Unsilencing Sexual Torture: Responses to Refugees and Asylum Seekers in Denmark

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Introduction

In 2004, Green and Ward pointed out that ‘criminology has largely ignored the crime of torture’ (2004: 125; see also Stanley, 2008). The years following 9/11 included profound developments in the study of torture, namely in response to intensifications in torture debates related to the so-called ‘war on terror’, and in the use of ‘clean’ torture (see Kelly, 2012; Rejali, 2007). Simultaneously, interests have grown in the field of Border Criminologies, especially in the treatment of people seeking asylum in countries that increasingly respond with forms of securitisation, rather than humanitarianism (Aliverti, 2012; Bosworth, 2014; Stumpf, 2006).

This article draws these two related subjects together to focus on the ways in which states and organisations recognise and respond to people seeking asylum who have been subjected to torture, and specifically sexual torture. Developing on from research in the UK, this looks at the Danish context as a case study. It highlights three key points. The first is that narrow legislative definitions of torture (such as the UN Convention, a mandate which many governmental and non-governmental organisations work to) do not necessarily incorporate gendered understandings of the forms of torture or sexually torturous violence that women are often subjected to. This, I argue, has the capacity to lend to the social silencing of sexual torture. The second point is to outline the limitations in state responses to survivors of torture generally, and sexual torture specifically. This section argues that the nature of asylum – a kind of legal and temporal limbo – restricts support and has potential to facilitate the compounding of torture-related harms and traumata. Lastly, it draws these two points together to highlight the ways in which sexual torture is socially and politically silenced by both states and organisations working to narrow definitions of torture.

Objectives, Methodology and Context

The points addressed in this article are based on a postdoctoral project focusing on sexual violence support for sexually tortured refugees and asylum seekers in Denmark, specifically in the Capital Region (Hovestaden) and North Zealand (Nordsjælland). This qualitative study included in-depth semi-structured interviews with 19 practitioners, including psychologists, legal advisors, psychotraumatologists and sexual violence counsellors. All worked in supporting refugees and/or asylum seekers who identify as survivors of torture. Purposive sampling was undertaken through contact with one primary organisation which facilitated further inclusion of participants from three more organisations working in similar areas, including asylum detention, case work, and post-conflict sexual violence counselling. All participants worked in Denmark at the time of study, although 11 respondents had previous experience of supporting survivors of torture in conflict or post-conflict settings. Seven were contemporarily engaged in fieldwork and research themselves. General interview inquiry themes centred on definitions of sexual torture; impacts of torture and sexual torture; social, legal and psychological responses to torture; and in addressing gaps or problems in responses (both organisationally and in terms of the Danish state’s role in providing protection for asylum seekers and refugees).

Earlier empirical research with women seeking asylum in the UK (specifically the North West of England) drew attention to gendered gaps in sexual violence and torture support (see Canning, 2011a; 2011b; 2014a; 2014b). One element of the previous research was to consider the remit within which practitioners worked in relation to the support or services they provided. Many

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1 The term ‘Border Criminologies’ is the name of a research department directed by Mary Bosworth at Oxford University, however it is now commonly used as an umbrella term for criminological studies into border controls and the treatment of migrants more broadly.

2 For the purposes of this article, ‘sexually torturous violence’ refers to sexual violence that is torturous in nature in relation to its degradative objectives and effects, but does not fall under the UN Convention’s definition in relation to either state accountability or obtaining information.
positive aspects were evident, particularly that a number of organisations facilitated services that were funded to provide highly specified support. Examples included the provision of medico-legal documentation for torture survivors; emotional support and counselling for HIV positive survivors of sexual violence; and social support for pregnant women and mothers who did not fit each organisations’ funding stipulations or agenda. Gaps thus existed for women who did not ‘tick the box’ in terms of their intersectional identities, personal histories or, in some cases, the region that they now resided.

This project in some way builds on the issues identified in previous research. It primarily seeks to examine ideological gaps in legislative, state and organisational recognitions of sexual violence as torture. The key objectives are to examine limitations in legal understandings of torture, and to consider if and how narrow recognitions of torture, as defined in the UN Convention, facilitate gaps in individual and organisational consciousness relating to sexual violence against women as a form of torture. Although the voices of women survivors of sexual violence and torture have been central to my earlier research, this project has not directly consulted with women seeking asylum in Denmark. While this is the next step to the broader objectives of the research agenda, the length and scale of this project did not permit for the necessary time to build trust with women in order to adequately and appropriately engage in research (Skinner et al, 2005). Furthermore, and akin to previous discussions on gatekeeping (Canning, 2011a), whilst I was able to meet some women, access to interviews for this research was not granted by the organisations involved who, understandably, did not consider the length or scope of the study to be appropriate given time constraints. This article therefore focuses on socio-structural perspectives of sexual torture, and considers the potential for gaps in support from a practitioner perspective. As a preliminary study, this project therefore does not attempt to draw blanket or definitive conclusions, but to reopen discussion on state, organisational and criminological understandings of sexual torture.

