



REIMAGINING REFUGEE RIGHTS

*Addressing Asylum Harms in
Britain, Denmark and Sweden*

VICTORIA CANNING March 2019

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‘They have a saying that you can lose everything, but you shouldn’t lose hope. And that’s actually what they are losing. Hope.’

Refugee support co-ordinator, Denmark

1. EXECUTIVE SUMMARY

A refugee is a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country' (The 1951 Convention relating to the Status of Refugees).

As the United Nations High Commissioner for Refugees highlights, 'a refugee has the right to safe asylum', adding that 'international protection comprises more than physical safety. Refugees should receive at least the same rights and basic help as any other foreigner who is a legal resident, including freedom of thought, of movement, and freedom from torture and degrading treatment' (UNHCR, 2002).

For people seeking asylum in Northern Europe, reaching a safe country is a primary goal. However, contrary to rights-based discourses, many people face unexpected and unduly harsh realities: barriers such as poverty, poor healthcare, racism and Islamophobia can make life incredibly difficult. Likewise, some policies and social attitudes have become increasingly hostile toward migrants, resulting in harmful laws and practices.

This report outlines findings from a study based in Britain, Denmark and Sweden from 2016-2018. Funded by the Economic and Social Research Council, it is an empirical documentation of the harms increasingly embedded in the practices of everyday bordering. In particular, this study focusses on the gendered implications of seeking asylum. It finds that hostile attitudes and environments compound - or make worse - the impacts of violence, torture and sexual abuse. At the same time, social and psychological support is reduced, leaving many people – including women survivors of violence - in an unsupported limbo, and thus on the periphery of societies.

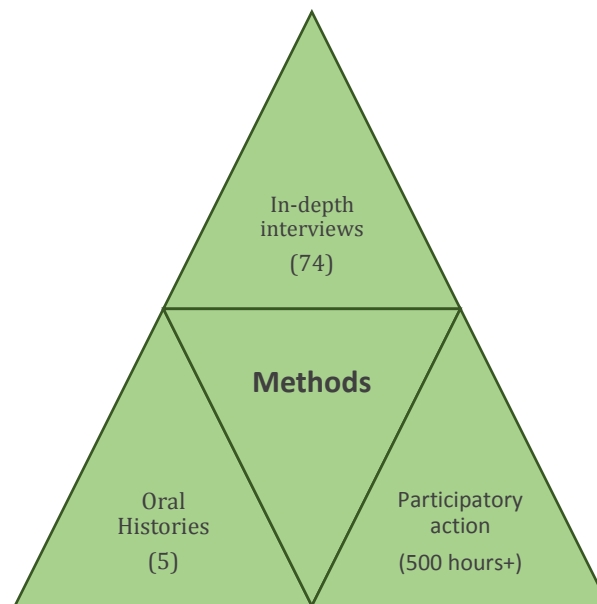
Overall, this report shows that the lived reality of the rights of people seeking asylum – in particular the rights of women - are diminishing in all three countries. It calls for a roll back on institutionally discriminatory practices, which create gaps between rights-based approaches and everyday experiences of degradation. Finally, it provides recommendations for changes in policy and practice, particularly at institutional and governmental levels.

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March 2019

1a: METHODS IN BRIEF

As Figure 1 below indicates, this project includes three key methods.

Figure 1: Methods:



Between October 2016-June 2018, 74 in-depth interviews with psychologists, detention custody officers, activists, sexual violence counsellors, immigration lawyers and barristers were undertaken. In-depth oral histories were also undertaken with five women, facilitating longer term insight into women's lives and trajectories of violence.

Participatory action has been central to accessing insight to everyday harms in the lives of people seeking asylum. This has included spending more than 500 hours speaking with people seeking asylum across the three countries, in particular women in asylum centres in Denmark and in communities in Merseyside, Britain* and Malmö, Sweden.

*This project has not included empirical research in Northern Ireland, and thus refers to Britain when discussing direct findings. However, the United Kingdom is referred to throughout this report when discussing policy, practice or statistics which include Northern Ireland.

1b: KEY FINDINGS

- 1. Asylum in its current form is unfairly weighted toward refusal from the offset, and as such the right to security is reduced.** There is little information at the application stage about what the procedural or legal framework for asylum is, or how much time it can take. The exception to this is Sweden, where legal information is usually provided prior to the substantive – or main – interview. This depleted somewhat in 2016 when capacity to review claims was reduced due to increased numbers in asylum applications, peaking at 162,000.
- 2. Although women seeking asylum are regularly deemed ‘vulnerable’, asylum policies and practices across all three countries actively contribute to or increase the risk of vulnerability to violence.** Poverty and destitution can leave women dependent on men financially. This harm manifests in many forms, including so-called transactional sex for somewhere to stay, or sexual favours in return for goods or money that offer more autonomy than the systems allow (for example being able to leave asylum centres or accessing alcohol).
- 3. The lack of autonomy in daily life, and increased uncertainty for the future, compounds the emotional and psychological impacts of previous subjections to violence.** Survivors of sexual violence, torture and domestic abuse disproportionately experience anxiety, sleeplessness, nightmares and other symptoms reflective of Post-Traumatic Stress Disorder. These are made worse by micro-level impacts of restrictive policies which increase the likelihood of detention and decrease everyday wellbeing. This uncertainty and insecurity often temporarily supersedes people’s focus on earlier abuses, the impacts of which can then resurface later on in life.
- 4. Practitioners working with people seeking asylum report that they are increasingly prevented from doing their jobs effectively.** This is particularly the case for psychologists and psychotraumatologists working with survivors of persecution and torture. Interviewees state that they cannot always undertake their support role effectively because clients are too affected by the precariousness of their immigration status, housing and destitution to be able to engage effectively. This means that the role of organisations and individuals within them can become unclear, and treatment can become less effective.
- 5. The use and practice of immigration detention varies across all three countries, but was unanimously viewed as negative by those who were or are seeking asylum.** Oral histories in particular indicate that the threat or reality of loss of liberty has a significant impact on people’s everyday feelings of security. This is most often the case in the UK, where detention is a more openly debated topic, but similar issues are echoed in relation to deportation centres in Denmark and in the increased shift toward prison-like conditions of immigration detention in Sweden.
- 6. Significant barriers to accessing psychological support are evident in all three regions.** Some organisations specialising in post-torture support or sexual violence counselling avoid working with people seeking asylum, as the uncertainty of

their status is considered too distracting to engage in meaningful therapies. This is particularly the case for practitioners in Denmark.

7. Deportation centres are spaces of significant harm. Of the three countries, only Denmark has dedicated deportation centres, Sjælsmark and Kærshovedgård.

Whilst the centres have received criticism within Denmark, they are often overlooked elsewhere. Participants – including staff working in Sjælsmark - consistently recommend closure. This report advocates the closure of Danish deportation centres. However, as this is an unlikely outcome in the near future, interim recommendations include relaxing the controls around the everyday experiences of people in the centres: people should be allowed to cook, canteen times should not be regulated, there should be women-only spaces, the health, age and religion of the person should be considered where canteen food is used, and prison-like fences should be removed. People should also not have to sign in regularly and, if and when they do, this should not require police involvement.

In summary, this study evidences an indisputable link between increasingly hostile policies and practices toward immigrants as a deliberate tactic for exclusion or deterrence, and the micro-level impacts of such policies. As these are often intended, either through aspects of social control or through legislation itself, then any significant structural change requires deconstruction of harmful practices and a wholesale reconstruction of state approaches to migration broadly, and asylum specifically. The alternative to this is the continued enforcement of the social harms documented throughout this report. From a practitioner, academic and activist perspective, it is perhaps time to recognise that many of the harms addressed within this report are the preferred outcome of governments across the three countries. This creates significant barriers for improving the life quality and wellbeing of people seeking asylum, particularly for women survivors of violence.

Image 1: Danish Departure Centre



EXAMPLE OF GOOD PRACTICE

In Denmark, Trampoline House maintain an autonomous space where people can learn about the asylum system, meet friends, have coffee and gain work experience. There is women only space on Saturdays. Refugees take part in decision making and the overall running of the group. There are regular parties – something often overlooked elsewhere. This offers an alternative existence to exclusion and degradation.

EXAMPLE OF PROBLEMATIC PRACTICE

In Denmark, the distance between asylum centres/departure and deportation centres and towns or cities, means people are effectively confined through lack of money, transport or regulatory perspective, since areas which are deemed ‘open’ are subject to less regulation or inspection, even if the lived experience mirrors confinement.

EXAMPLE OF GOOD PRACTICE

Recognising the importance of LGBTQ experience, RFSL (Swedish LGBTQ rights group) developed the popular ‘Newcomers Café’. This is a meeting and campaigns space for people from inside and outside of the asylum system, where people can gain access to legal counsel, health advice and support to access LGBTQ housing (as some asylum centres are LGBTQ certified to ensure adequate training and safety for people seeking asylum).

EXAMPLE OF PROBLEMATIC PRACTICE

In all three countries, the increased use of everyday borders - checks on public transport, accessing details of volunteers who are migrants etc. - means people are a) more likely to move underground and b) less likely to report illness or try to obtain psychological or social support. The implications of this for survivors of violence or torture can be profound.

EXAMPLE OF GOOD PRACTICE

In Sweden, unaccompanied minors are usually assigned a mentor – or god man – when they arrive. This gives them a less formal kind of support with someone with whom they can build trust.

EXAMPLE OF PROBLEMATIC PRACTICE

In the UK, women indicate having problems with housing officers, including accessing their home without their knowledge or consent, and some instances of sexist or racist comments.

2. METHODOLOGY

This project draws together findings from a two year long project (2016-2018) based in Britain, Denmark and Sweden. The objective is to empirically identify the forms of harm embedded in asylum systems in each country using typologies of harm defined by Hillyard and Tombs (2008), Pemberton (2015) and (Canning, 2017). To develop rich case study analyses, three primary research sites were included: Liverpool in England, Copenhagen in Denmark, and Malmö in Sweden. Some interviews with practitioners also took place in London, Glasgow, Manchester, Gothenburg and (in Denmark and Sweden) in three immigration detention centres, one asylum centre and a deportation centre – all of which were further out of cities.

The project embedded a participatory action focus and as such I worked with various non-governmental organisations to gain insight into the structural limitations of both providing and accessing support whilst seeking asylum. More than 500 hours were spent in conversations with people seeking asylum at organisations, in asylum centres and in women's houses. In all, 74 in-depth semi-structured interviews were undertaken with practitioners including lawyers, barristers, psychologists, psychotraumatologists, politicians, immigration detention custody officers, sexual violence counsellors, activists and organisation co-ordinators. These lasted between 1-2 hours, with broad themes rather than set questions. This ensured focus on the person's area of specialism. Five oral histories were undertaken with women seeking asylum across the three countries. These are highlighted as vignettes throughout this report.

Over the duration of the two years, I accessed one of the two immigration detention centres in Denmark, but was denied entry to the second. I accessed one deportation centre in Denmark (*Sjælsmark*). I accessed two detention centres in Sweden, but could not gain access to asylum centres. I spent one month visiting women in an asylum centre (*asylcenter*) in Denmark, made four visits to a Danish departure centre, and various housing visitations in women's asylum accommodation in the North West of England. I attempted communication with the Home Office in Britain, including multiple emails, telephone calls, and entering the appeals unit in Liverpool to request interviews with staff. I entered correspondence with the director of Yarl's Wood immigration detention centre for women. All attempts were unsuccessful.

All women spoken to (100<) throughout the duration of this project discussed previous or ongoing instances of domestic or sexual violence as a main contributor to their need for asylum. This was sometimes supplemented with reasons relating to religious or political persecution. Most men (50<) reported political reasons including avoiding forced subscription to armies or paramilitaries and persecution based for reasons relating to religion or sexual orientation. All trans people spoken to (n: 6) based their claims on sexual orientation or religious reasons.

