



5 Psychological barriers to fair refugee status determination related to our understanding and expression of gender

Jane Herlihy

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45

Introduction

This chapter will outline and explore some of the psychological barriers to fair refugee status determinations that are related to our understanding and expression of gender. *It will begin with the assumption that gender is a social construction and not to be equated with biological sex.* By this I mean that there is no essential, physical structure to gender. Gender describes – and prescribes – the cluster of behaviours that any given society deems to be appropriate for one gender or the other. This is often about the physical presentation of gender through dress codes (e.g. skirts/trousers), how hair is worn (e.g. long/short, more/less complex hair arrangements, the use of decorated clips, covered/uncovered), but also extends to language use, topics of conversation, particular behaviours, and sexuality. The roles of all of these behaviours in maintaining a distinction between who is ‘feminine’ and who is ‘masculine’ vary across cultures, across the world, and across time (Crawley 2001).

I will first consider the role and importance of shame in maintaining distinctions between the genders. To understand shame, I will distinguish it from the other related, but distinct, emotions of guilt and humiliation, both of which are common in people seeking asylum, particularly after torture. These emotions are common to all of us, more or less, at different times. However, many people seeking international protection have endured extreme, traumatic experiences, and some of them will develop emotional disorders as a result. The most common of these is post-traumatic stress disorder (PTSD). PTSD has a close relationship with shame, dissociation, and difficulties in disclosing distressing personal experiences to others – a task which lies at the heart of every individual claim for international protection. Non-disclosure in the asylum system has not received very much research interest from psychologists, but it has been studied widely in the context of therapy, and I will look at this literature for lessons for the asylum system, before turning to the particular difficulties faced by men disclosing sexual violence. I will then deal briefly with asylum claims based on sexuality, given that this is central to the





1 expression of gender, although again the psychological literature in this
2 area of asylum seeking is sparse. Finally, I will raise the question of whether
3 there are ways in which the gender of the decision-maker can be a barrier
4 to individual claims for international protection.

6 **Important emotions**

7 *Shame*

8 This chapter contends that acceptable behaviours within gender and sexu-
9 ality roles are maintained and policed by the development and provoca-
10 tion of shame. For example, women in a community may watch and
11 comment on a particular woman's behaviour, and children of both sexes
12 will be brought up to understand what is 'proper' behaviour for them in
13 the gender and sexual domains. These responses then become internal-
14 ized, so that even when a woman is away from the others in her group who
15 might be judging her behaviour, she can still feel 'wrong', due to her own
16 internalized feelings of shame. The implication of this for refugee protec-
17 tion is that shame causes one to try to hide. Shame is thus a barrier that
18 prevents the presentation and defence of an identity that does not
19 conform.

20 Theorizing about the function of shame was developed significantly by
21 Gilbert in the late 1990s. Gilbert took an evolutionary perspective, writing
22 extensively on the role of shame in maintaining the cohesiveness of social
23 groups. The one who successfully shames another can produce inhibition,
24 anxiety, and submissiveness in the shamed. Submission is a more cohesive
25 response for the group than aggression, and thus a good long-term
26 strategy for the more sophisticated society. Much attention has been given
27 to the notion of gaining status in a group by fighting, but there is also
28 much to be gained by developing an ability to influence the state of mind
29 of others, thereby developing useful relationships and gaining social
30 status. This is particularly important in our developed, human societies
31 where group cohesion is not particularly managed by the intimidation of
32 the 'alpha male' as seen in the primate societies that underpin so much of
33 the study of social evolution. In more open human societies, where 'audi-
34 ence choice is relatively free' (Gilbert 1997, 117), it is important to be able
35 to elicit 'positive attention' from others, and to avoid negative judgments
36 – i.e. to get people to like you. Pride is attained through positive attention
37 and assessment from others; shame through negative attention. Shame
38 thus acts as an alerting mechanism to those aspects of the self that one
39 needs to keep hidden from others. Thus, Gilbert defines shame as 'an
40 affective state that relates to perceptions of social standing and social
41 status' (Gilbert 1997, 113).

42 Following this evolutionary analysis, it is clear that the predisposition to
43 experience shame is universal. However, the focus on *what* is shaming
44
45





varies with social values and discourses. The group that one is in at any one time defines what is ‘normal’, or desirable. Wright, Giammarino, and Parad (1986) demonstrated this in a study of 138 boys at a summer camp. They observed the children and asked them to rate each other on different traits and on popularity. They were able to identify relatively stable patterns of behaviour in each child (e.g. aggressiveness vs withdrawal). However, their popularity ratings changed according to which group they were in. More aggressive children were popular when put in groups of aggressive peers, but in more peaceful groups they lost their social status.

Gilbert, citing Junichiro Itani, gives another example of a behaviour that is defined equally as undesirable and desirable in two different contexts:

[I]n capitalist societies, which value gaining competitive advantage over one’s fellows, having control over resources (money and fortunes) can be a source of pride and prestige that many work for. However, in some gatherer-hunter societies, having too much more than others is seen as shameful, and status is gained by giving resources away and not accumulating them.

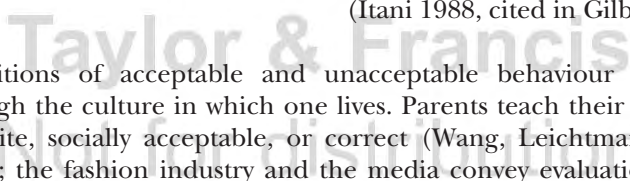
(Itani 1988, cited in Gilbert 1997, 122)

Definitions of acceptable and unacceptable behaviour are conveyed through the culture in which one lives. Parents teach their children what is polite, socially acceptable, or correct (Wang, Leichtman, and Davies 2000); the fashion industry and the media convey evaluations of what is attractive in appearance, and literature and popular culture all serve to communicate stories about conformity and transgression.

Demonstrating that we feel shame is important too – being subject to social sanction but not submitting brings on social exclusion or punishment. Indeed, in law, the person who can demonstrate shame and regret will be dealt with less harshly than someone who is ‘shameless’. This accords with the feelings of being exposed and wanting to hide away (Lee 2009) which are an extremely powerful manifestation of the emotion of shame. It also often involves a painful self-attention with rumination about (what one has been taught are the) negative aspects of the self (Gilbert 1998).

So shame (and the avoidance of shame) is the mechanism by which any type of social belief or behaviour can be maintained within a group, becoming a ‘medium for group conformity and individual aspiration’, even beliefs and behaviour which are destructive or injurious to individuals (e.g. genital mutilation). I will consider some of the emotions closely related to, and often confused with, shame, before turning to the particular role of shame in claims for refugee and humanitarian protection where the construction of gender plays a role.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45





Guilt and humiliation

Shame can be confused with the related emotion of guilt, which is, however, quite different. Guilt tends to be accompanied by a belief that one has done something 'wrong' or 'bad' or one should have behaved, thought, or felt differently in a particular context. In contrast to shame, where one's whole identity or self-concept is felt to be inadequate, the focus of guilt is usually a specific incident, rather than the self as a whole, and the feeling leads to efforts to correct the regretted action, or to make amends (Leskela, Dieperink, and Thuras 2002).