Torture and Borders in Criminology

As mentioned above, research around migration has expanded significantly within the social sciences. Simultaneously, other areas of study have gone some way towards filling gaps in knowledge in the areas of torture, violence and trauma rehabilitation and support, particularly from practitioners working with women in the field of asylum and refugee support (see Arcel, 2003; Asylum Aid, 2011; Freedom from Torture, 2009; Girma et al, 2014; Herlihy et al., 2004; Kastrup and Arcel, 2004; Kinzie, 2011; Montgomery and Foldsprang, 2005; 2008). Nevertheless, there remain voids in criminological discussion and understandings of torture, and specifically sexual torture, in relation to people awaiting asylum.

A number of conventions are pertinent to discussing torture. The United Nations Convention against Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment (1984) is most commonly recognised as the international backbone to understanding what is meant by the term ‘torture’. According to the Convention, torture is:

‘any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.'
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capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.’

(UN Convention, Article 1, 1984, own emphasis added on gendered terms).

That said, there is not always agreement on the ground on what constitutes torture, especially in terms of recognising women’s experiences of violence and terror outside of state mandates, which definitions of torture – like that above - usually rely upon (Green and Ward, 2004; Kelly, 2012; Mackinnon, 2006; UN Convention Against Torture, 1984). For example, whether sexual violence should be seen as a form of torture generally - in view of its impacts, potential for pain infliction, and inherent capacity to degrade and humiliate tends to be contested. For example, the UN Convention’s emphasis on the involvement of a state official is often central to definitions and understanding, as it offers up the classification of state crime (Green and Ward, ibid), an issue particularly pertinent to critical criminology in terms of advocating accountability for crimes committed by the powerful. However, feminists such as Arcel (2004), Copelon (2004), and Mackinnon (2006) emphasise the physical and psychological pain inflicted, as well as the emotional and psychosocial impacts of sexual violence, pointing to the relatively commonplace violence women are disproportionately subjected to by men in the form of rape and sexual abuse. Torture, as it stands in the UN Convention, arguably does not adequately recognise or represent women’s experiences of sexual violence paramount to torturous violence (Copelon, 2004; Mackinnon, 2006; Smith, 2004a).

Some regional conventions do offer broader definitions, such as Article 2 of the Inter-American Convention to Prevent and Punish Torture, and Article 3 of the European Convention on Human Rights (see Smith, 2004b for a fuller discussion). However, the UN Convention will be a central focus of this article since the organisations involved in this research used it as their primary mandate, although as we will see, not always uncritically.

Outlining the Contemporary Landscape of Immigration in Denmark

For this project, Denmark was chosen as a case study for three reasons. Firstly, it is an optimum base for exploring torture support since a number of key organisations are based there, including the International Rehabilitation Council for Torture Victims and the Danish Institute Against Torture, which holds the world’s most extensive collection of published torture documents (World Without Torture, 2014). Secondly, the broader project aims to develop a form of comparison between Danish and British responses to survivors of conflict related violence and torture (Canning, forthcoming). This is pertinent to exploring the issues around Nordic Exceptionalism (Loftsdiottir and Jensen, 2012; Ugelvik and Dullum, 2012), facilitating an exploratory challenge to the perception of Denmark - like other Scandinavian countries - as somewhat progressive in rights based approaches, in this case toward asylum seekers. Thirdly, Denmark itself has seen significant changes in migration patterns (UNHCR, 2012) and its internal political landscape, most recently marked by the shift back to a Centre-Right government in 2015, the campaign for which focussed predominantly on immigration controls and welfare (Zawadzki, 2015). The timing of this research is therefore optimal: asylum and refugee support is likely to be in increasing demand, due to influxes in applicants, at a time when the political landscape places more restrictions on applicants’ welfare.

As with all signatories of the 1951 Refugee Convention, asylum can be sought in Denmark if the person is unable or unwilling to return to their country of origin due to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group, or

4 For example, it is worth noting that the Vestre-led government aim to introduce new measures to cut asylum welfare, or ‘integration benefits’, by around half by September 2015 as a means to ‘tightly up so we can get to grips with the asylum stream to Denmark’ (Inger Støjberg, quoted in Copenhagen Post, 2015).
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denotable political opinion (Refugee Convention, 1951). Denmark received 7557 asylum applications in 2013, a figure which doubled for the same period in 2014, reaching a total of 14,815 (The Local, 2015). Countries that asylum seekers have fled are predominately identifiable as presently or recently being in states of conflict or subject to state crimes through oppressive and potentially torturous regimes, such as Somalia, Afghanistan, Syria and Iran (UNHCR, 2012).