IMPORTANT NOTE: all participants are anonymous, and all efforts have been taken to remove the identifiability of women. Practitioner participants are all addressed according to their interview number and country they are based, for example, S11 is the 11th person interviewed in Sweden; D2 is the second in Denmark, B 18 is the 18th person interviewed in Britain, and so on.

2a: TAKING A SOCIAL HARM PERSPECTIVE

Research into the experiences of migrant populations cuts across various disciplines: psychology, sociology, criminology, refugee studies and human geography. As the increased criminalisation of immigration proliferates, crime control agendas have become increasingly dominant.

This study draws from a social harm approach, and focusses on ways in which such measures and policies can inflict harm on migrant groups generally, and people seeking asylum specifically. The everyday forms of control embedded in people's lives can be as (or more) restrictive as physical borders: spatial isolation in asylum centres mirrors practices inherent to formal immigration detention; a fear of deportation stretches the whole duration of awaiting refugee status - a period that regularly takes more than two years to obtain a first decision. Families are separated by limitations in reunification. Meanwhile, recent reductions in the length of time afforded by residency permits in Denmark and Sweden, and the right to remain in UK, means people have limited control over their futures and thus their lives.

As this report shows, these issues transcend the criminological into the psychological, social, economic and personal. As such, evidencing socially harmful practices in asylum enables us to find ways to mitigate, ameliorate and ideally eradicate harms against refugee populations in Britain, Denmark and Sweden.

Figure 2: Examples of social harms (list not exhaustive):

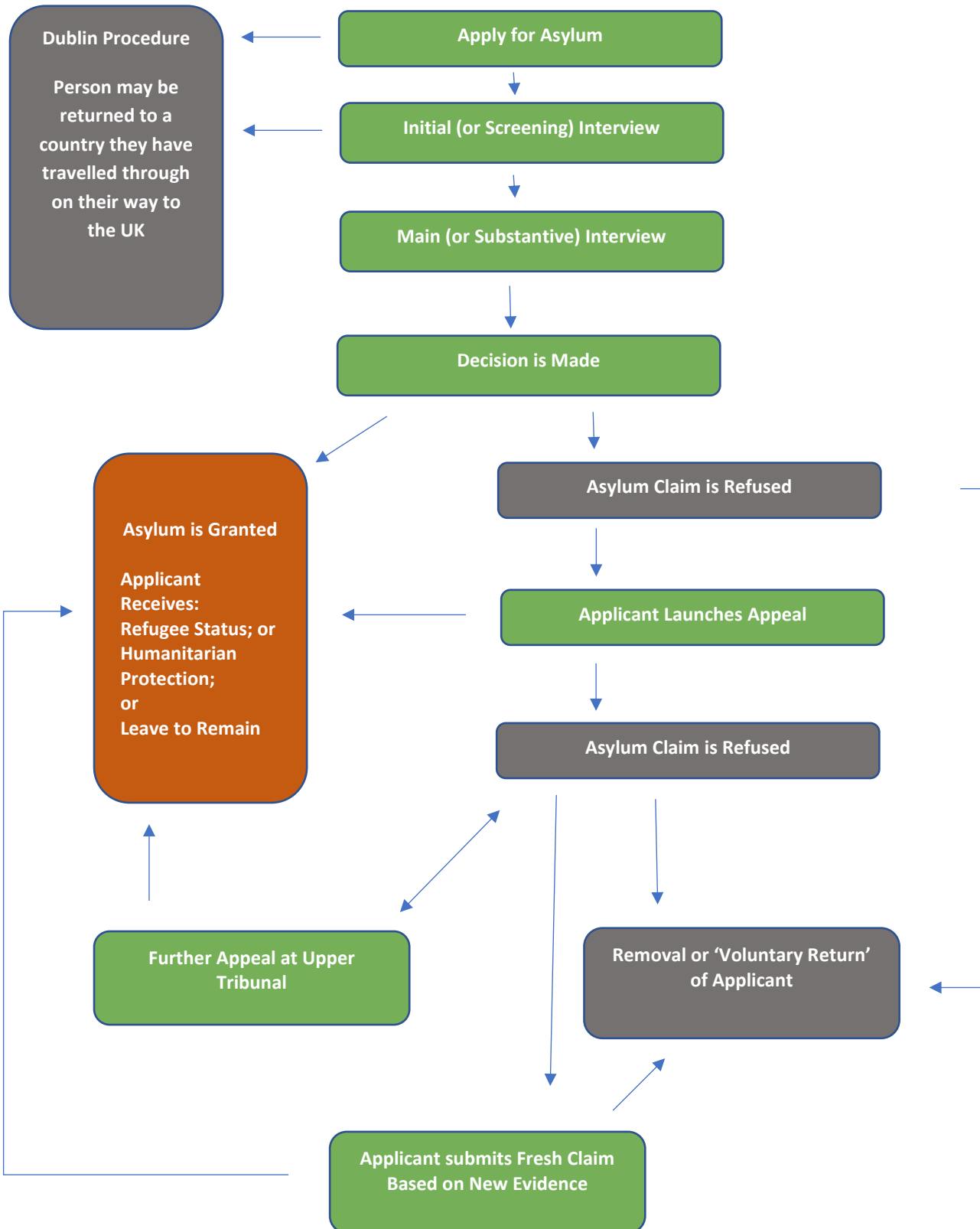
Physical/Mental Health Harms	Autonomy Harms	Relational Harms
Poor quality of life; little or no access to a healthy diet; little or no opportunity to exercise effectively; poor access to appropriate healthcare; inadequate shelter and/or hazardous working or living environments.	Absence of available opportunities to engage in productive activities; Inadequate opportunities for understanding and learning; limitations on personal development; few opportunities to control or have autonomy over own time or decisions.	Two forms: Forced exclusion from social relationships, and harms of misrecognition. Forced exclusion includes lack of social network due to e.g. no childcare; domestic labour; isolation. Misrecognition includes misrepresentation of identities, which lead to exclusion or stigmatisation.
Potential to lead to: Long term physical health problems; disease; malnutrition; illness; death; mental health problems; anxiety; depression.	Potential to lead to: role deprivation; lack of production or engagement in social activities; lack of self-worth; state of insecurity.	Potential to lead to: Social exclusion; lack of self-esteem; poor functionality in everyday life; loneliness; isolation; depression or other mental health problems.

Table adapted from Pemberton (2015, p. 28-30).

3a: COUNTRY CONTEXT IN BRIEF: UNITED KINGDOM*

*Note that this project focusses empirically only on Britain and has not included Northern Ireland. However, data and process/policy regularly refers to the United Kingdom as a whole, including the process of the asylum system. As such, each term is used differently according to process.

Figure 3: Outline of asylum system in the United Kingdom



Asylum can be claimed in the UK at the port of entry, although all claims must be made subsequently and in person through Lunar House in London. As with Denmark and Sweden, the claim is registered and the applicant's photograph and fingerprints are taken. People are moved to initial accommodation centres in one of the UK's 'dispersal areas', a policy that was developed in an attempt to avoid most people staying in London and moving to almost exclusively poor or economically deprived areas elsewhere (see Canning, 2017, see also dispersal map, Home Office, 2017a). Although the aim is for people to stay no longer than 3 weeks in such accommodation, participants in this research indicated that this is now regularly a period of three months, and in some exceptional circumstances, up to six months. Once processed, people seeking asylum are allocated social housing, which is mostly privately managed by the international corporation *Serco*, which has been repeatedly contracted by the Home Office since 2012 despite numerous financial misdemeanours and allegations of abuse (Shaw, 2016).

As Section 4 of this report shows, the UK was largely unaffected by the increase in numbers of people seeking asylum in Europe during 2015 and 2016, receiving only 30,603 in 2016. However, time spent waiting for an initial decision increased in 2017, when a total of 10,552 people were waiting for more than six months between July and September— an increase of 27 per cent on the same period in 2016 (Bulman, 2017). The longest period of time spent in the British asylum system now stands at over 20 years. People seeking asylum receive approximately £37.75 per week to buy food, toiletries and other necessities. The capacity to travel is thus reduced, as people can seldom afford to go anywhere, and the use of stop and searches on public transport as a means to identify illegalised migrants makes people reluctant to travel whilst their claims are under review – effectively disrupting support networks or access to counselling or specialist services. Housing ranges in quality and people are required to register weekly or monthly at Home Office reporting centres.

In 2012, the then Home Secretary Theresa May (at the time of writing, Prime Minister) advocated a 'hostile environment' against illegal immigration, which subsequently affected immigration and asylum on a much broader scale. Although there has been a long history of stringent controls around asylum and immigration in the UK, particularly since the 1990s (see Webber, 2012), recent legislation has created additional layers of social control which negatively affect people seeking asylum.

In combination, the Immigration Acts of 2014 and 2016 facilitated the reduction in the right to appeal against asylum decisions in certain cases. One immediate effect of this was a 14% fall in asylum appeals between 2015-2016 (from 14,242 to 12,235, see Home Office, 2017a). Reductions to Legal Aid have also left people with substantial legal bills – some participants in this research received bills amounting to over £2300. Considering that almost 50% of all appeals are upheld once reviewed, this is likely to mean that people who would have been granted status or whose claims have been incorrectly reviewed will not have an opportunity to do so. The Acts also created an environment within which people seeking asylum are less able to access housing and healthcare (see Canning, 2017).

SEEKING ASYLUM IN BRITAIN: ASMA

Asma had been married to an abusive husband for three years before she entered the UK with him on a short-term visa. Whilst growing up in Pakistan, she experienced various forms of domestic violence, threats, and intimidation. A key point she remembers is of gendered control, 'by brothers and my father, they were very strict. They don't allow girls to go easily like outside with friends or even friends' homes' and that 'they don't allow to women to go out and they don't want you to go to like university. Now the girls are going, but before, long time, thirty years ago now!' This violence extended to her married life, with an emotionally and physically abusive husband, 'basically he was beating me a lot, he broke ... he was punch me, he ... this, my bone is broken.' She points to the part of her cheekbone which remains partly broken due to one particularly violent attack. She still experiences headaches from the impact.

After arriving in the UK Asma recalled being driven in handcuffs to IRC Yarl's Wood (women's immigration detention centre), stating that 'me and another woman as well, both handcuffs. They put handcuffs, like we did any crime, in the UK or like we are prisoners or we are. I say, what they do? With women like that!'

She went on to reflect on the feeling of incarceration as, 'there is nothing, life, you know, inside it's just lock lock lock lock and there is nothing. You have to eat on time, they can count you in the room, even you can't see your face in mirror, you are not allowed to watch TV or nothing. Like a prison, you are in a prison. So you can imagine the life of prison?' Once at Yarl's Wood, 'four days I was there, and my interview was there and everything happened and my case worker said, 'I will give you a decision in two days.' At the time of writing, Asma has been in the system more than 10 years.

Asma has a child and lives with almost no support in a small flat in one of the most impoverished areas of Merseyside, itself one of the most deprived regions of the UK. There is no space for relatively few the belongings that she has collected over the period of a decade, and items clutter the worktops and – as with any young children – toys clutter the floor. I was with Asma when she first moved here. The officer for the private company Serco, which oversees asylum housing contracts in Liverpool, remarked that there would be outdoor space for her child to play in. In reality, we were forced to lodge a complaint on arrival – the backyard was strewn with rusted metals and toxic waste. The door wouldn't be opened often, since the concrete steps to the concrete yard would be a health hazard for a two year old toddler.

As with other women seeking asylum whose homes I have visited, Asma felt that various aspects of control seeped into her home and everyday life. Although she was complementary about one of the officers she had worked with previously, her current housing officer regularly made remarks that she felt were unacceptable. For example, she argued, 'Even my [housing support] manager is very bad, racist, all the time comment he gave me, he said, 'Why are you people come in this country? You have to go back! Home Office come, soon this house will be empty.' From serious restrictions on movement to micro levels of control, Asma is under the outsourced watch of the British state. For her, however, the most important thing that she is losing is her time. She reflected on the decade that has passed where she has lived precariously, that, 'I am here ten years now and my life has gone. I'm nearly 45. What I will do if I get status now? How I can do work?'