Another related emotion, common following experiences of torture, is humiliation. Unlike shame, where the self is seen as 'bad', when humiliation is the dominant emotion it is the other who is 'bad' and rather than provoking a desire to hide it, tends to evoke feelings of anger and wanting to seek revenge. Having said that, it is evoked through actions that deliberately use positions of power and dominance over others, and disrespect their status (even if only as a human being). For most people, during periods of detention and torture, or subsequently, anger or revenge responses are impossible to complete. During detention it is too dangerous to get angry with one's aggressors; afterwards, it is usually impossible to access them.

Any or all of these emotions may be present in the individual applying for state protection and they all arise particularly in gender-related and gender-specific persecution, since such persecution is often designed specifically to cause these negative 'self-conscious' emotions of humiliation and shame (Fischer and Tangney 1995, cited in Tangney, Miller, Flicker, and Barlow 1996). For example, men may be sexually abused by forcing objects into them as part of torture designed to humiliate them.

It is also notable that people evaluate themselves more harshly than they believe others do. This was shown in a study designed to distinguish embarrassment, shame, and guilt in which 182 undergraduates were asked to describe situations in which they felt each of these emotions (Tangney, Miller, Flicker, and Barlow 1996). This interpersonal aspect of these emotions is important to an understanding of people experiencing them – in an interview context, an interviewer may not be able to understand why their interviewee feels strong shame, or guilt, but it is important to remember that the perception of the experiences in question are being judged by different criteria in the mind of the interviewee. Moreover, the interviewee is acutely aware of any responses – including perceived responses – of others.

Psychological disorder

So far I have considered the role of shame and other emotions in shaping our everyday behaviour. Most people seeking protection have a history of





more extreme experiences, and for many these will entail some degree of extreme emotional response.

Although the validity of diagnosis in such a disparate and largely non-Western group continues to be debated, studies using psychiatric diagnoses have consistently found PTSD and depression to best describe the responses to trauma in refugees (e.g. Fazel, Wheeler, and Danesh 2005; Johnson and Thompson 2008). Post-traumatic stress disorder is a diagnosis describing distressing psychological and physiological responses to memories of an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others. The person's response must also (to meet criteria for the diagnosis) have involved intense fear, helplessness, or horror (American Psychiatric Association 2000).

The three main symptom clusters of PTSD are (a) re-experiencing the event (in distressing, intrusive memories or nightmares), (b) avoidance, and (c) increased arousal (such as hyper-vigilance, irritability, or poor concentration) (American Psychiatric Association 2000).

PTSD and shame

Research on the relationship of shame to psychological disorder is relatively new in the psychological literature, but it is becoming clear that shame plays an important role in the development and maintenance of PTSD. PTSD was initially conceptualized as being based on responses to fear (Foa and Kozak 1986). Later work has identified other emotions such as anger, guilt, and shame as being core emotions that could cause and maintain the symptoms of PTSD (e.g. Holmes, Grey, and Young 2004).

In a longitudinal study of the role of shame in PTSD, Andrews, Brewin, Rose, and Kirk (2000) looked at the role of shame in the development of PTSD over the six months following a violent crime. A total of 138 adults were interviewed within one month of the crime, and again six months later. The results indicated that the people who had reported feeling shame about any aspect of the assault or their responses to it were more likely to have developed higher levels of PTSD symptoms at six months, irrespective of gender.

Leskela, Dieperink, and Thuras (2002) used a somewhat different test of 'shame-proneness'. They presented 107 veterans from a prisoner of war camp with examples of everyday situations in order to examine their tendency to respond with guilt or shame. They found that shame-proneness was associated with higher levels of self-reported PTSD symptoms, suggesting an association between PTSD and the tendency towards responses of shame.

The work on shame in PTSD also provides a theoretical explanation for the effects of shame on the individual. When we experience fear due to an external threat (e.g. someone wielding a gun), the brain's threat system

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45






Proof

1 registers the threat and signals both the amygdala (which processes emo-
2 tional responses) and the hippocampus (responsible for slower, thinking
3 responses). Where the threat is mild (e.g. a child with a toy gun), the
4 brain is able to recognize this context and inhibits the ‘fight or flight or
5 freeze’ responses of the amygdala, allowing us to think about what we are
6 seeing. However, in conditions of extreme stress (e.g. a real gun), the hip-
7 pocampus is inhibited, leaving the fast response system free to make sure
8 that we react (fight, flee, or freeze) rather than waste time thinking about
9 it. With PTSD, this whole system remains, inappropriately, at the ‘extreme
10 stress’ level, and the amygdala provides the main response to any threat,
11 however seemingly mild to an outside observer.

12 This response to external threat also holds true for *internal threats*, such
13 as critical, shaming thoughts about the self. People with strong feelings of
14 shame often have thoughts such as ‘you’re disgusting’, ‘you’re wrong’, or
15 ‘you’re not normal’. These may be perceived in an attacking or sharp tone
16 of voice that heightens the emotional strength of the thought. They are
17 registered in the same way as an external threat, and the amygdala sets in
18 train physiological and behavioural responses to the threat (to the self)
19 that they pose (Lee 2009).

20 If the traumatic event is something that evokes feelings of extreme
21 shame, then that feeling of shame may serve as an internal trigger, as
22 described above, causing a dissociative flashback (Lee 2009). This is where
23 an intense, sensory memory of the event is evoked, but so vividly that it
24 can feel as if it is happening in the present, and the individual may lose all
25 sense of where they are and what they are doing right now. Interviewers,
26 lawyers, judges, and all those dealing with refugees who have survived
27 shame-inducing experiences need to be aware of this possible response
28 that can severely interfere with normal conversations or other
29 interactions.

30 ***PTSD and dissociation***

31
32 One of our responses to extreme danger or distress – especially when we are
33 unable to escape the danger  can be to dissociate. Schauer and Elbert
34 (2010), adopting an evolutionary perspective, suggest that ‘dissociation ... is
35 an adaptive, and when strike is close, final remaining survival response to
36 specific types of life-threats that include nearness of a superior perpetrator
37 or other situations dominated by helplessness’. This is often described in
38 animals as ‘playing dead’. If this happened at the time of the traumatic
39 event, then a triggered reminder of the event may evoke the same response
40 – through the ‘threat response’ mechanism described above.

41
42 Dissociation is described in the Diagnostic and Statistical Manual of
43 Mental Disorders as a ‘disruption in the usually integrated functions of
44 consciousness, memory, identity, or perception of the environment’
45 (American Psychiatric Association 2000). This disturbance of awareness is

Proof





a common effect of past trauma experience (van der Kolk, Hart, and Marmar 1996). Mild forms of dissociation might be described as ‘spacing out’. Someone who is dissociating may look like someone who is deep in thought or daydreaming. However, a stronger dissociation, more likely in a survivor of extremely dangerous situations, may involve the individual being unable to perceive their external surroundings – keeping completely motionless and not hearing or responding to anything. Entering this state is not under the individual’s control.