Unlike the process in the United Kingdom (see Canning, 2014a), asylum seekers can apply for protection in person at a police station (including the station in Copenhagen airport); in writing to the Danish Immigration Service or police; or at the main asylum accommodation, reception and departure facility, Center Sandholm. Although it serves multiple functions, the Center is effectively the closest equivalent to British Immigration Removal Centres (IRCs). It does not restrict most of those residing there with the same level of controls as its British counterparts. The key differences are that some applicants live there from their time of entry until the decision is made due to its role as a reception facility, and that most have freedom to leave the facility with the exception of those held in the centre’s prison (see Canning, 2013; Danish Refugee Council, n.d.). However, according to the Global Detention Project, ‘Denmark detains few people; however, independent observers have criticized the prison-like conditions of the country’s sole dedicated immigration detention facility and its policy of indefinite detention’ (2010, no page).

Although usually seen as less problematic than asylum systems in other European regions (such as England, France or Italy) in relation to criminalisation and detention, it is worth noting that aspects of the asylum process in Denmark are peppered with critique from academic commentators and activists. For example, the way in which ‘credibility’ is determined has been problematized as narrow and inconsistent with limited recognition of torture survivors’ potential issues with memory, recollection or indeed the toll that life in detention can take on these faculties (Masmas et al, 2008; Montgomery and Foldsprang, 2005). Morville et al (2014) point out that healthcare is limited beyond acute medical needs, and that on top of often traumatic circumstances, asylum seekers face problems that the general population do not. This includes ‘constraints on access to work, education and private accommodation’ (2011: 49-50).

Discussion Point 1: Gendering the Parameters of Torture

As outlined earlier, defining torture can be contentious. To gauge perceptions, participants in this research were asked to outline the forms of torture that the asylum seekers and/or refugees they supported had commonly presented as having experienced. Respondents reported a wide range of abuses, some definable as torture by UN Convention, others as Cruel and Inhuman Treatment (1984). Many had supported survivors of multiple abuses. These included: prolonged noise exposure; electric shocks; mock executions; hooding; hanging and so-called ‘Palestinian hanging’ (hands or wrists tied behind back and body then suspended); enforced labour; drilling (mostly of the knees, similar to torture undertaken by paramilitary groups during the ‘Troubles’ in Northern Ireland); acid attacks; cigarette burning of the eyes; isolation in darkness; forcing victims to inhale acidic fumes; retractions and suspension; whipping; beating; various deprivations; forced prolonged standing; waterboarding; falanga or
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falaka (beating of the soles of the feet). These are consistent with wider analyses of torture methods (Rejali, 2007).

One form of torture that respondents identified as widespread across most areas was sexual violence as torture as defined by the UN Convention (in terms of state accountability and torturous intent), and rape generally. To quote one respondent, ‘every culture has different ways of torturing people, but rape is something that goes through all cultures’ (R1). Whether rape in inherently perceived as torture is debated – for feminists such as Mackinnon (2006), rape is in and of itself torturous, whilst for criminologists such as Green and Ward (2004), centrality of defining rape as torture lies in state participation or culpability. For some of the practitioners who had counselled survivors of rape in any capacity, sexual violence was fundamentally seen as torture because of the levels of pain and humiliation inflicted on survivors, as well as any resultant traumata. This was seen to be the case in relation to publicly political realms, such as prisons, but also the domestic sphere and outside of typical conflict or persecutory violence, especially violence by partners or other family (see also Herman, 1992). Alluding to the extent of the problem of sexual torture in prisons, R5 claimed that ‘I’ve never met a woman who has been imprisoned anywhere in the world that hasn’t been raped’. This particular claim resonates with a participant from a research project in the UK (Canning, 2011b). Although not referring specifically to imprisonment, one psychologist, who had worked with refugees for 18 years, argued ‘I’ve never worked with a woman who hasn’t been raped. I’ve never worked with a woman who has been tortured who hasn’t been raped’, indicating the extent to which women who are tortured are also sexually tortured as part of the process of humiliation and degradation (Clarke, 2004; Freedom from Torture, 2009).

A key gendered disparity can be the timing of sexual abuse. For men, nine respondents reported that sexual torture was perpetrated early in the process, such as during arrest or the first few days of detention, when interrogation and dehumanisation is integral (SVRI, n.d.; Sivakumaran, 2005). For women, however, sexual torture took place in prisons, camps, the home, and in slavery imprisonment, where state or paramilitary actors committed the abuse but not necessarily with the intention of interrogation for information. Respondents reported working with survivors of forced bestiality, rape in prisons, multiple perpetrator rape, rape with an audience, forcing to watch a family member being raped, rape with objects, including rape with bottle tops (reported in this study predominantly for male rape, especially in prisons – see also Peel et al., 2000).

As outlined earlier, the public nature of torture is central to the UN Conventions’ definition (Stanley, 2008). Sexual violence against either women or men may be legally definable as torture if a public official is directly or indirectly involved; if it inflicts a severe level of pain (which is difficult to determine); and is inflicted with the intent to gain information or a confession, coerce, intimidate, discriminate or punish. Thus according to most respondents, where legally recognised sexual torture had occurred, perpetrators were usually police officers or state agents who held women in custody or their own homes whilst making political arrests, and prison guards when women or men were held in detention:

R12: ‘it is always the police and the secret service, they're the ones who are the perpetrators... The state is the perpetrator. It cannot be your father, your brother inducing torture'.

