final list of themes that emerged from the responses are presented in Table I in Appendix I. Due to word limitations, only themes that were mentioned five times or more by the group of panelists are presented in more detail below (Table II in Appendix I provides explanations for all of the themes, which is followed by an explanation of the panelists' positions with regard to each theme). The themes discussed below can be understood to represent key factors in relation to gender and the experience and impact of torture, given the frequency that these themes were discussed in panelist responses. This does not mean they are necessarily the most important gender issues that were raised, but give a preliminary indication of what gender issues first come to mind in relation to the torture experience and impact among a group of rehabilitation experts.

a) Themes that emerged regarding the male torture experience and impact

Link torture and consequences to damaged sense of self/manhood (8 references)

This theme regarding the male experience intersects with many of the other themes, as certain issues (e.g. abusive behavior, anger, substance abuse etc.) may be the result of this issue (damage to sense of self/manhood), while other themes may be the cause of this issue (e.g. employment difficulties, sexual difficulties, sexual torture etc.). Additionally, this theme covers many of the same issues covered by 'Male: inability to fulfill gender role,' but also cover other ways that males experience damaged self-esteem in relation to the torture experience.

Two panelists explained that the torture experience (as a whole) negatively affects males' sense of self, and both highlighted that males experience this more severely than their female counterparts. One explained,

> "*Men feel more hopeless and resort to diverse addictions e.g. alcohol, drug abuse, sexuality issues, etc. Others become idlers and lose a sense of direction. Their ego is injured more than that of women*."

[195] This chapter appears here almost exactly as it does in the CSVR gender report, given the objective nature of the data that was collected and presented in both reports.

The other noted, "…*I think men experience torture more personally. It is an assault on their personality, their capacity to cope, provide, and be...*"

Three panelists specifically highlighted the negative impact of the inability to provide for oneself or family due to the torture experience, on male self-esteem. For example, one panelist noted,

> "*Men more often struggle with adjustment difficulties as many find it difficult to find job opportunities to support their families. This seems to be impacting negatively on their sense of manhood*,"

while another explained, "*Men seem to internalise the inability to provide as a threat to personal worth and then often "give up" or distract themselves with other activities*."

One panelist highlighted how males face feelings of failure when they encounter sexual difficulties as a consequence of the torture experience:

> "*Men: feelings of a failure if not sexually active and will project it in anger and sometimes domestic violence, substance abuse.*"

Another panelist stressed the impact sexual assault has on male self-esteem, and implied the impact on self-esteem for a male is more severe than for a female after sexual assault:

> "*…sexual assault seems to have more impact on the self-esteem, fear of social contact and isolation for men*."

Panelists discussed the impact of torture and its consequences, in terms of damaged self-esteem more frequently for males than for females. From these responses, it is possible to hypothesize that males are more likely to feel as though their sense of self has been damaged following the torture experience than their female counterparts.

Inability to fulfill gender role (7 references)

This theme covers the stressors males face in relation to their inability to fulfill the traditional gender role of 'protector/provider,' in the aftermath of the torture experience. Panelists often discussed the male inability to provide as the result of being held in detention (and so separated from family), or in the context of exile, where work is difficult to find. In addition to discussing why the torture experience causes males to be unable to provide for their families, panelists also discussed how they are impacted by not being able to provide, in terms of, but not limited to: guilt, distress, anguish, self-judgment, anxiety, depression, anger, substance abuse etc. The consensus among panelists is generally that the inability to fulfill their role as 'provider' impacts negatively on males' sense of self, particularly in relation to their sense of masculinity, and causes emotional distress, among other consequences. For example, one panelist explained,

> "*Both men and women may experience emotional distress due to separation from family during detention... Given their conventional role as providers, men may experience anxiety or anguish related more intensely to the inability to provide materially... When he ends up in detention in the country of refuge or unable to provide even for himself, he experiences intense anxiety, depression and self-judgment related to failure*."

Substance abuse (6 references)

When substance abuse was discussed by the panelists, it was discussed as a male issue, or as something males are more likely to engage in. For example, one panelist explained,

> "*Men may more frequently succumb to alcoholism and drug addiction which in turn may also cause violence and family breakdown*."

Another stated,

> "*…men feel more hopeless and resort to diverse addictions e.g. alcohol, drugs, sexuality issues, etc…*"

Abusive behavior/aggression (5 references)

Male abusive behavior was discussed as a direct consequence of the torture experience, in that it is often a reaction to the pain, anger, insecurity etc. they feel in relation to the torture experience. Additionally, abusive behavior was discussed as an indirect consequence of torture, in that males often resort to substance abuse as a mechanism for coping, and are abusive as a result of the substance abuse, or they experience sexual difficulties as a direct result of the torture, and are abusive as a result of the shame and anger they feel around their sexual problems.

For example, one panelist explained,

> "*…More men seem to show outwardly aggressive behaviours, often the cause of family violence and abuse of children. Of course abusive behaviour may also be exhibited by female torture victims… Men may more frequently succumb to alcoholism and drug addiction which in turn may also cause violence and family breakdown…*"

Another panelist remarked on abusive behavior that is an indirect consequence of torture and explained,

> "*Men: feelings of a failure if not sexually active and will project it in anger and sometimes domestic violence, substance abuse*."

Sexual torture-experience (5 references)

Male sexual torture is mostly discussed in relation to the [higher] prevalence of sexual torture amongst female victims, or panelists highlight methods of sexual torture as examples of how the experience of torture is different for males and females and males. For example, one panelist explained,

> "*Though sometimes men are sexually assaulted at part of their torture experience, women seem to almost always be sexually assaulted*."

When male sexual torture is discussed, rape, sexual assault and genital abuse are the methods of sexual torture mentioned by the panelists.

b) Themes that emerged regarding the female experience of torture and impact:

Impact of rape/sexual assault (11 references)

When panelists discussed daily stressors faced by females, they often framed them in the context of the impact of rape/sexual assault. The social impacts were focused on the most, with discussion around: social stigma, community and family blame and rejection, STIs, pregnancy, subsequent challenges with sexuality, body image, and intimacy, shame and humiliation, etc.

The following quote illustrates the cultural rejection females often face after sexual victimization:

> "*While shame and humiliation following rape are common to both men and women, there are sometimes gender-specific differences. Women sometimes suffer unique social and cultural consequences, including blame, rejection by a spouse, social exclusion or threats to life and well-being, as a result of stigma and religious or cultural practices."*

The complications associated with [unwanted] pregnancies that result from rape, were mentioned by three panelists, one of whom highlighted,

> "*Pregnancy as a result of rape has severe emotional, physical and social consequences*."

Additionally, the contraction of HIV and other STIs was mentioned by two panelists, one of whom stressed,

> "*The major consequence of politically motivated rape is the attendant risk of HIV, and this has been documented in several Zimbabwean studies. Risks from politically motivated rape increase dramatically with multiple rape incidents.*"

It is interesting to note that the impact of sexual torture on females was primarily discussed in terms of the social impact, rather than the psychological. One panelist highlighted that,

> "*…given that torturers tend to torture women in these specific ways [sexual torture and forced to witness torture] their experience of torture is informed by its link to sexuality, intimacy and relating to loved ones. Issues of body image, sexual violation concerns such as shame/guilt and intimacy… are often a feature of their experience of torture*."

Sexual torture-experience (10 references)

The consensus amongst panelists was that while males may sometimes or often experience sexual torture, females are more likely to experience sexual methods of torture, or almost always do. All panelists that discussed this theme either explicitly or implicitly stated that females are more likely than males to experience various methods of sexual torture, or to fear these methods of sexual torture.

> "*Women appear to have more persistent and severe symptoms as a result of torture, but also the consequences of politically motivated rape are mostly unique to women (some cases of males being raped, but not as common)*."

When female sexual torture is discussed, rape, sexual assault, sexual harassment, and genital abuse, were the methods mentioned by the panelists.

Challenges of caring for children (8 references)

This theme covers those issues specifically related to the challenges females face while caring for their children, which impact negatively on their own healing or recovery. These challenges are discussed by panelists as generally unique to the female experience, as it is their traditional role to care for the children. For example, one panelist explained,

> "*Women are more likely to have responsibility for children when forced into exile. With children come the problems of keeping them safe, feeding, clothing and educating them etc. Also all the challenges of caring for disregulated children when the parent is herself struggling*."

Another panelist discussed that females:

> "*…spend all their energy trying to find a way to provide" in the aftermath of the torture experience and so, "the women do not have time to be overwhelmed, so they numb, sideline their needs and keep going frequently leading to depression*."

The responses all highlight how the responsibility for caring for the children often does not allow females the time to focus on their own suffering or trauma related to the torture experience.

Inability to fulfill gender role (5 references)

This theme covers the stressors females face in relation to their inability to fulfill the traditional gender role of 'caretaker of children,' in the aftermath of the torture experience. Panelists who discussed stressors around the female inability to fulfill gender role often explained the inability to care for the children (e.g. inability to care at all or in the manner that they would like) as the result of females being held in detention, or in the context of exile, where there are more barriers to accessing necessary services and assistance in relation to the care of children. In addition to discussing why the torture experience causes females to be unable to care for their children, panelists also discussed how they are impacted by not being able to care for their children, in terms of: stress, fear, guilt, emotional distress, helplessness, anguish, shame.

One panelist explained,

> "*…Given their conventional role as primary caregivers to children, women may experience more intense anguish over uncertainty regarding the safety and well-being of their children. This can be strongest where the woman has had to leave children behind. At a future time of family reunion, the children sometimes have anger and resentment towards the mother for having abandoned them*."

Another panelist highlighted the emotional response females often have to the insecurity around being able to care for loved ones:

> "*Women experience torture as an assault on their social relationships and safety in the world, relationships make them a person in the world, and therefore they feel less able to provide, care, engage, support, love and feel less loveable. They feel less of a person and more worried about whether they can care and hold the people who are dependent on them. They feel very ashamed when they are irritable with their children*."

Lack of social support/isolation/rejection (5 references)

Isolation was discussed by one panelist as a means by which females 'internalize' the torture experience, in that females isolate themselves as part of their coping process. It was also discussed as a consequence faced by female indirect victims of torture, who try to move on with their life after the death of their husband (who was the direct torture victim), and face subsequent [cultural] rejection by his family and community. For example, one panelist explained,

> "*…in some cultures if the husband dies, the children belong to the family of the husband. The mother/wife may in that case move in with her in-laws, but if she wants to resume a life of her own (i.e. remarriage, live on her own) she will not be able to take the children with her*."

This panelist concluded,

> "*In summary it seems that women experience more cultural rejection in many communities than men do. This leaves the female gender without social support, much more isolated, all stressors to cope with in addition to the trauma of torture and abuse*."

Shame/guilt (5 references)

Panelists spoke of females facing both shame and guilt in the aftermath of the torture experience, which each have slightly different meanings, but are included together because they were often discussed as interconnected. Two panelists discussed that females may experience shame because they experienced sexual torture and are facing the associated stigma that comes with such victimization (although others spoke of this but discussed it as being forced on them in the form of cultural/social rejection, rather than it being internalized as shame). For example, one panelist explained,

> "*Women's experience of torture is more often centred round the witnessing of torture of those close to them and sexually-focussed torture…sexual violation concerns such as shame/guilt…are often a feature of their experience of torture*."

Another focused on the guilt females experience because they were unable to protect their children from harm:

> "*Women are sometimes held in detention facilities together with their young children. The children are exposed to conditions of degradation, ill-treatment and possibly direct torture and may be exposed to the torture of others, including their own mother. This can have severe emotional consequences for the woman, including fear, guilt, helplessness and damaged relationships with the children*."

The themes discussed above represent those that were mentioned five times or more by the group of panelists, and represent key factors in relation to gender and the experience and impact of torture as discussed by the panelists. The final list of themes that emerged from the responses are presented in Table I in Appendix I, while Table II in Appendix I provides explanations for all of the themes, followed by an explanation of the panelists' positions with regard to each theme.

4.2 Round II – Building consensus regarding gender statements

While brief definitions and explanations of panelist positions for each theme can be found in Appendix I, the 29 statements presented in the section below were drafted to reflect the consensus opinion amongst panelists with regard to each theme, and thus represent the other half of the outcomes from Round I.[196]

The 29 statements that were created were understood to reflect the most important points from Round I, and were meant to capture possible gender differences relevant to torture impact and rehabilitation. In Round II, the 29 statements were presented to panelists in order to evaluate the degree to which they agreed or disagreed with the statement using a five-point scale from strongly agree to strongly disagree. To analyze the results, a spreadsheet was created which presented how many respondents either 'strongly agreed,' 'agreed,' 'disagreed,' or 'strongly disagreed,' with each statement. Next, an 'agree' column was created on the spread sheet, which was the composite of 'strongly agree' and 'agree,' as well as a 'disagree' column, which was the composite of 'strongly disagree' and 'disagree.' Then the numbers of panelist responses under each scale anchor, for each statement, were converted into percentages. The tables below present the results from Round II according to the percentage of panelists that agreed with each statement.

Table 1: Gender Statements where >80% of panelists agreed

	Outcomes from Round II: Gender Statements where >80% of panelists agreed
1	Traditional gender roles are often challenged in the aftermath of the torture experience (for example women becoming the primary providers)
2	Males are more likely than females to engage in substance use and/or abuse
3	Females are more likely than males to experience rape or torture of a sexual nature
4	Females are more likely to be indirect victims of torture (as witnesses, or as family members of torture victims)
5	Females are often forced to develop new skills and take on new roles after experiences of torture
6	Males are more likely than females to present with anger and/or aggressiveness
7	Males are more likely than females to view their inability to fulfill their gender role after a torture experience, as a threat to their personal worth
8	Males and females are as likely to present with Depressive symptoms
9	Females are more likely than males to express their distress (related to crises) to service providers
10	Females are more likely than males to prioritize the needs of their families over their personal needs

Table 2: Gender Statements where 50% - 79% of panelists agreed

	Outcomes from Round II: Gender Statements where 50% - 79% of panelists agreed
11	Sexual torture is linked to increased severity in PTSD, Anxiety and Depressive symptoms
12	Changes in traditional gender roles after torture result in family relationship problems
13	The greatest source of Anxiety for females is in relation to providing for the needs of their family, especially children.
14	Males are more likely than females to be direct victims of torture
15	Females are more likely to experience torture due to the relationships they have with males in

[196] See "Methodology" chapter, p. 31.

	their lives, rather than due to their own actions
16	Females show more agency than males in looking for ways to provide for their families
17	Males are more likely than females to report sexual difficulties (such as being unable to perform sexually or loss of interest in sex)
18	Females are as likely as males to experience guilt following a torture experience
19	Males are less able than females to reassume their responsibilities as fathers and husbands
20	The main cause of Depression in females is the fact that they prioritize the family's needs over their own recovery from trauma

Table 3: Gender Statements where <50% of panelists agreed

	Outcomes from Round II: Gender Statements where <50% of panelists agreed
21	Females are more likely than males to report issues of isolation to service providers
22	Males are more likely than females to feel as though their 'sense of self' has been damaged following a torture experience
23	Females are significantly more symptomatic than males (for e.g. anxiety, PTSD, and functional impairment are more prominent in females)
24	Female rape survivors suffer from more severe forms of social stigma than male rape survivors
25	Males are more likely than females to present with despondency and hopelessness
26	Males are more likely than females to report sleeping difficulties (including nightmares)
27	Females in treatment are more likely than males to present with symptoms of avoidance
28	Males are more likely than females to report medical problems, including somatisation
29	Males are more likely to engage in self-harming behaviour than females

When ranking their agreement using the 5-point scale, there was also a column for panelists to give comments regarding their position. All comments from panelists regarding these results are presented in Appendix II.

Themes from Optional Table, Round III

The following are the results from the optional section in Round III, which presented the seven gender statements where there was no clear consensus among panelists, or with which panelists disagreed with the statement (Statements 21-29 in Table 3 above). These responses are more relevant to impact, as panelist responses were explanations of why they did or did not agree with each of the statements that represent potential gender differences around torture impact. As such, these results are presented here, before the results from questions 1 and 2 of Round III, which are presented in Section 4.4. The results from the optional section are organized around the degree to which panelists expressed agreement with the gender statement. As a primary aim of this research was to establish consensus amongst a group of experts on gender-relevant aspects to consider in torture rehabilitation, organizing panelist responses in this way allows the reader to understand the spectrum of different views that remained around contested gender issues as the panelists were pushed towards consensus.

Statement 1: Female rape survivors suffer from more severe forms of social stigma than male rape survivors

- Agree: Impact of female stigma is more severe than stigma faced by males

Two panelists expressed a degree of agreement with this statement. One explained,

> *"This is objectively true. Women are often excluded from society, blamed for the rape and defined as ruined and useless by virtue of having been raped. They are sometimes deemed unfit for marriage, and even killed for the "shame" they have brought on their families. To my knowledge, whatever the stigma or isolation that male survivor's experience, it does not reach this level of objective destruction."*

The other noted,

> *"With female rape survivors the social stigma is more far reaching, influencing their abilities to remain married or to marry if they have not been married previously. They will suffer more isolation than possibly a male sexual abuse survivor. The consequences of a male sexual abuse survivor are less far reaching from a social point of view."*

- Dependent on social context

One panelist noted that this "*depends on the community*," implying that the social context should be take into consideration when determining the degree to which gender is relevant to understanding the degree of stigma rape survivors face.

- Gender difference misleading: Less recognition and documentation of male sexual victimization

One panelist explained that,

> *"Males do not talk about their stigma," and thus "there is more documentation on the issue [female rape] than there is in male cases,"*

which could explain the impression that females suffer from more severe stigma. Similarly, another noted,

> *"This is because of the stereotype, so that when a female admits to being tortured, she is then boxed into being a rape victim. Meanwhile, this is not a man's experience (being boxed into a [rape] category)."*

- Disagree

One panelist noted, "*That is not my experience*," without further explanation.

<u>Statement 2: Males are more likely than females to present with despondency and hopelessness</u>

- Disagree: Both genders present with this

Two panelists expressed disagreement with the statement, both stating that both genders present with these feelings or behaviours. One explained,

> *"In my experience, some people of both genders present in this way, not more one or the other."*

- Agree

Three panelists implied agreement, but for varying reasons. One panelist connected male despondency to the inability to fulfill the male gender role:

> *"This may be due to the fact that they [males] are unable to assume their responsibilities as before."*

Another panelist expressed agreement, noting that:

> *"Men seem to be more able to 'cop' out of life… and be miserable, whereas women tend to carry the problems of their families. Yes, I do think women become depressed when they subvert their needs for their family… but I think it's more of a numbed exhaustion, than a more energy intensive despondency."*

The other panelist focused on female resilience as the explanation for the difference:

> *"Females connect easily with other females and find strength in shared problems [more] than males do. Female will naturally nurture and find themselves [more] productive than males would."*

- Unsure or position unclear

One panelist felt unable to comment because s/he did not have enough exposure to this to decide. Another shared a comment that did not clearly relate to a position around this possible gender difference.