Dissociation also serves as a psychologically protective mechanism in the present. Where someone has been submitted to prolonged violence – for example abuse or torture, sexual or otherwise – they may have developed the ability to ‘cut off’ from their experiences, detaching from the reality of what is happening to their body (Talbot, Talbot, and Tu 2004). This can then become a coping mechanism that gets activated in times of stress – which, again, may be when feelings of shame are evoked.

PTSD and non-disclosure

Post-traumatic stress disorder comprises three groups of symptoms: re-experiencing the event through intrusive memories, flashbacks, and nightmares, with associated physiological and psychological distress; avoidance and numbing; and hyperarousal – a cluster of symptoms including irritation or anger, sleep and concentration difficulties, hypervigilance, and an elevated startle response. In the relatively early days of United Kingdom research interest in torture, a case-note survey carried out by Ramsey, Gorst-Unsworth, and Turner (1993) confirmed the presence of PTSD, major depression, and bodily symptoms in tortured individuals. However, their study indicated that different trauma types were associated with different patterns of PTSD symptoms: most forms of torture were associated with the re-experiencing symptoms, whereas sexual torture was characterized by higher levels of the avoidance symptoms. Van Velsen, Gorst-Unsworth, and Turner (1996) further investigated this and found a significant relationship between sexual torture and the avoidance symptoms of PTSD. These avoidance symptoms include:

- efforts to avoid thoughts, feelings, or conversations associated with the trauma;
- efforts to avoid activities, places, or people that arouse recollections of the trauma;
- inability to recall an important aspect of the trauma;

and

- feeling of detachment or estrangement from others;
- restricted range of affect (e.g. unable to have loving feelings).

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45





1 The first three of these have direct implications for the ability to give good
2 and credible evidence in a refugee status determination procedure.
3 People suffering from PTSD due to experiences of sexual violence will be
4 more likely to be prioritizing *above all other considerations* the avoidance of
5 thoughts, feelings, and conversations about their experiences, and they
6 may have gaps in their memory about the details of what happened to
7 them.

8 More subtle effects are in the ‘numbing’ aspects of these symptoms.
9 Feeling detached and having a restricted range of affect are common
10 responses to sexual violence, but may lead to adverse credibility assess-
11 ments if not correctly identified and understood. A recent study of immi-
12 gration lawyers found that, whilst they were very good at understanding
13 the importance of PTSD symptoms in their clients and quick to recognize
14 the re-experiencing and hyperarousal symptoms, they were less familiar
15 with the avoidance and numbing seen in some people, which looks quite
16 different (Wilson-Shaw, Pistrang, and Herlihy 2012). This finding was also
17 noted in an experimental study in which a video clip showed an actor pre-
18 senting an asylum claim in four different ways (Rogers, Fox and Herlihy,
19 in press). First, with the behavioural presentation of someone with typical
20 fear-based PTSD; second, exhibiting some of the behaviours that research
21 has shown to be associated with lying; third, with both of these sets of
22 behaviours; and, finally, with none of them. The clips were verified as
23 demonstrating the desired effects. Undergraduate students were then
24 instructed in the task of credibility assessment and asked to watch the
25 clips. Like the immigration lawyers, they were quick to recognize the PTSD
26 presentation and this made them more likely to see the ‘asylum-seeker’ as
27 credible, explaining that ‘he seemed understandably traumatised by
28 events’. These findings are in line with work on the presentation of rape
29 survivors in criminal trials, demonstrating the role of ‘emotional congru-
30 ence’ in perceptions of witnesses (Kaufmann, Drevland, Wessel, Over-
31 skeid, and Magnussen 2003; Wessel, Bollingmo, Sønsteby, Nielsen,
32 Eliersten, and Magnussen 2012). Together these studies raise the concern
33 that the responses to sexual trauma, as distinct from non-sexual violence,
34 being more likely to be avoidance and numbing, are less likely to be recog-
35 nized and less likely to be seen as credible by decision-makers.

37 *PTSD, shame, dissociation, and non-disclosure*

38 One study brings together all of these aspects of emotional response in
39 the context of the asylum system. Following the earlier studies linking
40 sexual violence to different symptoms of PTSD (Ramsay, Gorst-Unsworth,
41 and Turner 1993; van Velsen, Gorst-Unsworth, and Turner 1996), Bogner,
42 Herlihy, and Brewin (2007) aimed to investigate the hypothesis that shame
43 had a central role in the difficulties of disclosing sexual violence in the
44 asylum system.
45





Twenty-seven participants filled in standardized self-report questionnaires for PTSD, depression, and shame. They also rated standardized questions about dissociation referring to their immigration interview with the United Kingdom Home Office. Finally, they rated their difficulty in disclosing ‘personal information’ to the interviewer, on a four point scale (from ‘not at all’ to ‘extremely’). Just over half of the group (15/27) had experienced sexual torture; the other half (12/27) had experienced torture without any sexual element.

First, all but two of the 27 participants reported clinically significant levels of dissociation in their Home Office interviews. This raises serious questions about the quality of evidence being provided in this substantive legal interview.

Significant correlations were shown for the whole group between difficulty in disclosing and shame, dissociation, PTSD, and PTSD avoidance. Furthermore, an analysis of group differences showed that those with a history of sexual violence had statistically significantly higher levels of shame, dissociation, PTSD, and PTSD avoidance symptoms in particular. Those with a history of sexual violence also reported more difficulty disclosing personal information, compared to the group with a history of non-sexual violence.

Disclosure

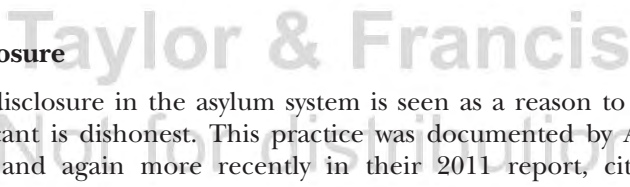
Non-disclosure in the asylum system is seen as a reason to infer that the applicant is dishonest. This practice was documented by Asylum Aid in 1999 and again more recently in their 2011 report, citing a United Kingdom Reasons for Refusal letter, ‘Your failure to mention your sexuality during your screening interview has damaged your credibility regarding this part of your claim’ (Muggeridge and Maman 2011, 58).

This is based on an assumption that, although experiences may be difficult, the overarching need to achieve protection would persuade applicants of the importance of disclosing all the ‘material evidence’ necessary for their claim to be fully considered. Before considering the nature of disclosure in the asylum system, it is instructive to briefly understand the study of disclosure in other domains.