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5 Participants are identified anonymously as ‘Respondent’ or ‘R’, for example R1; R13 and so on.
R14: 'Well it depends on who commits it. I mean the UN Convention on Torture, it would be a state official that conducts this... [for example] domestic violence is going on all over the place and the state are not held responsible, so it has to be within the custody of the state'.

The view that sexual torture could only be perpetrated by state actors, or due to negligence in a state facility, was upheld by most respondents. This was only contradicted by four interviewees (three psychologists and one psychotraumatologist) who saw this as limiting in terms of who can or should be afforded refugee status, and who could gain access to torture support. For example, in discussing sexual violence more broadly, R1 (a psychotraumatologist and self-defined feminist) argued:

'It is a political torture. The definition of torture is the infliction of pain and humiliation to another person by a human being. Then it is within the definition of torture. I would go further and say that paedophilia and incest in the family is torture.'

Similarly, R2 and R5 addressed the domesticity of sexual torture in a way that resonates with feminist arguments, such as Judith Herman’s interpretation of gendered terror (1992):

R2: ‘rapes are not casual. They are always tied to the political’;

R5: 'Women from Afghanistan, most had been sexually tortured, but that was from their husbands... it can look like a personal problem, but it is also a structural problem'.

Thus rape is seen as politicised, bound with the intricacies of gendered inequalities – in that most sexual violence is perpetrated by men against women - and that violence is facilitated by power, and the lack thereof. In some ways, this also relates to more recent arguments regarding the banality of torture in people’s lives. Tobias Kelly and Steffen Jensen have argued in relation to Nepal, Kenya and Bangladesh, the most common forms of torturous violence that people face are not in torture dungeons or in prisons, but as part as a means to control and terrorise populations in everyday life (Kelly and Jensen, 2015). As R4 – a psychologist and researcher – points out:

'There does seem to be a lot happening when it comes to conflict and war, but when it comes to daily policing and standard operation procedures in terms of torturing people, taking advantage, forcing confessions, forcing advantages, all these things in the daily life is not really focussed on'.

Although not explicitly identifying the gendered nature of the argument I aim to make in this article, these points mirror feminist arguments in terms of developing the recognition of everyday violence as part of a continuum (Kelly, 1988). Drawing back to critical scholarship and activism, it is worth reflecting on Elisabeth Stanley’s point that, 'Criminologists must become minded of the ways in which victims suffer a continuum of violations, across time, at the hands of diverse actors who support, organise and inflict them' (Stanley, 2007: 190).

**Moving from Intent to Effect?**

These understandings give some insight into the disparity in interpretation of the definition of torture. The difference in focus – one on the legal and one on the broader landscape of gendered politics – alludes to the disciplinary distinctions inherent in how sexual torture is viewed and defined. If we shift slightly from both of these aspects, to focus on the impacts of torture, we
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perhaps have further scope to consider the experiences of refugee women who have been subjected to sexual abuse, in this case during incarceration:

R4: Women sexually abused during incarceration... it can be [for] humiliation, degradation, pregnancy - but not all these come under definition of torture. Yet the impacts are profound [own emphasis added].

Indeed, the impacts of torture and sexual torture can span whole trajectories of individuals' lives (Herman, 1992; Kastrup and Arcel, 2004) with scope for affecting relationships within families or partnerships over time. This is a significant point when considering that one of the organisations involved in this study had a high number of refugees who had long been settled in Denmark. Clients seeking trauma counselling and psychotherapy included survivors of the second Iraq war, as well as more recently settled refugees. Participants from two organisations who worked only with refugees (rather than asylum seekers) were experiencing increases in the uptake of psychological support and counselling from women who had been subjected to rape and sexual abuse during the Bosnian War, which was officially declared to be at an end 18 years prior to this research.

As Green and Ward similarly elucidate, torture does not necessarily end with release:

The extent of port-torture suffering is extensive and involves somatic sequela (gastrointestinal disorders, rectal lesions and sphincter abnormalities, dermatological disorders, organic brain damage, cardiovascular disorders, difficulties in walking etc.); psychological sequela (anxiety, depression, psychosis, lethargy, insomnia, nightmares, memory and concentration impairment, hallucinations, sexual problems, alcohol intolerance etc.) and social consequences of the somatic and psychological sequela (inability to work, impairment of social personality, negative self-image, inability to relax, inability to relate positively with family members etc.)’

(Green and Ward, 2004: 139).