Statement 3: The main cause of Depression in females is the fact that they prioritize the family's needs over their own recovery from trauma

- Disagree: Problematic to assume this given traditional female gender role

Three panelists expressed to some degree that the statement is problematic in that it misrepresents the impact on females of caring for one's family. For example, one panelist noted,

> *"I think this statement implies there is something wrong with valuing your family highly and blames women for some defect in their attitudes that leads to depression…"*

Another explained,

> *"Females are naturally nurturing and hence their productivity is seen from the eyes of caring. Lack of it causes depression,"*

which implies that the ability to care for one's family saves females from depression, rather than causes it. Another noted,

> *"A women's sense of self is deeply rooted in fulfilling her gender roles, and as the family's main carer, the needs of their children is of utmost priority…"*

- Disagree: Varied causes for depression, not one explanation

Four respondents suggested that the causes for depression are complex and cannot be reduced to one cause. One panelist explained,

> *"…Some of the main causes of depression in women, as in men, are reaction to loss, reaction to abuse as well as physiological and biochemical predisposing factors, including post-partum depression. An additional component is the devaluation of women by male supremacist cultural and social attitudes and practices – honour killings being an extreme example of prejudice and abuse that is widespread in less extreme forms."*

Another discussed that,

> *"I definitely agree strongly that this is a factor, although I'm not comfortable with the statement that this is the main cause… I think that where a woman's children are dependent on her to find resources in order to survive and she has to place all her energy in securing basic necessities – depression is a likely response in part because she does not have the available energy for strong trauma reactions or intrusions to develop. But I think it's problematic to say this is the main cause… because it is likely to be far more complex than that."*

- Worry about family needs can be positive

One panelist noted both that the causes for depression are many, and that the cause proposed in the statement for female depression could actually be helpful in the healing process.

> *"Depression in females can be caused by many reasons. It could be their own losses (family members, homes, etc.) Sometimes having to worry about the needs of their own families may actually help in the healing process."*

- Agree: Challenges of family care

One panelist expressed implicit agreement and noted,

> *"To care for the family in the country of asylum is already a very tedious task, and the females doing that have unresolved trauma to live with."*

Statement 4: Females are more likely than males to report issues of isolation to service providers

- Disagree: Gender difference is not relevant

Two panelists expressed that the gender difference captured by the statement was irrelevant or inaccurate. One panelist noted,

> *"Females are more likely to make use of social supports in their environment, especially other women. That said, I would not say males are more likely. In my experience, some people of both genders present in this way, not more one or the other."*

This also highlights an issue captured by the theme below, that females are more likely to make use of social support and thus less likely to isolate. Another panelist highlighted that social context is more relevant than gender:

> *"This is dependent on the social context. Where the environment is highly xenophobic and/or homophobic, determines the degree of isolation experienced."*

- Disagree: Males more likely to isolate

Two panelists stated explicitly that males are more likely to isolate. One noted,

> *"Since the women have to deal with their children, they are less likely to report isolation. More men seem to isolate themselves from family members and from community."*

Another explained that females are more likely to make use of social networks, and thus less likely to isolate.

> *"Women seem to retain or recreate social networks more easily than men. I would expect men to report more issues of social isolation."*

- Disagree: Females more likely to make use of social support/networks

Both panelist statements that expressed this are presented above.

Statement 5: Males are more likely than females to feel as though their 'sense of self' has been damaged following a torture experience

- Disagree: Both genders likely to feel sense of self damaged

Two panelists suggested females are just as likely to experience this. One explained:

> *"Women are just as likely to feel their sense of self damaged. Sexual torture often if not always damages the sense of self, and women more often than men endure sexual torture."*

This is relevant to the theme below, and could also suggest that females are more likely to experience damaged sense of self as they more often endure sexual torture. Another panelist noted:

> *"Males and females are equally impacted with regard to torture's damage to their 'sense of self.'"*

- Sexual torture damages the sense of self

Three panelists suggested the type of torture is more relevant to understanding the degree to which victims' sense of self is affected, and all noted that sexual torture is particularly damaging. For example, one panelist explained,

> *"Much of it depends on the types of torture they experienced. Sexual torture and rape, for example is very damaging to both males and females."*

Another highlighted the relevance of damaged sense of self to females, particularly when they have been sexually victimized:

> *"Females' sense of being a woman, and fulfilling gender roles, are shattered during a torture experience, especially when there has been any sexual assault."*

- Gender not useful when evaluating likelihood of damage to sense of self

One panelist noted,

> *"I think this is really hard to organize around gender… this relates to an individual's meaning system – and both men and women find meaning in their gender roles. To compare this is … not useful. This needs to be assessed and worked with on an individual level."*

- Agree: Male direct victimization explains damage to sense of self

Only one panelist of the seven expressed a degree of agreement and explained:

> *"Males are most of the time direct victims of torture and their inability to resume their roles is an additional factor to consider."*

- Unsure

One panelist noted that his/her position was inconclusive.

Statement 6: Females are significantly more symptomatic than males (for e.g. anxiety, PTSD, and functional impairment are more prominent in females)

- Disagree: Gender not significant re degree of symptoms

Two panelists suggested that both genders present as symptomatic. One noted:

> *"In my experience, some people of both genders present in this way, not more one or the other,"*

The other highlighted individuals' systems of meaning-making as more relevant to determining how one experiences symptoms:

"Males and females are symptomatic, dependent on how the torture has been framed in their minds, meaning-making as an important determinant."

- Disagree: Women are more likely to report symptoms, but symptoms present in both

One panelist explained:

"Females are seen by the society as weak. They find it more easy to talk about their problems than men do. However symptoms are present in both. The lack of talking about them does not mean there are no symptoms."

- Disagree: This gender difference cannot be applied broadly/globally

One panelist noted,

"I don't think this global statement can be true…. Women and men are different."

Statement 7: Males are more likely than females to report medical problems, including somatisation

- Disagree: No significant gender difference

Two panelists expressed disagreement that there is a significant gender difference around somatisation. One noted:

"In my own clinical experience, clients (males and females) have no particular difficulty to report medical problems."

- Disagree: Females more often report somatic problems

Three panelists disagreed with the statement and instead suggested that females are more likely to report somatisation. One panelist noted:

"Females more often report somatic problems. Males sometimes report somatic problems."

Another explained,

"Females are more sensitive to how their body feels and seek medical help for the slightest complaint, while men would wait until when the illness causes extreme dysfunction, before seeking help. The stereotype that men should not be wimps and cry with the slightest problem."

This highlights issues around masculinity as a reason that males may not report. Another panelist suggested that males are more likely to respond to trauma through substance abuse, while females are more likely to report somatic complaints, but also noted both males and females suffer from chronic illness due to unresolved trauma:

"I think men tend to use substances and women tend to respond with strong unique symptoms of somatization – e.g. Headaches, pains. Men for instance have a much lower level of approaching health facilities within most South African contexts and this is linked. I think both men and women tend to suffer from increased chronic illness as a response to unresolved trauma."

- Unsure

One panelist only stated that this was not their experience while another maintained his/her position, saying:

"90 % of our clients are male and these are observable to most of them."

4.3 Round III – Exploring gender aspects related to intervention

The main purpose of Round I, II, and the optional section in Round III, was to determine what were the most relevant and important gender differences to consider when trying to understand the experience and impact of torture, if any. Question 1 in Round III of the Delphi gender section sought to move away from exploring impact, and towards investigating how intervention can be improved, or made more effective, to better address these potential gender differences.

Round III asked panelists:

- Are there certain aspects of interventions that should differ between male and female clients? In other words, are there gender considerations that affect the nature/type of intervention used for a client? If yes, please explain what these are.

<u>Exploring ways in which interventions may differ in relation to gender</u>

Fourteen panelists responded to this question. Panelists' positions on the first part of the question, *Are there certain aspects of interventions that should differ between male and female clients*, can generally be broken down into the following three categories: Yes; No; Unclear. Presenting responses in this way is useful because in essence, this question acts a proxy to the fundamental question underlying this research: within torture rehabilitation should male and female torture survivors be treated differently? While the data presented so far illustrates that the panelists believe there are certain gender-relevant aspects of the torture experience to consider in rehabilitation, the responses to this question provide more concise and direct insight into the panelists' position around this fundamental question. The degree to which panelists agree or disagree varies, which will be presented below, along with any gender hypotheses and associated implications for intervention that are discussed by panelists.

<u>Yes</u>

Seven panelists responded with points that supported the position that gender considerations are relevant for intervention. One panelist did so by noting,

"*Culturally-shaped and informed practices have to be seriously taken into consideration. Where I will strongly encourage a male client to aggressively go and seek for a job, a female client will be asked to be cautious about how this will be done, because this could make them vulnerable to victimization, especially sexual violence. Prospective employers could interpret it "too hungry for a job…*"

Another explained,

> "*Yes – Sexual violence and issues regarding traditional gender roles in relation to the breakdown of the family and status within society*."

It is important to note here that of these seven panelists, four highlighted sexual violence/rape/sexual assault as the main gender consideration relevant to intervention. For example, one panelist explained,

> "*Sexual assault needs to be understood within the client's meaning system and the meaning frame of her family and community… the therapist must be very careful in assessing the meanings behind sexual assault for that client and for her family and community…*"

The panelists continued to discuss the implications of sexual victimization for intervention, which are summarized as: in societies where there is greater emphasis on the collective and the family, rape may be more strongly experienced as shame or humiliation for the family, thus Western assumptions about rape intervention may be misguided—however, the clinician should never assume the client is from either a collectivist or individualist social structure, but should rather assess what has happened for that woman.

The next panelist discussed rape as the 'only [gender] aspect' that may be relevant to intervention:

> "*The only aspect that I can think of and which is common among female torture victims is rape. This has always been a sensitive and difficult issue to deal with because of shame and guilt that female victims might be feeling at the time when they come through for counselling. What sometimes makes their problem more complex is if they are allocated to a male therapist*."

The next panelist highlighted the significance of culturally informed gender norms to intervention, as well as female vulnerability to sexual victimization:

> "*Culturally-shaped and informed practices have to be seriously taken into consideration. Where I will strongly encourage a male client to aggressively go and seek work, a female client will be asked to be cautious about how this will be done, because this could make them vulnerable to victimization, especially sexual violence. Prospective employers could interpret it as, 'too hungry for a job' that they will agree to giving sexual favours, in the current context*."

Another panelist implicitly agreed that gender considerations are relevant to intervention by highlighting the importance of considering the effect of trauma on the family (a fundamentally gendered social unit), particularly in the parent-child relationship:

> "*It is very important, particularly with women, to pay attention to the impact of their trauma on their relationships with their children… Of course it is also important to pay attention to a father's parenting and how this is being shaped by the trauma he has experienced*,"

The next panelist focused on male emasculation as a gender consideration relevant to intervention:

"*Unemployment seems to affect men's sense of manhood. Interventions aimed at dealing with this sense of emasculation need to be specific to male patients. Such interventions should help men to challenge how one's sense of manhood is defined*."

This response suggests that interventions should target male emasculation, which is often caused from unemployment.

Lastly, one panelist seemed to agree, but expressed a reservation that a few others expressed more boldly, as will be presented below:

"*Gender aspects should always be taken into consideration, but it is difficult to say exactly how and when. Trauma might impact men and women differently according to their life situation, this aspect should be investigated*."

No

Two panelists simply stated 'No' without further explanation.

Another panelist explained,

"*No for the simple reason the male and female trauma/ torture survivors manifest the same symptoms, even though certain symptoms, in my own experience, seem to appear more frequently in females than in males, e.g., the proneness to cry*."

This response is difficult to analyze, as it responds in the negative, but then provides a gender hypothesis that could be relevant to intervention.

Unclear whether Yes or No

Two panelists suggested that while gender hypotheses may be relevant in certain contexts, there are not necessarily systematic gender differences that should indicate different types of intervention. One explained,

"I don't think there are aspects that automatically indicate a type of intervention by gender. Clients and circumstances need to be assessed individually. I do think there are some hypotheses related to gender that can be explored with actual clients to see if they are relevant to that person; context is most relevant."

This panelist however then noted the following gender hypotheses and implications for intervention:

"In some cultures, women are more comfortable sharing emotional issues with each other and men are more likely to prefer to keep things to themselves. This could suggest that women will more readily appreciate a group therapy intervention, whereas men might require more preparation in individual meetings before joining a group."

Two panelists were unclear about their overall position on the relevance of gender to intervention. One panelist stated, "*more on cultural gender roles*," and then gave the following example:

> *"When intervention is given e.g. exercise, a female client could have less time due to house chores therefore the therapist has to be creative to encourage family interactions/house chores with the exercises."*

This example seems to signal agreement, but the initial phrasing of the response makes it unclear. However, it does seem to suggest that it is important for clinicians to consider the family responsibilities of female clients when designing interventions, and to encourage family interaction within intervention exercises.

Another panelist explained,

> *"The interventions could be used for both genders. However, when we work in groups, especially in particular cultures, it is better to have male and female groups separately."*

Given the lack of detail, it is unclear to what degree this panelist agreed or disagreed, but the final point about keeping males and females separate in group therapy implies that gender is indeed relevant to intervention.

Chapter V: Discussion - Does Gender Matter?

The data presented in the previous chapter provides an exploration of the ways in which gender influences the experience and impact of torture on survivors, and how these gender-aspects may be relevant for rehabilitation, as understood by a group of rehabilitation experts who have experience working in developing countries. As the insights from this source of expertise are lacking in the literature base, this dissertation seeks to address this knowledge gap by raising issues that have to date been relatively unexplored within the field. The discussion below should be understood as the very beginnings of an exploration of the ways in which gender relates to torture, and most importantly, highlights the need for more research that focuses specifically on gender and torture, particularly within developing countries.

There was consensus among the panel of experts that there are gender hypotheses that can inform rehabilitation practice, but certain panelists were hesitant to agree that there are systematic differences that would demand different interventions between genders and rather stressed that individual assessment and understanding of the social context is important in each case.

Significant themes that were raised throughout the Delphi rounds that can inform rehabilitation models were largely in relation to: gender differences around reporting or disclosing torture victimization and how this relates to intervention strategy; gender differences in coping with challenges to and shifts in traditional gender roles following the torture experience, particularly the effects of male emasculation; and the prevalence and impact of sexual torture/rape, particularly with regard to the social stigma survivors face.

5.1 Understanding Prevalence and Impact

Recalling panelist positions on the general impact of torture and how daily stressors following the torture experience are felt differently by males and females, two panelists suggested that males are likely to be impacted more severely by the torture experience, and connected this to the particular and severe impact torture has on the male sense of self (or ego), which they noted leads to stagnation, anger and substance abuse.[197] Alternatively, two other panelists explained that females are likely to be impacted more severely, and connected this to the increased likelihood of females experiencing sexual torture, which they implied is an experience that generates more severe symptoms than non-sexual methods of torture.[198]

The position that one gender may be [generally] impacted more severely by the torture experience lacks empirical support; however, within the literature base on torture rehabilitation, many studies note that there are higher prevalence rates of PTSD, Anxiety and Depression among female trauma victims, as compared to their male counterparts.[199] While there does not seem to be a consistent explanation in the literature for why this may be, certain authors have suggested that sexual torture is linked to increased severity of psychological harm,[200] and because a common finding in the literature is that females are more likely to experience sexual torture than their male counterparts, certain authors suggest this could be a reason they are more likely to develop PTSD.[201]

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[197] For example, one panelist explained, "*Men feel more hopeless and resort to diverse addictions… Their ego is injured more than that of women…Men are more affected than women and most of them die depressed people*." The other panelist noted, "*I think men experience torture more personally. It is an assault on their personality, their capacity to cope, provide, and be and hence they tend to internalise the pain, the experience and then project it out on an on-going basis in their relationships with others…*"

[198] For example, one panelist noted, "*A history of sexual assault is more common among women torture survivors, and so their symptoms tend to be, on average, more severe*." The other panelist remarked, "*Women appear to have more persistent and severe symptoms as a result of torture, but also the consequences of politically motivated rape are mostly unique to women…*"

[199] See Ai, 2004; Johnson and Thomson, 2008; Ommeren et al., 2001; Ekblad et al., 2002.

[200] See Hooberman et al., 2007; Quiroga and Jaranson , 2005; Keller et al., 2006.

[201] Mollica et al. (1987) and Ekblad et al. (2002) as cited in Johnson and Thomson, 2008: 44-45.

Given these claims in the literature, two of the 29 statements that were presented to panelists in Round II of the Delphi were: *Females are significantly more symptomatic than males (for e.g. anxiety, PTSD, and functional impairment are more prominent in females)*; and, *Sexual torture is linked to increased severity in PTSD, Anxiety and Depressive symptoms.* While 75 % of panelists either agreed or strongly agreed with the latter statement**,** there was less consensus on the former statement, with 31.25 % agreeing or strongly agreeing and 43.75 % disagreeing or strongly disagreeing. One panelist who disagreed explained that gender was not the key factor in understanding severity of symptoms, and instead explained that both males and females are symptomatic, but that the presentation of symptoms will be "*dependent on how the torture has been framed in their minds*," or that social context and the victim's system of "meaning-making" are the key determinants of the presenting symptoms. This position was brought up by many panelists as the Delphi rounds progressed and is consistent with those in the literature that caution against the reliance on Western psychological diagnostic frameworks, especially in non-Western settings.[202] It is important to remember however, this position is outside of the mainstream in the literature base and existing rehabilitation models largely do not reflect this position.

Interestingly, two other panelists who disagreed with the statement that females are more symptomatic than males, responded that this perception may exist because "*females are more likely to seek help than males*," or they "*find it easier to talk about their problems than men do… the lack of talking about them does not mean there are not symptoms [for males]."* In this sense, these panelists believed that because females are more likely to seek help, or to report their symptoms, the available data on the prevalence of PTSD and other psychological disorders may be skewed, which may create a misleading impression that females suffer disproportionately from these disorders. While similar concerns can be found in the wider literature,[203] many of the studies that report such findings (of increased psychological disorder prevalence among females) within the torture literature base often do not mention this potential causal factor. Understanding how gender differences may affect the reporting and disclosure of symptoms, and how this in turns affects prevalence data on both the incidence of torture and any subsequent psychological disorders is a clear area where more research is necessary.

The proposed gender difference that males are less likely to seek help is one that is certainly relevant to rehabilitation efforts. Recalling the responses to the open-ended questions in Round I, three panelists mentioned that males are less likely to admit distress, or conversely that females are more expressive.[204] Given these responses, one of the 29 statements that was presented to panelists in Round II was, *Females are more likely than males to express their distress (related to crises) to service providers*. 81.25 % of participants either agreed or strongly agreed with the statement. In subsequent rounds, this issue came up in a variety of ways, especially with regard to male victims of sexual torture, illustrating consensus that this is a gender issue relevant for intervention. Most panelists noted that issues around masculinity, which encourage males to not display weakness, are a primary reason for male underreporting, which is also substantiated by the literature base.[205] This issue highlights the importance of raising issues around masculinity within rehabilitation, and assisting male survivors to re-define masculinity in a way that allows them to process the trauma/distress associated with the torture experience.[206]

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[202] See Patel and Mahtani, 2004; Kiensler, 2008; Sideris, 2003.
[203] See Loncar, 2010: 191-192.
[204] One panelist noted, "*…men are more on the somatic complaints but will not voluntarily be vocal about it unless you have developed an amount of rapport with them and have trusted you already. They are also more withdrawn*." The other panelist mentioned the gender difference as it applies to males and females: "*Women might be more willing to admit their distress, while men more likely to try to cover it [distress] up with some bravado*." Another panelist highlighted that females are more likely to be expressive and explained, "*We only have a handful of women partners. As observed, they are more panicky and anxious and are very expressive*."
[205] See Loncar, 2010; Mejia, 2005.
[206] See Mejia, 2005: 29.