If ten years ago I got status, I would be able ... I had to do the job, I was young, I could do everything'.

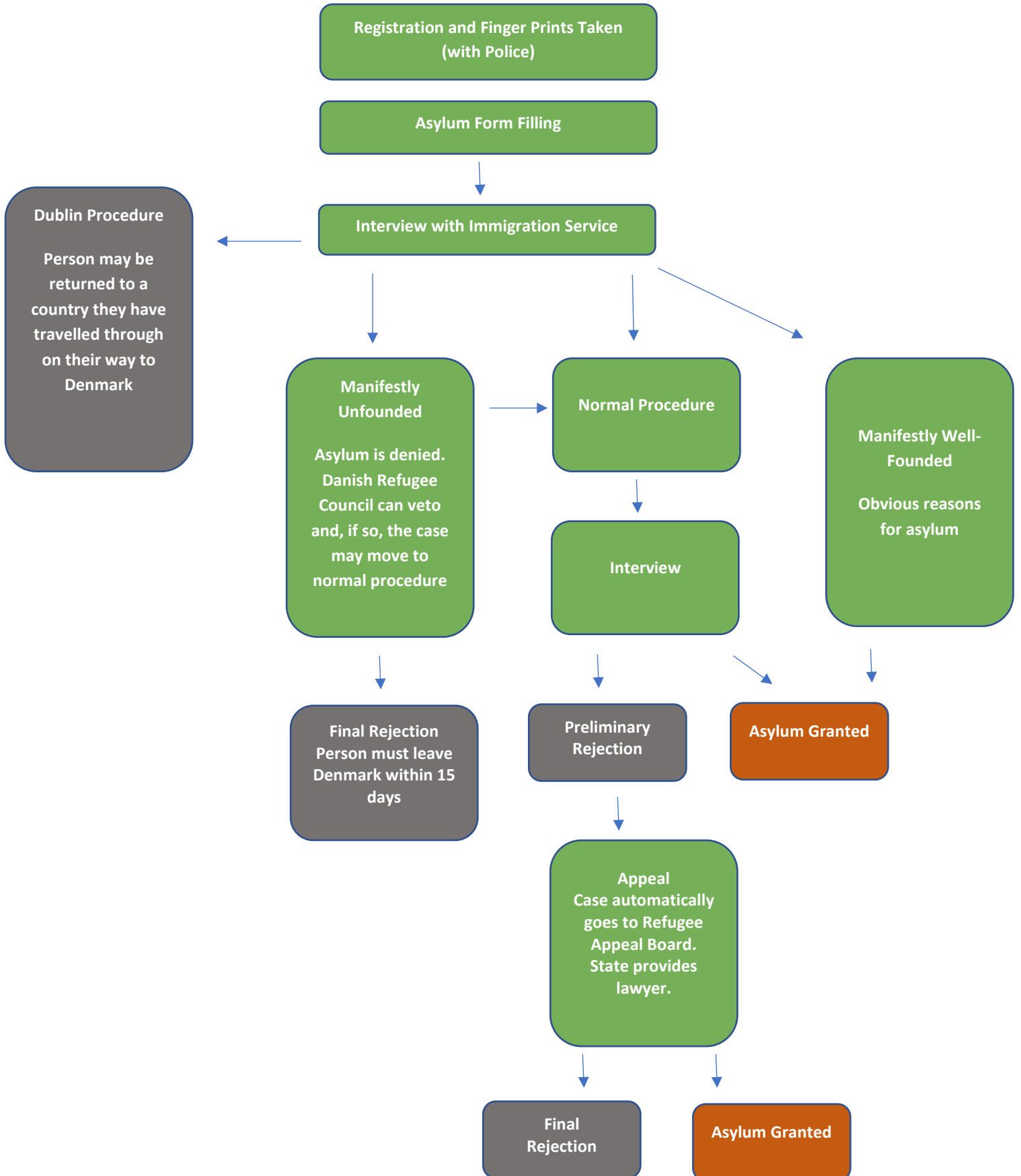
Asma moved house after repeatedly experiencing harassment in the area that she lived. Below are images of the home she was moved to, which on arrival, had toxic waste and rusted metal left in the yard. Her housing officer, employed and managed by the corporation Serco, commented that she should be glad of the outdoor space that her then two year old son could play in.

Image 2: Toxic waste at asylum housing, England



3b: COUNTRY CONTEXT IN BRIEF: DENMARK

Figure 4: Outline of asylum system in Denmark



In Denmark, asylum applications are handled by the Immigration Service (*Udlændingetjeneste*). Normal procedure is that applications can be made at the port of entry, Center Sandholm or at a police station. There are usually two interviews: one by the police upon registration, where applicants are divided into different 'tracks': Dublin regulations; manifestly unfounded; and regular procedure. The latter group are then heard in a second, substantive interview with the immigration service, where the story is compared to that given to the police. Most claims are decided after the initial interview, after the applicant has registered their claim. This gives applicants very little opportunity to prepare their case, or build trust to discuss instances of abuse or persecution which can affect their claim.

Once registered, and unless applicants have access to supported accommodation, all are processed through Center Sandholm, an initial accommodation centre and former military barracks approximately 1.5 hours from Copenhagen by public transport. This is called Phase One. Until 2017, all applicants were dispersed to asylum centres (*asylcentre*s) which were located across the country, mostly in former hospitals or military barracks in isolated areas and managed either by the Danish Red Cross or the local municipality. Food is either provided in canteens, or small amounts of financial support are provided which ranges from nothing, to a basic allowance of around 53 Danish Kroner (£6.25) per day, with a potential supplementary amount when the case is under review or refugee status has been granted and in process (Nyidanmark, 2018). The reduction in applications for asylum – as shown in section 4 - has meant that most of these centres have closed, and instead applicants are given decisions more quickly and moved to departure or deportation centres, called Phase Three, if not deported or granted leave to remain. These centres have received significant criticism due to the efforts taken to reduce the lives of people living there to a basic existence (see Suárez-Krabbe et al, 2018).

Denmark has long established restrictions on immigration (see Whyte, 2011) and has implemented *motivation enhancement techniques* since 1997, strategies which create increased obstacles which motivate illegalised migrant and failed asylum applicants to leave the country (Suárez-Krabbe et al, 2018). However, more recently the Venstre-led government has developed exceptional responses to an increase in applications in 2015, up from 14,792 in 2014 to 21,316. Although this was not a significant number in comparison to other European countries, the Danish state worked to develop strategies to deter people seeking asylum from coming to Denmark, or motivate them to leave once they were there (see Section 5C). By the end of 2017, this was reduced to 3, 458 applications (see Udlændinge- og Integrationsministeriet, 2018). In 2016, the average time of stay in the Danish asylum system was around 550 days, covering a span from one month to 18 years (Clante Bendixen, 2017). Simultaneously, in 2015, the length of permission to stay was reduced from 5-7 years to 1-2 years, which more easily facilitates the removal of people (such as Syrians) whose home country circumstances were expected to improve as wars or conflicts reduce or dissipate.

According to the Minister for Immigration, Integration and Housing, Inger Støjberg, the aim has since been to make life 'intolerable' for people who are on tolerated stay (refused but unable or unwilling to leave Denmark). Since 2015, 100 restrictions, or *stramninger*, have been implemented. Whilst these include the right to seize jewellery or valuables from migrants that are worth more than £1100, it is the everyday

intensification of controls which cause the most prolific harms, particularly in the last points of the asylum process: deportation and departure centres (see section 5C for discussion on these).

‘They treat the refugees like animals, like wild animals, not pets. You can love pets, but not wild animals.’

Mahira, survivor of domestic violence, domestic torture and false imprisonment, Denmark

SEEKING ASYLUM IN DENMARK: ANTONIA

Antonia spent three months in North African desert and forest after she left her country of origin in West Africa. For the part of her journey accessible by road, she was driven by smugglers, recalling 'They take us together like, I don't know how to call it, like chickens'. She mimics how she sat in the truck packed with people and dogs, by hunkering down with her arms firmly wrapped. When inaccessible, she says, 'By your feet. Get so where the car can't take you. The car cannot take you more than that'. Antonia remembers, 'it's not easy. Because we saw people, dead bodies, when there is no water. So people can give you their urine to drink. You know? So it was like that. It was really difficult'. She moved by boat from Morocco to Spain. The journey was frightening, as 'You don't see anywhere, you only see the water. I get scared, you wouldn't want to cross the sea'. It took her and the other people on the boat almost 24 hours to reach safety. They were rescued on shore by Spanish police and taken to hospital before spending one month in a camp, where women and men lived separately.

From here, friends of one of Antonia's original smugglers drove her further into Europe, arriving in Italy more than a decade ago. Having now been trafficked through EU borders, she spent seven years living in prostitution to make enough money to pay her original fees, little of which she received herself. She silences this period when she speaks, feeling that, 'I cannot be proud of things when I tell someone I worked in prostitution. I can't say that. You understand? So I have to keep that one to myself. I don't have to say to anyone'. As for many survivors of sexual trafficking, the actions of others are internalised as shame.

Arrival in Denmark

In the late 2000s, Antonia arrived in Scandinavia and continued in prostitution. As it is illegal to pay for sex in Sweden, she applied for asylum in Sweden whilst travelling to sell sex in Copenhagen. Working on streets and still living with traffickers, she recalls, 'They take money. The money I work, they will take. Sometimes, if you don't work, they will beat you. They will use this type of stick, [picks up wooden spoon, as we are in the camp kitchen]. This thing. They use it to beat me'.

It was here, in Denmark, that she was arrested, 'They arrested me, they handcuff me, yeah, they put handcuff in my hand. I told them, 'I'm not a criminal! Did you see any drug in my hand, why did you handcuff me? I'm just a prostitute!' But they are just handcuffing my hands. Even when you want to urinate in the police prison, before they take you to prison, in the police station, you will call them, call them, call them, ring the bell, they will ask you to ring, before they will come and answer, they take a long time'. There, she spent two weeks in prison, not for the original prostitution arrest but instead for immigration related offences, before being removed back to Sweden. Having been trafficked to Denmark without documentation prior to seeking asylum in Sweden, her case was later returned to the Danish government under Dublin Regulations.

Like everyone in the Danish asylum system, Antonia spent her first months in Center Sandholm before being moved to a women's centre, and then a centre that had a section which was deemed women only. On that point she reflected, 'they said men doesn't live here, they are lying! But men live here'. This she found awkward since, 'When you want to take your shower, the boys they will just stand, they will be looking at you like this' [widens

eyes into stare]. By this point, Antonia had had a child. All of the child's life had been spent in asylum centres. Their speech was seriously impeded, and they were regularly in trouble for acting aggressively with other children. They shared one bed, curtains permanently closed for privacy as 'I don't have friend. I don't say hi to them, they don't say hi to me. I go my home, they go their home. Because I don't want to have contact with them'. The room in which we sat was small, no more than twelve foot by eight foot, with four suitcases leaning precariously on one side. Like many women I met in asylum centres, Antonia chose not to build friendships as she no longer knew who she could trust.

Trajectories of Trauma

Having survived crossing the sea, trafficking, forced prostitution and beatings, Antonia felt that life in asylum was now her greatest challenge. She reflected that, 'I want to go away from the centre, but when I'm there, I have a lot of stress in my head. It's not what they teacher is teaching me in the school. I don't know anything'. As many survivors of abuse experience, she was unable to concentrate in any classes, and could seldom afford to leave the centre due to child care responsibilities. Instead she felt, 'You have to make yourself happy. If not you would one day just stand up, you would go hang yourself, you will just die. It's not easy to live in the camp, my sister. It's not easy, camp life is not easy to live'. Accessing free psychological support is very difficult in Denmark, and the centre was no exception. When we discussed any counselling or psychological support, Antonia stated that, 'I don't know if there is anyone like that in Denmark here. I've not seen, since I've been in Denmark. Since I been in the asylum system. I've not seen'. As a survivor of forced prostitution, she had never yet been offered sustained emotional or psychological support.