Thus in shifting from action and intent to psychological, physical and social impacts, we are perhaps better placed to recognise refugee women's subjections to sexual torture. Women and men who are subjected to sexual violence in any capacity can be affected in a multitude of ways - there is no narrowly prescribed reaction. Some individuals may consider themselves as survivors or victims, and some may feel they can 'cope'6 while others struggle for long periods of time to recover, if they ever fully do (Herman, 1992). This can be the case for survivors of one instance of abuse or many and therefore, from a feminist perspective at least, it is not necessarily helpful to create hierarchies of seriousness, but rather see such violence as a continuum (Kelly, 1988). In looking to 'treatment' or support for survivors of conflict related violence and torture however, practitioners and organisations may adopt strategies based on levels of torture-related trauma. In describing her theory of 'complex Post-Traumatic Stress Disorder', Judith Herman highlights that 'prolonged, repeated trauma' (1992: 119) can have multiple impacts that are 'best understood as a spectrum of conditions' (ibid). Arcel argues that 'war-based trauma is one of the most complex traumas if not the most complex because of the many potential traumatising events experienced by the individual before' (2003: 20). In reference to sexual violence, R1 similarly stated that, ‘therapeutically I would say that men and women who have been raped are the most difficult to help in treatment’.

Looking at this from a gendered perspective, Kastrup and Arcel highlight that polytraumatisation may be more common amongst women refugees since 'many women have been subjected to numerous human rights abuses and traumatic experiences' (2004: 554) as

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6 I use the term 'cope' here to suggest survival, but do not include it uncritically or without acknowledgement to resistance and survival more broadly. For further discussion, see Jefferson (2014).
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well as the possibility of trajectories of abuse in domestic spheres and as part of structural gendered violence. In alluding to ‘human rights abuses’ the definitional grey area of torture per se is avoided, instead emphasising that women may be subjected to forms of violence prior to, or indeed after, sexual violence or torture as defined in the UN Convention.

Discussion Point 2: Addressing Differential Considerations for Asylum Seekers and Refugees

Having considered forms and definitions of torture, it is worth moving to recognition and support for survivors of torture and sexual torture. Similar to previous findings in the UK (Canning, 2011a; 2011b; 2014a), a clear distinction can be made between supporting asylum seekers who were awaiting a decision from the state on their legal status and those who had already gained refugee status and were living as legal subjects. For example, one organisation which provided psychological support and counselling to women, men and children living in Denmark only worked with refugee groups for reasons relating to permanency and people's capacity to ‘move on’ once they had more security. People seeking asylum were seen to be in a kind of temporal limbo, with little autonomy over their future or their current economic or social situation, while simultaneously having to work through legal, language and housing limitations based on their precarious or undefined status. In probing this, the following conversation sheds light on the problems inherent amongst different legally defined groups:

VC: ‘What are the differences in trying to support asylum seekers in comparison to supporting refugees?’

R8: ‘The main thing is that they are not secure, they don’t have a secure place. So much of their daily worry is attached to whether they can stay or not, so there is very little room for working on trauma or working on other problems because this is the main problem. Can we stay here or can we not.’

VC: ‘Does that have any particular impacts?’

R8: ‘Oh yeah, huge impacts. It’s very difficult to do things about mental health problems in that circumstance. You need to establish some kind of secure place before you can deal with certain kinds of problems. So it becomes more kind of supportive help rather than working through trauma. And that’s the reason why we don’t work with asylum seekers’.

The importance of creating a safe space for survivors of trauma, torture and sexual abuse is well established in psychosocial and feminist literatures (Canning, 2014a; Kelly, 1988; Patel and Mahtani, 2004: 33; Peel, 2004; WRC, 2010). Herman argues, 'The first task of recovery [from traumatic experience] is to establish the survivor’s safety. This task takes precedence over all others, for no therapeutic work can possibly succeed if safety has not been adequately secured' (2010: 159). This should arguably be taken literally, in that space and time should be allocated to the development of rapport and trust with survivors seeking support, as well as structurally in that safety should be secured to avoid further future abuses or returning to harm. While the former can be problematic in terms of resources, the latter is inherently embedded in socio-political limitations for people seeking asylum. Lengthy asylum processes, indefinite detention in some areas, and the constant fear of forced deportation and repatriation are often at the forefront of asylum applicants’ consciousness. Space is neither figuratively or literally provided in terms of a guarantee of safety, affecting people’s temporality and capacity to deal with the past or plan for the future. This clearly differs for refugees, who may have permanent status or limited status. In
either case, they have acquired a trajectory that facilitates a vision of the future that those seeking asylum do not yet have.

This is not to say that support cannot or should not be undertaken at some level, but that there are significant barriers to be overcome. As discussed elsewhere, torture and sexual violence counselling and support is often extremely valuable for the women (and men, in appropriate settings) who receive it (Canning, 2014a; Sjölund et al, 2009; Westmarland and Alderson, 2013).

