**Identifying, documenting, investigation and prosecuting crimes of sexual torture committed during war and armed conflicts, and rehabilitation for victims and survivors.**

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| **Challenges, impediments and obstacles to effective identification, documentation, investigation and prosecution of crimes of sexual torture and related ill-treatment:**  What are the main impediments preventing full and prompt investigations and prosecutions into allegations of sexual torture and related crimes committed during an armed conflict – consider matters such as gaps in civil or military legal and regulatory frameworks (see next), political-cultural-leadership, institutional, sociological, psychological, practical, forensic, health or other challenges?  What are some examples of the strategies or good practices for addressing these challenges? |  |
| **Regulatory frameworks – civilian and military codes:**  Does the national legislative or regulatory framework account for sexual torture inflicted during armed conflict?  *Sub-questions*: How is torture of a sexual nature (and related forms of cruel, inhuman or degrading treatment or punishment, as applicable) prohibited and criminalized in national legislation? *Please refer to both general criminal code, as well as any applicable military laws.*  Is “sexual torture” defined explicitly in national law? If so, is it a separate offence, or has your national law defined ‘discrimination’ as contained in the definition of torture in Article 1 of the UN Convention against Torture?  If there is no explicit crime of sexual torture, does the general crime of torture include the sexualized nature of the torture as an aggravating factor that may increase any criminal penalties? Does the law incorporate any other approaches that specifically address the sexualized nature of the crime?  Please provide examples (and copies) of national laws, or leading judgments, that criminalize sexual torture (and related forms of cruel, inhuman or degrading treatment or punishment, as applicable), and the penalties applied. | Yes. Norway has several criminal provisions that apply to and account for sexual torture during armed conflict.  *Firstly*, the [Norwegian Criminal Code Chapter 26](https://lovdata.no/dokument/NLE/lov/2005-05-20-28/*#&) has several general provisions concerning rape and other sexual offences, which also apply to sexual torture inflicted during an armed conflict. If a sexual offence has elements of torture or similar aggravating elements, the punishment is often more severe than it would be otherwise. For example, if an act of rape has been conducted in a particular painful or offensive manner, or the aggrieved person has died or suffered considerable harm to his/her body or health, the act is considered an aggravated sexual assault. The punishment for such acts is prison up to 21 years (“normal” rape, without such aggravating factors, is punishable by prison up to 10 years). In addition, sexual torture may also be punishable as a violent offence or as an offence against someone’s personal freedom and peace (threats etc.), see Chapter 25 and 24 in the Criminal Code.  *Secondly*, the [Norwegian Criminal Code Chapter 16](https://lovdata.no/dokument/NLE/lov/2005-05-20-28/*#&) contains specific provisions regarding genocide, crimes against humanity and war crimes. These provisions are to a large extent based on the Rome Statute of the International Criminal Court (ICC).  Pursuant to Chapter 16 section 102, a person who as part of a broad or systematic attack on a civilian population subjects a person to inter alia rape, sexual slavery, forced prostitution, forced pregnancy, forced sterilisation or other similarly aggravated forms of sexual violence, is liable to punishment for *crimes against humanity*. Sexual offences may also be considered *war crimes*. According to section 103 a person who in connection with an armed conflict subjects a protected person to inter alia rape, sexual slavery, forced prostitution, forced pregnancy, forced sterilisation or other similarly aggravated forms of sexual violence, is liable to punishment for a war crime.  The penalty for war crimes and crimes against humanity etc. is prison up to 30 years. This is the maximum penalty in Norway.  “Sexual torture” is not defined explicitly in Norwegian criminal law. As outlined above, however, such acts are covered/considered criminal offences both by the general provisions in the Criminal Code regarding sexual and violent offences etc., and by the specific provisions on war crimes and crimes against humanity etc. If a sexual or violent offence is done in a particular painful, offensive or degrading manner etc. – which is likely to be the case in cases of sexual torture – the perpetrator is faced with a more severe punishment.  Material:   * [The Norwegian Criminal Code (in English)](https://lovdata.no/dokument/NLE/lov/2005-05-20-28/*#&) |
| **Victim participation and protection during investigation and prosecution:**  What special arrangements (procedures, standards, protocols, good practices) and protections are available for victims of sexual torture and related ill-treatment in armed conflicts?  Are there any consultation and/or discussion platforms to enable victims and survivors of sexual torture crimes committed in armed conflicts to actively participate in the design, implementation and evaluation of the legal and/or administrative processes specifically established for justice and reparations of such crimes? | There are no “special” arrangements and protections in Norway that only apply to victims of sexual torture and related ill-treatment in armed conflict. The interests and protection of such victims during the investigation and prosecution are taken care of and regulated by the same general rules and practices that apply to other victims of criminal offences. Victims of sexual crimes may for example have the right to economical compensation from the state and free assistance from a lawyer (“bistandsadvokat”) who looks after the victim’s interests in the case, for example in connection with a claim for compensation from the perpetrator. Furthermore, if the victim is in any kind of danger, different measures can be implemented, for example witness protection programs or anonymous testimony.  We are not aware of any special “consultation or discussion platforms” etc. for victims of sexual torture. Victims of sexual torture etc. may participate in public hearings concerning justice and reparations for such crimes in the same way as everyone else. |