When panelists discussed this theme around females as more likely to express distress, certain responses illustrated biases regarding both males and females. For example, one panelist noted, "*Females are more sensitive to how their body feels and seek medical help for the slightest complaint, while men would wait until when the illness causes extreme dysfunction, before seeking help...*" Such examples of gender biases/assumptions illustrate the need for practitioners to develop nuanced understandings of gender, perhaps through professional development trainings on gender, as well as the importance of individual client assessment. Indeed, when panelists were asked whether there are any gender considerations that should affect the nature of the intervention used for a client in Round III, most of those panelists that replied negatively did so because they felt that individual assessment of the client and his or her social context is most important. However, while these panelists expressed caution in confirming there are systematic gender differences that should guide intervention, most mentioned or implied there are a range of gender hypotheses that can be explored with individual clients that may be useful for rehabilitation.

5.2 Proposed Gender Differences around Coping Strategies

Applying a gender lens to the study of torture "requires us to understand how the relations of power between men and women enacted in local social worlds specify experiences of distress."[207] Indeed, the differences and inequalities between the roles and expectations of men and women in any given social context influence how victims are impacted by and subsequently cope with their victimization.

Response to Shift in Gender Roles following the Torture Experience

Within the Delphi there were a wide range of positions with regard to gender differences in coping and resilience among torture survivors and how these differences should be addressed in rehabilitation. A common theme raised in panelist responses is that gender roles are often challenged in the aftermath of torture, which has an effect on subsequent coping strategies. Thus the statement, *Traditional gender roles are often challenged in the aftermath of the torture experience*, was presented as one of the 29 statements in Round II, and 100 % of the panelists agreed or strongly agreed with this statement. Throughout the Delphi rounds, panelists expanded on how males and females respond differently to their traditional gender roles being challenged, and how this relates to their ability to cope with the torture experience. There seems to be relative consensus among the panelists that males and females experience similar forms of distress (described by panelists as stress, shame, anguish, guilt, anxiety, depression) in response to the challenges they face in performing their traditional gender roles: with regard to males this is the inability to act as protector and financial provider for the family, and with females this is the inability to care for their children. However, panelists explained that males and females often respond differently to this distress, with certain panelists noting that males are more likely to demonstrate negative coping strategies, such as substance abuse, violence and aggression, despondency, and idleness, while females are more likely to sideline their own distress or needs in order to continue caring for the family, which was not always seen as negative for the healing process.[208] Because gender differences in coping and resilience have not been systematically investigated in relation to torture survivors within the literature, these insights raise a clear opportunity for further research.

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[207] Sideris, 2003: 722.

[208] For example, one panelist explained, *"Depression in females can be caused by many reasons. It could be their own losses (family members, homes, etc.) Sometimes having to worry about the needs of their own families may actually help in the healing process."* See discussion of the following themes in Appendix I: Male: substance abuse; Male: depression, Female: depression; Male: despondent; Female: despondent; Male: anger, Male: aggression/abusive behavior; Male: less agency re family; Female: more agency re family; Male: challenges of taking on new role/s; Female: challenges of new role/s; Male: inability to fulfill gender role; Female: inability to fulfill gender role; Male: link torture and consequences to damaged sense of self/manhood; Female: link torture and consequences to damaged sense of self/womanhood.

With regard to panelists' discussion of male coping strategies, a common theme that emerged in panelist responses to the open-ended questions in Round I was that, *Males are more likely than females to view their inability to fulfill their gender role after a torture experience as a threat to their personal worth*. When this was presented as one of the 29 statements in Round II, 81.25 % of panelists agreed or strongly agreed with this statement. A number of studies that have focused on gender relations and gender identity in post-conflict environments have similarly found males framing their inability to fulfill their gender role as a threat to own worth.[209] It is important to understand this proposed gender difference in its wider context as doing so illustrates why males and females may respond differently to their gender role being challenged. In many of the contexts where torture survivors might require rehabilitation services (conflict, post-conflict, or refugee contexts), rigid and pervasive notions of masculinity are often largely unattainable or untenable, given the social and economic realities in these environments, which has led certain authors to claim within these contexts, men resort to asserting their masculinity in negative and unhealthy ways.[210] A number of panelists also noted this reality, explaining that the male role of economic provider may be more difficult to resume than the female role of caretaker and this may account for gender differences in how males and females respond to shifts in gender roles. For example, one panelist noted: *This is partly because the traditional male role of provider is often more difficult to resume in a refugee situation* [displacement is a situation that many torture survivors encounter] *while a female can continue with the hands-on practical care of children*.

What has not been sufficiently explored in the literature, is the gender difference implied in the statement, *Males are more likely than females to view their inability to fulfill their gender role after a torture experience as a threat to their personal worth*, which in its inverse, implies that females are *less likely* to view their inability to fulfill their gender role after a torture experience as a threat to their personal worth. Rather, what information is available in the literature concerns how females respond to the *male inability* to fulfill their traditional role: both the literature base and panelists stress female resilience in taking on new roles and continuing to care for the family in the aftermath of torture, albeit while facing the challenges inherent in taking on untraditional gender roles in patriarchal societies.[211] Less information is available in the literature concerning how female torture survivors respond when they cannot fulfill their traditional role as caretaker; this is likely because females have traditionally been overlooked as torture survivors in the literature base and so their experiences with coping has not been investigated to the same degree as the male experience. Certain panelists highlight the distress female victims face when they cannot fulfil their role as caretaker: One panelist explained, "…*They* [females] *feel less of a person* [in response to the torture experience] *and more worried about whether they can care and hold the people who are dependent on them…Women internalise the insecurity of providing for their family as a threat to their capacity to be a good enough mother and an anxiety about the safety of their*

[209] See El-Bushra and Sahl, 2005; Lwambo, 2013; Sideris, 2003.

[210] Lwambo (2013) who studied issues around masculinity in eastern Democratic Republic of Congo explains: "In their sweeping study on manhood in Sub-Saharan Africa, Gary Barker and Christine Ricardo state that: 'the chief mandate or social requirement for achieving manhood in Africa—for being a man—is some level of financial independence, employment or income, and subsequently starting a family' (2005, 55). These norms are maintained in rhetoric and socialization regardless of the economic and social realities that pervade everyday life, often making such roles impossible to maintain. Men's sense of failure often results in unhealthy outlets for asserting masculinity…" See Lwambo, 2013: 50.

[211] For example, one panelist noted: *Sometimes, women whose personal and culturally supported role has focused on caring for home and family find themselves required to seek employment, an unfamiliar task with much associated anxiety, worry and self-doubt, on top of the practical necessity of developing the needed skills*. See Appendix I, pg. 16. See also in Appendix I: Female: challenges of having less power/marginalized position re family; Female: lack of social support, isolation, cultural rejection; Female: challenges of new role/s; Female: link torture and consequences to damaged sense of self/womanhood.

world..." More research is needed on the challenges and distress female survivors experience in the aftermath of torture when they are unable to fulfil their gender role.

When panelists were presented the following statement in Round II, *Males are more likely than females to feel as though their 'sense of self' has been damaged following a torture experience***,** there was significantly less consensus than there was around the statement discussed above, as 37.5 % of panelists agreed or strongly agreed and 31.25 % disagreed or strongly disagreed. As panelists continued to discuss and reflect on the issue of "sense of self/personal worth" in subsequent rounds, a more nuanced understanding emerged. Most panelists felt that torture damages 'sense of self' for both male and female victims, particularly in the case of sexual torture. In response to the above statement, one panelist noted: "*I think this is really hard to organize around gender… this relates to an individual's meaning system – and both men and women find meaning in their gender roles. To compare this is … not useful. This needs to be assessed and worked with on an individual level.*"

There was relative consensus among the panelists that males often cope negatively in response to the challenges they face in performing their traditional gender role in the aftermath of torture. However, certain panelist responses around this theme highlight that the gender difference may be misleading, given that traditional male roles may be harder to resume in the aftermath of torture and so the male experience in coping with this should be understood as distinct from the challenges females face in the aftermath of torture. Claims about female resilience in this regard should be understood within a larger framework of the traditional power hierarchies that inform these roles: in many developing [nation] contexts, patriarchal social norms have allocated men more power in relation to women, and thus when the roles that males are supposed to perform in order to access this power are challenged, they are faced with losing the privilege that they have traditionally felt entitled to.[212] Females, on the other hand, often stand to gain power when traditional gender roles are challenged and shift, which is useful for understanding the gender differences in coping with these changes.[213]

El-Bushra and Sahl (2005) in their research on gender-relations during and after armed conflict, highlight the negative way that males react to losing their ability to perform masculine roles, and stress the resilience their female counterparts display:

> … the resources from which men once drew their power and status (e.g. land, animals, the labour power of women, youth and children) have now been denied them. The options which remain require them to accept menial employment, or worse still to accept dependence on their womenfolk. The result is that many men (seen most markedly in the cases of Angola and Somalia) experience deep psychological distress at this threat to their masculinity, so much so that the research team was taken by surprise at the depth of their distress. While some men reluctantly – tearfully, even– accepted the role of house-husbands, taking on child care and other domestic tasks while their wives work, others could not bring themselves to do this, preferring idleness to this emasculation…. On the other hand, women have tended to respond positively to the demands imposed by the new urban and semi-urban lifestyle that displacement may generate. Commonly around 30% of households in conflict-affected societies are

[212] See Lwambo, 2013.

[213] For example, Lwambo (2013) in her research on gender relations in eastern Democratic Republic of Congo, elaborates on the reaction of males to threats against their masculinity: "In Congo, men have not only lost their ability to provide, but as victims of violence and in not being able to protect their families, men's physical strength and general dominance is challenged. A few men are in a process of reshaping or reattributing their ideas of masculinity, but the majority cling to the ideal of male dominance that places pressure on both women and men. However, men's beliefs, attitudes, and practices around sex roles are part of their identity and therefore not easily disposed of. Most men appear not to understand how a change in gender relations can benefit them, and meet social transformation with resistance. Yet in reality, change is already happening, and men experience extreme stresses as they seek to defend their privilege." See Lwambo, 2013: 55.

> headed by women. In these households, women have no choice other than to take up the role of breadwinner… Time and again, women become the new breadwinners – for example, by entering petty trade, or by taking up menial work or agricultural labouring - even when men are present.[214]

The findings presented by El-Bushra and Sahl (2005) explain that females "had no choice other than to take up the role of breadwinner," which frames female resilience as more of an inherent predisposition rather than a positive response to an opportunity for gaining social power. Many panelist statements reflect this position as well. For example, one explained: *Men feel more hopeless and resort to diverse addictions…Women on the other hand strive to access something to do to earn a living and move on with life…Men are more affected than women...Women look for alternative means to earn a living*.

After presenting their findings, El-Bushra and Sahl (2005) posed an important question: "Do men and women have innate characteristics which predispose them to psychological collapse and resilience respectively? Or is each of them merely conforming to the pattern of responsibilities into which they have been socialised?"[215] As was outlined in the first section of this chapter and also within the literature overview chapter, many studies in the torture rehabilitation literature highlight that females are more likely to develop psychological disorders and present with more severe psychological distress. In response to this proposed difference, certain panelists noted this perception might exist because females are more willing to seek help or share feelings of distress. It is possible that those who are more able to process feelings of distress, and to seek help in doing so, might [subsequently] display greater resilience. Indeed, the qualitative findings of El-Bushra and Sahl, as well as the insights from the panelists, raise a host of questions that should be explored in future research, starting with the question posed above.

This data highlights the need for rehabilitation practitioners to think creatively about how to best address issues of emasculation for torture survivors, particularly in developing contexts, where economies are likely to be weak and opportunities for income generation are difficult to secure. Additionally, certain panelists stressed in relation to female survivors, practitioners should consider how rehabilitation services can best support females as they take on new or non-traditional roles in the aftermath of torture. Practitioners should be aware of how the shifts in gender roles that often occur in the aftermath of torture present an opportunity "through which marginalized and powerless groups find ways to exert influence over the shape of the world they live in."[216] These shifts, and the opportunities they present, will of course be shaped by the specificities of the local context and practitioners should consider this. Indeed, a central point to emerge from this data is the need for clinicians to understand how gender roles and expectations are understood in the local context, and to consider gender hypotheses in relation to these roles during assessment to gauge how relevant they might be for each individual client.

5.3 Experience and Impact of Sexual Violence

One of the most salient themes discussed by panelists with regard to gender-relevant aspects of torture relevant for rehabilitation was that of sexual violence/torture. In Round I when panelists were asked whether men and women experience torture in different ways, and whether the consequent daily stressors are felt differently by male and female survivors, the most frequently discussed themes for females were those around the experience and impact of sexual torture. This could suggest that the panelists understand the experience and impact of torture on females primarily through a lens of sexual violence, or in other words, that the experience and impact

[214] El-Bushra and Sahl, 2005: 86.
[215] El-Bushra and Sahl, 2005: 87.
[216] El-Bushra, 2000: 67.

of rape or sexual assault is most indicative of the female torture experience. This also reflects the overwhelming position within the literature base.[217]

The consensus amongst panelists is that while males may sometimes or often experience sexual torture, women are more likely to experience sexual methods of torture, or almost always do. All panelists who discussed the theme of sexual torture in Round I, either explicitly or implicitly stated that females are more likely than males to experience various methods of sexual torture, or to fear these methods of sexual torture. When male sexual torture was mentioned, it was mostly discussed in relation to the [higher] prevalence of sexual torture amongst female victims, or panelists highlighted methods of sexual torture as examples of how the experience of torture is different for males and females. For example, one panelist noted, "*Torture of men and women can be different, e.g. rape and sexual torture*."

In Round II, when panelists ranked their agreement with the statement, *Females are more likely than males to experience rape or torture of a sexual nature,* 93.75% of the panelists either agreed or strongly agreed, which made it the statement what garnered the second greatest amount of consensus. However, in the comments section of Round II, two panelists stressed that males also experience sexual torture but are less likely to report it.[218] Thus while most panelists agreed that sexual torture was more likely to occur for women, as the Delphi progressed certain panelists highlighted a number of reasons why men are less likely to report and/or speak about sexual violence, and cautioned against assuming that if men do not mention it, that they have not been victims of rape. That being said, the panelist positions reflect the trend in the literature of focusing on sexual torture as a primarily female experience, but as they were asked to reflect more specifically on that assumption, many panelists showed caution in their full agreement.

That males may be less likely to report/disclose sexual torture and that this underreporting is a primary reason that the prevalence of male sexual violence is both understudied and misunderstood, is an argument that has also been made within the literature.[219] Underlying some of these positions is the claim that rigid notions of masculinity make it more difficult for male victims to admit they have experienced sexual victimization than their female counterparts.[220]

This proposed gender difference, that male rape victims find it more difficult than female rape victims to disclose their experience, assumes that the male fear of stigma is more severe than the female fear of stigma. While this claim (male rape victims find it more difficult than female rape victims to disclose their experience) is made by several in the literature, it does not reflect the consensus position on this issue within the literature. To the contrary, the devastating consequences of the stigma that female rape victims encounter is a strong theme that appears throughout the literature.

Panelist positions around the related issues of sexual torture, and stigma and disclosure, also lacked consensus. In the responses to the open-ended questions in Round I, of the two panelists that specifically mentioned the impact of sexual torture on males, both did so in terms of highlighting a gender difference between how male and female victims are impacted. The two panelists offered opposing positions, however, on which gender is impacted more severely: one panelist stated that the impact of sexual torture may be more severe for male

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[217] See Arcel, 2002; Hooberman et al., 2007; Morentin et al., 2008.

[218] One explained, "Although there are numerous instances of rape amongst men. Except they are often more hesitant to talk about it." The other noted, "Be also aware that men often are exposed to sexual torture, they might not tell about it. The work will take longer and needs family support at the end."

[219] See Loncar, 2010; Patel and Mahtani, 2004.

[220] For example, Patel and Mahtani (2004) note: "For men who have been raped it is often even more difficult than for women to disclose what has happened to them. Their own perception of their masculinity, sexuality, and their role as men in their societies compounds their difficulties…" See Patel and Mahtani, 2004: 34.

victims given the impact it has on male self-esteem,[221] while the other highlighted that the impact on females is more severe given the unique social consequences of sexual attacks for females, such as stigma, blame and rejection.[222]

As findings from the initial literature review also highlighted the severe stigma female victims of sexual torture face, one of the 29 statements presented in Round II was: *Female rape survivors suffer from more severe forms of social stigma than male rape survivors.* In Round II, 31.25 % of panelists either agreed or strongly agreed with this statement, while 37.5 % either disagreed or strongly disagreed, illustrating a lack of consensus on this issue. Three panelists provided comments when ranking their degree of agreement. Two of these panelists implied agreement by highlighting examples of the severe consequences female face as a result of stigma.[223] The other panelist implied the gender difference is not relevant as the stigma faced by males and females is indeed different, but nonetheless severe.

As this was one of the seven statements with a high degree of non-consensus, it was presented in the optional table in Round III, for panelists to further explain their position. Two of the six panelists who responded expressed a degree of agreement with this statement, highlighting that the stigma females face is often more destructive and far-reaching.[224] One panelist noted that this instead, "*depends on the community*," implying that the social context is more relevant than gender to understanding the degree of stigma rape survivors face. Two panelists stated a position similar to that of certain authors in the literature, that underreporting on the part of male victims leads to less recognition and documentation of male sexual victimization, and thus less information about the stigma they face.[225]

With regard to rehabilitation, the proposed gender difference around stigma and disclosure is likely not as crucial as the fact that both male and female victims experience social stigma, which influences their willingness to approach service providers, and amplifies the already devastating impact of such victimization. Panelist responses in Round III highlight important considerations for rehabilitation practitioners with regard to survivors of sexual torture. There was clear consensus among panelists that sexual torture and rape is very damaging to both females and males, especially with regard to their sense of self. A number of panelists also stressed the need to assess the meaning behind the sexual assault for the victim and family.

It is clear that further research into the experience and impact of sexual torture is needed. Although various aspects mentioned in this report could be explored more systematically, there is a need for more information concerning the complexity involved in the treatment of sexual violence used as torture for both men and women.

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[221] This panelist explained: *"…sexual assault seems to have more impact on the self-esteem, fear of social contact and isolation for men."*

[222] This panelist explained: "*While shame and humiliation following rape are common to both men and women, there are sometimes gender-specific differences. Women sometimes suffer unique social and cultural consequences, including blame, rejection by a spouse, social exclusion or threats to life and well-being, as a result of stigma and religious or cultural practices. Men suffering rape often experience intense shame and humiliation related to masculine identity or pre-existing personal or cultural attitudes or stigma related to homosexual acts*."