Uncertainty and Temporal Harm

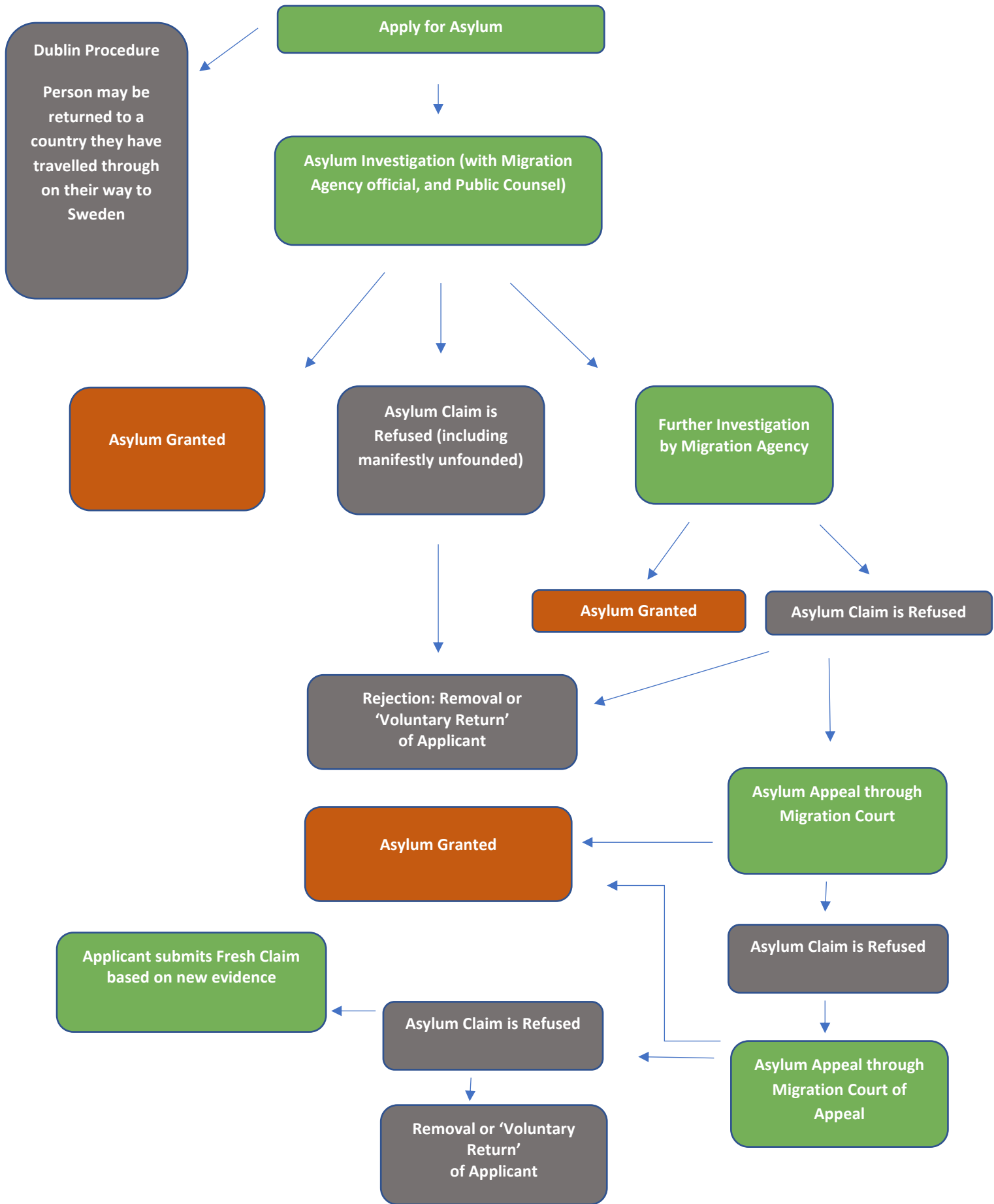
As other parts of this report indicate, time spent in asylum centres often feels wasted or void, with little to do and limited autonomy over the future. It is a time of waiting and stress, and this was no different for Antonia, 'When you are seeking asylum in Denmark it's stressful. When you come here you don't think about anything, when you are there for long time, it's stressful. You don't know when the immigration is going to write to you. You don't know what is your fate there. You will be thinking, you think positivity, you think negative, you think different type of sickness. When the sickness is too much in the body, you fall sick, when the sickness is too much you have different sickness in your body. I don't know if you understand what I mean.'

Although people are technically able to leave asylum centres, child care and lack of money reduce the real life opportunities for this, making Antonia feel that 'they just got you like prisoners in the camp'. Boredom and isolation are common, as she reflected, 'It's so boring... You eat, you sleep, did you come to Europe to come and eat and sleep? Nothing!' Instead, as Antonia suggested, a sense of disorientation can set in, 'asylum make people crazy, when you sick in asylum, it's not what you expect you get when you are asylum, sister... In asylum you will not know your whereabouts, where you are going to'.

When we first met, Antonia had been living in asylum camps awaiting the outcome of her application. She felt that, 'I'm tired of living... by next month I will complete three years in the camp'. When I last visited a departure centre in August 2018 I asked women where she was. She was living with her child in another centre at the other side of Denmark, bringing their time in camps to almost five years.

3c: COUNTRY CONTEXT IN BRIEF: SWEDEN

Figure 5: Outline of asylum system in Sweden



In Sweden, asylum applications are handled by the Migration Agency, or *Migrationsverket*. People applying for asylum in Sweden can do so at the place of entry or in a police station. Whilst awaiting a decision, asylum applicants can request the right to work under certain provisions (for example, they must provide evidence of credible identification, which effectively excludes people from countries where identity documentation is generally not seen as credible, such as Somalia or Ethiopia). If a person cannot support themselves, adults will receive between 24-71 Swedish Kroner per day, depending on whether they receive food in their allocated accommodation (see *Migrationsverket*, 2018b for further details). For some this means shared apartments (with the exception of families), but it also includes reception centres. These are often placed in isolated and rural areas, including north of the Arctic Circle.

In 2015, as the crisis in Europe's reception of refugees deepened, Sweden saw unprecedented applications for refugee status. Reaching a peak of more than 162,000 in 2015, the response was to heavily regulate the border between Denmark and Sweden through visa control and partial border closure of the Øresund Bridge on 24th November 2015 (see Barker, 2018). A significant drop in applications ensued, as detailed in Section 4. Moreover, the country saw an intensification of internal policing of immigration, including through social work and voluntary organisation working with migrants.

The number of applications in 2015 had a detrimental effect on the speed at which people's claims were processed, leading to a substantial increase in the length of time people were staying in reception centres, up from an average of 344 days in 2016 to 589 in 2017, with an average application handling time of 528 days by August of 2018 (*Migrationsverket*, 2018a). There has been a significant drop in the granting of asylum in the initial decision, from 77% of decisions being positive in 2015 down to 37% by 2018 (*ibid*). Whilst *Migrationsverket* have pledged to reduce the length of applications to just 3-4 months, it is important that applications are thoroughly and correctly reviewed (a concern brought up by staff interviewed, as discussed in Section 5A).

A 'temporary law' (*den tillfälliga lagen*) was implemented in July 2016 and shall remain until (at least) July 2019. It introduced a new practice of almost exclusively granting temporary residence permits (for *subsidiary protection* for 13 months) in place of indefinite leave to remain. This means people are unable to plan for any longer than the stipulated 13 months, and may be deported at the end of this if their position or country of origin is deemed safe. This is likely to affect people's capacity or willingness to integrate – a central focus in Swedish approaches to immigration.

SEEKING ASYLUM IN SWEDEN: NOUR

Nour moved to Sweden with her partner in the mid-2000s. Travelling with a one year visa, she had decided to flee violence from her ex-husband, who had already taken her child from her. At the time, she recalled that 'he was threatening me, and the main reason was that I was not allowed to see my child and if I would try to see my child then he said he would really hurt me. The worst time was when he took the leg of a table and hit me with it'. After falsely imprisoning her in her home, spending the night threatening her with further violence, Nour decided to leave Lebanon. She never felt that she could report his violence, since, 'I am Christian and my ex-husband is Muslim. He is a powerful man within Hezbollah. I couldn't go to the police and report him because he was a very powerful man and the police couldn't enter the area where he lived in. The police in Lebanon take a lot of bribes and so they will not help'.

When her visa expired, Nour applied for asylum on three occasions. After the second application, she recalled being so nervous waiting for a reply that, 'I was very nervous and I didn't eat for 20 days'. Her claim was considered under Particular Social Group of the Refugee Convention, but rejected on all three occasions as Lebanon is considered a safe country for return. She recounts that, 'they [Migrationsverket] listened but they didn't believe me and I don't understand who gave them the information that I was safe in my home country because I really wasn't'.

Life in Asylum

When we met, Nour was being held in an immigration detention centre in Sweden. Having been refused asylum, she had spent many years struggling to access healthcare, feeling that, 'when you're here in Sweden without legitimate papers they do not care and they do not help you'. Her biggest barrier was administrative, as her lack of documentation meant she could not access a doctor legally. Recalling one incident, she remembered, 'the woman on the phone told me that why do you have your four last digits in your personal number and LMA card [Lagen om mottagande av asylsökande – asylum identification card]? I hung up the phone and then never called back'. Instead, she relied on friends to get her medication for high blood pressure.

Like many people I spoke with who were living or working in the asylum system in Sweden, Nour did not even know what immigration detention centres were. From her home, 'the police forced me to stay there [at a police station] all night in a small room that was really, really, really disgusting smelling, and I was cold all night, freezing almost to death... It was the very first time I had experienced something like that'. The impacts of her incarceration spread also to her friends. Nour stated that, 'a friend came with some of my belongings to the police station and we have been friends for over ten years, and she wanted to go inside to see me but the police wouldn't let her, and so my friend stayed outside crying the entire night, outside of the police station, with some of my belongings'.

When she arrived at the centre, Nour said that, 'they left me in that really small, awful room and I doesn't like to sit for very long so I was walking around, pacing, in that small, disgusting room and then all of a sudden a man just opened the door telling me to go sit in the corner and not to walk around so much'. As someone affected by Obsessive Compulsive Disorder, her confinement made her feel suffocated, recalling that, 'when I was showering and the water was falling down, I could see bugs all over the place even though they were

not real' and that, 'the first four days I didn't eat at all. But now I'm starting to adapt to the environment'.

As with many people in detention or prison, Nour struggled to adapt to the feeling of social control. She felt that, 'there was always someone constantly watching me and I don't understand why because I'm a nice person'. On one occasion, she was faced with an emergency response from two male guards when her lawyer accidentally hit a response button instead of a call button after a meeting. She recalled that, 'all of a sudden two huge men came in thinking that I was trying to hurt my lawyer, because that is assault alarm. And that made me really, really sad because I told them I am not dangerous! I was not trying to hurt someone'. Indeed, Nour often reflected on her time in detention as being made to feel 'like a criminal'.

Nour felt that staff did try to help her, for example, 'staff lent me several DVDs and I was watching these in the TV room, and also they gave me an extra blanket for my room because it's really cold and the staff here, they are really nice to me', but that freedom was her main concern, since 'I will do what Immigration tells me to do but I want to be free'. Unlike the other women I met, Nour and I were only able to meet on two occasions. She was moved to another detention centre, and subsequently deported.