Key points to emphasise are that any counselling, rehabilitation efforts or support are not coerced, but voluntary; that safe space is provided; that appropriate interpreters are used in terms of gender, region and language considerations, and preferably not by phone; and that culturally appropriate approaches are embedded (Canning, ibid; DIGNITY, 2012). Time, however, remains problematic when the future is unknown. As a psychologist supporting detained refugees and asylum seekers highlighted, the statutory 10 psychology sessions granted in Denmark at the time of research were ‘not enough to unpack issues of trauma in any real or productive way’. However, she went on to argue that asylum seekers should not be completely excluded from support based on this:

R 5: ‘If you are an asylum seekers you don't know if you are going to be sent back to the people who raped you, so I found I could not work with exposure, but I could work with arousal, the level of stress [own emphasis added].’

Although not a solution for wider structural problems, this particular respondent's attempts included coffee meetings, trust building exercises, and providing a ‘quiet space’ for the survivor who can otherwise face the daily chaos of uncertainty of status. Thus, while the deeper issue of trauma or associated problems may not be fully addressed, managing stress-related anxieties was at least made possible. Morville et al (2014: 50) argue that ‘the right to rehabilitation should in principle be regarded as an obligation to rehabilitate torture survivors’, asylum seekers included. Of course, considering the limitations in time and available psychologists or counsellors highlighted by respondents, the term ‘in principle’ here can be rendered meaningless without resources. Nonetheless, this remains an important point for those working in torture and sexual torture support and in particular for states’ responding to those seeking freedom from persecution.

Compounding the Impacts of Torture and Sexual Torture?

This point brings us to consider state responses to refugee groups more broadly, and to asylum seekers specifically. A number of socio-structural problems were highlighted; some that were unique to the Danish asylum system, and others that were reflective of issues in other European countries, particularly in relation to political discourse, detention and potentially harmful policies and practices. Specifically, Danish policies around integration were deemed to be problematic in terms of accessing appropriate work (as will be discussed later). Beyond the broader temporal and rights based problems inherent in the politics of confinement, the use of old military barracks was highlighted on several occasions as being an unacceptable building to host a reception and accommodation centre (Center Sandholm). These prison-like surroundings, according to two respondents in particular, served only to remind clients that they were under state control, and induced memories of prisons for those who had been tortured in detention. The location of the centre also raised concerns for some participants working there. Although most residents were free to come and go, the remote surroundings (it is around 50 minutes outside of Copenhagen by public transport) and lack of funds to enable people to travel elsewhere seemingly left detainees isolated, bored and unhappy (see Canning, 2013). Gendered implications also arose from the use
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of space which, even in my own limited experience of being there, ultimately appeared to be male dominated.

Participants overall were generally critical of state approaches to people seeking asylum, specifically survivors of torture and sexual torture. Denmark's successive governments have in recent years placed previously unseen restrictions on immigrants in terms of work, family reunification and welfare and social support. Unsurprisingly (considering their line of work and experiences supporting torture survivors) respondents found this tightening of borders to be problematic, and the melding of criminal and migrant identities (Stumpf, 2006) to be equally so. For example, referring to political discourses of benefit fraud and demonization of asylum seekers, R16 (a refugee family therapist) commented, ‘a politician might say 'some people might abuse the system', but most people don't. We are not talking about a car, we are talking about humans!’ (see also Bauman, 1998; 2000).

More specific problems included seeing poverty and destitution as a serious barrier to health and wellbeing, and that this impacted further on symptoms of trauma. For asylum seekers who were tortured in any capacity, there are external limitations on planning and temporality that affect engagement with torture support, as discussed earlier. Poverty and poor housing conditions experienced by refugees exacerbated mental health problems due to increased stress. This was internalised by some as a key barrier to being able to do their own job as psychologists and psychotraumatologists effectively:

R10: 'The Danish state do [sic] not care. That is a total stressor for me.... How can we do therapy concentrated on that [torture] if the whole thing is, 'where am I going to sleep tonight'? If you don't know where you can sleep at night, even if you have horrible flashbacks, invading memories, you have very much pain, still survival is on your agenda and other things have to come later.'

As discussed elsewhere in the relation to the UK (Canning, 2014a), the plethora of social problems experienced by asylum seekers living in poverty thus arguably has the capacity to compound problems developed due to the impacts of trauma.

Along similar lines, and as is well documented, torture of any form can have significant long-term physical impacts such as whole body pain, as well as intense regional pains related to the form of torture that the person was subjected (DIGNITY, 2012). As with most physical problems, pain can be intensified if the region of the body is not provided the opportunity to heal, or indeed if it is repeatedly stimulated for example through the form of daily activity or work that a survivor undertakes. While this at first might seem like an exclusively physiological issue, deeper analysis draws some discussion that is of criminological and sociological concern. For example, Denmark's emphasis on integration effectively requires immigrants to be employed and self-dependent. Although not advocating a life of state dependency, in reality, survivors of torture or indeed other forms of violence or abuse may at times benefit emotional or even physical support to undertake otherwise regular tasks, although this should not be inherently deterministic (Wilson and Drozdek, 2004). Research into low-wage work in Denmark undertaken by Westergaard-Nielsen indicated that immigrants were more likely to be in low-wage employment than their Danish counterparts, and were more likely to stay in the low wage bracket (2008, see also Liebig, 2007). Since low-wage work often includes repetitive, menial and physically laborious work, there is scope to consider this as a contributor to poor health later on. Working as a refugee psychologist,
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R3 in particular commented that work in poorly paid jobs often included physical labour that was
detrimental to the improvement of chronic pain caused by torture:

'I have met many of these clients who have, for example, been exposed to a
Palestinian hanging. They have damages in the shoulders and chronic pain as a focus
there. And for this, certain economic conditions [such as repetitive work in
supermarkets, or labour such as cleaning] are not suitable... If you provoke pain too
much too often the pain increases [sensitisation]... It's not from one day to the next,
but over years the pain increases... A typical example is Falanga, which is a very wide
spread regional typical torture method in beating under the foot soles. And this
beating causes nerve damage, a type of nerve chronic pain, like phantom pain. And in
most cases it is modulated by strain. When you are standing or walking too long you
have this sensitisation problem. Pain signalling increases. And these people are sent
for eight hours a day to collect rubbish and paper in the parks, despite that they can
be well educated teachers – they should be able to find another job. But this work is
unsuitable. So I think the social context, the political context, plays a major role'.

Since the physical and psychological experiences of torture survivors do not reflect the
experiences of the wider population more generally, overlooking the potential for these impacts is
problematic. These are effectively based on a form of socio-economic inequality that is perhaps
not adequately addressed by the state, and whose own policies again have potential to actually
contribute in some ways to compounding trauma, rather than preventing further harm.

Although not unique to the Danish case, disbelief and credibility were noted as problem areas for
people seeking asylum. Lapses in memory and inconsistent story-telling can greatly affect the
claims of people seeking asylum, leading in many cases to refusal (Kelly, 2012). This is the case
even despite wider evidence that memory can be greatly affected in its linearity for survivors of
torture and sexual abuse, and that dissociation or repression can be both symptoms of trauma and
survival tactics for survivors of violence (Bögner, 2010; DIGNITY, 2012; Herman, 1992; Masmas et
al, 2008; Montgomery and Foldsprang, 2005). One respondent argued that 'People who have
trauma reactions can have empty spots in their memories, but that is not recognised,
if you tell different stories at different times it's seen as a clear sign you're not credible' (R8). Another
emphasised that, 'the problem with the Danish asylum system is that you have to tell one version
of your story. You have to tell it so the details are the same, and you have to tell it 4 or 5 times...
When you work with people in the asylum system, you know their memory is fucked up. They
can't remember if it was a blue car or a red car' (R5) (see also Herman, 1992: 1). This, on top of the
strategy to avoid discussing sexual violence altogether 'because it's so shameful' (R1) has serious
capacity to discredit asylum seekers claims, and overlooks the importance of social stigma and
shame often felt by survivors of sexual violence.

Discussion Point 3: Socio-Structural Denial and Self-Silencing

The latter point is of particular significance in the context of sexual torture. Green and Ward argue
that, although often undertaken as a way to press for information, torture serves to silence
through humiliation and degradation (2004; see also Kelly, 2012; Rejali, 2007; Scarry, 1988).
Interestingly, although this is recognised in such torture literatures, little emphasis is placed on
sexual torture and silence. This is despite the prolific evidence presented by feminists that
demonstrates sexual violence to be a tool to silence, and that is in and of itself socially silenced
(Ahrens, 2006; Canning, 2011a; Kelly, 1988; Jordan, 2012). Even in my own experience,
throughout the duration of this fieldwork I was regularly informed by participants and other
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members working in the centres I visited that this area was under-researched, and that little had been done even though survivors of sexual torture had been supported by staff. In a follow up meeting with one respondent, I was even informed that I had ‘ruffled feathers’ and created an ‘air of suspicion’ for asking questions related to sexual violence generally, and sexual torture specifically - a further indication of its socio-political sensitivity, even amongst those who challenge some of the most silenced forms of violence.

As R3 highlighted earlier, the view that sexual violence is ‘one of many traumas’ is perhaps understandable as a result of the numerous tortures that refugee populations seeking trauma support in Denmark may have been subjected to, as participants highlighted earlier. Yet the context of sexually torturous violence, which is shrouded in stigma and silence (Ahrens, 2006; Canning, 2011b; 2014a; Jordan, 2012) and can lead to outright exclusion for some survivors. That is not to say that other forms of torture do not induce humiliation, but that this is not often as taboo or stigmatised as sexual violence generally or sexual torture specifically, including for sexually tortured men seeking asylum.