Non-disclosure even when it makes sense to disclose

The shame-driven urge to hide is not a rational decision, but a visceral sense of being defective and unworthy (Lee 2009), so these feelings are likely to predominate even in situations where rationally it might be beneficial to be more open. A number of studies have explored how much is disclosed by individuals in therapeutic settings. For example, an investigation of 65 women with eating problems found that 42 per cent of them had not disclosed significant information in therapy (Swan and Andrews

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45





1 2003). Hook and Andrews (2005) asked members of the Fellowship of
2 Depressives Anonymous, a UK charity organization, about the disclosure
3 of their symptoms to those involved in their care. Of 89 respondents, 42
4 per cent had withheld symptoms or behaviours directly related to their
5 depression, and 33 per cent had withheld 'other distressing issues'. Weiner
6 and Schuman (1984) found that 42 per cent of a group of 79 outpatients
7 had concealed information from their psychiatrist.

8 In 1993 a research group with an interest in the processes that take
9 place during therapy were able to recruit 23 therapists and 26 clients who
10 were in the middle of long-term therapy (with a range of some 18–500 ses-
11 sions) (Hill, Thompson, Cogar, and Denman, 1993). The study examined
12 three types of 'covert processes' during the course of one therapy session.
13 They were building on previous research that had identified 'hidden reac-
14 tions', 'things left unsaid', and 'secrets'. 'Hidden reactions' are emotional
15 reactions or thoughts in response to the words or actions of the therapist.
16 'Things left unsaid' comprise thoughts or feelings (not responses) that the
17 client chose not to share with the therapist. Finally 'secrets' are major life
18 events, facts, or feelings, not related to the particular therapy session, but
19 that the client withholds.

20 Previous research on shorter-term therapeutic encounters had shown
21 that clients withhold 'hidden reactions' because of their understanding
22 that it was not their place to 'challenge the experts' or their fear that criti-
23 cism might jeopardize their relationship with the therapist. This accords
24 with an anecdotal report of informal research conducted on refused
25 asylum applicants, who reported that they would sometimes agree with
26 incorrect country information proffered by decision-makers as they did
27 not wish to contradict or question their interviewers (Cochetel 2013).

28 Even in long-term therapeutic relationships, 65 per cent (17/26) of the
29 clients in Hill, Thompson, Cogar, and Denman's study reported that they
30 had left at least one thing unsaid and 46 per cent (12/26) indicated that
31 they had secrets, with three clients indicating two secrets withheld. Com-
32 paring these data to a previous study, clients in these longer-term relation-
33 ships had fewer secrets than students in short-term group settings. This is
34 as we might expect, and allows for comparison with the relatively short-
35 term and less 'therapeutic' contacts within the asylum system. It is also of
36 interest, not only to therapists, that the authors suggest that the number
37 of secrets may be related to the process and outcome of therapy, showing
38 again that people will not always act in their own – rationally evaluated –
39 best interests.

40 *Non-disclosure in the asylum system*

41
42
43 The 27 refugees and asylum seekers interviewed by Bogner, Brewin, and
44 Herlihy reported their experience of their substantive asylum interview,
45 including a rating of how difficult they had found it to disclose 'personal





experiences' (Bogner, Brewin, and Herlihy 2010; Bogner, Herlihy, and Brewin 2007). The group comprised both men and women, about half of whom had experienced sexual violence. Although five of the 27 participants reported a straightforward interview in which they had found it reasonably easy to describe their experiences of persecution, the majority (22/27) had found the interviews difficult, and 12 specifically reported difficulties in disclosing personal experiences.

Twenty of the participants reported that the first time they talked about their traumatic event was after their arrival in the United Kingdom; the majority of those talked to Home Office officials (13), the rest talked to family members (three), healthcare professionals (two), or their solicitor (two). Reasons for not disclosing included the impact of past traumatic events, such as feelings of confusion and shock (three), a need to build up trust and confidence before being able to talk about sexual issues (three), feeling scared that details might be passed on to their government or that they would not be believed (three) (Bogner Herlihy, and Brewin 2007, 1502).

The role of the interviewer

It is worth noting that the source of the feelings of shame is not merely in the minds of asylum applicants. The evolutionary theory of shame outlined above explains that it is the responses of others – to which we are acutely attuned, and even more so when feeling shame – which are the source of shame. In the report of their qualitative findings, Bogner, Brewin, and Herlihy (2010) show how the behaviours and responses of official interviewers often gave strong signals about their own value judgments. For example, one woman reported that her interviewer asked 'what kind of a mother are you to leave your family and children behind?' (527). Another picked up more subtle signals: 'When I started talking I felt like I was dying. You tell them everything, you feel naked. But once I saw that they were not really interested and ignorant I stopped talking' (Bogner, Brewin, and Herlihy 2010, 527).

In their study of disclosure in therapy, Hill, Thompson, Cogar, and Denman noted two contrasting ways in which disclosure of 'secrets' might be inhibited by the interviewer. First, 'therapists may become inoculated after hearing so much in therapy and forget how painful it is for clients to reveal what they perceive as shameful' (Hill, Thompson, Cogar, and Denman 1993, 285). It is not only in therapy that 'much is heard' and the Office of the United Nations High Commissioner for Refugees (UNHCR) now notably refers to 'case hardening' in decision-makers (UNHCR 2013, 79–81). Second, Hill, Thompson, Cogar, and Denman note 'that therapists might reinforce ... shame and insecurity about sexual issues as a result of their own discomfort in discussing sexual issues. Therapists set a tone that lets clients know what is permissible to discuss in therapy' (1993,

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45





1 286). This applies also to any interviewers (or indeed in daily conversa-
2 tion), and was exemplified in the comment of one of Bogner, Herlihy, and
3 Brewin's participants:

4
5 I wanted to explain properly, but they just stopped me. They ask you
6 to make it short and give yes or no answers. You don't get a chance to
7 say much or explain to them. Therefore I did not go into much detail.
8 But that affected me later [at the court] when I was asked why I did
9 not tell them in the [Home Office] interview.

10 (Bogner, Herlihy and Brewin 2007, 79)

11
12 In Bogner, Herlihy, and Brewin's qualitative study, eight participants said
13 that the gender of the interviewer had affected their ability to disclose
14 information about themselves. Interestingly only six of these were men
15 and women with a history of rape – suggesting that sexual violence is not
16 the only thing that is difficult to disclose to someone of a different gender.

17 18 **Men and disclosing sexual violence**

19 20 *Prevalence of sexual abuse of men*

21
22 In 1985, established surveying techniques were used to perform a large
23 scale anonymous survey of 1,145 male (and 1,481 female) American
24 citizens, asking a series of questions (rather than just one screening ques-
25 tion as had been done previously) about experiences of sexual abuse in
26 their childhood (Finkelhor, Hotaling, Lewis, and Smith 1990). Sixteen per
27 cent of the men reported at least one experience of abuse. Sixty-two per
28 cent of these (9 per cent of all the men) said they had experienced actual
29 or attempted intercourse.

30 In adult asylum seekers, whilst this base level of childhood sexual abuse
31 is presumably still a reality, there is the added risk – particularly in torture
32 survivors – of sexual violence perpetrated on them in adulthood. Without
33 similarly sized anonymous surveys (and even with) it is extremely difficult
34 to come to any estimate of what the prevalence of adult experiences of
35 sexual violence across the world might be.