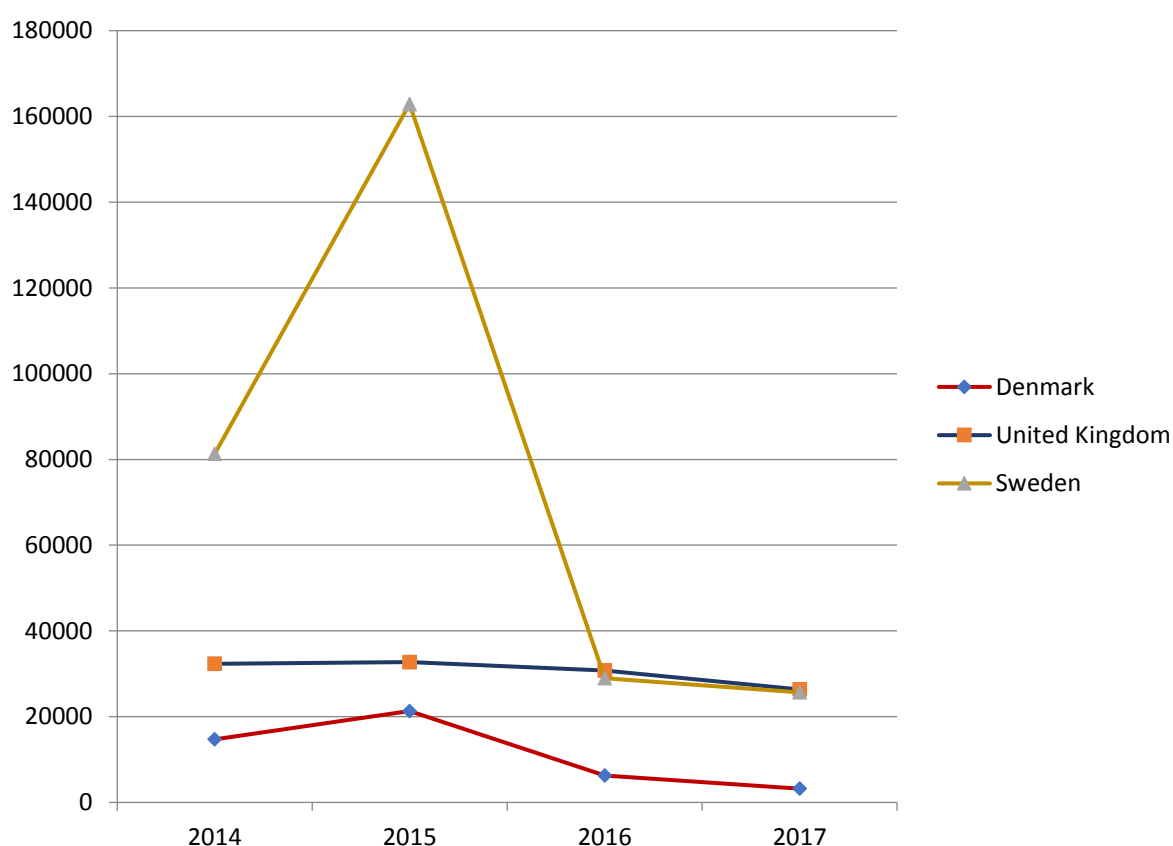
Image 3: Anti-deportation rally in Malmö, Sweden, 2017. The signs translate as, 'Children as children, Swedish or Afghan', 'Don't send us to war' and 'Stop the deportations'.



4: CONSEQUENCES OF INCREASED EXTERNAL AND INTERNAL BORDER CONTROLS

Britain, Denmark and Sweden varied in their experiences of, and responses to, the increases in migrant mobility during 2015 and 2016. As Figure 6 indicates, Sweden had a peak of just over 162,000 applications for asylum in 2015. Denmark rose to just over 21,000 applications, whilst the United Kingdom received just over 30,000 applications (collated from Clante Bendixen, 2018; Migrationsverket, 2018a, Refugee Council, 2018).

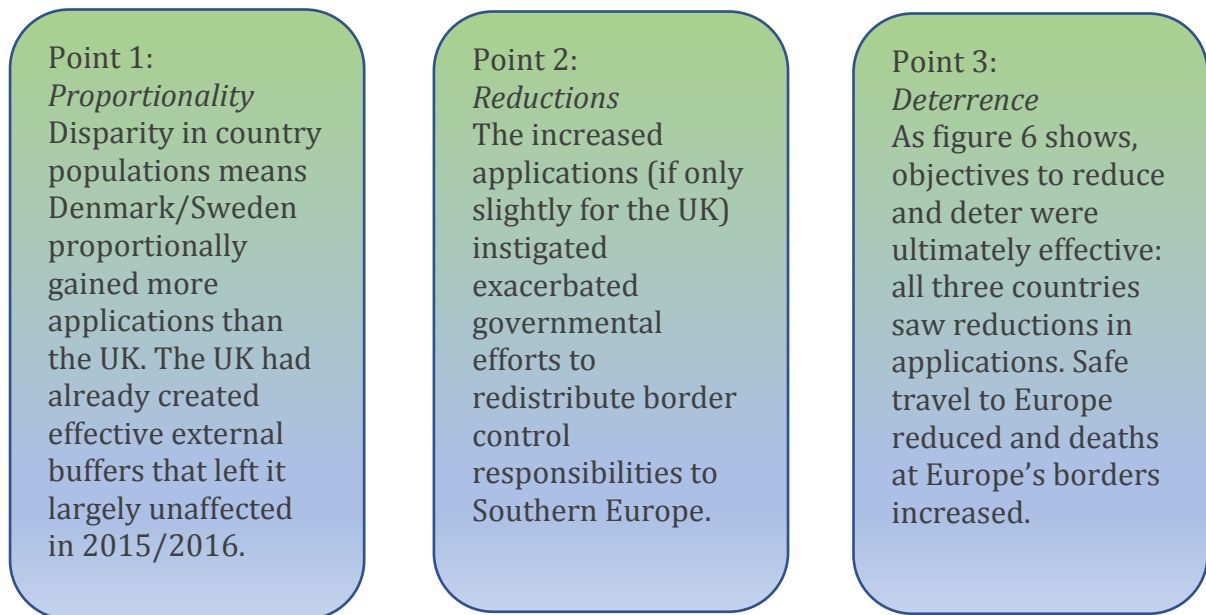
Figure 6: Applications for asylum, 2014-2017



Whilst Sweden and Denmark saw varying degrees of increases in asylum applications in 2015, the UK remained largely unaffected (see Home Office, 2017b). This is largely due to the long-term efforts to extend border controls outside of the country through visa regulations and carrier sanctions (see Webber, 2012). Likewise, the effectiveness of increasing externalised borders is evidenced in the sharp reduction in applications in Denmark and Sweden which – like the UK with mainland Europe – quickly closed the border between the two countries, as well as Denmark with Germany, in November 2015. In effect, Britain had already created an almost impenetrable defence against potential increases in refugee flows to Europe, even though Europe was experiencing the largest movement of refugees since the Second World War.

Figure 7: Points for consideration

To summarise, there are three key points for consideration when addressing these statistics:



Consequences of Border Closures: Increased Deaths and Outsourced Responsibility

Two obvious and foreseeable outcomes arose in the aftermath of the gradual closing of Europe's doors to refugee populations. Firstly, as Crawley et al (2017) detail in-depth, fewer options to travel legally have led people migrating to take riskier and less safe routes. Since people were unable to access visas or safe transport, and as the push factors from conflict, poverty and political destabilisation have become more manifest, unsafe passage has facilitated to an unprecedented number of people dying in the Mediterranean Sea (as well as migrant deaths in camps, lorries, and detention centres). In 2018 alone, the number of deaths in the Mediterranean sat at 2297 (IOM, 2019). Secondly, Northern states have increasingly transferred responsibility to Central, Eastern and Southern European countries which thus creates a sense of limbo for people 'stuck' at borders or, using Calais as an example for people unable to access safe legal travel to the UK, a bottle neck of people living in often unsanitary and precarious conditions.

Although seemingly geographically separate to the reality at Southern border, the bureaucratic and administrative efforts taken to deter migrants and detract from a duty of care extends deep into the politics of immigration in Britain, Denmark and Sweden. By increasingly offshoring visa controls to the responsibility of other countries, while implementing carrier sanctions against people or companies found to have harboured undocumented migrants, Southern states are unable to facilitate movement North, particularly once biometric data has been registered on the Schengen Information System (an EU wide system which contains all data – including fingerprints and facial images – of people registered). This then allows for increased removals back to the first

country of entry under Dublin III Regulations, in force since 1997 and upheld in 2017 (European Commission, 2018).

As some of the oral histories with women in this report show, the Dublin Regulations have significant effects on people who are transferred between countries. However, as this research developed (2016-2018), so too did legislative restrictions on staying in each country even if people were able to enter legal. As one immigration lawyer outlined in relation to the UK, *'There has been a narrowing of all the gaps through which people can obtain permission to stay legally in the state or permission to enter the state legally'* (B20), an issue which resonated throughout all three countries (see section three for country information). At the time of writing, Sweden has maintained its use of the 'Temporary Law' of 2016 which limits stay to 13 months before a requirement to reapply; and permits in Denmark have been reduced to 1-2 years from 5-7 years (since 2015). Whilst the UK has maintained a five year stay if granted refugee status, the number of refusals has gradually increased, and the number of rights to appeal a refusal have reduced from 17 to 4 (as a result of the Immigration Act 2014).

Impacts of Internalised Borders: Monitoring, Welfare and Support

Compounding the problems that people experience in gaining entry to Denmark, Sweden or the UK is the increased use of internalised borders. Although expanding for some time (see Khosravi, 2010; Webber, 2012; Whyte, 2011) there have been clear and deliberate political decisions to make living in each country a lot more difficult. In the UK, this has become widely known as the 'Hostile Environment', a term coined by then Home Secretary, at the time of writing Prime Minister, Theresa May to describe an environment being developed for people who were considered to be in the country unlawfully or illegitimately. A similar policy was promoted by the Danish Minister for Immigration, Integration and Housing, Inger Støjberg, who promised to create 'intolerable' life for people on tolerable stay. As the co-ordinator of a national support service for refugees in Denmark summarised, *'They [laws and policies] are designed to make life as intolerable as possible, to persuade people to go back'* (D16).

In Sweden, the general feeling amongst practitioners – many themselves Swedish born citizens – was that the state had a newly designed form of internal border that affected their clients: *'There are two border controls, and they took one away now and instead they said they would focus on inside the borders, controls. So instead of checking IDs at the border, they said there are no safe zones right now'* (S3: unaccompanied minor support worker).

In Denmark, although *enhanced motivation techniques* have been employed since 1997 as a way of speeding up deportations by implementing reductions in autonomy and welfare allowance, practitioners often argued that the shifts toward restrictions left the process unrecognisable. For example, one National Prison Monitor stated that, *'Compared to where we came from, it's like another world'* (D6). Indeed, there was a marked deterioration in practitioner experience and faith in state decisions since previous research I had undertaken investigating support for survivors of sexual violence seeking asylum (see Canning, 2016 and Section 6 of this report).

Figure 8: Outcomes of increased internalisation of borders:

Outcome One:
Increased Monitoring

- Social services increasingly used to monitor immigration status of children in Sweden
- National Health Service and homeless charities used to access deportable people in Britain in 2015/2016.

Outcome Two:
Reduced Welfare

- Rights to welfare and education in all three countries reduced - implements a form of social control by isolating refugee populations and thus making detention and/or deportation easier/less resistant. The Finance Act 2019 in Denmark promises to exacerbate these issues.

Outcome Three:
Reduced Legal Support

- The high number of asylum applications in Sweden in particular meant reduced access to legal support, and arguably reduced quality for some
- Access to legal support in Danish asylcenters and departure centres is increasingly difficult
- Britain deliberately reduced legal support for Article 8 cases in 2016.

Recognising the Infliction of Harms

If we apply a social harm perspective (see section 2a), there is scope to consider the everyday and individualised impacts of these structural and state-led decisions, as Mahira's experience shows later in this section. Like Mahira, practitioners of psychological support recognised the emotional and psychological harms developing from restrictions.

Figure 9: Practitioner reflections on harm:

Exacerbating Harms

In all three countries, social, legal and economic conditions have deteriorated for people seeking asylum during the period of research. In Britain, the 'Hostile Environment' has gradually created gulfs in rights between citizens and non-citizens, particularly in the development of the Immigration Act 2014 and 2016. Destitution, detention and degradation are commonplace.