[223] One noted, "*Ostracizing and even murder*," while the other explained, "*Females are highly likely to be ostracized or even divorced if knowledge of their rape is public*."

[224] One explained, *"This is objectively true. Women are often excluded from society, blamed for the rape and defined as ruined and useless by virtue of having been raped. They are sometimes deemed unfit for marriage, and even killed for the "shame" they have brought on their families. To my knowledge, whatever the stigma or isolation that male survivor's experience, it does not reach this level of objective destruction."*

[225] One panelist noted that, "*Males do not talk about their stigma*," and thus "*there is more documentation on the issue [female rape] than there is in male cases*," which could explain the impression that females suffer from more severe stigma.

5.4 Conclusion

Limitations

The research presented in this dissertation has a number of limitations and its results should be understood in light of these. Gender was not initially included in the conceptualization of the CSVR project given the limited resources available to explore its already complex goals. Given this, the methodology used may have not been the most ideal for the gender component of the study. In regard to the Delphi technique, the quality of responses depends entirely upon the quality of the panel. Certain members of this panel, while experts in torture rehabilitation, may not have been experts on gender and thus they may not have been the best subjects for the gender-focused research. Additionally, the quality of the Delphi responses also depends on the degree panelists are willing to fully engage with the questions, and communicate complex and thorough insights in writing. Given that the gender section was presented as the last section of the questionnaires in each Delphi round, it is possible that panelists were fatigued from the previous intensive sections by the time they reached the gender section and were thus less likely to provide rich responses. Very importantly, with this methodology, participants and the researcher were not face-to-face, which in this case likely hindered data collection. With exploratory research around a complex and nuanced subject such as this one, the opportunity to ask panelists for clarification or elaboration in their responses would have been useful to ensure rich responses.

Despite the limitations, the data provides useful information and insights into the ways in which practitioners in the field of torture understand gender, and this dissertation should be understood as the very beginnings of an exploration of the ways in which gender relates to torture and how these gender-aspects may be relevant for rehabilitation. The importance of this issue calls for research to be done which focuses specifically on gender and not as an add-on to other [torture rehabilitation] studies.

Does Gender Matter?

Torture is a distinctly horrific human rights violation, which leaves survivors with an acute need for rehabilitation as a form of reparation. However, the state of knowledge around torture rehabilitation suffers from a knowledge gap around how gender influences the impact of torture and rehabilitation outcomes, particularly in developing countries. A gendered understanding of the torture experience can contribute towards the design and implementation of more relevant and effective rehabilitation policies and programs that are better equipped to respond to victims' needs. Thus, the fundamental question that this dissertation explored is: within rehabilitation programs, should male and female torture survivors be treated differently?

In investigating this question, this dissertation first provided an overview of the available literature on torture and torture rehabilitation in order to frame how key gender issues and debates have been understood to date. It then presented qualitative data around gender and torture impact and rehabilitation gathered from a study conducted by the Centre for the Study of Violence and Reconciliation (CSVR). This data was discussed in relation to the literature in order to present new insights raised by consulting this source of expertise which is underrepresented in the literature base, as well as to highlight areas where more research is needed.

There was consensus among the panel of experts that there are gender hypotheses that should inform rehabilitation practice, but many panelists were hesitant to agree that there are systematic differences that would demand different interventions between genders and rather stressed that individual assessment is important in each case, as "gender-related aspects will be influenced by contextual, interpersonal, and individual factors."[226]

[226] Goodman and Bandeira, 2014: 39.

The data highlights a number of gender-relevant aspects of the experience and impact of torture to consider within torture rehabilitation. In relation to male survivors, torture and men's inability to fulfill gender roles subsequently, may impact on their sense of self or manhood, which can lead to a range of negative coping behaviors. Males may also present with less obvious ways of expressing emotions and distress, or may be less likely to seek help in the aftermath of torture. This was raised particularly in relation to sexual torture victimization. The lack of literature available on male sexual torture is concerning and this is a clear area where more research is needed. In relation to female survivors of torture, a central factor to consider is the experience of sexual violence as part of torture and its consequences, especially the nature and consequences of the severe stigma that victims face. Female victims are often forced to develop new skills and take on new roles in the aftermath of torture, which provides both challenges and opportunities for their rehabilitation. Additionally, their ability to recover from torture is influenced by the challenges of caring for their children, and women are often likely to place the needs of their families before their own, which was not always seen as negative.

It is hoped that this report will assist practitioners in the field of torture prevention and rehabilitation by illuminating the ways in which gender and torture interact, as a gendered understanding of the torture experience can enhance the capacity of rehabilitation programs to meet the distinct needs of victims.

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Appendix I: Definitions and Explanations of Themes from Round I

Table I: Themes from Round I

Theme	# of References	Theme	# of References
Male: link torture and consequences to damaged sense of self/manhood	8	Female: impact of rape/sexual assault	11
Male: inability to fulfill gender role	7	Female: sexual torture-experience	10
Male: substance abuse	6	Female: challenges of family care	8
Male: abusive behavior/aggression	5	Female: inability to fulfill gender role	5
Male: sexual torture-experience	5	Female: lack of social support/isolation/rejection	5
Male: anger	4	Female: shame/guilt	5
Male: impact of rape/sexual assault	4	Female: challenges of marginalized position re. self	4
Male: depression	3	Female: challenges of new role/s	4
Male: despondent	3	Female: more agency re family	4
Male: employment difficulties	3	Female: link torture and consequences to damaged sense of self/womanhood	3
Male: sexual difficulties	3	Female: fear/concerns about safety	3
Male: direct victim	2	Female: indirect victim	3
Male: less likely to admit distress	2	Female: numbness/dissociation/avoidance	3
Male: severe impact	2	Female: challenges of marginalized position re. family	2
Male: somatisation	2	Female: denied sanitary supplies	2
Male: challenges of new role/s	1	Female: despondent	2
Male: fear/concerns about safety	1	Female: more expressive	2
Male: guilt	1	Female: severe impact	2
Male: insomnia	1	Female: more socially connected	2
Male: less agency re. family	1	Female: depression	1
Male: self-harm and suicide	1	Female: impact of indirect victimization	1
		Female: self-harm and suicide	1

Table II: Definitions of Themes from Round I

Male: direct victim	**Female: indirect victim**
'Direct victimization' in this context implies that the torture was physically administered on that person directly. It is discussed in contrast to other methods of victimization, such as being forced to watch the torture of others, which in this context, is understood as an 'indirect' method of torture. Additionally, one panelist highlighted a gender difference around the motivations behind torture, explaining males are more likely to be tortured as a result of their own actions and decisions, which suggests 'direct' motivations, and so in this context, 'indirect' motivation of torture would include when one is tortured due to the actions of others. This theme covers any discussion around the likelihood and prevalence of males as direct victims.	Please refer to explanation in adjacent column. 'Indirect victimization' traditionally refers to those who lose loved ones, and/or providers or caretakers due to death or incapacitation brought on by torture. The daily stressors females face are often discussed in the context of this type of victimization, but are covered by other themes around daily stressors (See Female: challenges of family care; challenges of new role/s). Thus, this theme covers any discussion around the likelihood and prevalence of females as indirect victims, in relation to 'indirect' methods of torture, such as being forced to witness the torture of others, and 'indirect' motivations of torture, such as being tortured due to the actions of others.
Male: sexual torture: experience	**Female: sexual torture: experience**
Any discussion around the likelihood of males to experience the variety of methods encompassed by 'sexual torture,' (including, but not limited to: rape, sexual assault, genital abuse), or the prevalence of such methods used among males. Essentially, it is any discussion of males and sexual torture that does not include explanation of the *impact* of sexual torture, which is covered by a separate theme.	Any discussion around the likeliness of females to experience the variety of methods encompassed by 'sexual torture,' (including, but not limited to: rape, sexual assault, genital abuse), or the prevalence of such methods used among females. Essentially, it is any discussion of females and sexual torture that does not include explanation of the *impact* of sexual torture, which is covered by a separate theme.
Male: substance abuse	**Female: numbness/ dissociation/avoidance**
Any discussion around males engaging in the use and/or abuse of drugs and/or alcohol, as a direct or indirect result of the torture experience.	Any discussion of females exhibiting either (or all) of the following as a consequence of the torture experience: numbness, dissociation or avoidance, as each is understood in its clinical context.
Male: depression	**Female: depression**
Any discussion of males experiencing depression as a direct or indirect result of the torture experience. Indirect might imply that one experiences depression as a result of no longer being able to work, which is a direct consequence of the torture experience; while direct	Any discussion of females experiencing depression as a direct or indirect result of the torture experience. Indirect might imply that one experiences depression as a result of no longer being able to work, which is a direct

might imply that the psychological impact of the experience itself has led one to feel depressed. This term is primarily used by the panelists to refer to significant sadness felt by their clients, rather than the psychiatric checklist condition.	consequence of the torture experience; while direct might imply that psychological impact of the experience itself has led one to feel depressed. This term is primarily used by the panelists to refer to significant sadness felt by their clients, rather than the psychiatric checklist condition.
Male: self-harm and suicide Any discussion around the likelihood or prevalence of males resorting to self-harm and/or suicide as a direct or indirect result of the torture experience.	**Female: self-harm and suicide** Any discussion around the likelihood or prevalence of females resorting to self-harm and/or suicide as a direct or indirect result of the torture experience.
Male: despondent Any discussion of the likelihood of males to be in a psychological state of inaction and/or stagnation [particularly towards healing, and fulfilling one's responsibilities] in the aftermath of the torture experience. This could include, but is not limited to: hopelessness, becoming idle, giving-up, stagnation.	**Female: despondent** Any discussion of the likelihood of females to be in a psychological state of inaction and/or stagnation [particularly towards healing, and fulfilling one's responsibilities] in the aftermath of the torture experience. This could include, but is not limited to: sleeping more, lack of interest in issues, stagnation.
Male: anger Any discussion of males experiencing anger as a direct or indirect consequence of the torture experience. This does not include, 'abusive behavior,' which will be covered by its own theme. Thus this theme covers only those responses, which mentioned 'anger' as a consequence that males face in the aftermath of torture.	**Female: denied sanitary supplies** Any discussion of females being denied sanitary supplies as a method of torture or ill-treatment.
Male: more severe impact Any discussion around the consequences or daily stressors that males face after the torture experience as generally more severe than those faced by their female counterparts. 'Severe' in this context can mean: 'affected more' and 'experienced more personally.'	**Female: more severe impact** Any discussion around the consequences or daily stressors that females face after the torture experience as generally more severe than those faced by their male counterparts. 'More severe' was used to describe such female symptoms, as was 'more persistent.'
Male: fear/concerns with safety Any discussion around males fearing for their own life or safety, or that of their family, either during the torture experience, or afterwards as a daily stressor.	**Female: fear/concerns with safety** Any discussion around females fearing for their own life or safety, or that of their family, either during the torture experience, or afterwards as a daily stressor.

Male: less agency re family This is similar to 'Male: despondent,' but different in that there is specific mention of male despondence in relation to family roles and responsibilities, specifically that males are less able to assume their family responsibilities than their female counterparts.	**Female: more agency re family** Any discussion around females devoting more energy to caring for their family, or assuming their responsibilities in the family more readily, than their male counterparts are able to in the aftermath of the torture experience.
Male: abusive behavior/aggression Any discussion of males acting aggressively, or channeling anger, in their personal relationships as a result of the direct or indirect consequences of torture, or exhibiting abusive behavior, particularly within their family. Issues around family breakdown and domestic violence are covered by this theme, as both issues are only mentioned in relation to male abusive behavior.	**Female: more socially connected** Any discussion around how females are more invested and/or reliant on social networks than their male counterparts, and how the social interconnectedness of females' influences how they experience torture, and shapes the subsequent stressors they are faced with.
Male: less likely to admit distress Any discussion around males being less likely to admit, or be vocal about, the symptoms or stressors they are experiencing as a result of the torture experience.	**Female: more expressive** Any discussion around females being more likely to admit their distress to others, or to be more expressive about their feelings generally.
Male: somatisation Any discussion around males experiencing somatisation or expressing somatic complaints as a result of the torture experience.	**Female: shame/guilt** Any discussion around females experiencing shame or guilt (including the nature and impact of these feelings) in relation to the direct or indirect consequences of the torture experience.
Male: sexual difficulties Any discussion around the likelihood or prevalence of sexual difficulties among males as a direct or indirect consequence of the torture experience, as well as the impact of sexual difficulties on males.	**Female: lack of social support, isolation, cultural rejection** Any discussion of females experiencing social or cultural rejection/isolation in relation to direct or indirect consequences of the torture experience. While this is often discussed in relation to the impact of rape/sexual assault, it is also discussed in other contexts, and so is a separate theme.
Male: impact of rape/sexual assault It is important to note that when panelists discuss the impact of sexual torture, sexual torture is always referred to in terms of sexual assault or rape, which are specific methods of sexual torture. This theme covers any	**Female: impact of rape/sexual assault** When panelists discuss the impact of sexual torture, sexual torture is always referred to in terms of sexual assault or rape, which are specific methods of sexual torture. This theme

discussion around how males are impacted by rape/sexual assault, particularly the social and psychological impact of such victimization, as this is what most panelists focused on.	covers any discussion around how females are impacted by rape/sexual assault, particularly the social and psychological impact of such victimization, as this is what most panelists focused on.
Male: insomnia Any discussion of males experiencing insomnia as a direct or indirect consequence of the torture experience.	**Female: impact of indirect victimization** Any discussion around how females are impacted by indirect motivations and methods of torture. This is primarily discussed in the sense that females are often forced to witness the torture and death of family members, which often shapes the stressors they face, especially with regard to challenges around intimacy and relating to loved ones.
Male: challenges of new role/s Any discussion around the challenges males face when they are forced to take on new or different roles and responsibilities due to direct or indirect consequences of torture.	**Female: challenges of new role/s** Any discussion around the challenges females face when they are forced to take on new or different roles and responsibilities due to direct or indirect consequences of torture.
Male: inability to fulfill gender role Any discussion around the stressors male face in relation to their inability to fulfill the traditional male gender role of 'protector/provider,' as a direct or indirect consequence of the torture experience, and particularly the impact on males of not being able to provide for their family.	**Female: inability to fulfill gender role** Any discussion around the stressors females face in relation to their inability to fulfill the traditional gender role of 'caretaker of children,' as a direct or indirect consequence of the torture experience, and particularly the impact on females of not being able to care for their children.
Male: link torture and consequences to damaged sense of self/manhood Any discussion around males experiencing damaged: self-esteem, 'ego,' or sense of gender identity (sense of manhood), in response to the direct or indirect consequences of the torture experience.	**Female: link torture and consequences to damaged sense of self/womanhood** Any discussion around females experiencing damaged: self-esteem, or sense of gender identity (sense of womanhood), in response to the direct or indirect consequences of the torture experience.
Male: employment difficulties Any discussion around males having difficulty finding employment as a direct or indirect consequence of the torture experience, and the impact of this difficulty on	**Female: challenges of marginalized position re. family** Any discussion around the negative consequences females face within the family

males.	unit in the aftermath of the torture experience, which are directly related to their marginalized position in society.
	Female: challenges of marginalized position re. self Any discussion around the negative consequences females face in relation to their own health and wellbeing after the torture experience, which are directly related to their marginalized position in society.
.	**Female: challenges of caring for children** This theme represents similar issues covered by the theme 'Female: impact of inability to fulfill gender role,' but specifically covers those challenges females face in caring for their children in the aftermath of the torture experience, which often have negative implications for healing.

III. Panelist Positions on Each Theme

Male: direct victim of torture; Female: indirect victim

Results: Three panelists discussed gender differences relevant to direct and indirect victimization. However, the panelists did not use these phrases explicitly, but rather highlighted gender differences around methods and motivations of torture, which were understood to be 'direct' and 'indirect.' For example, one panelist noted that, "*Males are generally the primary targets for politically motivated violence*," suggesting the motivation of torture against males is more likely to be direct. Similarly, another panelist explained, "*Men are more likely to be tortured as a result of their own actions and decisions. Women are more likely to be tortured as a result of the actions of the men in their lives*." This panelist also highlighted gender differences around methods of torture and explained, "*Women are more likely than men to be raped...Women are more likely to witness the torture and execution of their fathers, husbands, and sons.*" Thus this panelist highlighted methods of torture that could be understood as both direct (rape) and indirect (witness). Another panelist also mentioned that, "*Women's experience of torture is more often centred round the witnessing of torture of those close to them and sexually focussed torture*," also highlighting direct and indirect methods used against females.
From these responses around the motivations and methods of torture, it is possible to hypothesize that males are more likely to be direct victims, while females are more likely to be indirect victims.

Male: sexual torture: experience; Female: sexual torture: experience

The consensus amongst panelists is that while males may sometimes or often experience sexual torture, women are more likely to experience sexual methods of torture, or almost always do. All panelists that discussed this theme either explicitly or implicitly stated that females are more likely than males to experience various

methods of sexual torture, or to fear these methods of sexual torture. Male sexual torture is mostly discussed in relation to the [higher] prevalence of sexual torture amongst female victims, or panelists highlight methods of sexual torture as examples of how the experience of torture is different for males and females. For example, one panelist noted, "*Torture of men and women can be different, e.g. rape and sexual torture*." Another explained, "*Though sometimes men are sexually assaulted at part of their torture experience, women seem to almost always be sexually assaulted*." Another mentioned, "*Women appear to have more persistent and severe symptoms as a result of torture, but also the consequences of politically motivated rape are mostly unique to women (some cases of males being raped, but not as common)*."

When female sexual torture is discussed, rape, sexual assault, sexual harassment, genital abuse, are the methods mentioned by the panelists. When male sexual torture is discussed, rape, sexual assault and genital abuse are the methods of sexual torture mentioned by the panelists.

Male: substance abuse

When substance abuse is discussed by the panelists, it is discussed as a male issue, or is discussed as something males are more likely to engage in. For example, one panelist explained, "*men may more frequently succumb to alcoholism and drug addiction which in turn may also cause violence and family breakdown*." Another stated, "*men feel more hopeless and resort to diverse addictions e.g. alcohol, drugs, sexuality issues, etc…*" Interestingly, one panelist mentioned that the prevalence of substance abuse among men "*sometimes depends on the culture in which we work*."

Female: numbness/ dissociation/avoidance

These are grouped together because they were not discussed frequently enough to be covered by separate themes, and when they were discussed at least two of these were always mentioned together as common responses of females while coping with the torture experience. For example, one panelist stated that, "*more female clients present with numbness and dissociation instead of rage expressed outwardly*," which was expressed in contrast to males who are more likely to "*show outwardly aggressive behaviors, often the cause of family violence and abuse of children…*"Another panelist explained that females "*get badly shaken by a traumatic event and then move on quickly by numbing, avoiding or focusing on the present*." Thus it is possible to hypothesize that females experience more passive responses to their torture experience and are more likely to numb their feelings around the trauma.