36 37 *Sexual abuse of male survivors of persecution and conflict*

38
39 A review of studies of prevalence of sexual violence perpetrated on men
40 and boys was published in a special issue of the *International Review of the*
41 *Red Cross* entitled 'Women' (Sivakumaran 2010). In this paper, Sivakuma-
42 ran reviewed reports of sexual violence against boys and men from clinics
43 and NGOs in the Democratic Republic of Congo, the Central African
44 Republic, the former Yugoslavia, and Liberia, giving figures from 4 per
45 cent of people seeking medical treatment after sexual violence, to 32.6 per





cent of 367 male combatants, to 80 per cent of 5,000 male concentration camp detainees being men or boys subjected to sexual violence (see Sivakumaran 2010 for review).

Sivakumaran went on to argue that these reports vary hugely in methodology, quality, and time since the conflict – all of which compromise their reliability in providing an accurate picture. Such studies will also largely rely on self-report – men disclosing that they have been sexually attacked. As will be seen below, disclosure of sexual violence is a particular obstacle for men as well as women. The implication is that these figures are likely to be underestimates. Indeed, a recent UNHCR report on working with men and boy survivors of sexual and gender-based violence in forced displacement states: ‘sexual violence against men and boys is less understood or acknowledged. It is increasingly evident, nevertheless, that this is a recurrent protection concern in situations of conflict and displacement’ (UNHCR 2012a, 3). The report then quotes the Guidelines of the Inter-Agency Standing Committee (2005) recommending:

It is important to remember that sexual violence is under-reported even in well-resourced settings worldwide, and it will be difficult if not impossible to obtain an accurate measurement of the magnitude of the problem in an emergency. All humanitarian personnel should therefore assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence.

(Guidelines of the Inter-Agency Standing Committee (2005), cited in UNHCR 2012a, 3)

Sivakumaran also analysed the language in various United Nations and legal documents, showing how it shifts between ‘civilians, particularly women and girls’, suggesting that sexual violence can happen to anyone, to specific concrete procedures applying only to women and girls, thus excluding men and boys. Notwithstanding the need for appropriate allocation of attention and funding in line with the actual prevalence of violence against one group or another, the shifting language, Sivakumaran argued, further obfuscates our understanding of the problem (2010).

He also identified a tendency to understand sexual violence differently by gender. For example:

[A]lthough these [sexual violence] acts are indeed torture, care has to be taken such that when men are subjected to sexual violence, the abuse is seen as sexual and recorded under appropriate, sometimes multiple, headings. The failure to do so can have far reaching consequences. The Peruvian Truth and Reconciliation Commission, for example, found that 2% of victims of sexual violence were male.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45





1 However, a recent study suggests that the figure was, in fact, closer to
2 22% and puts the discrepancy down to a focus of the Commission on
3 rape to the exclusion of other forms of sexual violence and the recording
4 of these other abuses as torture. The danger of characterizing
5 sexual violence against men and boys only under the rubric of torture
6 is that men and boys will continue to be seen as unsusceptible to
7 sexual violence, reinforcing the view that sexual violence is a problem
8 for women and girls alone.

(Sivakumaran 2010, 273)

10
11 A similar bias has been noted recently in American PTSD research, where
12 it seems that whilst there are many studies of female victims of sexual violence,
13 men are more likely to feature in studies of war veterans (Koeman
14 2013).

16 *Men disclosing sexual violence*

17
18 In Finkelhor's large scale survey of childhood sexual abuse, the boys were
19 somewhat more likely (42 per cent vs 33 per cent of girls) never to have
20 told anyone about the experience (Finkelhor, Hotaling, Lewis, and Smith
21 1990). This was followed up by Sorsoli, Kia-Keating, and Grossman (2008)
22 who carried out a study with the intention of bringing men's experience
23 of disclosing sexual abuse into the foreground of a literature dominated
24 by the experiences of women. They reviewed literature reporting that
25 many men had only disclosed abuse for the first time to researchers. This
26 is reminiscent of Bogner, Herlihy, and Brewin's participants who reported
27 disclosing sexual violence for the first time in their asylum interviews
28 (2007). Sorsoli, Kia-Keating, and Grossman identified three different categories
29 of barriers to disclosure: personal, relational, and sociocultural. Personal
30 barriers included a 'lack of cognitive awareness of abuse experiences stretching
31 across many years', but most commonly reported were 'shame and concerns
32 about emotional safety' and 'intentional avoidance' (2008, 341–2). Relational
33 barriers referred to the types of relationships that men are more likely to
34 develop with others, and the fitness of these to encourage disclosure. 'The
35 participants in [the] study made clear that far from providing the necessary
36 scaffolding, the contexts in which they lived reinforced societal demands
37 for masculinity – strength, silence, and stoicism – in a way that held them
38 captive in traumatic situations' (Sorsoli, Kia-Keating, and Grossman 2008,
39 342). Sorsoli, Kia-Keating, and Grossman went on to discuss the sociocultural
40 stereotypes of masculinity and the way in which sexual victimization is
41 gendered, noting cultural stereotypes that associate victimization with
42 femininity. We have seen above how this is also mirrored in the law where
43 sexual violence which is categorized as such in women, in men is more likely
44 to be categorized as torture (Sivakumaran 2010).
45





The effect of interviewer expectations

The importance of obtaining accurate prevalence data is not just a question of quantifying the size of the problem. There is also an issue of awareness that will translate into the behaviours of individual interviewers and decision-makers when assessing survivors of persecution applying for state protection. A lack of awareness could serve to maintain the stereotyped association between victimization and women, (which is good for neither men nor women (see for example Crawley 2001).

Following highly publicized awareness of the rape of women and girls, for example in the former Yugoslavia, a survivor might expect the person interviewing them to have some expectations of their experiences which will allow them to allude to sexual violence, and be readily understood. If it is not known that men are also subject to sexual violence, they are going to have to be far more explicit and perhaps work harder to convince an interviewer who is unaware of the likelihood (plausibility) of the experiences they have to report.

Sexuality

One of the main behaviours ~~that are~~ associated with the restrictive construct of gender is sexuality. In most cultures, sexuality is constructed as determined by sex. Therefore, only heterosexual, reproductively focused attraction is deemed to be acceptable. This attitude is usually coupled with an assumption that gender has a one-to-one relationship with sex. Thus, males behave within the repertoire of behaviours prescribed for men, including being attracted only to women, and vice versa. These assumptions lead to the notion of ‘gender variant behaviour’ (e.g. Jordan and Morrissey 2013).

As we saw above, the mechanism by which societies encourage adherence to acceptable behaviours, and thus conformity with the social group – especially gender conformity – is through shame. In this worldview, sexual violence can be used to ‘assert’ the gender of the victim, in a shaming way – by positioning them to be other than their ‘correct’ gender. Thus, a male Congolese ~~victim~~ of sexual violence describes it as ‘showing us that we were women’ (*Gender Against Men* 2009).