Denmark has followed quickly in efforts to make life 'intolerable' through 100 immigration restrictions since 2015, and encourage expedited deportation as a means of both removal and deterrence.

Sweden's increasing use of internalised borders has also included the expansion of the immigration detention estate, and increasing their levels of deportation (in proportion to asylum applications). The introduction of the Temporary Law in 2016 means subsidiary protection is granted for only 13 months.

Practitioner Reflection

'the new policies that have come into place for refugees that have achieved asylum are really tough, they've never been more tough than they are right now and we're seeing levels of poverty that we have never experienced before. I mean this is really devastating'
(D1: Torture rehabilitation expert).

Practitioner Reflection

'[there are] more people detained, overcrowding, more incidents, less access to healthcare and less access to freer... less access to meaningful activities. More security, more focus on security, less freedom of movement within the premises, you name it, children, more children in detention'
(S10: legal advisor, torture support).

As will be discussed in section 5A, distress was exacerbated by various state actions. For survivors of sexual or domestic violence or torture, trauma can be compounded by uncertainty and the anxieties which arise from a sense of unknowing or hopelessness for the future. As one women's asylum support worker in England indicated, this can come from something as simple as a letter from the Home Office,

'The very fact that they've got a letter from the Home Office has put them in a complete panic. And my understanding is because... those letters are a direct reminder that when you're an asylum seeker you're not in control of your own life. The Home Office decides where you live, they decide how much money you get, they decide where you can and can't go, they pretty much delineate where your children go to school and most importantly, they decide whether you can stay in the country or not' (B16, women's asylum support officer).

Another argued that,

'Everyone's terrified, terrified of the Home Office. The Home Office is like a tyrant that... so many people describe it as, again, it's like torture. Time and time again loads of different people have said that in their own country they had physical torture and in this country they have mental torture, and I physically see that in people' (B17, asylum rights group co-ordinator).

As well as echoing my ethnographic experience of research over a decade in the UK, this feeling of being tortured in a different way to physical torture is evidenced by wider reports on refugee experiences in the UK. Freedom from Torture, for example, focusses on immigration detention to highlight that, *'The UK government detains torture survivors in immigration removal centres despite all the evidence saying that they suffer further mental and physical harm by bringing back the terrible memories of torture'* (2018). It is notable that similar experiences were documented in the asylum centre, departure centre and deportation centre I visited in Denmark: not knowing if or when a decision would be made adds significant pressure and reduces autonomy over the immediate or even long-term future.

EXPERIENCE: MAHIRA

Mahira first came to Europe in the late 2000s. Living with her former husband, she was routinely abused. Her arms and feet are testimony of torture – her husband regularly poured scalding water on them so that even today, ten years later, the scars run deep on her skin. Living for two years in another European country, Mahira had a child. Whilst walking through a city centre, her husband began to hit her, and witnesses intervened. Criminalisation ensued: Mahira's husband was arrested and charged for assault, subsequently to be deported to his country of origin. She recalled, 'He slapped on my face and police and some people saw him. They called the police in'. Mahira went home with him on release, only to face further abuse: 'I came back with him, but he promised me we have to go back to our country now, and we went. Then he snatched my baby from me, and my passport, her passport... and they locked me in the room for six months'. Mahira does not want to discuss the six months she was falsely imprisoned.

Arrival in Denmark

Although her sister was able to support her visa application, Mahira's intention was to apply for asylum in Sweden which – at the time – had the potential for supported family reunification. Having travelled over the Oresund Bridge, Mahira applied for refugee status in Malmö and was moved to an asylum centre slightly further north of the Skåne region. She recalled that, 'when I was in first six months I got monthly my money, which you can use what you want. It was not that much money. You are still sharing your home with five people, it was a one bedroom and one dining room, there's no living room. Living room it was four beds in living room, four people were living there, and it was a very small box room which I was sharing with one lady'. Having waited six months, Mahira was deported back to Denmark under the Dublin Regulations and placed in Center Sandholm.

Her assessment of arriving at the centre is far from positive: 'Sandholm is very terrible. Just like a hell or just like a jail, you are in the jail... you cannot decide because you don't have money and you cannot go out if you don't have money so how do you pay for the bus, for the train?' She recalls, I have been in Sandholm three months, which was very bad experience. They are standing in the kitchen or café, all waiting for the food, and plate in their hands and waiting and there is a lot of people, maybe 200, 300, 400 people and they just open the café for the one hour. You have to come in one hour for the morning, the breakfast, lunch and dinner. It's three times and otherwise everything is locked, closed. So you have to come for the one hour a day and it is a long queue, about 500-600 people. And they don't think that people can be sick 'cause they don't want to wait for one hour, just for one lady. So I haven't eat anything, I just got something in the breakfast and just I have to eat for the rest of my day'. When I asked Mahira if she thought asylum centres were acceptable places for people to live, she answered 'No. Not in Denmark and not in Sweden. I think it is better they say stop refugees. It is better'. On my probing on the justification for such a strong response, Mahira stated that, 'which kind of life they give to the refugees? It is not acceptable. So I think it was better to say stop refugees. They can say in a very respectable way, stop refugees instead of they treat the refugees like animals, like wild animals, not pets. You can love pets, but not wild animals'.

Life as a 'Refugee'

At the time of writing, I still keep in contact with Mahira, receiving updates on her efforts to reunite with her child. Whilst she is feeling positive about a 'new start', she still feels unsure of her future in Denmark and asks if she should try and gain a visa for another country. On reflection of her life there, she said she felt that, 'when I think I was in my country, it was just happened once I would die, but here I am dying for the last ten years. Every day, everything, every minute I'm dying here in Denmark. I think in the past ten years I died many times. Yes. So it was easy to die once in my own country. And I feel why I am here in Denmark now? Why I am not dead?'

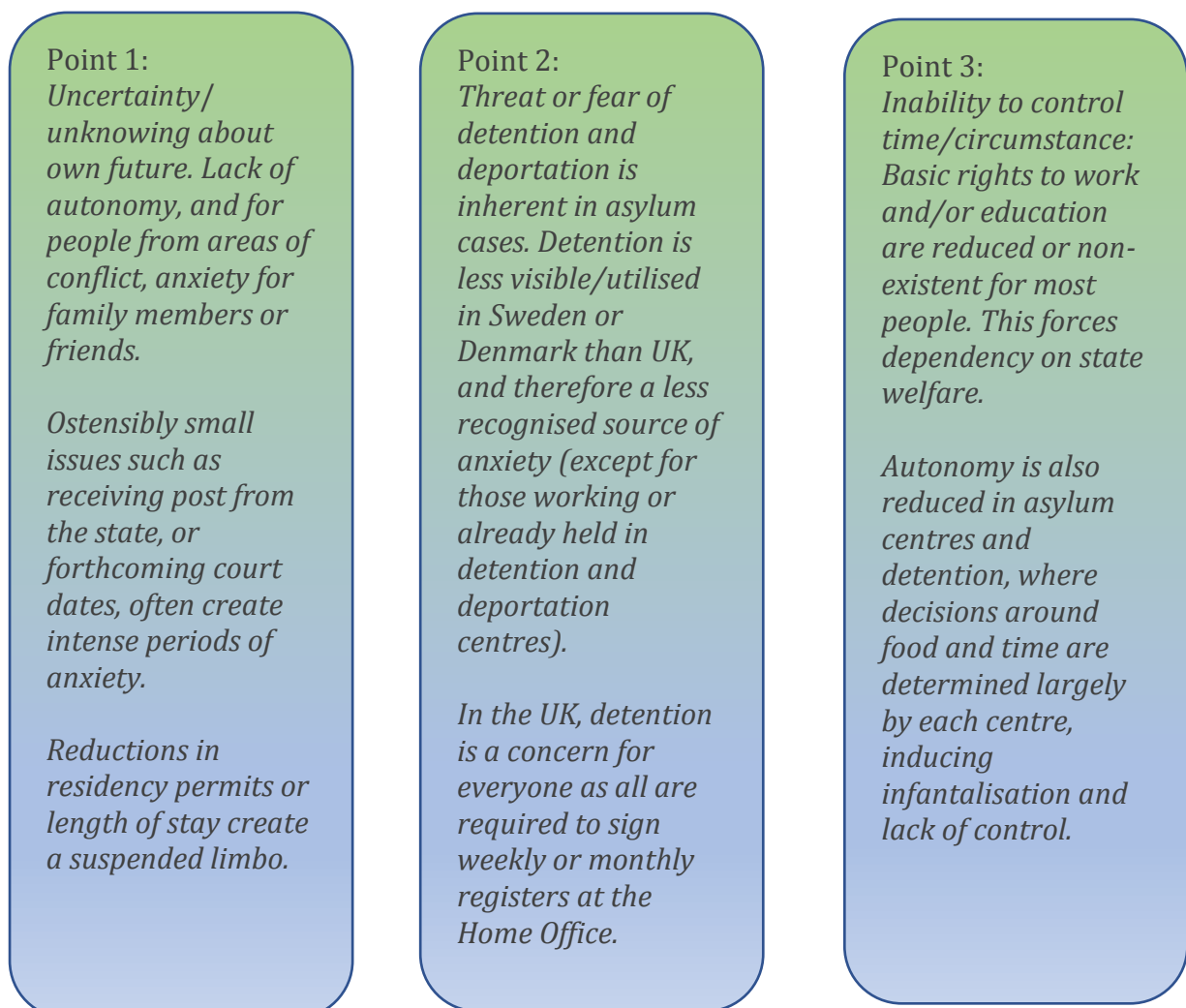
5A: Time, Housing and Isolation

'The isolation, the waiting, the uncertainty of whatever's going to happen to you and now the temporary protection, you not having access to getting your family to come here, I mean all of these issues are making people more psychologically vulnerable than they were a few years ago' (S17, regional co-ordinator for national humanitarian organisation)

Space and time are central aspects of migration broadly and seeking asylum specifically. As borders have become further restrictive, safe passage has become more difficult and long so that comparatively more dangerous means of migration are increasingly taken. Psychologists, psychotraumatologists and social workers indicated that traumatic experiences during the migratory journey can inflict long-term harms, but that these are now often compounded by difficulties faced during the process of seeking asylum.

Moreover, this research found serious and significant gaps in access to psychological support for survivors of trauma, including domestic and sexual violence. This therefore means that people are not only affected by traumatic memories, but that time compounds such trauma when people are left in isolated living conditions or without sustained support or community networks.

Figure No 10: Common issues inducing stress and which compound trauma:



Time Compounding Trauma

For many people, the process of seeking asylum is lengthy. Whilst waiting for refugee status or refusal, all three countries restrict or ultimately prohibit the right to work and thus people are dependent on each state for access to money or housing (see below for housing discussion). This leaves people with little to do: very few can afford to travel, and access to culturally specific foods can be restricted both by cost and by limitations on living in isolated areas away from cities.

For people seeking asylum, the experience of waiting was recognised as one of the most significant problems they articulated. As Antonia, a survivor of trafficking living in Denmark, indicated, waiting was a contributor to stress,

'When you are seeking asylum in Denmark it's stressful. When you come here you don't think about anything, when you are there for long time, it's stressful. You don't know when the immigration is going to write to you. You don't know what is your fate there. You will be thinking, you think positivity, you think negative, you think different type of sickness. When the sickness is too much in the body, you fall sick, when the sickness is too much you have different sickness in your body. I don't know if you understand what I mean', Antonia.

Like many of the people with whom I spoke, boredom is a key factor in reducing feelings of purpose, including the purpose of leaving her country of origin: *'It's so boring... You eat, you sleep, did you come to Europe to come and eat and sleep? Nothing!'* This was felt also by practitioners working in mental health or psychological support who recognised that uncertainty and waiting had adverse effects on the people they were employed to support. For example, D10, an LGBTQ asylum support worker, stated that, *'You go mad, basically, waiting, waiting, waiting not knowing what is going to happen'*. Similarly, in Sweden, S19 - a manager at national humanitarian organisation - felt that, *'it is difficult to be witness to people who are deteriorating because of their circumstances and life conditions without being able to do anything about it. So it's a massive impact on the people who are working [in psychological or humanitarian support]'*.