Male: depression; Female: depression

Three panelists mentioned depression, but only one discussed a gender difference, and so there is not clear consensus around this theme. The panelist that implied a gender difference did so in the context of 'stagnation' that males and females experience while coping with the torture experience: "*Men feel more hopeless and resort to diverse addictions… A few [women] remain stagnated but the ratio is higher for men who remain stagnated longer and get into a depression... Men are more affected than women and most of them die depressed people. Women look for alternate means to earn a living*." This panelist is implying that males are more susceptible to depression, due to their tendency to remain despondent and stagnated, while females are less likely to suffer from depression, as they are less likely to remain stagnated.

One panelist mentioned male depression while speaking from experience working with male clients from Somalia: "*When he ends up in detention in the country of refuge [and] unable to provide even for himself, he*

experiences intense anxiety, depression and self-judgment related to failure," which illustrates male depression as a consequence of not being able to provide for himself or his family

The panelist that discussed female depression did so by explaining it as result of females' sidelining their own needs in order to care for the family: "*Women internalize the insecurity of providing for their family as a threat to their capacity to be a good enough mother and an anxiety about the safety of their world and then spend all of their energy trying to find a way to provide. The women do not have time to be overwhelmed, so they numb, sideline their needs and keep going frequently leading to depression*."

The responses imply that both males and females experience depression as a result of the torture experience, but possibly for different reasons.

Male: self-harm and suicide; Female: self-harm and suicide
Only one panelist mentioned self-harm and suicide and did so by noting a gender difference: "I found more female clients with self-harming behavior and suicidal ideations, but more men with actually completed suicides."

Male: despondent; Female: despondent

The general consensus is that males are more likely to experience despondency as a consequence of the torture experience, while females are more likely to focus on the needs of their family instead of their own suffering or trauma. This is illustrated in more detail when considering how the following themes came up in the responses: 'Female: more agency re family'; 'Female: resilience'; 'Female: challenges of family care.'

One panelist who mentioned male despondency noted, "*Men feel more hopeless and resort to diverse addictions…Others become idlers and lose a sense of direction. Their ego is injured more than that of women…the ratio is higher for men who remain stagnated longer and get into a depression*." Another panelist explained, "*Men seem to internalize the inability to provide as a threat to their personal worth and then often 'give up' or distract themselves with other activities.*"

Despondency was not discussed particularly as a female issue—only two panelists mentioned female despondency, but did so only in relation to how males respond to the torture experience. For example, one panelist noted, "*Men: experience torture mainly by emotional externalization more than women do…while, Women: mostly internalize e.g. isolate, guilt, lack of interest in issues, sleeping more etc…*" The other panelist who mentioned female despondency did so by explaining, "*Their [male] ego is injured more than that of women. Women on the other hand strive to access something to do to earn a living and move on with life. A few remain stagnated but the ratio is higher for men who remain stagnated longer and get into a depression.*" Thus, this panelist mentions female despondency only in relation to male despondency, and implies females are less likely to portray despondent behaviors following a torture experience, and rather suggests females are more likely to display resilient behaviors following the experience.

Male: anger

'Anger' is kept separately from 'aggression/abusive behavior' because while a relationship between anger and abusive behavior is discussed in some of the responses, it is also discussed separately, as not always directly leading to abusive behavior. One panelist explained, "*I think men experience torture more personally. It is an assault on their personality, their capacity to cope, provide, and be and hence they tend to internalize the pain,*

the experience and then project it out on an ongoing basis in their relationships with others often in anger, seeking assistance or numbing through alcohol." Another stated, "*Men experience torture mainly through emotional externalization more than women do e.g. through somatisation, anger, substance abuse, insomnia*…This panelist continued, "[*men experience] feelings of failure if not sexually active and will project it in anger and sometimes domestic violence, substance abuse*."

Female anger is not discussed explicitly, but is implied by one panelist as a possible response by females, but more so in the context of abusive behavior, and so this will be outlined under Male: abusive behavior. However, although it is mentioned as a possibility, the panelists explain it is exhibited more severely by males. Thus, it is possible to hypothesize that males are more likely than females to experience anger.

Female: denied sanitary supplies

This is mentioned by two panelists; one explains that, "*absent or inadequate sanitary supplies for menstruation is a component of ill-treatment with associated emotional distress*," while the other stated, "*[women] are denied sanitary towels and hygienic supplies, thus intimidating them*."

Male: more severe impact; Female: more severe impact

The two panelists that suggested males are likely to be impacted more severely by the torture experience connected this to the particular and severe impact torture has on the male sense of self (or ego), which leads to stagnation, anger and substance abuse, causing a more severe impact than their female counterparts. One panelist explained, "*Men feel more hopeless and resort to diverse addictions… Their ego is injured more than that of women…Men are more affected than women and most of them die depressed people.*" The other panelist noted, "*I think men experience torture more personally. It is an assault on their personality, their capacity to cope, provide, and be and hence they tend to internalise the pain, the experience and then project it out on an on-going basis in their relationships with others...*"

The two panelists that suggested females are likely to be impacted more severely connected this to the increased likelihood of females experiencing sexual torture. For example, one panelist noted, "*A history of sexual assault is more common among women torture survivors, and so their symptoms tend to be, on average, more severe*." The other panelist remarked, "*Women appear to have more persistent and severe symptoms as a result of torture, but also the consequences of politically motivated rape are mostly unique to women…*"

Given these responses, there does not seem to be consensus on a gender difference around severity of impact.

Male: fear/concerns with safety; Female: fear/concerns about safety

There does not seem to be consensus on a gender difference around fear or concerns for safety, primarily because it was not discussed frequently enough to gauge clear consensus.
One panelist who discussed male concerns with safety, explained that the daily stressors experienced by males predominantly revolve around "*the safety issue*," as compared to females who are more concerned with being able to meet their children's needs. This same panelist, while discussing whether males and females experience torture in different ways explained, "…*meanwhile, even if rape is a reality in the situation of male torture victims, it is the fear of being killed during the torture that preoccupies them most*." Thus, this panelist

discussed fear as relevant to both the male torture experience, and the daily stressors males face after the torture experience.

Another panelist discussed this theme in relation to females and explained, "*Women are sometimes held in detention facilities together with their young children. The children are exposed to conditions of degradation, ill-treatment and possibly direct torture and may be exposed to the torture of others, including their own mother. This can have severe emotional consequences for the woman, including fear, guilt, helplessness and damaged relationships with the children*." This panelist connected such fear to their concerns around the safety of their children, and the trauma the children were exposed to. Another panelist noted, "*Women experience torture as an assault on their social relationships and safety in the world …Women internalise the insecurity of providing for their family as a threat to their capacity to be a good enough mother and an anxiety about the safety of their world and then spend all their energy trying to find a way to provide.*" This panelist understands the fear that females face as a result of the insecurity they experience around providing for their family.

Male: less agency re family; Female: more agency re family

'Male: less agency re family' is similar to 'Male: despondent,' but different in that there is specific mention of male despondence in relation to family roles and responsibilities. Additionally, while only one panelist mentioned male lack of agency explicitly, it is implied in the responses of those panelists that discussed issues covered by the theme, 'Female: more agency re. family,' discussed below.

One panelist who focused both on males exhibiting less agency and females exhibiting more, explained, "*I have made the observation that women are more able to assume their responsibilities as mothers and wives than men are to assume theirs. Despite the experience of torture, most women will continue working hard to protect their family from various needs, even though they are seriously affected by their traumatic experience. Men seem to be unable to effectively play their role as fathers and husband after having being tortured*," which highlights that males are less able to assume their family responsibilities than their female counterparts. One panelist discussed that females are more likely to strive for alternative ways to make an income, compared to their male counterparts: "*Men feel more hopeless and resort to diverse addictions…Women on the other hand strive to access something to do to earn a living and move on with life…Men are more affected than women...Women look for alternative means to earn a living*." Similarly, another panelist noted, "*Women internalise the insecurity of providing for their family as a threat to their capacity to be a good enough mother… and then spend all their energy trying to find a way to provide…*"

Given these responses, one could hypothesize that females are more likely to reassume their responsibilities towards the family, despite their own suffering caused by the torture experience.

Male: aggression/abusive behavior

Male abusive behaviour is discussed as a direct consequence of the torture experience, in that it is often a reaction to the pain, anger, insecurity etc. they feel in relation to the torture experience. Additionally, abusive behaviour is discussed as an indirect consequence of torture, in that males often resort to substance abuse as a mechanism for coping, and are abusive as a result of the substance abuse, or they experience sexual difficulties as a direct result of the torture, and are abusive as a result of the shame and anger they feel around their sexual problems.

For example, one panelist explained, "…*More men seem to show outwardly aggressive behaviours, often the cause of family violence and abuse of children. Of course abusive behaviour may also be exhibited by female torture victims… Men may more frequently succumb to alcoholism and drug addiction which in turn may also cause violence and family breakdown*…" It should be noted this was also the only reference to female abusive behaviour and since it was mentioned in the context of male abusive behaviour it will be acknowledged here, but not made into its own theme.

Another panelist remarked on abusive behaviour that is an indirect consequence of torture and explained, "*Men: feelings of a failure if not sexually active and will project it in anger and sometimes domestic violence, substance abuse*."

Female: more socially connected

The statements covered by this theme support other points previously discussed, particularly around 'Female: agency towards the family.'

One panelist explained, "*Women experience daily stressors related to their gender roles e.g. childcare concerns. Women survivors tend to be more connected to others, more reliant on their social networks and hence their daily stressors mirror this greater interconnectedness. Their daily stressors reflect their broader and more interdependent social networks*." Another noted, "*Women experience torture as an assault on their social relationships and safety in the world; relationships make them a person in the world, and therefore they feel less able to provide, care, engage, support, love and feel less loveable. They feel less of a person and more worried about whether they can care and hold the people who are dependent on them. They feel very ashamed when they are irritable with their children*."

Male: less likely to admit distress; Female: more expressive

Two panelists mentioned that males are less likely to admit distress. For example, one panelist noted, "…*men are more on the somatic complaints but will not voluntarily be vocal about it unless you have developed an amount of rapport with them and have trusted you already. They are also more withdrawn*." The other panelist mentioned the gender difference as it applies to males and females: "*Women might be more willing to admit their distress, while men more likely to try to cover it [distress] up with some bravado*." Another panelist highlighted that females are more likely to be expressive and explained, "*We only have a handful of women partners. As observed, they are more panicky and anxious and are very expressive*."

Female: shame/guilt

Panelists spoke of females facing both shame and guilt in the aftermath of the torture experience, which each have slightly different meanings, but are included together because they were often discussed as interconnected. Two panelists discussed that females may experience shame because they experienced sexual torture and are facing the associated stigma that comes with such victimization (although others spoke of this but discussed it as being implanted on them in the form of cultural/social rejection, rather than it being internalized as shame). For example, one panelist explained, "*Women's experience of torture is more often centred round the witnessing of torture of those close to them and sexually focussed torture…sexual violation concerns such as shame/guilt… are often a feature of their experience of torture*." Another focused on the guilt females

experience because they were unable to protect their children from harm: "*Women are sometimes held in detention facilities together with their young children. The children are exposed to conditions of degradation, ill-treatment and possibly direct torture and may be exposed to the torture of others, including their own mother. This can have severe emotional consequences for the woman, including fear, guilt, helplessness and damaged relationships with the children*."

Additionally, one panelist spoke of female guilt in relation to being unable to treat and care for their family/children in the way they would like to after the torture experience: "*Women experience torture as an assault on their social relationships and safety in the world; relationships make them a person in the world, and therefore they feel less able to provide, care, engage, support, love and feel less loveable. They feel less of a person...They feel very ashamed when they are irritable with their children*."
'Shame' and 'guilt' were discussed more as a female issue, although there were two references to males experiencing shame and guilt: shame was mentioned in relation to the impact of rape and guilt was mentioned in relation to being unable to fulfil the male gender role, and so will be discussed under those respective themes.

Male: somatisation

Two panelists mentioned male somatization, but only very briefly without elaboration. One panelist explained, "*Men: experience torture mainly by emotional externalisation more than women do e.g through somatisation, anger, substance abuse, insomnia*." The other panelist noted, "*…[Females] are more panicky and anxious and are very expressive, while men are more on the somatic complaints*..."

Both statements seem to imply that males are more likely to experience somatisation, as no panelists mention somatisation in relation to females.

Female: lack of social support, isolation, cultural rejection

Isolation is discussed by one panelist as a means by which females 'internalize' the torture experience, in that females isolate themselves as part of their coping process. It is also discussed as a consequence faced by female indirect victims of torture, who try to move on with their life after the death of their husband (who was the direct torture victim), and face subsequent [cultural] rejection by his family and community. For example, one panelist explained, "*…in some cultures if the husband dies, the children belong to the family of the husband. The mother/wife may in that case move in with her in-laws, but if she wants to resume a life of her own (i.e. remarriage, live on her own) she will not be able to take the children with her*." This same panelist also noted the isolation females face due to the stigma attached to sexual victimization: "*The rape of women causes serious ramifications in certain cultures where the women may be considered "tainted", "unfit for marriage" and the husband and family may not be willing to accept the woman back into the family fold. This causes the double tragedy of the rape and rejection by family members. This will have enormous implications on the healing journey*." This panelist concluded, "*In summary it seems that women experience more cultural rejection in many communities than men do. This leaves the female gender without social support, much more isolated, all stressors to cope with in addition to the trauma of torture and abuse*."

Thus although only mentioned by one panelist, the gender difference suggested here, that females are more likely to experience cultural rejection, is worth noting.

Male: sexual difficulties

Three panelists discussed male sexual difficulties, and in these responses, it was explained as both a direct and indirect consequence of the torture experience. Additionally, two of the panelists mentioned sexual difficulties in the context of describing gender differences around daily stressors, implying that sexual difficulties are unique to the male experience. For example, one panelist noted. "*Men: feelings of a failure if not sexually active and will project it in anger and sometimes domestic violence, substance abuse*." Another panelist explained, "*The daily stressors that follow a torture experience felt are not very different in men and women. The major difference is being unable to perform sexually /losing interest in sex especially for the men."*

One panelist mentioned sexual difficulties as an indirect result of torture, or as the result of the hopelessness they feel in relation to the torture experience, and noted, "*Men feel more hopeless and resort to diverse addictions e.g. alcohol, drugs abuse, sexuality issues, etc….*"

There is no mention of sexual difficulties as a stressor faced by females.

Female: impact of indirect victimization

This is discussed in the sense that females are often forced to witness the torture and death of family members, which often shapes the stressors they face, especially with regard to challenges around intimacy and relating to loved ones. While detail in the panelist responses is lacking around this impact, it is mentioned by one panelist that, "…*given that torturers tend to torture women in these specific ways* [witnessing torture and sexual torture] *their experience of torture is informed by its link to sexuality, intimacy and relating to loved ones. Issues of…intimacy and the complexities associated with witnessing the violation of others are often a feature of their experience of torture.*"

Male: impact of sexual torture rape/sexual assault; Female: impact of rape/sexual assault

As sexual torture was discussed far more in relation to the female experience of torture, there is not as much discussion of the impact of such victimization on males as there is of the impact on females. Those panelists that do discuss this impact highlight the shame and humiliation that male victims experience, often due to the "*stigma associated with homosexual acts*," and how this impacts male self-esteem and their social relationships.

Of the two panelists that specifically mentioned the impact of sexual torture on males, both did so in terms of highlighting a gender difference between how male and female victims are impacted. One panelist explained, "*The experience [sexual assault] can lead to bio-psycho-social problems for both [males and females]. However, sexual assault seems to have more impact on the self-esteem, fear of social contact and isolation for men*." This panelist did not expand on why this might be. The other panelist provided a bit more information around a gender difference: "*While shame and humiliation following rape are common to both men and women, there are sometimes gender-specific differences. Women sometimes suffer unique social and cultural consequences, including blame, rejection by a spouse, social exclusion or threats to life and well-being, as a result of stigma and religious or cultural practices. Men suffering rape often experience intense shame and humiliation related to masculine identity or pre-existing personal or cultural attitudes or stigma related to homosexual acts*."

As was discussed above, most panelists believe females are more likely than males to experience sexual trauma as part of the torture experience, and so when panelists discussed daily stressors faced by females, they often framed them in the context of the impact of rape/sexual assault. The social and psychological impacts were

focused on the most, with discussion around: social stigma, community and family blame and rejection, STIs, pregnancy, subsequent challenges with sexuality, body image, and intimacy, shame and humiliation, etc.

The quote presented directly above in relation to male impact also illustrates the cultural rejection females often face after sexual victimization. Similarly, another panelist noted, "*the rape of women causes serious ramifications in certain cultures where the women may be considered "tainted", "unfit for marriage" and the husband and family may not be willing to accept the woman back into the family fold. This causes the double tragedy of the rape and rejection by family members. This will have enormous implications on the healing journey*."

The complications associated with [unwanted] pregnancies that result from rape, were mentioned by three panelists, one of whom highlighted, "*Pregnancy as a result of rape has severe emotional, physical and social consequences*." Additionally, the contraction of HIV and other STIs was mentioned by two panelists, one of whom stressed, "*The major consequence of politically motivated rape is the attendant risk of HIV, and this has been documented in several Zimbabwean studies. Risks from politically motivated rape increase dramatically with multiple rape incidents.*"

It is interesting to note that the impact of sexual torture on females was primarily discussed in terms of the social impact, rather than the psychological. One panelist highlighted that, "*…given that torturers tend to torture women in these specific ways [sexual torture and forced to witness torture] their experience of torture is informed by its link to sexuality, intimacy and relating to loved ones. Issues of body image, sexual violation concerns such as shame/guilt and intimacy… are often a feature of their experience of torture*."

Male: insomnia

This was only mentioned as part of a list of consequences provided by one panelist explaining how males are impacted by torture: "*Men: experience torture mainly by emotional externalisation more than women do e.g through somatisation, anger, substance abuse, insomnia.*"

Female: challenges of having less power/marginalized position re family

Some of the issues relevant to this theme were covered by other themes, such as 'Female: lack of social support, isolation, cultural rejection,' which included the panelist statement around how a female may be rejected by her deceased husband's family if she seeks to resume a life of her own, and this rejection includes denied access to her children. This panelist noted, "*This was experienced in cultures such as Kosovo and Chechna and possibly many other cultures where I have not had the opportunity to work with trauma victims*."

Another panelist discussed that, "*Family reunification can produce gender-related stresses, for example when a woman living in a refugee situation has developed an independent work life and income and then reunites with a husband who is used to taking a dominant role in the marital relationship*."

These responses highlight challenges that females might face had the husband been killed or separated from the family by other means than torture, given the marginalized position of women in many societies, but in this context, these challenges were discussed as relevant to understanding the impact of torture on females.