Increasing attention is now being given to the understanding of sexuality and sexual orientation in claims for asylum. Although some authorities provide training and guidance for their decision-makers on the assessment of these claims (see UNHCR 2013 for examples), decision-making in this area is still heavily criticized (Berg and Millbank 2009; Dauvergne and Millbank 2003; Gray 2010). In particular, observers and researchers have noted a reliance on intrusive questioning, which serves to elevate further the applicants’ feelings of shame (Bennett this volume) and make it even harder for them to explain their situation.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45





1 An attempt to provide a more nuanced approach has been suggested. A
2 proposed Difference, Stigma, Shame, Harm (DSSH) model suggests that
3 there is no list of fixed questions which can determine an applicant's
4 sexual orientation, but there are common themes that can act as a guide
5 to questioning intended to establish the evidence being put forward for a
6 claim for asylum on the basis of sexual identity. These four themes – Dif-
7 ference, Stigma, Shame, and Harm – are outlined in a summary report of
8 an informal meeting of experts hosted by the International Association of
9 Refugee Law Judges (UNHCR, International Association of Refugee Law
10 Judges [IARLJ], and European Legal Network on Asylum [ELENA] 2011,
11 10–11). Within the model:

- 12 • Difference refers to self-recognition or identification by others of
13 when one is not living a heterosexual narrative, i.e. not conforming to
14 how people are expected to live their lives in their society.
- 15 • Stigma relates to the recognition that close family members, friends,
16 or the 'majority' disapprove of the applicant's conduct and/or iden-
17 tity. It also involves a recognition of state, cultural, or religious mores
18 or laws which are directed towards LGBTI persons.
- 19 • Shame is associated with stigma and isolation through the impact of
20 being the 'other' rather than being the 'same'.
- 21 • Harm relates to the specific forms of persecution that may be perpet-
22 rated upon LGBTI persons, including laws criminalizing same-sex
23 conduct and the impact of these laws on the applicant as well as harm
24 perpetrated by non-state actors such as mob violence and violence/
25 killings in the name of 'honour'. This is the component of the model
26 that is essential to the legal recognition of the person as a refugee.
27

28
29 Thus, the notion of shame is seen as a necessary component of 'gender
30 variance' in a society that condemns and persecutes such behaviour and
31 expression of identity. The DSSH model has been endorsed by UNHCR in
32 its *Guidelines on International Protection No. 9* (UNHCR 2012b, [62]), but has
33 yet to be evaluated through any systematic research. Nonetheless it sug-
34 gests a promising approach to the legal categorization of identity, which is
35 necessarily fluid and changing over time. Focusing on the 'narrative of dif-
36 ference' (Gray and McDowall 2013) also avoids the pitfalls of assumptions
37 about the 'coming out narrative' which have also been questioned (e.g.
38 Jordan and Morrissey 2013).
39

40 **The gender of the decision-maker**

41
42 There is one other, less considered, way in which gender may be having
43 an effect on credibility assessments within the asylum system. This was
44 raised by the large study of decision-making in the United States reported
45 by Ramji-Nogales, Schoenholtz, and Schrag, who found that applicants





before female judges had a 44 per cent better chance of being granted refugee status than those before male judges (2009, 47). Menkel-Meadow, in her commentary of these results, makes the point that expressing this as ‘men are more likely to *refuse* asylum’ gives a different emphasis and raises questions about men’s decision-making rather than about the women judges in the study. Of course neither figure can make any claim about what the ‘true’ figure would be, if we could ascertain such a thing.

Menkel-Meadow (2009) argues that there may be many reasons why women are more likely to provide a more ‘conversational, curious’ hearing – and it might be that these attitudes and behaviours are more ‘acceptable’ in certain constructions of the female gender – and this more ‘open’ style allows the more vulnerable or traumatized person to present their account more fully and convincingly at an oral hearing for refugee status. Menkel-Meadow goes on to suggest that women are more likely to have experienced some forms of discrimination or disempowerment themselves, with the assumption that this makes them more able to hear others’ accounts of persecution. This raises interesting research questions – pursued below – about previous experience and responses to the material raised in asylum claims. Another particularly interesting question, which Menkel-Meadow raises, might be how the gender of the decision-maker interacts with the gender of the asylum seeker (2009, 217–18).

Vicarious traumatization and gender

Psychological research into the effects of traumatic material on those working with it suggests one potentially fruitful area of enquiry into the importance of the psychology – and gender – of the decision-maker. ‘Vicarious traumatization’ is a construct used to describe the effects on professionals of contact with victims of traumatic experiences. Whilst ‘burnout’ describes an exhaustion of resources that can happen in any field of work, vicarious traumatization (VT) is specific to trauma exposure and comprises both PTSD-like responses (e.g. having nightmares about elements of a client’s story) and changes in beliefs about the world, the self, and others (e.g. a change in sense of personal safety). It has been studied in psychotherapists (McCann and Pearlman 1990) and disaster workers (e.g. Jones, Muller, and Maercker 2006). Working with asylum seekers can also expose professionals to high levels of traumatic material, and VT has also been shown in interpreters (Johnson 2009), volunteer supporters (Guhan and Liebling-Kalifani 2011), and in a qualitative study of immigration lawyers (Westaby 2010).

Notably, some authors have raised questions on whether managing their emotions in the face of repeated exposure to traumatic material might differ between men and women (Anleu and Mack 2005; Jackson 1999; Maroney 2011; Ueda 2006). VT has been linked to having a history of traumatic experience (Bloom 2003; Figley 1995; Pearlman and Mac Ian

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45





1 1995), including childhood sexual abuse, which we know to be more pre-
2 valent in women (Finkelhor, Hotaling, Lewis, and Smith 1990).

3 Further research is currently needed to quantify VT in advocates and
4 decision-makers working in the asylum field, and to investigate the relation-
5 ship between VT and decision-making, including the possibility of gender
6 differences. There are suggestions that VT is having a detrimental effect on
7 decision-makers' ability to hear asylum seekers' accounts. For example, one
8 Canadian study showed how refugee tribunal members employed 'direct
9 avoidance, denial and trivialization of extreme events' as protection against
10 traumatic material in court, to the detriment of their decision-making
11 (Rousseau, Crepeau, Foxen, and Houle, 2002). In Bogner, Herlihy, and
12 Brewin's study of United Kingdom asylum seekers' experiences of immigra-
13 tion interviews, asylum seekers were told to 'keep it brief', even though lack
14 of disclosure can undermine credibility later on (2007).

16 Summary

17 This chapter has raised issues and questions about the ways in which our
18 constructions of gender can give rise to difficulties in the process of assessing
19 asylum claims. It has outlined and explained some of the powerful emotions
20 that can arise in the course of seeking protection from persecution, with a
21 particular emphasis on those that relate to our understanding and expres-
22 sion of gender. The main mechanism underlying these barriers lies in our
23 responses to the emotion of shame – a powerful, debilitating emotion that
24 has probably evolved in order to help human societies maintain conformity
25 and cohesion, often to the detriment of the physical, emotional, and social
26 well-being of individual members. A better understanding of emotional
27 responses to extreme distress in the context of the expression of gender
28 would enable people seeking protection to get fairer, more timely decisions
29 in order to afford them safety and the chance to rebuild their lives.

