

Original Communication

Female victims of torture

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Abstract

Torture is common today and is practised in over 100 countries according to Amnesty International. A substantial number of refugees coming to Europe have been tortured including females. Documentation of physical injuries due to torture is done by forensic pathologists often in collaboration with psychiatrists. In Sweden, the majority of torture documentations is done by an organization (KTC) which have specialized in documenting torture, and in short-term therapy of refugees and other crime victims suffering from post-traumatic stress.

From the KTC archives of 500 documented alleged torture victims, the records of 63 females were studied separately. Age, nationality, asylum motive, social situation, torture methods, number of injuries, and sequels to torture were among the variables studied.

Female torture victims differed from their male counterparts studied previously in the following: (i) The most common reason for seeking asylum was persecution because of the political activity of their husbands or some other close relative. (ii) Rape often both anal and vaginal, several times, and by different persons, was reported by 76% of the women. Physical abuse by use of blunt force was alleged by 95% but (iii) other types of force and specific torture methods was reported infrequently. (iv) A high frequency of PTSD – 87% was diagnosed.

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1. Introduction

In Sweden, about 16,000 refugees apply for asylum each year (statistics from the Migratory Board of Sweden, mean annual number during 1993–2001). A large proportion includes political and war refugees from countries in Asia and Africa. The number of torture victims among them is uncertain. Estimates from groups of Danish refugees in the 1990s are that about 10% have been tortured.¹

There are organizations for documentation of torture and for short term psychotherapy for asylum seekers in many countries. In Sweden, the Centre for Torture and

Trauma Victims (CTD) was initiated in 1992. It was later reorganized and is since 2001 known as Kris-och Trauma-Centrum (in Swedish KTC/in English the Crisis and Trauma Centre/). The documentation work has been performed by forensic medical and psychiatric specialists. Consultants in surgery, dermatology, forensic odontology, and experimental psychology have been affiliated to the organization.

To this date about 500 alleged torture victims have been investigated at the KTC (about 0.23% of all asylum applicants each year) 12% of whom have been women. Typically the majority of patients in need of torture documentation come from countries where the political climate is ambiguous such as Bangladesh, or relatively calm but oppressive such as Syria or Iran. The Swedish authorities inform applicants from such countries that their claims are exaggerated or that the situation in their home country has

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improved, and that they can return safely. Individuals whose reports of torture have come to be doubted need to have their alleged torture injuries documented as an adjunct to their asylum application.

Women who have been tortured have not previously been studied separately. In our records, to this date we have had 63 female patients. This study was designed to address the following questions. What characterizes these females? Have they been subjected to special methods of torture? Why have they been arrested and tortured? What injuries do they have? What is their social situation and psychological status? This study aim to answer these questions.

2. Patients and methods

Sixty-three female patients were documented for torture injuries during 1993 – 2005. All were seen by a forensic medical specialist and a psychiatrist. Some of them were also tested for post-traumatic stress disorder (PTSD) and suicidality by a psychologist with the aid of a DMT-test.² Their injuries were photographed. The psychiatric interview was recorded on video (the film cassette was given to the patient afterwards). The forensic and psychiatric documentations were done blindly and independently and the forensic and psychiatric statements were issued separately.

The following was extracted for the present study: age, nationality, asylum motive, social situation, torture events, methods, type of violence, number of injuries, sequels to torture, and forensic statement.

Descriptive statistics, such as means and frequencies, were used.

3. Results

In 48 of the 63 patients (76%) the torture met the criterion of being performed in custody by representatives for some kind of authority. Mean age in this group was 28 years (range 19–47 years), and 58% had given birth to one or more children.

Distribution of nationalities is given in Table 1.

Most of the women ($n = 41$) reported that they sought asylum for political reasons, but in many cases it was not the woman herself but her husband or some other relative who had been politically active. Adultery was the cause in a few cases from moslem countries. War refugees came most often from countries afflicted by internal conflict such as Punjab in India, Kosovo, Somalia, Angola or Colombia. Ethnic and religious persecution ($n = 10$) was found among female patients from Iran and Turkey. Information about reason for seeking asylum was missing in one case.

The most common methods of abuse were blunt force and rape – vaginal or anal. Other types of violence and specific torture methods were infrequent (Table 2).

The number of scars recorded varied between 0 and 33. Torture victims from the African continent and Bangladesh were among those with especially numerous scars. Fractures and loss of teeth were seen in some cases. Subjective symptoms of back or joint pain were the most common complaints, followed by genital and gastro-intestinal symptoms (Fig. 1). PTSD was diagnosed in 87% ($n = 36$).

Table 1

Nationality, asylum reasons, and frequency of alleged rape and physical maltreatment of female torture victims examined at the CTD/KTC between 1993 and 2005 [$n = 63$]

Nationality	Number	Political	War refugee	Ethnic	Religion	Adultery	Rape	Physical maltreatment
Angola	1		1				1	1
Azerbaijan	2	1		1			2	2
Bangladesh	13	12		1			11	13
Bosnia-H	1				1		1	
Colombia	1		1				1	1
Cuba	1	1					1	1
Ecuador	1	1					1	1
Ethiopia	1	1						1
India	2		2				2	2
Iran	11	6		1	2	2	5	10
Kenya	1	1					1	1
Kongo/Zaire	3	3					3	3
Kosovo	1		1					
Montenegro	1						1	1
Nigeria	1				1		1	1
Pakistan	1					1		1
Peru	3	3					3	3
Russia	1			1			1	1
Somalia	2		2				2	2
Syria	3	2				1	2	3
Turkey	3	1		2			3	3
Uganda	9	9					6	9
Total	63	41	7	6	4	4	48	60

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