Female: challenges of having less power/marginalized position re self

Three panelists discussed issues under this theme, two of whom stressed that females are generally more vulnerable to victimization, and the other focused on females' limited access to care. For example, one panelist explained, "*Women, especially women who do not have a man with them, are more vulnerable to financial, labour and sexual exploitation by rebels, agents of oppressive regimes, people who transport asylum seekers, landlords, employers, officials in country of asylum etc*." Another panelist remarked that, "*Women's access to care after torture can be different from men's as they are not treated as equals in many societies.*"

Male: employment difficulties

'Employment difficulties' were discussed by panelists primarily as a male issue, with reference to females facing such challenges only in passing. Two of the three panelists who discussed employment difficulties faced by males, did so speaking in the context of migration. For survivors who have migrated due to their torture experience, finding work in exile can be particularly difficult. One panelist explained, "*For these torture survivors who migrate, economic realities in host countries may be barriers (i.e., both* [men and women] *have to work, or economies may favor jobs traditionally filled by women).*" Another panelist highlighted how the challenge is not only around whether one can or cannot get a job: "*Both men and women, but proportionally more men, find themselves in a country of refuge or asylum needing to accept jobs way below their prior professional or business position, both in status and in income. Some men have great difficulty in this situation and even refuse available jobs, sometimes to the frustration of staff members at service organizations who are trying to help them establish themselves and meet needs in a realistic way.*"

Another panelist touched on the impact of such employment challenges: "*Men more often struggle with adjustment difficulties as many find it difficult to find job opportunities to support their families. This seems to be impacting negatively on their sense of manhood*."

These points are also relevant to the theme, 'Male: stressors relate to inability to fulfill gender role.'

Male: challenges of taking on new role/s; Female: challenges of new role/s

This theme was discussed far more in relation to females, possibly because panelists consider males as more likely to be direct victims of torture, and so more females are forced to take over the role of a male who was killed or rendered incapable of fulfilling his role due to the torture experience.

One panelist discussed this theme in terms of the male experience and explained,
"*Sometimes men who are used to living in a family and a culture where women held primary responsibility for preparing food and caring for the home find themselves challenged to take care of these needs for themselves in a refugee setting. In our agency in San Diego, we were pleased to find that male clients responded well to a monthly group Cooking Class, led by a staff member with talent in cooking. Members participated in purchasing food and preparing a meal, often a traditional menu from one country and in clean-up. Sometimes the group was entirely male*."

Some of the challenges discussed by panelists in relation to the female experience were also covered by the theme 'Female: challenges of having less power/marginalized position re family,' particularly those around rejection by the deceased husband's family, and challenges associated with family reunification in exile. Apart from these challenges, another panelist explained, "*Sometimes, women whose personal and culturally supported*

role has focused on caring for home and family find themselves required to seek employment, an unfamiliar task with much associated anxiety, worry and self-doubt, on top of the practical necessity of developing the needed skill," which highlights the emotional impact of such challenges on females.

Male: inability to fulfill gender role; Female: inability to fulfill gender

This theme covers the stressors males face in relation to their inability to fulfill the traditional gender role of 'protector/provider,' and those that females face in relation to their inability to fulfill the traditional gender role of 'caretaker of children,' in the aftermath of the torture experience.

Panelists often discuss the male inability to provide as the result of being held in detention (and so separated from family), or in the context of exile, where work is difficult to find. In addition to discussing why the torture experience causes males to be unable to provide for their families, panelists also discussed how they are impacted by not being able to provide, in terms of, but not limited to: guilt, distress, anguish, self-judgment, anxiety, depression, anger, substance abuse etc. The consensus among panelists is generally that the inability to fulfil their role as 'provider' impacts negatively on males' sense of self, particularly in relation to their sense of masculinity, and causes emotional distress, among other consequences.

For example, one panelist explained, "*Both men and women may experience emotional distress due to separation from family during detention... Given their conventional role as providers, men may experience anxiety or anguish related more intensely to the inability to provide materially... When he ends up in detention in the country of refuge or unable to provide even for himself, he experiences intense anxiety, depression and self-judgment related to failure*." Another panelist focused on the guilt males experience when they are unable to provide: "*In the rural setting in Zimbabwe, women are frequently unable to escape due to family responsibilities and this may be producing increased survivor guilt in males that flee the violence leaving their families…*"

Panelists who discussed stressors around the female inability to fulfill gender role often explained the inability to care for the children (inability to care at all, or in the manner that they would like) as the result of females being held in detention, or in the context of exile, where there are more barriers to accessing necessary services and assistance in relation to the care of children. In addition to discussing why the torture experience causes females to be unable to care for their children, panelists also discussed how they are impacted by not being able to care for their children, in terms of: stress, fear, guilt, emotional distress, helplessness, anguish, shame.

One panelist explained, "*Women experience daily stressors related to their gender roles e.g. childcare concerns…*" Another panelist highlighted, "*…Given their conventional role as primary caregivers to children, women may experience more intense anguish over uncertainty regarding the safety and well-being of their children. This can be strongest where the woman has had to leave children behind. At a future time of family reunion, the children sometimes have anger and resentment towards the mother for having abandoned them*." Similarly another panelist remarked, "*Detained women torture survivors are more stressed as they are thinking how their young children are being taken care of by their husband or relatives while they are away*."

Another panelist highlighted the emotional response females often have to the insecurity around being able to care for loved ones: "*Women experience torture as an assault on their social relationships and safety in the world, relationships make them a person in the world, and therefore they feel less able to provide, care, engage, support, love and feel less loveable. They feel less of a person and more worried about whether they can care*

and hold the people who are dependent on them. They feel very ashamed when they are irritable with their children."

Male: link torture and consequences to damaged sense of self/manhood; Female: link torture and consequences to damaged sense of self/womanhood

This theme around the male experience intersects with many of the other themes, as certain issues (abusive behavior, anger, substance abuse etc.) are the *result* of this issue, while other themes are the *cause* of this issue (employment difficulties, sexual difficulties, sexual torture etc.). Additionally, this theme will cover many of the same issues covered by 'Male: inability to fulfill gender role,' but will also cover other ways that males experience damaged self-esteem in relation to the torture experience.

Two panelists explained that the torture experience (as a whole) negatively affects males' sense of self, and both highlighted that males experience this more severely than their female counterparts. One explained, "*Men feel more hopeless and resort to diverse addictions e.g. alcohol, drugs abuse, sexuality issues, etc. Others become idlers and lose a sense of direction. Their ego is injured more than that of women*." The other noted, "…*I think men experience torture more personally. It is an assault on their personality, their capacity to cope, provide, and be...*"

Three panelists highlighted specifically the negative impact of the inability to provide for oneself or family due to the torture experience, on male self-esteem. For example, one panelist noted, "*Men more often struggle with adjustment difficulties as many find it difficult to find job opportunities to support their families. This seems to be impacting negatively on their sense of manhood*," while another explained, "*Men seem to internalise the inability to provide as a threat to personal worth and then often "give up" or distract themselves with other activities*."
One panelist highlighted how males face feelings of failure when they encounter sexual difficulties as a consequence of the torture experience: "*Men: feelings of a failure if not sexually active and will project it in anger and sometimes domestic violence, substance abuse.*"

Another panelist stressed the impact sexual assault has on male self-esteem, and implied the impact on self-esteem for males is more severe than females after sexual assault: "…*sexual assault seems to have more impact on the self esteem, fear of social contact and isolation for men*."

Importantly, panelists discussed the impact of torture and its consequences, in terms of damaged self-esteem more frequently for males than for females. Only two panelists mentioned issues around damaged self-esteem for females. One highlighted this in relation to the challenge of finding employment, understood in this context as an indirect consequence of torture: "*Sometimes, women whose personal and culturally supported role has focused on caring for home and family find themselves required to seek employment, an unfamiliar task with much associated anxiety, worry and self-doubt, on top of the practical necessity of developing the needed skills*." Another explained, "…*They feel less of a person* [in response to the torture experience] *and more worried about whether they can care and hold the people who are dependent on them…Women internalise the insecurity of providing for their family as a threat to their capacity to be a good enough mother and an anxiety about the safety of their world...*," highlighting that females link the insecurity they may face around caring for their children (a consequence of the torture experience) to their sense of self.

From these responses, it is possible to hypothesize that males are more likely to feel as though their sense of self has been damaged following the torture experience than their female counterparts.

Female: challenges of family care

This theme covers those issues specifically around the challenges females face while caring for their children that impact negatively on their own healing or recovery. These challenges are discussed by panelists as generally unique to the female experience, as it is their traditional role to care for the children. For example, one panelist explained, "*Women are more likely to have responsibility for children when forced into exile. With children come the problems of keeping them safe, feeding, clothing and educating them etc. Also all the challenges of caring for dis-regulated children when the parent is herself struggling*."
Another noted, "*Women have the added burden of maintaining home and family, which seems to be different to males in Zimbabwe. So women must cope with their own difficulties as well as those of their families*." Another panelist discussed that females "*spend all their energy trying to find a way to provide" in the aftermath of the torture experience and so, "the women do not have time to be overwhelmed, so they numb, sideline their needs and keep going frequently leading to depression*."

These responses all highlight how the responsibility for caring for the children often does not allow females the time to focus on their own suffering or trauma related to the torture experience.

Appendix II: Comments from Round II

Gender-Related Statements	**Panelists' Comments**
Females are more likely than males to experience rape or torture of a sexual nature	• One panellist noted, '*Sexual torture is important when present for anyone*,' implying a gender difference may not be relevant. • Two panellists noted that males also experience sexual torture but are less likely to report it. One explained, "*Although there are numerous instances of rape amongst men. Except they are often more hesitant to talk about it*." The other noted, "*Be also aware that men often are exposed to sexual torture, they might not tell about it. The work will take longer and needs family support at the end*."
Females are more likely to be indirect victims of torture (as witnesses, or as family members of torture victims)	• One panellist responded and expressed that a gender difference around this issue is not relevant: "*It's not relevant who is more likely, but it is relevant whether any individual, male or female is a direct or indirect victim*."
Males are more likely than females to view their inability to fulfill their gender role after a torture experience, as a threat to their personal worth	• Both panellists that commented stressed that this may be because the male gender role is more difficult [than the female gender role] to resume following the torture experience. One noted, "*I think men are less likely to be able to fulfill their gender role, but either experiences that as devastating when it happens*." The other explained, "*This is partly because the traditional male role of provider is often more difficult to resume in a refugee situation, while a female can continue with the hands-on practical care of children*."
Females are more likely than males to express their distress (related to crises) to service providers	• Both panellists that commented stressed implications of this difference for intervention. One noted, "*Need to help men speak about their internal world*," while the other explained, "*This means providers need to be attentive to the possibility that males are experiencing crises that they are not talking abou*t.
Females are more likely than males to prioritize the needs of their families over their personal needs	• One panellist expressed the difference is relevant, but proposed: "I don't think the answer is to try to make parents prioritize their o"wn needs over those of their children." • Another explained the difference might be because, "*they do not take the time they need to acknowledge what has happened*."
Sexual torture is linked to increased severity in PTSD, Anxiety and Depressive symptoms	• One panellist noted, "*not sure that there is a gender difference*."
Males are more likely	• One panellist expressed agreement, but explained only "*By a slight margin*."

than females to be direct victims of torture	• Another explained this difference might only be a flawed perception due to less reporting of victimization by females: "*Women may not define their experience as torture – or the possible sexual nature may lead to shame and dissociation, and it is important for the therapist to carefully assess."* • With regard to intervention, one panellist noted, "*I don't think we should assume that the same interventions are appropriate for direct and indirect victims of torture, regardless of gender*."
Females are more likely to experience torture due to the relationships they have with males in their lives, rather than due to their own actions	• One panellist expressed agreement and stated, "In Zimbabwe this has been an overwhelming finding." • Another expressed it could be true in some cases but is not the more likely reality, and also expressed that highlighting such a difference could be harmful: "*True for some but not more likely. If believed, this misconception could lead to under appreciation or even disbelief of females torture experience*." • Another commented, "I think there is an enormous difference between suffering for your own choices, and suffering for someone else's."
Females show more agency than males in looking for ways to provide for their families	• One panellist expressed disagreement, highlighting that caring for the children is not the same as showing agency towards the family: "I'm not sure this is true. Women are more commonly protecting and caring for children, but that's not the same as showing agency."
Males are less able than females to reassume their responsibilities as fathers and husbands	• One panellist explained, "*Since many men see their primary role as provider and protector (not nurturer) I think this is true and very important*," which is similar to the two comments made in response to, 'Males are more likely than females to view their inability to fulfill their gender role after a torture experience, as a threat to their personal worth**.'** • Another panellist highlighted other factors that might explain this difference: "*Partly due to circumstances – more often separated from children; more often migrate alone; partly due to psychological factors*."
Males are more likely than females to report sexual difficulties (such as being unable to perform sexually or loss of interest in sex	• One panellist noted, "*The high (undocumented) prevalence of rape must be taken into account here as a mode of torture*." • One panellist expressed this difference could be a flawed perception given: "*it's harder for men to hide this problem and perhaps easier for men to speak about sex in general*." • Another panellist implied disagreement explaining, "*Both sexes report this, although often not unless asked in the context of a trusting therapeutic relationship*."
The main cause of Depression in females is the fact that they prioritize the family's	• One panellist highlighted how the statement creates a problematic assumption: "*I think a parent putting the needs of children before their own is healthy and showing agency*."

needs over their own recovery from trauma	• One panellist implied disagreement by noting, "*The main causes are trauma and loss, loss on many levels*."
Females are more likely than males to report issues of isolation to service providers	• The two panellists that commented had conflicting positions. One noted that this difference might be true because "*women are more likely to report most symptoms than men*," which is a theme that has come up in response to various statements, such as, '*Females are significantly more symptomatic than males.*' • The other noted males are probably more likely to report isolation, "*Isolation is important when present for anyone; probably males report this somewhat more often*."
Males are more likely than females to feel as though their 'sense of self' has been damaged following a torture experience	• Two panellists both implied that the gender difference is not relevant. One noted, "*While I think "sense of self" is crucial to intervention, I think both men and women often lose sense of self*," while the other stated, "*The issue is relevant for all*."
Females are significantly more symptomatic than males (for e.g. anxiety, PTSD, and functional impairment are more prominent in females	• Two panellists highlighted the importance of responding to symptoms regardless of gender, but one also noted, "*We respond to what each person brings but we need to help men talk about distress*." The other said, "*Symptoms are important when present for anyone*." • One panellist noted this may be a flawed perception because, "*Often females are more likely to seek help than males*."
Female rape survivors suffer from more severe forms of social stigma than male rape survivors	• Two panellists implied agreement by highlighting examples of the severe consequences female face as a result of stigma. One noted, "*Ostracizing and even murder*," while the other explained, "*Females are highly likely to be ostracized or even divorced if knowledge of their rape is public*." • Another panellist implied the gender difference is not relevant as the stigma faced by males and females is indeed different, but nonetheless severe: "*I think the stigma is severe but different for both and both types of stigma are extremely relevant*."
Females in treatment are more likely than males to present with symptoms of avoidance	• One panellist implied the gender difference is not relevant: "*Avoidance is important when present for anyone*."

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The CSVR's Intervention Model Development Process

DELPHI TECHNIQUE
ROUND 1

Dear panelist,

Thank you very much for agreeing to participate in this process. The information we gain through the four rounds of the Delphi Technique will assist us in establishing a framework for developing a detailed intervention model for victims of torture that is contextually responsive.

Informed consent:
By responding to the questions below, you agree to allow us to use the information for the development of a framework to inform our model development. In addition, we may produce reports, presentations, or articles describing this exciting process. As such, information collected could also be used for that purpose. Your contribution will also be acknowledged, unless you would prefer to remain anonymous, in which case please inform me of such. At no point will individual panelists' responses be shared with anyone else on the panel.

Furthermore, the CSVR is interested in promoting the development of students sensitive to the realities of the people we work with. As such, we often include students in the work that we do. For this project, we have Rachel Goodman, a Master of Arts Candidate in Political Studies from the University of Cape Town, working with us. She provides additional support in relation to the gender aspects of the project. Her work on this project will go towards the completion of her MA thesis and as such your responses will be used towards this.

Should you have any questions or wish to not be included in any of the above, please inform me of such and we will treat your responses accordingly. Ultimately, the goal of this process is to use your input to inform our intervention model and that remains the main purpose.

The Delphi Technique:

Both international and local people form part of the panel participating in the Delphi Technique. The role of the panel will be to assist in building consensus on the most relevant impacts of torture and the corresponding most adequate therapeutic interventions. The Delphi Technique is set up in the form of rounds whereby the panel responds to questions independently. In between rounds, the data is analysed and feedback is given to the panel which indicates the position of the individual panellist and the position of the whole group. Each member is given an opportunity to change their position or to provide justification for remaining outside of the group position. The initial round usually consists of open-ended questions but can also consist of structured questions based on literature or existing data. Subsequent rounds seek to quantify the results gathered. Through the use of ranking and rating techniques, consensus is built.

The context:

Given the diversity in experience of the panelists, we would like to draw your attention to the particular context in which our centre is located. The CSVR is located in Johannesburg, South Africa. We work with very poor clients; who have experienced more than one trauma; who may be exposed to further dangers; who experience further daily stressors (directly and/or indirectly related to their experience of torture); who are marginalized (either as foreign nationals, ex-combatants, or suspected criminals); where limited access to psychosocial care (State or other) exists; and, finally, where limited resources are available to provide these services. The model will need to respond to these realities. We acknowledge that you may not have direct experience or knowledge in our particular context or with our particular clients. However, you have been invited to participate in this process due to your experience in working in similar contexts and/or with similar clients.

Please ensure that each question is completed and send your response via email to mbandeira@csvr.org.za by the 10th of September 2012

QUESTIONS:

1) Name and Surname:

2) Current position:

3) Experience in the field of torture (write “yes” next to all applicable):

    Direct service provider
    Supervisor of direct service providers
    Researcher
    Supervisor of researcher(s)

4) Impact of torture:

    Below is a list of impacts that have emerged from a detailed review of the literature as well as the analysis of over 500 counselling session process notes collected from work with victims of torture. These include impacts that may be directly and/or indirectly related to the experience of torture. The impacts are listed in alphabetical order. Each impact is defined in terms of our own understanding of it. Please read the definitions carefully before responding to each question. Once you have read the definition please respond to the two questions adjacent. For each impact each of the 2 blocks adjacent should be completed.

Impacts	How common is this for clients in this context	Level of impact this has on <u>most</u> clients who experience this impact
	0 - Present in no (0%) of clients **1 - Present in a few (+- 25%) of clients** **2 - Present in some (+- 50%) of clients** **3 - Present in most (+- 75%) of clients** **4 - Present in all (100%) of clients**	**0 - No impact** **1 - Low impact** **2 - Moderate impact** **3 - Severe impact** **4 - Extreme impact**
Accommodation difficulties: This refers to challenges clients experience in relation to accommodation. This includes being able to afford accommodation, challenges in relation to current accommodation (unsafe, unstable, inappropriate), being able to find appropriate accommodation, and homelessness.		
Anger: This includes anger towards others and due to the circumstances the client finds him/herself. With others, this could be anger at the perpetrators, authority figures, staff of aid organisations, community members, and clinicians. It also includes wishes for revenge.		
Anxiety: This refers to psychological and physiological state of unease, concern, and apprehension. Anxiety may have emotional, cognitive, and behavioural components. It may include panic attacks, generalised anxiety, and/or specific anxiety reactions.		
Avoidance: This refers to avoidant behaviours client's display and could be related to traumatic and non-traumatic material. It may include a reluctance to discuss, accept, or do certain things.		
Bereavement: This refers to the clients' reaction to the loss of someone with whom they had a bond. This may include traumatic and non-traumatic losses.		