32 Works cited

33 *Legislation, Guidelines, Directives*

34 United Nations High Commissioner for Refugees (2012b) *Guidelines on inter-*
35 *national protection no. 9: Claims to refugee status based on sexual orientation and/or*
36 *gender identity within the context of Article 1A(2) of the 1951 Convention and/or its*
37 *1967 Protocol relating to the status of refugees*, HCR/GIP/12/01. Online: [www.unhcr.](http://www.unhcr.org/50ae466f9.pdf)
38 [org/50ae466f9.pdf](http://www.unhcr.org/50ae466f9.pdf) (accessed 20 August 2013).
39
40

41 *Secondary sources*

42 American Psychiatric Association (2000) *Diagnostic and Statistical Manual of Mental*
43 *Disorders*, 4th edn, Washington, DC: Author.
44
45





- Andrews, B., Brewin, C.R., Rose, S., and Kirk, M. (2000) 'Predicting PTSD symptoms in victims of violent crime: The role of shame, anger, and childhood abuse', *Journal of Abnormal Psychology*, 109(1): 69–73.
- Anleu, S.R. and Mack, K. (2005) 'Magistrates' everyday work and emotional labour', *Journal of Law and Society*, 32(4): 590–614.
- Asylum Aid (1999) *Still No Reason at All*, London: Asylum Aid.
- Berg, L. and Millbank, J. (2009) 'Constructing the personal narratives of lesbian, gay and bisexual asylum claimants', *Journal of Refugee Studies*, 22(1): 195–223.
- Bloom, S.L. (2003) 'Caring for the caregiver: Avoiding and treating vicarious traumatization', in Angelo Giardino, Elizabeth Datner, and Janice Asher (eds) *Sexual Assault, Victimization Across the Lifespan*, Maryland Heights, MO: GW Medical Publishing, pp. 459–70.
- Bogner, D., Brewin, C., and Herlihy, J. (2010) 'Refugees' experiences of Home Office interviews: A qualitative study on the disclosure of sensitive personal information', *Journal of Ethnic and Migration Studies*, 36(3): 519–535.
- Bogner, D., Herlihy, J., and Brewin, C. (2007) 'Impact of sexual violence on disclosure during Home Office interviews', *British Journal of Psychiatry*, 191: 75–81.
- Cochetel, V. (2013) Talk at the CREDO Project Closing Workshop, Brussels, 13 May.
- Crawley, H. (2001) *Refugees and Gender: Law and Process*, Bristol: Jordan Publishing Limited.
- Dauvergne, C. and Millbank, J. (2003) 'Burdened by proof: How the Australian Refugee Review Tribunal has failed lesbian and gay asylum seekers', *Federal Law Review*, 31: 299–342.
- Fazel, M., Wheeler, J., and Danesh, J. (2005) 'Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review', *Lancet*, 365: 1309–14.
- Figley, C.R. (ed.) (1995) *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who treat the Traumatized*, New York: Brunner/Mazel.
- Finkelhor, D., Hotaling, G., Lewis, I.A., and Smith, C. (1990) 'Sexual abuse in a national survey of adult men and women: Prevalence, characteristics and risk factors', *Child Abuse and Neglect*, 14(1): 19–28.
- Foa, E.B. and Kozak, M.J. (1986) 'Emotional processing of fear: Exposure to corrective information' [Copy on file], *Psychological Bulletin*, 99(1): 20–35.
- Gender Against Men* (2009) Documentary. Produced by the Refugee Law Project. Makerere University: Uganda. Online: www.forcedmigration.org/podcasts-videos-photos/video/gender-against-men (accessed 24 May 2013).
- Gilbert, P. (1997) 'The evolution of social attractiveness and its role in shame, humiliation, guilt and therapy', *British Journal of Medical Psychology*, 70(2): 113–47.
- Gilbert, P. (1998) 'What is shame? Some core issues and controversies', in Paul Gilbert and Bernice Andrews (eds) *Shame: Interpersonal Behaviour, Psychopathology and Culture*, New York: Oxford University Press, pp. 3–38.
- Gray, A. and McDowall, A. (2013) 'LGBT refugee protection in the UK: From discretion to belief?' *Forced Migration Review*, 42: 22–4.
- Gray, L.M. (2010) *Failing the Grade: Home Office Initial Decisions on Lesbian and Gay Claims for Asylum*, London: UK Lesbian & Gay Immigration Group (UKLGIG).
- Guhan, R. and Liebling-Kalifani, H. (2011) 'The experiences of staff working with refugees and asylum seekers in the United Kingdom: A grounded theory exploration', *Journal of Immigrant and Refugee Studies*, 9(3): 205–28.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45



- 1 Hill, C.E., Thompson, B.J., Cogar, M., and Denman, D.W. (1993) 'Beneath the
2 surface of long-term therapy: Therapist and client report of their own and each
3 other's covert processes', *Journal of Counselling Psychology*, 40(3): 278–87.
- 4 Holmes, E.A., Grey, N., and Young, K.A.D. (2004) 'Intrusive images and "hotspots"
5 of trauma memories in posttraumatic stress disorder: An exploratory investiga-
6 tion of emotions and cognitive themes', *Journal of Behavior Therapy and Experi-
7 mental Psychiatry*, 36(1): 3–17.
- 8 Hook, A. and Andrews, B. (2005) 'The relationship of non-disclosure in therapy to
9 shame and depression', *British Journal of Clinical Psychology*, 44(3): 425–38.
- 10 Itani, J. (1988) 'The origin of human equality', in M.R.A. Chance (ed.) *Social
11 Fabrics of the Mind*, Hove, Sussex: Erlbaum, pp. 137–56.
- 12 Jackson, P. (1999) 'Gender differences in impact and cognitions among clinicians
13 providing therapy', Thesis (Master's), University of Manitoba.
- 14 Johnson, H. (2009) 'Non-western interpreters' experiences of trauma: The protec-
15 tive role of culture following exposure to oppression', *Ethnicity and Health*, 14(4):
16 407–18.
- 17 Johnson, H. and Thompson, A. (2008) 'The development and maintenance of
18 post-traumatic stress disorder in civilian adult survivors of war trauma and
19 torture: A review', *Clinical Psychology Review*, 28(1): 36–47.
- 20 Jones, B., Müller, J., and Maercker, A. (2006) 'Trauma and posttraumatic reactions
21 in German development aid workers: Prevalences and relationship to social
22 acknowledgement', *International Journal of Social Psychiatry*, 52(2): 91–100.
- 23 Jordan, S. and Morrissey, C. (2013) '"On what grounds?" LGBT asylum claims in
24 Canada', *Forced Migration Review*, 42: 13–15.
- 25 Kaufmann, G., Drevland, G., Wessel, E., Overskeid, G., and Magnussen, S. (2003)
26 'The importance of being earnest: Displayed emotions and witness credibility',
27 *Applied Cognitive Psychology*, 17(1): 21–34.
- 28 Koenan, K. (2013) 'President's message: Male victims, female warriors', *Traumatic
29 Stress Points (Newsletter of the International Society for Traumatic Stress Studies)*, 27(4).
30 Online: <http://sherwood-istss.informz.net/admin31/content/template.asp?sid=32695&ptid=1686&brandid=4463&uid=0&mi=3397011&ps=32695> (accessed 21
31 December 2013).
- 32 Lee, D.A. (2009) 'Compassion-focused cognitive therapy for shame-based trauma
33 memories and flashbacks in post-traumatic stress disorder', in Nick Grey (ed.) *A
34 Casebook of Cognitive Therapy for Traumatic Stress Reactions*, Hove: Routledge.
- 35 Leskela, J., Dieperink, M., and Thuras, P. (2002) 'Shame and posttraumatic stress
36 disorder', *Journal of Traumatic Stress*, 15(3): 223–6.
- 37 McCann, L. and Pearlman, L.A. (1990) 'Vicarious traumatization: A framework for
38 understanding psychological effects of working with victims', *Journal of Traumatic
39 Stress*, 3(1): 131–49.
- 40 Maroney, T. (2011) 'Emotional regulation and judicial behavior', *California Law
41 Review*, 99: 1481–551.
- 42 Menkel-Meadow, C. (2009) 'Judging immigration claims and gender', in Jaya
43 Ramji-Nogales, Andrew Schoenholtz, and Phillip G. Schrag (eds) *Refugee Roul-
44 ette: Disparities in Asylum Adjudication and Proposals for Reform*, New York: New York
45 University Press, pp. 202–26.
- Muggeridge, H. and Maman, C. (2011) *Unsustainable: The Quality of Initial Decision-
making in Women's Asylum Claims*, London: Asylum Aid. Online: www.asylumaid.org.uk/data/files/unsustainableweb.pdf (accessed 24 May 2013).