Alongside the loss of purpose is the loss of time – one aspect of life that people cannot gain back. Asma reflected on the decade she had spent seeking protection in England after her subjection to domestic and familial violence: *'I am here ten years now and my life has gone. I'm nearly 45. What I will do if I get status now? How I can do work? If ten years ago I got status, I would be able ... I had to do the job, I was young, I can do everything'*. In Denmark, Mahira conveyed similar feelings stating that, *'if you're an asylum seeker you cannot start your life again'*. Her reasoning for this conclusion is that she can't undertake studies now in any case: *'I tried to start my education 10, 15, 20, 25, 30 times, maybe more than 30 times, but something stopped me. My past always disturbing me'*, a further indication of the manifestation of re-traumatisation through wasted time and limited access to support. The idea of integration is thus reduced by the practical and emotional realities of precarious immigration status.

This point was echoed in my ethnographic experiences during this project in the North West of England and in asylum centres in Denmark. Women I met over a period of years would begin studies, drop out and re-register for the same or different further education programmes (if entitled to attend).

Figure 11: Reasons for leaving education:

1. Inability to concentrate due to hyper focus on asylum case, family reunification or fear of imminent detention or deportation;
2. Uncertainty for the future increased feeling of disinvestment in an education programme that they could not be guaranteed to finish. This was also the case for language cases, particularly in Denmark and Sweden where people stated that they were not guaranteed to stay in that country, and each language would not be useful in their country of origin or a third country return;
3. There were simply too many issues affecting mental or emotional health to engage, including navigating legal cases and/or attempting family reunification.

A double edged sword does emerge with speedier processes however: as with the now defunct Detained Fast Track in the UK (which assessed people's safety according to their country of origin rather than on the basis of in-depth case analysis), quick decisions often result in inaccurate ones. As S7, a Migrationsverket asylum assessment officer in Sweden indicated in the aftermath of increased asylum applications in 2015 and 2016, *'They tried to make everything more pragmatic, shorter interviews... make it simplified, some things, and I think that was necessary that there is always this balance between capacity and quality'*.

Asylum is often thus seen as a period of disinvestment, where extra support or efforts for inclusion (in the Scandinavian sense, integration) are only prioritised once status or residency has been granted. As D4 indicated, *'all this waiting time, all this migratory time, with the uncertainty and different kind of interpretations of the Dublin and of the European duty of care in different countries ... that obviously makes it much more difficult to manage and to integrate and to cope'* (torture rehabilitation specialist). The main deviation from this policy is in Scotland, where *'although the Home Office talks about integration as if integration starts during the move-on period from asylum, and you have [refugee] status. But the Scottish Government's very clear, and always has been, that the minute you arrive in Scotland, that integration starts'* (B6, Women's support officer, based in Scotland).

Housing and Social Isolation

In all three regions, with the exception of people who have family or friends with whom to live, deciding on where to live is almost wholly out of the hands of the individual. Danish and Swedish asylum centres are often set in spatial peripheries: away from cities, and in Sweden often further North toward the Arctic Circle. Although both countries opened multiple new asylum centres in 2015 onward, many are now closed

due to reduced applications. The Danish government has subsequently moved already isolated centres further from main cities toward rural regions of Jutland, having closed almost all the centres, and offer much less autonomy on where anyone can stay. It is also worth noting that, although both carry serious problems in relation to spatial isolation, people are not subjected to the same level of stringent social controls in Swedish centres as there are in Danish centres.

During this research I spent one month visiting an asylum centre in Denmark, and multiple visits to women's homes in England. Focussing first on the former, isolation was a clear problem for people. On some days, almost all of the day was spent in the person's room, with a few occasions of moving to shared kitchens to cook. Television was a central feature, although language barriers meant these were often dubbed or children's programmes. This is particularly the case in immigration detention centres and deportation centres (as the following section indicates).

However, women with children experience a double form of isolation as they are less able to attend classes or leave the centre, since they are expected to collect their children, sometimes at noon and sometimes to take them back again after lunch. Considering the distance between centres and towns, it is very difficult to leave and get back in time. Likewise, considering the lack of women only spaces in almost all asylum and departure centres, some women I spoke with chose to self-confine or isolate so as to avoid either developing friendships or relationship when the future was uncertain, or to avoid men in the aftermath of their own experiences of sexual or domestic violence.

Figure 12: View from women living in Danish asylum centres:

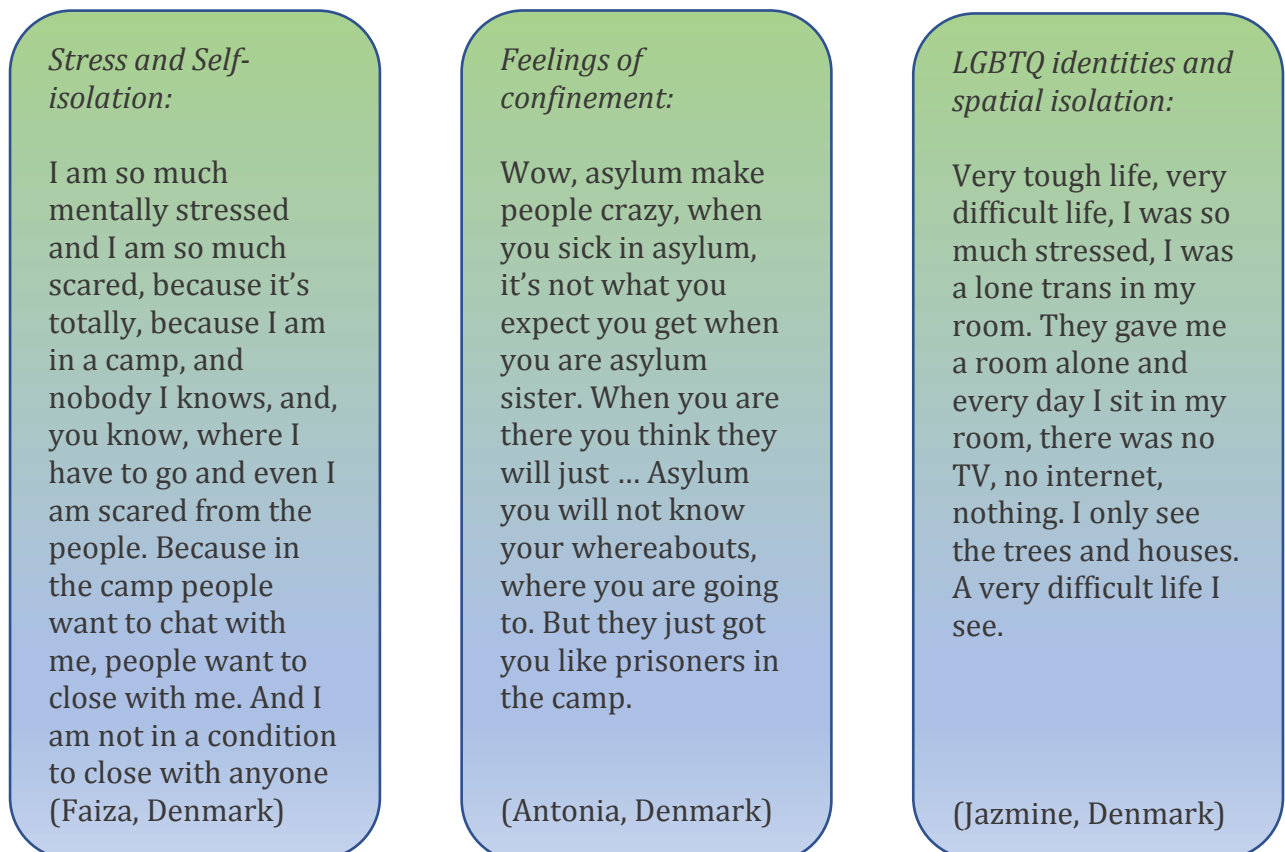


Image 4: view in a Danish departure centre, a last stop for people awaiting final decisions on their claims.



The spatial peripheries in which asylum centres in both Denmark and Sweden are situated can add to this sense: freedom is inherent in being able to ‘come and go’, but in reality travel is restricted by long journeys and a lack of money to pay for them,

‘A reception centre in the middle of nowhere in Sweden where you don’t have the money to take the bus anywhere, where you don’t have meaningful activities, where your access to healthcare and everything is limited feels pretty much as a prison to people. So it is based on the context of where they are, which access to services they have’ (S10: asylum legal advisor in torture rehabilitation centre).

Unlike the two Nordic countries, on seeking asylum in the UK, applicants are first placed in basic initial accommodation centres. Whilst this should only be for a period of up to three weeks, interviewees indicated that this length of time has been increasing whilst they await their Asylum Registration Cards,

‘People are often in initial accommodation for months, no matter what the Home Office say. But it’s those first few months where they most need the legal advice, they most needed to see a GP (doctor)’ (B11: co-ordinator for regional refugee support network, North of England).

From there, people live mostly in social housing, which is increasingly governed by private, for-profit companies. Conditions are regularly criticised as being substandard, and mould, infestations and even structural collapse have been recorded (see Canning, 2017). Dispersal is a key contributor to temporal uncertainty: at any time, people can be moved to another part of the UK with limited notice. Considering that application lengths can range from 6 months to 20 years, this period of uncertainty induces further feelings of instability, uncertainty, and a lack of autonomy. This is furthered in asylum housing, in which informants indicated high levels of racism and Islamophobia, as well as a sense of ‘unsafety’ due to state and corporate actions in asylum housing.

Figure 13: Reflecting on criminalisation and control:

*Criminalisation in the home:
The women were handcuffed, again they had the keys from the accommodation providers, so they just burst into the flat and started picking up the children, which distressed them.*

(B12: regional family case worker,

I’m not feeling good about Serco (main corporate housing provider). Even my manager is very bad, racist, all the time comment he gave me, he said, ‘Why are you people come in this country? You have to go back! Home Office come, soon this house will be empty’.

(Asma, UK)

Interviews with women and practitioners also indicated further instances of racism from within communities as well as housing officers, and a number of interviews (n4) referred to instances of so-called transactional sex – where women were told they could benefit from repairs or goods in exchange for sexual services (see section 5D for further discussion).

5B: IMMIGRATION DETENTION

As discussed, asylum centres in Denmark and Sweden and initial accommodation centres in the UK create an illusion of liberty: whilst people are free to move, they are structurally limited in what they can actually do, or where they can afford to go.

At the other end of this continuum of confinement is immigration detention. This is referred to in Denmark as *closed camp* or *aliens' centres*, in Sweden as *förvar* (meaning 'warehouse'), and in the UK as *Immigration Removal Centres* (IRCs).

The United Kingdom detains significantly more people than Denmark and Sweden, and does so in privately run centres, mostly in England. Although data for annual detention statistics is not available for Denmark, it has the capacity to hold around 400 people at any given time, much lower than the UK capacity of around 3500 (Global Detention Project, 2018a; 2018b). Conversely, the UK remains the only country which exercises indefinite detention – people can be held as long as the state determine, with the longest currently being over four years. Regimes are prisonlike, although as the indicated purpose is to facilitate deportation, it provides limited investment in the individual with regard to torture rehabilitation, support or education. Sweden has a time limit of 12 months; Denmark of six months with potential for extension to 18 months on application.

Figure 14: Applications for asylum compared with formal detentions: 2016-2017

Country	Applications for Asylum		Number of Immigrants Detained	
	2016	2017	2016	2017
Denmark*	6235	3202	Not available	Not available
Sweden	28939	25666	3714	4379
United Kingdom	30747	26350	28,900	27,3000

Application data collated from Clante Bendixen, 2018; Migrationsverket, 2018; Refugee Council, 2018. Detention data collated from Global Detention Project (2018a; 2018b; 2018c) and Silverman and Griffiths for the Migration Observatory UK (2018).