Impacts	How common is this for clients in this context	Level of impact this has on <u>most</u> clients who experience this impact
	0 - Present in no (0%) of clients **1 - Present in a few (+- 25%) of clients** **2 - Present in some (+- 50%) of clients** **3 - Present in most (+- 75%) of clients** **4 - Present in all (100%) of clients**	**0 - No impact** **1 - Low impact** **2 - Moderate impact** **3 - Severe impact** **4 - Extreme impact**
Blame and guilt: This includes blaming others for current circumstances and/or past experiences and feeling betrayed by others. In addition, this includes feeling guilty or in some way responsible for current and past realities. This guilt may also be accompanied by shame.		
Coping difficulties and stress: This refers to difficulties in coping with current life circumstances. This may include general coping difficulties, dependency issues, and tiredness. It includes feeling overwhelmed, or under pressure. This is a reaction to clients feeling unable to meet all the demands in their lives.		
Difficulties with the community: This refers to negative reactions from community members experienced by clients. Included here is discrimination, marginalisation, refusal to assist, envy/jealousy, and feelings of injustice.		
Difficulties with service providers: This refers to challenges clients experience with service providers they interact with. These service providers include, among others: hospital staff, aid organisations, and other Government Departments. Challenges experienced include: difficulties with accessing services; conflicts with specific people within those service providers; and dissatisfaction with the services and/or help received.		
Distress: This refers to a strong reaction to a current stressor and/or crisis. The client presents as being agitated, overwhelmed, and unable to cope.		

Impacts	How common is this for clients in this context	Level of impact this has on <u>most</u> clients who experience this impact
	0 - Present in no (0%) of clients **1 - Present in a few (+- 25%) of clients** **2 - Present in some (+- 50%) of clients** **3 - Present in most (+- 75%) of clients** **4 - Present in all (100%) of clients**	**0 - No impact** **1 - Low impact** **2 - Moderate impact** **3 - Severe impact** **4 - Extreme impact**
Economic difficulties: This refers to the experience of financial difficulties which could range from poverty to an inability to afford to pay for something specific.		
Education-related difficulties: This refers to challenges related to clients own, or to children's education. It may include being unable to afford education (or educational material), difficulties in accessing education, challenges experienced at school, and concern over not being able to meet educational needs.		
Family breakdown: This refers to a severe problem experienced in the family. This includes loss of contact with family members, the development of unhealthy relationship patterns, and trauma which directly impacted on the entire family.		
Family-related stressors: This refers to stressors clients experience in relation to their family. This includes: problems experienced by family members, especially children (such as: health problems, exposure to violence or threats, and experiences of discrimination); difficulties in meeting the needs of family members; concerns about the well-being of family members; negative behaviours displayed by family members; and difficulty in managing the expectations and/or demands from family members.		
Fear: This refers to the internal state of being afraid. This could be for the clients' own safety and/or the safety of others (especially family members). This fear may be linked to their past experiences as well as concern over what will happen in the future.		

Impacts	How common is this for clients in this context	Level of impact this has on <u>most</u> clients who experience this impact
	0 - Present in no (0%) of clients **1 - Present in a few (+- 25%) of clients** **2 - Present in some (+- 50%) of clients** **3 - Present in most (+- 75%) of clients** **4 - Present in all (100%) of clients**	**0 - No impact** **1 - Low impact** **2 - Moderate impact** **3 - Severe impact** **4 - Extreme impact**
Frustration: This refers to the emotional response clients feel to perceived resistance to obtaining their goals or having their needs met. This may be in relation to their current living conditions, health concerns, and/or the behaviours of other people.		
Health problems: This includes various health problems that clients may present with or report their children presenting with. These include health problems that do not emerge as often in the literature or data as the other ones listed below. They may also be related or unrelated to the torture experience. Although some more specific health problems are mentioned, examples of what is included here are: HIV/AIDS; stomach-related problems; flu and/or colds; sleep disturbances; sex-related difficulties; and pregnancy concerns.		
Helplessness: This includes feeling unable to help oneself or situation. This also includes feelings of powerlessness, limited options, and thoughts of returning to home country as their current situation is so negative.		
Injuries: This includes physical injuries experienced by the clients due to torture or other traumas. It includes wounds sustained from assaults, broken bones, lesions, bruising, scars, and burns.		
Intrusions: This refers to involuntary thoughts, images or ideas that client's experience in relation to traumatic experiences. This includes flashbacks and recurrent thoughts related to the trauma.		

Impacts	How common is this for clients in this context	Level of impact this has on <u>most</u> clients who experience this impact
	0 - Present in no (0%) of clients **1 - Present in a few (+- 25%) of clients** **2 - Present in some (+- 50%) of clients** **3 - Present in most (+- 75%) of clients** **4 - Present in all (100%) of clients**	**0 - No impact** **1 - Low impact** **2 - Moderate impact** **3 - Severe impact** **4 - Extreme impact**
Hyper-arousal: This refers to an increase in arousal and includes: hyper-vigilance; impaired concentration; impaired memory; and startle response.		
Isolation: This refers to a lack of a support network.		
Lack of trust: This refers to clients' inability or reduced capacity to trust others. This may be in relation to specific people or more generalised.		
Let down by others: This refers to the feeling of being let down, abandoned, or disappointed by others.		
Medication related concerns: This includes concerns related to the need for medication; side-effects of medications; compliance to medications; changes in medications; and challenges in accessing them.		
Mood disturbances: This includes disturbances in mood such as depression, hopelessness, and sadness. Within depression, this includes: Major Depressive Disorder, Dysthymia, Current and/or Lifetime Depression, and Major Depressive Episode.		
Other mental health difficulties: This includes various mental health problems that clients may present with. These include mental health problems that do not emerge as often in the literature or data as the other ones listed here. Within this category are: specific phobias; personality-related disorders; schizophrenia; obsessive-compulsive disorder; psychological tiredness; self-esteem difficulties; and lack of trust.		

Impacts	How common is this for clients in this context **0 - Present in no (0%) of clients** **1 - Present in a few (+- 25%) of clients** **2 - Present in some (+- 50%) of clients** **3 - Present in most (+- 75%) of clients** **4 - Present in all (100%) of clients**	Level of impact this has on <u>most</u> clients who experience this impact **0 - No impact** **1 - Low impact** **2 - Moderate impact** **3 - Severe impact** **4 - Extreme impact**
Pain: This includes the experience of pain which may be related or unrelated to the torture experience. It includes pain in the back, chest, and limbs, as well as head-aches. It also could include chronic, residual, and/or general pain.		
Psychosis: This refers to a loss of contact with reality. This includes hallucinations, delusions, and episodes of paranoia.		
Reduced physical health: This includes health concerns that have resulted in a reduction in physical well-being. Common concerns include: hearing-related problems, eye problems, muscular difficulties, disabilities, and physical tiredness.		
Reduced risk assessment /threat appraisal capacity: This refers to a decrease in clients' ability to assess risk accurately. This could manifest itself through clients' assessing high risk situations as no or little risk, or low risk situations as high risk ones.		
Relationship difficulties: This refers to difficulties in relationships with specific people. These people include children, parents, partners, friends, siblings, roommates and/or service providers.		
Repeated victimisation: This refers to repeated exposure to other traumatic events.		
Resettlement focus: This refers to the persistent focus on resettlement on the part of clients.		

Impacts	How common is this for clients in this context **0 - Present in no (0%) of clients** **1 - Present in a few (+- 25%) of clients** **2 - Present in some (+- 50%) of clients** **3 - Present in most (+- 75%) of clients** **4 - Present in all (100%) of clients**	Level of impact this has on <u>most</u> clients who experience this impact **0 - No impact** **1 - Low impact** **2 - Moderate impact** **3 - Severe impact** **4 - Extreme impact**
Safety concerns: This refers to perceived or real concerns regarding the safety of themselves and/or their family.		
Self-esteem issues: This refers to a negative change in clients' sense of self.		
Self-harm: This refers to behaviours clients engage in, which cause harm to themselves. Included here are suicide attempts and/or thoughts as well as substance use.		
Sleep disturbances: This refers to disturbances to sleep due to psychological processes. This also includes the presence of nightmares.		
Somatisation: This refers to a process whereby a mental event is expressed in a body disorder or physical symptom. Clients may present with various complaints that cannot be fully explained by any known general medical condition and are not intentionally produced (as in, for example, malingering).		
Spiritually-related difficulties: This refers to any challenges clients experience in relation to spirituality. Included here is a questioning of God, negative feelings towards God, and negative experiences in relation to their religious organisation.		

Impacts	How common is this for clients in this context	Level of impact this has on <u>most</u> clients who experience this impact
	0 - Present in no (0%) of clients **1 - Present in a few (+- 25%) of clients** **2 - Present in some (+- 50%) of clients** **3 - Present in most (+- 75%) of clients** **4 - Present in all (100%) of clients**	**0 - No impact** **1 - Low impact** **2 - Moderate impact** **3 - Severe impact** **4 - Extreme impact**
Traumatic responses: This includes the presence of trauma-related symptoms, Post Traumatic Stress Disorder, Acute Stress Disorder, and may refer to current and/or lifetime prevalence.		
Worry: This refers to concern over a real or perceived issue. It may include worrying about current circumstances or potential incidents or outcomes. Excessive worrying could lead to anxiety.		

5) Are there any other impacts that affect torture survivors in these contexts which are not listed above? If so, please list them here:

Impacts	**How common is this for clients in this context** **0 - Present in no (0%) of clients** **1 - Present in a few (+- 25%) of clients** **2 - Present in some (+- 50%) of clients** **3 - Present in most (+- 75%) of clients** **4 - Present in all (100%) of clients**	**Level of impact this has on <u>most</u> clients who experience this impact** **0 - No impact** **1 - Low impact** **2 - Moderate impact** **3 - Severe impact** **4 - Extreme impact**

6) In your experience, do men and women experience torture in different ways? If so, please elaborate here.

7) Are the daily stressors that follow a torture experience felt differently by men and women? If so, please elaborate here.

Thank you for your participation.

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The CSVR's Intervention Model Development Process

DELPHI TECHNIQUE
ROUND 2

Dear panelist,

Thank you very much for agreeing to participate in this process. The information we gain through the four rounds of the Delphi Technique will assist us in establishing a framework for developing a detailed intervention model for victims of torture that is contextually responsive.

In Round 2, we finalise consensus on impacts, begin to explore interventions for impacts were consensus has been obtained, and continue to explore the gender-relevant aspects in this work.

Please ensure that each question is completed and send your response via email to mbandeira@csvr.org.za by the 12th of October 2012

QUESTIONS:

8) **Your name:**

9) **Impact of torture:**

Below is a list of impacts that were added by panellists during Round 1. Given that these come from the panellist themselves, we have not altered them in any way. One item was excluded due to its specific focus on children as this model will focus on adults. As in Round 1, please read through each one and respond to the two questions adjacent. For each impact each of the 2 blocks adjacent should be completed.

Impacts	**How common is this for clients in this context** **0 - Present in no (0%) of clients** **1 - Present in a few (+- 25%) of clients** **2 - Present in some (+- 50%) of clients** **3 - Present in most (+- 75%) of clients** **4 - Present in all (100%) of clients**	**Level of impact this has on <u>most</u> clients who experience this impact** **0 - No impact** **1 - Low impact** **2 - Moderate impact** **3 - Severe impact** **4 - Extreme impact**
Altruism		
Being too religious		
Concern for remittances		
Concern for employment opportunities		
Disappointment with host country		
Exposure to emotional danger (especially activities)e.g. rape victims starting an organisation to support rape victims before her full recovery		
Flattened affect		
Ideology issues – questioning their known and established ideology		
Lessened or no sex libido		
Loss of status, recognition, position in society		
Loss of gender roles		
Loss of interest in seeking help		
Numbing		

Paranoid		
Present focused		
Role of ancestral spirits; derives from family deaths due to violence, and results in aggrieved spirits continuing to afflict the family as a whole.		
Severe dissociation (especially in cases of long term abuse, imprisonment, ritual abuse or mind control)		
Sexual dysfunction		
Stressors as a result of confluence of factors on top of the torture-related impact (e.g. long held imprisonment results to combination of boredom, anxiety and helplessness)		
Substance abuse (including alcohol and drug abuse)		

10) **Interventions:**

In this section, we would like to ask you about intervention options for the impacts where agreement was reached in Round 1. The impacts included here are those where more than 75% of panellists said it occurs in more than 50% of clients AND more than 75% of panellists said it has a severe or extreme impact on clients. Out of the initial 42 impacts, a total of 13 impacts met the above criteria.

For each impact, please describe, <u>in as much detail as possible</u>, what the best method of intervention would be for a therapeutic rehabilitation centre such as ours.

IMPACT	**INTERVENTION**
Accommodation difficulties: This refers to challenges clients experience in relation to accommodation. This includes being able to afford accommodation, challenges in relation to current accommodation (unsafe, unstable, inappropriate), being able to find appropriate accommodation, and homelessness.	

IMPACT	INTERVENTION
Bereavement: This refers to the clients' reaction to the loss of someone with whom they had a bond. This may include traumatic and non-traumatic losses.	
Coping difficulties and stress: This refers to difficulties in coping with current life circumstances. This may include general coping difficulties, dependency issues, and tiredness. It includes feeling overwhelmed, or under pressure. This is a reaction to clients feeling unable to meet all the demands in their lives.	
Distress: This refers to a strong reaction to a current stressor and/or crisis. The client presents as being agitated, overwhelmed, and unable to cope.	

IMPACT	INTERVENTION
Economic difficulties: This refers to the experience of financial difficulties which could range from poverty to an inability to afford to pay for something specific.	
Family breakdown: This refers to a severe problem experienced in the family. This includes loss of contact with family members, the development of unhealthy relationship patterns, and trauma which directly impacted on the entire family.	
Family-related stressors: This refers to stressors clients experience in relation to their family. This includes: problems experienced by family members, especially children (such as: health problems, exposure to violence or threats, and experiences of discrimination); difficulties in meeting the needs of family members; concerns about the well-being of family members; negative behaviours displayed by family members; and difficulty in managing the expectations and/or demands from family members.	

IMPACT	INTERVENTION
Intrusions: This refers to involuntary thoughts, images or ideas that client's experience in relation to traumatic experiences. This includes flashbacks and recurrent thoughts related to the trauma.	
Isolation: This refers to a lack of a support network.	
Mood disturbances: This includes disturbances in mood such as depression, hopelessness, and sadness. Within depression, this includes: Major Depressive Disorder, Dysthymia, Current and/or Lifetime Depression, and Major Depressive Episode.	

IMPACT	INTERVENTION
Pain: This includes the experience of pain which may be related or unrelated to the torture experience. It includes pain in the back, chest, and limbs, as well as head-aches. It also could include chronic, residual, and/or general pain.	
Safety concerns: This refers to perceived or real concerns regarding the safety of themselves and/or their family.	
Traumatic responses: This includes the presence of trauma-related symptoms, Post Traumatic Stress Disorder, Acute Stress Disorder, and may refer to current and/or lifetime prevalence.	

11) **Gender**

In this section, we continue to explore the gendered nature of torture, its impact, and consequences for rehabilitation. From the data gathered in round one, the analysis of data we have collected with victims of torture, and a review of the literature, the following statements have been extracted. **In each statement, it is implicit that the issues captured are to be understood in the context of occurring/presenting after a torture experience (so when we refer to males or females, we are referring to male or female torture survivors).** Please ensure that for each statement you have added a response in the two adjacent columns. We have also added a column for comments you may have (optional).

Gender-Relevant Issues in Torture Rehabilitation	**Do you agree or disagree with this statement:** **1- Strongly agree** **2- Agree** **3- Neither agree nor disagree** **4- Disagree** **5- Strongly disagree**	**To what degree is this particular issue relevant in terms of therapy?** **1- Extremely relevant** **2- Very Relevant** **3- Somewhat relevant** **4- Slightly relevant** **5- Not relevant**	**Comments (optional)**
1) Males are more likely than females to present with anger and/or aggressiveness			
2) Males and females are as likely to present with Depressive symptoms			
3) Females show more agency than males in looking for ways to provide for their families			
4) Males are more likely than females to present with despondency and hopelessness			
5) Males are more likely than females to be direct victims of torture			
6) Males are more likely than females to feel as though their 'sense of self' has been damaged following a torture experience			

Gender-Relevant Issues in Torture Rehabilitation	**Do you agree or disagree with this statement:** **1- Strongly agree** **2- Agree** **3- Neither agree nor disagree** **4- Disagree** **5- Strongly disagree**	**To what degree is this particular issue relevant in terms of therapy?** **1- Extremely relevant** **2- Very Relevant** **3- Somewhat relevant** **4- Slightly relevant** **5- Not relevant**	**Comments (optional)**
7) Females are more likely to experience torture due to the relationships they have with males in their lives, rather than due to their own actions			
8) Males are less able than females to reassume their responsibilities as fathers and husbands			
9) The main cause of Depression in females is the fact that they prioritize the family's needs over their own recovery from trauma			
10) Males are more likely than females to view their inability to fulfill their gender role after a torture experience, as a threat to their personal worth			
11) Females are more likely to be indirect victims of torture (as witnesses, or as family members of torture victims)			
12) Males are more likely than females to report medical problems, including somatisation			
13) Males are more likely to engage in self-harming behaviour than females			
14) Males are more likely than females to report sexual difficulties (such as being unable to perform sexually or loss of interest in sex)			

Gender-Relevant Issues in Torture Rehabilitation	**Do you agree or disagree with this statement:** **1- Strongly agree** **2- Agree** **3- Neither agree nor disagree** **4- Disagree** **5- Strongly disagree**	**To what degree is this particular issue relevant in terms of therapy?** **1- Extremely relevant** **2- Very Relevant** **3- Somewhat relevant** **4- Slightly relevant** **5- Not relevant**	**Comments (optional)**
15) Traditional gender roles are often challenged in the aftermath of the torture experience (for example women becoming the primary providers)			
16) Males are more likely than females to engage in substance use and/or abuse			
17) Sexual torture is linked to increased severity in PTSD, Anxiety and Depressive symptoms			
18) Males are more likely than females to report sleeping difficulties (including nightmares)			
19) Changes in traditional gender roles after torture result in family relationship problems			
20) The greatest source of Anxiety for females is in relation to providing for the needs of their family, especially children.			
21) Females in treatment are more likely than males to present with symptoms of avoidance			
22) Females are more likely than males to report issues of isolation to service providers			
23) Females are more likely than males to express their distress (related to crises) to service providers			
24) Females are as likely as males to experience guilt following a torture experience			

Gender-Relevant Issues in Torture Rehabilitation	**Do you agree or disagree with this statement:** **1- Strongly agree** **2- Agree** **3- Neither agree nor disagree** **4- Disagree** **5- Strongly disagree**	**To what degree is this particular issue relevant in terms of therapy?** **1- Extremely relevant** **2- Very Relevant** **3- Somewhat relevant** **4- Slightly relevant** **5- Not relevant**	**Comments (optional)**
25) Females are more likely than males to prioritize the needs of their families over their personal needs			
26) Females are often forced to develop new skills and take on new roles after experiences of torture			
27) Females are significantly more symptomatic than males (for e.g. anxiety, PTSD, and functional impairment are more prominent in females)			
28) Female rape survivors suffer from more severe forms of social stigma than male rape survivors			
29) Females are more likely than males to experience rape or torture of a sexual nature			

Thank you for your participation.