Pearlman, L.A. and Mac Ian, P.S. (1995) 'Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists', *Professional Psychology: Research and Practice*, 26(6): 558–65.

Ramji-Nogales, J., Schoenholtz, A., and Schrag, P. (2009) *Refugee Roulette: Disparities in Asylum Adjudication and Proposals for Reform*, New York: NYU Press.

Ramsay, R., Gorst-Unsworth, C., and Turner, S.W. (1993) 'Psychiatric morbidity in survivors of organised state violence including torture: A retrospective series', *British Journal of Psychiatry*, 162(1): 55–9.

Rogers, H., Fox, S., and Herlihy, J. (in press) 'The importance of looking credible: The impact of the behavioural sequelae of post-traumatic stress disorder on the credibility of asylum-seekers', *Psychology, Crime and Law*.

Rousseau, C., Crepeau, F., Foxen, P., and Houle, F. (2002) 'The complexity of determining refugeehood: A multidisciplinary analysis of the decision-making process of the Canadian Immigration and Refugee Board', *Journal of Refugee Studies*, 15(1): 43–70.

Schauer, M. and Elbert, T. (2010) 'Dissociation following traumatic stress etiology and treatment', *Zeitschrift für Psychologie/Journal of Psychology*, 218(2): 109–27.

Sivakumaran, S. (2010) 'Lost in translation: UN responses to sexual violence against men and boys in situations of armed conflict', *International Review of the Red Cross*, 92(877): 259–77.

Sorsoli, L., Kia-Keating, M., and Grossman, F.K. (2008) "I keep that hush-hush": Male survivors of sexual abuse and the challenges of disclosure', *Journal of Counseling Psychology*, 55(3): 333–45.

Swan, S. and Andrews, B. (2003) 'The relationship between shame, eating disorders and disclosure in treatment', *British Journal of Clinical Psychology*, 42: 367–78.

Talbot, J.A., Talbot, N.L., and Tu, X. (2004) 'Shame-proneness as a diathesis for dissociation in women with histories of childhood sexual abuse', *Journal of Traumatic Stress*, 17(5): 445–8.

Tangney, J.P., Miller, R.S., Flicker, L., and Barlow, D.H. (1996) 'Are shame, guilt and embarrassment distinct emotions?' *Journal of Personality and Social Psychology*, 70(6): 1256–69.

Ueda, T. (2006) 'A study of gender factor of secondary traumatization in police officers', *Japanese Journal of Traumatic Stress*, 4(2): 75–83.

United Nations High Commissioner for Refugees, International Association of Refugee Law Judges, and European Legal Network on Asylum (2011) *Informal meeting of experts on refugee claims relating to sexual orientation and gender identity*. Online: www.iarlj.org/general/images/stories/news/Report_Expert_Meeting_final_24April_2012.pdf (accessed 20 August 2013).

United Nations High Commissioner for Refugees (2012a) *Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement*, Geneva: UNHCR.

United Nations High Commissioner for Refugees (2013) *Beyond Proof: Credibility Assessment in EU Asylum Systems*, Brussels: UNHCR.

van der Kolk, B., Hart, O.v.d., and Marmar, C.R. (1996) 'Dissociation and information processing in posttraumatic stress disorder', in Bessel A. van der Kolk, Alexander C. MacFarlane, and Lars Weisaeth (eds) *Traumatic Stress: The Effects of Overwhelming Experiences on Mind, Body and Society*, New York: Guilford Press, pp. 303–27.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45





Proof

Psychological barriers to refugee status 137

- 1 van Velsen, C., Gorst-Unsworth, C., and Turner, S. (1996) 'Survivors of torture and
2 organized violence: Demography and diagnosis', *Journal of Traumatic Stress*, 9(2):
3 181–93.
4 Wang, Q., Leichtman, M.D., and Davies, K.I. (2000) 'Sharing memories and telling
5 stories: American and Chinese mothers and their 3-year-olds', *Memory*, 8(3):
6 159–78.
7 Weiner, M.F. and Schuman, D.W. (1984) 'What patients don't tell their therapists',
8 *Integrative Psychiatry*, 2: 28–32.
9 Wessel, E., Bollingmo, G., Sønsteby, C., Nielsen, L., Eliersten, D., and Magnussen,
10 S. (2012) 'The emotional witness effect: Story content, emotional valence and
11 credibility of a male suspect', *Psychology, Crime and Law*, 18(5): 417–30.
12 Westaby, C. (2010) "Feeling like a sponge": The emotional labour produced by
13 solicitors in their interactions with clients seeking asylum', *International Journal of*
14 *the Legal Profession*, 17(2): 153–74.
15 Wilson-Shaw, L., Pistrang, N., and Herlihy, J. (2012) 'Non-clinicians' judgments
16 about asylum seekers' mental health: How do legal representatives of asylum
17 seekers decide when to request medico-legal reports?' *European Journal of Psy-*
18 *chotraumatology*, 3: 18406.
19 Wright, J.C., Giammarino, M., and Parad, H.W. (1986) 'Social status in small
20 groups: Individual-group similarity and the social "misfit"', *Journal of Personality*
21 *and Social Psychology*, 50(3): 523–36.

22 Taylor & Francis
23 Not for distribution
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45

Proof