| **Evidence collection and documentation pursuant to the Istanbul Protocol:** What are the practical, logistical or other challenges in evidence collection of sexual torture in armed conflict? What good practices are used to address such challenges?  Please provide examples of the specialized policies, protocols and practices used to identify, document and secure evidence collection in respect of crimes of sexual torture in armed conflict and related ill-treatment and the damages caused to individuals, families, and communities.  Please provide information on any specialist skills sets or interviewing techniques applied.  Has your country recognised the Istanbul Protocol? Have your authorities identified any specific challenges with applying the Istanbul Protocol to victims and survivors of sexual torture or related ill-treatment? What are some of their best practices in implementing the Istanbul Protocol to victims and survivors of sexual torture? | Cf. CAT/C/NOR/9 (copied in for easy access)  65. UDI (Directorate of Immigration) has developed a set of *Action Cards*, which are designed to aid staff in identifying vulnerable applicants and allocating the appropriate assistance/guidance. This includes Action Cards for identifying victims or potential victims of forced marriage, human trafficking and female genital mutilation. There is also a general Action Card for physical and mental illness. To identify vulnerability during the asylum interview, all applicants receive information and questions to promote self-identification. At the beginning of an interview, the applicant is asked if s/he has any specific needs that should be considered during the interview. The applicant is also asked if s/he has physical or mental health problems, and s/he is informed of the right to medical care. In addition, the applicant is informed that persons who are in a difficult situation in Norway can receive help. For example, if s/he has been, or may be, exposed to serious abuse, violence or threats, s/he may be provided with a safe place to live and receive help. The applicant is asked directly if s/he requires emergency assistance or if s/he wants to receive more information about the available support services.  66.       There are specific procedures for cases where an interviewer identifies potential indicators of human trafficking, domestic violence, forced marriage or female genital mutilation. In such cases, the interviewer will adjust the interview and questioning strategies according to the needs of the applicant and offer additional information, inter alia, regarding the possibility of follow-up assistance and legal assistance. There is also a possibility of conducting the interview using a case officer with adequate expertise on the topic or with training on handling such interviews, as well as to extend the time needed for conducting the interview or/and take frequent breaks.  67.       UDI has also developed guidelines for identification and follow-up of vulnerable residents in asylum reception centres, with Action Cards for child marriage, domestic violence and human trafficking. The Action Cards provide guidance regarding indicators for the various vulnerable groups and how to best follow up any special needs, including legal assistance and medical care. They also include the information to be provided to the asylum seeker regarding their rights and where they can seek further assistance, for example, phone numbers to non-governmental support organisations. There is no immediate referral to services that can address their psychological and other needs. The applicant is, however, informed of the right to medical treatment according to national law.  68.       The identification procedure does not, in the first instance, include an expert assessment based on the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol).  69.       HDIR’s guide on health services for asylum seekers, refugees and reunited families (IS-1022) recommends that persons with special needs, such as pregnant women, persons with disabilities, persons with symptoms of disease and others in at-risk groups, should be ensured necessary assistance as early as possible following arrival in Norway. The guide also contains recommendations relating to persons who have been traumatised or tortured or who have war-related injuries. Health professionals are required to be familiar with symptoms of torture, diagnostics, treatment and follow-up in compliance with the Istanbul Protocol. Health professionals are also required to consider whether an evaluation by specialists, such as a forensic clinician, psychologist, psychiatrist or gynaecologist, will form a necessary component of an effective investigation and documentation. The investigation and documentation of injuries resulting from torture must culminate in an expert report based on the Istanbul Protocol.  70.       HDIR’s guide further recommends that asylum seekers, refugees and reunited families be offered medical examinations three months after arrival in Norway. The Directorate has developed a questionnaire to be used during the examination. The questionnaire contains specific questions about torture, as well as more indirect questions about physical and psychological symptoms. If the examination indicates mental illness, the person is to be referred to a physician for further examination, or, in more severe cases, directly to mental health care services.  71.       The guide also provides a toolbox for health professionals to identify victims of trafficking. Currently, there are no specific rules regarding healthcare for such victims. The extent of the right to healthcare depends on factors such as the person’s residency status in Norway, the length of their (legal) stay, membership in the Norwegian National Insurance Scheme, agreements with other countries etc. Therefore, not every victim of trafficking is entitled to healthcare to the same extent as residents and members of the National Insurance Scheme, even if they have applied for or have been granted a reflection period (a six-month residence permit for possible victims of human trafficking).  72.       Considering that victims of trafficking are in an especially vulnerable situation, the Government will assess the question of offering healthcare in additional situations to victims who do not have full rights to healthcare under the current rules. |
| **Rehabilitation:** What specialist rehabilitation approaches and services are provided to victims, witnesses, families and communities that have been impacted by sexual torture and related ill-treatment in armed conflict? How do these differ from other rehabilitation support provided to victims of torture?  How do they differ from rehabilitation provided in non-armed conflict situations?  How should the nature or process of rehabilitation be tailored to different groups of victims (e.g. take into account intersecting characteristics as sex/gender, age, other health circumstances, civilian versus military victims, etc.), or the types of sexual torture suffered during armed conflict?  How do these relate to the provision of other forms of reparation (compensation, restitution, satisfaction, and non-repetition)? | See above |
| **Other**: |  |