Please ensure that each question is completed and send your response via email to mbandeira@csvr.org.za by the 12th of October 2012

CSVR

The Centre for the Study of Violence and Reconciliation

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The CSVR's Intervention Model Development Process

DELPHI TECHNIQUE
ROUND 3

Dear panelist,

Thank you very much for agreeing to participate in this process. The information we gain through the four rounds of the Delphi Technique will assist us in establishing a framework for developing a detailed intervention model for victims of torture that is contextually responsive.

In Round 3, we gather information on interventions for two additional impacts and begin to build consensus on the interventions suggested in Round 2. At the same time, we continue to explore how gender aspects influence the interventions we conduct.

Please ensure that each question is completed and send your response via email to mbandeira@csvr.org.za by the 10th of December 2012

QUESTIONS:

12) **Interventions:**

In this section, we would like to ask you about intervention options for the impacts where agreement was reached in Round 2. If you recall we added several impacts that panel members had added to the initial list. The impacts included here are those where more than 75% of panellists said it occurs in more than 50% of clients AND more than 75% of panellists said it has a severe or extreme impact on clients. Out of the 20 impacts added by different panellists, only 2 impacts met the above criteria.

For each impact, please describe, <u>in as much detail as possible</u>, what the best method of intervention would be for a therapeutic rehabilitation centre such as ours.

IMPACT	**INTERVENTION**
Concern for employment opportunities	

IMPACT	INTERVENTION
Loss of status, recognition, position in society	

13) **Building consensus regarding interventions suggested:**

The responses received in Round 2 in relation to interventions for each of the impacts, provides us with rich material moving forward. As there was a variety in terms of the degree of detail panellists offered, this data will be used in various ways. Firstly, we will attempt to build consensus on the most appropriate types of interventions for each impact. In order to do this, we have had to code responses thematically so as to be able to feed the information back in a way that allows us to move towards consensus. We are aware that each of these themes may form part of a bigger intervention process suggested and may to some degree seem reductionist. The consensus building process, however, will provide us with some guidance when we seek to look at some of the most appropriate interventions when dealing with that particular impact.

Secondly, we will use the responses provided when our clinical team work on finalising our model. It is at this point that looking at processes panellists have detailed will have the most value. As such, your feedback will be worked through more thoroughly then.

In the section below, we ask that you rate each intervention in terms of its appropriateness for that particular impact. Data from two sources are included here, your responses from Round 2 and the interventions that emerged from the analysis of 514 counselling session process notes. Only those interventions which at least two panellists mentioned or that emerged in more than 70% of process notes where that impact emerged are included.

a. Accommodation difficulties:

This refers to challenges clients experience in relation to accommodation. This includes being able to afford accommodation, challenges in relation to current accommodation (unsafe, unstable, inappropriate), being able to find appropriate accommodation, and homelessness.

INTERVENTIONS SUGGESTED	**Appropriateness of this intervention to address <u>accommodation difficulties</u> in this context** **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	**Comments**
Refer client to other organisations that deal with addressing accommodation difficulties		
Link accommodation difficulties to past trauma(s) the client may have experienced		
Problem solve with client in relation to this		
Network with relevant organisations so as to establish close working relationships		
Conduct skills development of clients so that they are able to address this issue		
Provide supportive counselling		
A case manager should handle this		
Assess accommodation situation in detail		
Find or provide secure accommodation for client		
Form of intervention:		
Group		
Individual		
Family		
Couples		

b. Bereavement:

This refers to the clients' reaction to the loss of someone with whom they had a bond. This may include traumatic and non-traumatic losses.

INTERVENTIONS SUGGESTED	**Appropriateness of this intervention to address <u>bereavement</u> in this context** **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	**Comments**
Provide supportive counselling		
Address feelings of guilt		
Address any unresolved issues related to the loss		
Assist client to create a ritual for closure		
Encourage and allow emotional expression		
Integrate cultural and religious practices for healing		
Facilitate meaning making in relation to the loss		
Provide psycho-education in relation to bereavement		
Address feelings of shame		
Assist with anger management		
Assess client in relation to bereavement		
Demonstrate empathy		
Encourage client to focus on current relationships		
Provide grief/bereavement counselling		
Provide individual therapy		
Refer to organisations or institutions that deal more specifically with bereavement (including Churches)		

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>bereavement</u> in this context 1 – Highly inappropriate 2 – Inappropriate 3 – Neither appropriate or inappropriate 4 – Appropriate 5 – Highly appropriate	Comments
Form of intervention:		
Group		
Individual		
Family		
Couples		

c. Coping difficulties and stress:

This refers to difficulties in coping with current life circumstances. This may include general coping difficulties, dependency issues, and tiredness. It includes feeling overwhelmed, or under pressure. This is a reaction to clients feeling unable to meet all the demands in their lives.

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>coping difficulties and stress</u> in this context 1 – Highly inappropriate 2 – Inappropriate 3 – Neither appropriate or inappropriate 4 – Appropriate 5 – Highly appropriate	Comments
Skills development		
Cognitive Behavioural Therapy		
Conduct relaxation exercises with client		
Provide supportive counselling		
Assess client in relation to coping and stress		

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address coping difficulties and stress in this context 1 – Highly inappropriate 2 – Inappropriate 3 – Neither appropriate or inappropriate 4 – Appropriate 5 – Highly appropriate	Comments
Encourage self-sufficiency		
Identify existing and/or previously used coping mechanisms		
Link current stress and coping difficulties to past trauma(s)		
Problem solve with the client		
Provide psycho-education in relation to coping and stress		
Encourage client to make use of or connect to social support		
Refer clients to organisations and/or institutions that could assist client to reduce stress or coping difficulties		
Provide more direct guidance on how client could reduce stress or coping difficulties		
Focus on/highlight positive aspects in the clients life		
Provide information for client regarding what they could do or where they could go to address their stress or coping difficulties		
Form of intervention:		
Group		
Individual		
Family		
Couples		

d. Distress:

This refers to a strong reaction to a current stressor and/or crisis. The client presents as being agitated, overwhelmed, and unable to cope.

INTERVENTIONS SUGGESTED	**Appropriateness of this intervention to address distress in this context** **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	**Comments**
Conduct a detailed assessment in relation to the distress		
Conduct crisis management with client		
Identify existing and previously used coping mechanisms		
Conduct relaxation exercises with client		
Demonstrate empathy		
Encourage self-sufficiency		
Link current distress to past trauma(s)		
Provide psycho-education in relation to distress		
Provide supportive counselling		
Encourage client to make use of or connect to social support		
Problem solve with the client		
Skills development		
Cognitive Behavioural Therapy		
Provide containment		
Develop a plan of action with the client		
Form of intervention:		
Group		
Individual		
Family		
Couples		

e. Economic difficulties:

This refers to the experience of financial difficulties which could range from poverty to an inability to afford to pay for something specific.

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>economic difficulties</u> in this context **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	Comments
Focus on/highlight positive aspects in the clients life		
Provide information for client regarding what they could do or where they could go to address their economic difficulties		
Refer clients to organisations and/or institutions that could assist client to reduce stress or coping difficulties		
Problem solve with the client		
Provide skills development		
Provide direct financial assistance		
Assist client to identify and explore opportunities for income generation		
Provide income generating opportunities		
Provide supportive counselling		
Encourage client to make use of or connect to social support		
Form of intervention:		
Group		
Individual		
Family		
Couples		

f. Family breakdown:

This refers to a severe problem experienced in the family. This includes loss of contact with family members, the development of unhealthy relationship patterns, and trauma which directly impacted on the entire family.

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>family breakdown</u> in this context 1 – Highly inappropriate 2 – Inappropriate 3 – Neither appropriate or inappropriate 4 – Appropriate 5 – Highly appropriate	Comments
Use a family systems approach		
Address trauma(s)		
Link current family breakdown to past trauma(s)		
Conduct a detailed assessment in relation to the family breakdown		
Provide psycho-education in relation to family breakdown		
Build trust and safety within the therapeutic space		
Refer clients to organisations and/or institutions that could assist client with this issue		
Cognitive Behavioural Therapy		
Assist client with family tracing if client does not know where family members are		
Assist client with relationship building		
Provide skills development		
Form of intervention:		
Group		
Individual		
Family		
Couples		

g. Family-related stressors:

This refers to stressors clients experience in relation to their family. This includes: problems experienced by family members, especially children (such as: health problems, exposure to violence or threats, and experiences of discrimination); difficulties in meeting the needs of family members; concerns about the well-being of family members; negative behaviours displayed by family members; and difficulty in managing the expectations and/or demands from family members.

INTERVENTIONS SUGGESTED	**Appropriateness of this intervention to address <u>family-related stressors</u> in this context** **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	**Comments**
Use a family systems approach		
Problem solve with the client		
Conduct a detailed assessment in relation to the family stressors		
Provide psycho-education in relation to family stressors		
Link current family stressors to past trauma(s)		
Conduct crisis management with client		
Network with relevant organisations so as to establish close working relationships		
Conduct skills development of clients so that they are able to address this issue		
Refer clients to organisations and/or institutions that could assist client with this issue		
Focus on/highlight positive aspects in the clients life		
Provide information for client regarding what they could do or where they could go to address their economic difficulties		

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>family-related stressors</u> in this context **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	Comments
Form of intervention:		
Group		
Individual		
Family		
Couples		

h. Intrusions:

This refers to involuntary thoughts, images or ideas that client's experience in relation to traumatic experiences. This includes flashbacks and recurrent thoughts related to the trauma.

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>intrusions</u> in this context **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	Comments
Engage in trauma exposure with client		
Provide psycho-education in relation to intrusions		
Conduct relaxation exercises with client		
Assist the client with symptom management		
Build trust and safety within the therapeutic space		
Cognitive Behavioural Therapy		

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address intrusions in this context 1 – Highly inappropriate 2 – Inappropriate 3 – Neither appropriate or inappropriate 4 – Appropriate 5 – Highly appropriate	Comments
Ensure that the client feels contained		
Apply grounding techniques		
Engage in narrative therapy		
Engage in art therapy		
EMDR		
Assist client to manage intrusions through habituation		
Conduct skills development of clients so that they are able to address this issue		
Assist client to access medication		
Engage in mindfulness		
Reframe the experience of the intrusions for the client		
Engage with stress management		
Form of intervention:		
Group		
Individual		
Family		
Couples		

i. **Isolation**:

This refers to a lack of a support network.

INTERVENTIONS SUGGESTED	**Appropriateness of this intervention to address <u>isolation</u> in this context** **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	**Comments**
Encourage client to participate in external/social activities		
Conduct skills development of clients so that they are able to address this issue		
Link isolation to past trauma(s) the client may have experienced		
Network with relevant organisations so as to establish close working relationships		
Build trust and safety within the therapeutic space		
Conduct a detailed assessment in relation to the isolation		
Provide supportive counselling		
Form of intervention:		
Group		
Individual		
Family		
Couples		

j. Mood disturbances:

This includes disturbances in mood such as depression, hopelessness, and sadness. Within depression, this includes: Major Depressive Disorder, Dysthymia, Current and/or Lifetime Depression, and Major Depressive Episode.

INTERVENTIONS SUGGESTED	**Appropriateness of this intervention to address <u>mood disturbances</u> in this context** **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	**Comments**
Refer client for psychiatric assessment		
Assist client to access medication		
Conduct a detailed assessment in relation to the mood disturbances		
Cognitive Behavioural Therapy		
Provide psycho-education in relation to mood disturbances		
Conduct relaxation exercises with client		
Encourage client to exercise		
Encourage client to participate in external/social activities		
Assess for suicide		
Provide supportive counselling		
Focus on/highlight positive aspects in the clients life		
Provide information for client regarding what they could do or where they could go to address their economic difficulties		
Problem solve with the client		

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>mood disturbances</u> in this context **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	Comments
Form of intervention:		
Group		
Individual		
Family		
Couples		

k. Pain:

This includes the experience of pain which may be related or unrelated to the torture experience. It includes pain in the back, chest, and limbs, as well as head-aches. It also could include chronic, residual, and/or general pain.

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>pain</u> in this context **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	Comments
Refer clients to organisations and/or institutions that could assist client with this issue		
Conduct a detailed assessment in relation to pain		
Conduct relaxation exercises with client		
Assist client to access medication		
Provide psycho-education in relation to pain		

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>pain</u> in this context 1 – Highly inappropriate 2 – Inappropriate 3 – Neither appropriate or inappropriate 4 – Appropriate 5 – Highly appropriate	Comments
Engage with symptom management		
Cognitive Behavioural Therapy		
Conduct skills development of clients so that they are able to address this issue		
Provide supportive counselling		
Encourage client to exercise		
Provide massage for client		
Form of intervention:		
Group		
Individual		
Family		
Couples		

I. Safety concerns:

This refers to perceived or real concerns regarding the safety of themselves and/or their family.

INTERVENTIONS SUGGESTED	**Appropriateness of this intervention to address <u>safety concerns</u> in this context** **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	**Comments**
Reality test clients safety concerns		
Refer clients to organisations and/or institutions that could assist client with this issue		
Develop a plan of action with the client		
Provide supportive counselling		
Conduct a detailed assessment in relation to safety concerns		
Provide practical support to address safety concerns		
Problem solve with the client		
Provide psycho-education in relation to safety concerns		
Conduct skills development of clients so that they are able to address this issue		
Build trust and safety within the therapeutic space		
Encourage and allow emotional expression		
Conduct relaxation exercises with client		
Engage with symptom management		
Provide information for client regarding what they could do or where they could go to address their safety concerns		
Provide more direct guidance on how client could reduce their safety concerns or increase safety		

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>safety concerns</u> in this context **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	Comments
Form of intervention:		
Group		
Individual		
Family		
Couples		

m. Traumatic responses:

This includes the presence of trauma-related symptoms, Post Traumatic Stress Disorder, Acute Stress Disorder, and may refer to current and/or lifetime prevalence.

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>traumatic responses</u> in this context **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	Comments
Engage in trauma exposure with client		
Provide psycho-education in relation to traumatic responses		
Engage with symptom management		
Cognitive Behavioural Therapy		
Encourage and allow emotional expression		

INTERVENTIONS SUGGESTED	Appropriateness of this intervention to address <u>traumatic responses</u> in this context **1 – Highly inappropriate** **2 – Inappropriate** **3 – Neither appropriate or inappropriate** **4 – Appropriate** **5 – Highly appropriate**	Comments
Conduct a detailed assessment in relation to traumatic responses		
Assist client to access medication		
Engage in narrative therapy		
Conduct skills development of clients so that they are able to address this issue		
Assess trauma history		
Build trust and safety within the therapeutic space		
EMDR		
Encourage client to participate in external/social activities		
Facilitate meaning making in relation to the loss		
Refer client for psychiatric assessment		
Refer clients to organisations and/or institutions that could assist client with this issue		
Reframe the traumatic reactions for the client		
Conduct relaxation exercises with client		
Provide supportive counselling		
Form of intervention:		
Group		
Individual		
Family		
Couples		

14) **Gender**

a. Are there certain aspects of interventions that should differ between male and female clients? In other words, are there gender considerations that affect the nature/type of intervention used for a client? If yes, please explain what these are.

b. Are there particular issues that clinicians should consider when working with a client of the opposite gender? Are there issues clinicians should consider when working with a client of the same gender?

Please keep the following scenarios in mind when answering this question:
Female Client – Female Clinician; Female Client – Male Clinician; Male Client – Female Clinician; and Male Client – Male Clinician

c. Below are the statements from the previous Delphi round, which more than 80% of panelists agreed with. Please consider each statement and explain what the implications for designing an effective intervention are, or how this should be addressed in a clinical intervention.

	Gender statement	**Assuming these statements are true, what would the implications for intervention be for both male and female clients? In other words, how would you address this gender difference within the therapeutic space?**
1	Traditional gender roles are often challenged in the aftermath of the torture experience (for example women becoming the primary providers)	
2	Females are more likely than males to experience rape or torture of a sexual nature	
3	Males are more likely than females to engage in substance use and/or abuse	
4	Females are more likely to be indirect victims of torture (as witnesses, or as family members of torture victims)	

	Gender statement	**Assuming these statements are true, what would the implications for intervention be for both male and female clients? In other words, how would you address this gender difference within the therapeutic space?**
5	Females are often forced to develop new skills and take on new roles after experiences of torture	
6	Males are more likely than females to present with anger and/or aggressiveness	
7	Males are more likely than females to view their inability to fulfill their gender role after a torture experience, as a threat to their personal worth	
8	Males and females are as likely to present with Depressive symptoms	
9	Females are more likely than males to prioritize the needs of their families over their personal needs	
10	Females are more likely than males to express their distress (related to crises) to service providers	

15) **<u>Optional</u> Gender Section**

The following statements are those for which there was no clear consensus among panelists, or in which panelists disagreed with the statement. Although this is not central to our model development process it raises many interesting questions we would like to understand better. If you have some extra time to respond to these questions, we would appreciate you doing so.

Please explain your position on each statement so we can better understand why there was non-consensus or disagreement for each issue.

	Gender Issue	**Your position**	**Other panelists' position**	**Comments**
1	Males are more likely than females to present with despondency and hopelessness		37.5 disagreed or strongly disagreed 31.25 agreed or strongly agreed	
2	Males are more likely than females to feel as though their 'sense of self' has been damaged following a torture experience		31.25 disagreed or strongly disagreed 37.5 agreed or strongly agreed	
3	The main cause of Depression in females is the fact that they prioritize the family's needs over their own recovery from trauma		43.75 disagreed or strongly disagreed 50 agreed or strongly agreed	
4	Males are more likely than females to report medical problems, including somatisation		68.75 disagreed or strongly disagreed 12.5 agreed or strongly agreed	

	Gender Issue	Your position	Other panelists' position	Comments
5	Females are more likely than males to report issues of isolation to service providers		37.5 disagreed or strongly disagreed 43.75 agreed or strongly agreed	
6	Females are significantly more symptomatic than males (for e.g. anxiety, PTSD, and functional impairment are more prominent in females)		43.75 disagreed or strongly disagreed 31.25 agreed or strongly agreed	
7	Female rape survivors suffer from more severe forms of social stigma than male rape survivors		37.5 disagreed or strongly disagreed 31.25 agreed or strongly agreed	

Thank you for your participation.

Certification of Corrections

I, the undersigned, as supervisor hereby certify that

RACHEL GOODMAN GDMRAC001

[STUDENT'S NAME & NUMBER]

has completed the corrections to his/her Masters dissertation to my satisfaction and as required by the Masters Dissertation Examinations Committee.

SUPERVISOR	SIGNATURE	DATE
Hugo van der Merwe		20 Nov 2014

Chair - MDEC	SIGNATURE	DATE
Professor B Weiss		