In relation to the points outlined in this article7, the issue in silence is threefold: silence amongst survivors of sexual violence and sexual torture who do not disclose their experiences due to shame and stigma; silence amongst organisations who may consider the topic to be too complex or sensitive to address with survivors; and the silence that is inherent in society's unwillingness or denial (Cohen, 2004) in accepting or even considering that people may have been subjected to such atrocities. Whilst the first and last of these problems is arguably reflected in gaps in criminological approaches to sexual torture, including critical criminology, the middle is echoed in respondent sentiments:

R2: ‘Many people, even in Denmark, who treat refugees are very reluctant to take the issue of sexual violence up and discuss it’;

R3: ‘Sexual problems are never mentioned’;

R9: ‘The kind of violence that women are exposed to is clearly sexual violence, but they do prefer not to talk about it.’

This draws the conclusion that sexual torture remains under-focussed, potentially creating gaps in response. This is at least in part due to social, psychological and even criminological silencing of sexual torture itself, even within torture discourses more broadly. Yet as women well know, perhaps the least visible abuse that is most difficult to evidence is sexual violence. With the exception of additional bodily tortures, rape and sexual abuse are seldom identifiable, partially due to the physical implications of ‘proving’ rape, but also inherently due to the silence and stigma that it is shrouded in which leaves women reluctant to speak but, just as problematic, practitioners, researchers and academic unwilling to ask. As Tobias Kelly argues, there is a ‘problem of recognition’ in relation to torture, and that this is, ‘not caused by the inability of the survivor to communicate... The issue is, instead, one of our ability to listen’ (2012: 4). In terms of sexual torture, responses are arguably impeded by legal definitions of torture which render women’s experiences of torturous sexual violence (outside of the remit of direct state responsibility) as invisible. Considering then that such definitions, namely the UN Convention, dictate the remit of some organisations working with survivors of torture, sexual abuse which mirrors torture in terms of pain and violence is not necessarily a primary focus unless perpetrated

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7 As discussed in the methodology section, this study was restricted in its capacity to include participants who identified as survivors of sexual torture. From my own perspective, this is in and of itself a separate example of structural silencing. As such, there is further scope to address women’s own experiences of sexual torture and silence in this context.
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by the state, despite the prolific impacts of such abuse and the long-term consequences it can have on survivors.

Conclusion

As Elizabeth Stanley has argued, 'torture has remained on the periphery of criminology when, arguably, it should – for reasons of its violence, criminality and popularity – be an essential part of the criminological endeavour' (2008: 159). This article reiterates Stanley's point, but also suggests that criminological interests run much deeper in terms of the role of states responding to those tortured. While torturers and torturing states are more adequately recognised as an area of interest to contemporary criminology than previously, the recognition of the mental, physical and psychosocial impacts of torture are less developed, particularly the trajectories through which these can be compounded by structural problems in host countries. Silence on the subject can run deep into legislation, practice and criminological consciousness.

This article has pointed to three key issues. Firstly, it argues that gaps remain in the recognition of gendered experiences of torture. While a number of regional conventions facilitate a fairly broad understanding of torture, the UN Convention against Torture – a mandate to which many national and international organisations work – is implicitly narrow and restrictive in who it sees as a ‘torturer’ and thus, in relation to sexual torture, who it sees as ‘tortured’. This therefore has the capacity to silence the gendered nature of sexual torture and violence, particularly when torturous violence is perpetrated by non-state actors.

Secondly, this article has addressed the longer term impacts of torture and sexual torture and critiques the role that host states – in this case, Denmark - arguably have in compounding this. As Kastrup and Arcel have argued, ‘persons who are seeking asylum live under particular stress due to, among other things, the uncertainty of their destiny, the fear of repatriation, and frequently the lack of access to adequate care while awaiting asylum’ (2004: 548). As we have seen, the impacts of torture and sexual torture often transcend the torture itself (Green and Ward, 2004; Herman, 1992), and problems such as anxiety, pain, depression and sleeplessness can be further heightened whilst awaiting asylum outcomes (including in detention – see Bosworth, 2014). Increased detention, cuts to health and mental health provision, poor accommodation, increased controls and surveillance, and forced deportation are all issues generally determined by the state and local or national authorities. Thus it is the state which is accountable for contributing to further social, economic and psychological harms, all of which can exacerbate the impacts of torture and particularly sexual torture.

Finally, and drawing these points together, is the challenge we face in unsilencing sexual torture in the context of asylum claims and support. For as long as narrow interpretations or definitions of torture are adhered to in practice, research and law, gendered recognitions of sexually torturous violence, and responses thereto, have potential to go unrecognised or ignored. Likewise, while sexual torture is predominantly limited to public realms of political violence in relation to state perpetration and intent, the often socially invisible continuums of torturous sexual violence in women’s lives arguably remain silenced.

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8 This is not to underplay the role of state/corporate relations in causing harm or facilitating structural violence. However, as I have argued elsewhere, private companies which are responsible for immigration securitisation generally work to policies and legislation implemented by governments, and thus to some degree still work to state agendas (Canning, 2014b).
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