*NB Denmark does not formally release its immigration detention statistics. See Global Detention Project (2018a).

Across the three countries, the UK is most prolific in detaining people who have at some point applied for asylum, whereas Denmark and Sweden use immigration detention in fewer asylum cases. In Sweden, the most recent statistic relating to detainees who have sought asylum was less than 4% (in 2014). In Denmark, current statistics are unavailable, but sat at 1,494 in 2012. In the UK, an average of 47% of people held in detention have applied for asylum (Silverman and Griffiths, 2018).

Detention Profile: Denmark

At the time of research, Denmark had only two formal immigration detention facilities, Udlændingecenter *Ellebæk*, and *Vridsløselille*, a former prison which has subsequently closed down (Global Detention Project, 2018a). The role of the latter has partly been replaced by *Nykøbing Falster Arrest* which had already opened in 2016.

Although Denmark does not release statistics for the number of people held in detention, it currently has the capacity to detain around 400 people. The centre accessed for this project – called *Ellebæk* – is in Zealand, approximately 1.5 hours away from Copenhagen and Denmark's main dedicated facility for immigration detention. It is highly securitised and has been administratively operated by Prisons and Probation (or *Kriminalforsorgen*) since 1989.

Unlike immigration detention in Sweden or the UK, no mobile phones are permitted, including by staff or researchers since, *'according to Danish practice in places where you deprive people of their liberty, mobile phones is a threat to security because of the risk of escapes, to plan escapes'* (D2). The architecture mirrors that of prisons, including small cell-like conditions for people to sleep in, although television and some games are available otherwise. Pregnant women are still detained in Denmark, including a visibly heavily pregnant woman when I visited.

As the role of *Kriminalforsorgen* is to operate the centres rather than take any involvement in immigration issues, there is a clearer sense of prison regulation in *Ellebæk*. Staff are uniformed, and the interior and exterior of the building is guarded and locked. There are limited opportunities for people who are detained to discuss their cases with staff since, *'we only execute the deprivation of liberty, we have no insight in the individual cases, so if one of the inmates here come and ask me how is my asylum case working out? I wouldn't be able to answer that'* (D2). This separation creates a more formalised experience of confinement under conditions which are fairly reflective of prison. In an interview with a national prison monitor who had undertaken review of *Ellebæk* I was informed that,

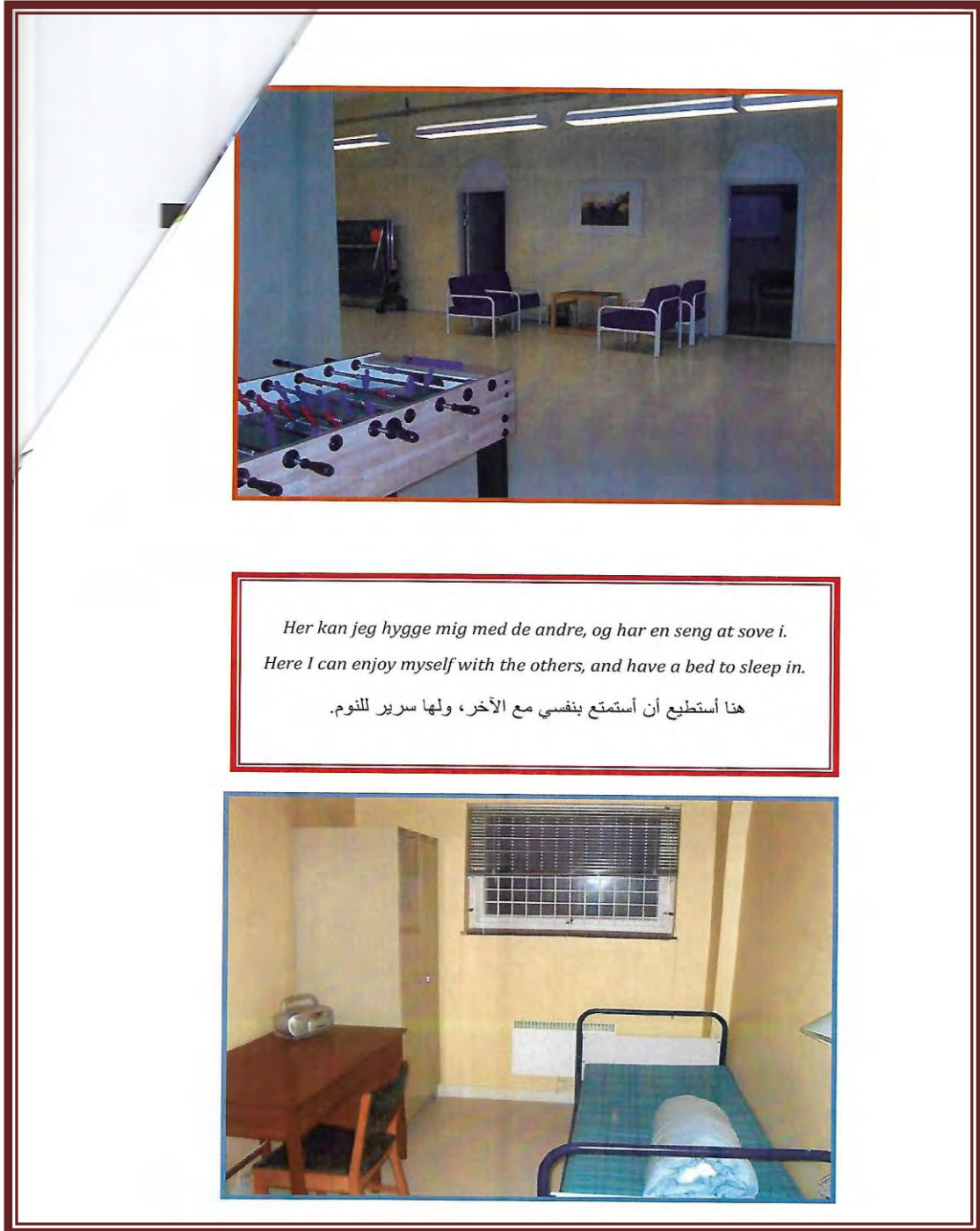
"They called them by numbers, which was really... you know, it was overwhelming to me that they said, 'Oh, that's number 77, he's a good friend with 23.' ... And when I have heard that two or three times I said to this particular guard, and I said, 'Doesn't that person have a name?' And she said, 'Oh yes, you know they have these strange names, I simply cannot pronounce them and I don't wanna get into that, it's much easier with the numbers.'" (D6).

This approach was heavily refuted by my centre guide who stated that, *'they have a journal number there but we never call people by their number'* (D2).

As with immigration detention centres in the UK, detainees can apply to work. In Denmark, this amounted to the equivalent of less than two Euros per hour. Jobs included 'simple tasks' such as placing stickers on San Pellegrino bottles, and even at one point assembling penis enlargement gadgets.

Three isolation rooms exist and at the time of research could be used for up to 28 days to detain people who were seen to be problematic or non-compliant with the centre regimes. These are small, bare rooms with bared windows which, on first entering, I had assumed to be disused parts of the building.

Image 5: Ellebæk 'aliens centre' /detention centre:



*Her kan jeg hygge mig med de andre, og har en seng at sove i.
Here I can enjoy myself with the others, and have a bed to sleep in.*

هنا أستطيع أن أستمتع بنفسى مع الآخر، ولها سرير للنوم.

Image supplied to author - derived from centre information booklet.

Detention Profile: Sweden

The Swedish immigration detention estate consists of five immigration detention centres – or *förvar* – and two prisons used as holding facilities. As the Global Detention Project summarises,

‘The Aliens Act 2015 specifies that non-citizens over the age of 18 may be detained when: their identities cannot be clearly established; there is no proof of the right to enter or stay in Sweden; or when detention is deemed necessary in order to investigate their right to remain in Sweden. In cases when it appears likely that a person will be refused entry or deported, they can be detained if authorities deem them to be a flight risk or potentially engaged in criminal activities’ (Global Detention Project, 2018c).

Although proportionally fewer people are detained than many other European countries, the use of immigration detention has been expanding, with plans to build more beds and spaces at one of the centres I visited, and more people detained per annum, even though asylum applications have decreased since 2015/2016.

As discussed earlier, during this project I gained access to two anonymised detention centres in Sweden. Centres A and B are situated on the outer peripheries of two Swedish cities, one more isolated than the other, accessible only by semi-regular buses or car. In any case, they are highly secured, not by the barbed wire of centres I have viewed in Britain or Denmark, but by electronic passes which keep the centre in lock-down. As a visitor, even a trip from the reception to the bathroom required supervision. Once inside, however, the realities of incarceration are offset by the use of gym facilities, of tropical fish, ping-pong tables and other mostly non-educational activities to entertain, provide ‘meaningful’ use of time, and help pacify detainees as well as pass time.

Both centres embody ‘soft’ elements of prison life rather than openly punitive regimes. However, like more obviously punitive spaces, there was always the potential for further punishment, such as isolation for up to three days. Detainees receive small amounts of spending money per day (at present, 24 Kroner, or around 2 Euros) to buy confectionary or cigarettes. Smoking is permitted, and phones without cameras are allowed to be used. Internet is available almost 24 hours per day with access to news, Skype and Facebook. This partly offsets other forms of relational harms (Canning, 2017: 81-85) which affect people’s ability to contact family or friends. However, S22 pointed out that *‘there are very many who never has any visitors at all’* while S19 stated, *‘They are very much alone and they are living in some... horrid place somewhere in the detention [centre]... They have TV and computer and washing machine and everything, but they are very isolated I think’*. Furthermore, as former detainees in IRCs in the UK have told me, this feeling of isolation can compound other forms of depression or acute sadness (Canning, 2017).

As with drives to deter and decrease immigration externally, internalised drives to deport have increased. In Sweden (and also the UK, below), this has depended on internal policing and social control, and the expansion of detention as a means to confine and thus

deport. As one detention custody officer put it, *'we're here to make sure that they're available for deportation'* (S27).

Concerns for the Future: The Prisonification of Immigration Detention

Although their key role was to hold people in confinement, the staff I spoke with in both centres – 14 in total - did not wish to see themselves as detention guards, for example, *'I usually say we just provide food and potatoes and a bed, because most of the cases are not ours, they are police cases, so we're just having them here for food and sleep until they are leaving'* (S29). However, most felt there was a shift toward prison-like environments. This is in part a reaction to structural shifts: in 2016 the detention system was taken over by Torbjörn Nyberg, formerly the head of the high-security Norrtälje prison. As one detention custody officer stated,

'we can see that from the day he started we got a lot of rules and rules and new rules and new rules, and more and more the same as the prison, and we're still ... some of us are fighting against because we said, "It's not a prison, it's a detention centre and that's two different things"' (S18).

This shift from soft power to hard power was, officers indicated, demonstrated in various environmental changes including attempts to introduce uniforms and CCTV in the centres. As another officer stated,

'Right now there is a trend going towards this being more of a prison and the staff are more afraid of the detainees, they treat them like criminals or prisoners, and I would like that to stop now because I think most of us who work here should come from a human perspective and not from the prison section so to say' (S24).

This was matched with an intensified move towards securitisation, where centres were moving toward more prison-like regimes and technologies. As a centre governor informed me,

'Nowadays when we talk about security it's so easy to start talking about guards and handcuffs and technical solutions. A little bit like the metaphor if you are really good at using a hammer then most problems, at least, perhaps even all problems, look like nails and you start banging on whatever you see. That is sort of where the pendulum is at right now' (S23).

Although at the time of research there was still a concerted effort to avoid facilitating this shift, staff recognised two issues inherent to confinement: firstly, that the priority for people detained was their freedom and lack thereof, as two officers suggest, *'one of the ... hardest things you can do against another person, take their freedom'* (S18) and *'they don't wanna be locked up. They want to be free. They want to eat what they want and have a beer or ... you know, they just want to live life, they wanna see their kids! <Laughs> And they don't wanna share a bedroom with three other people or a toilet. Neither would I'* (S24).

Secondly, there was recognition that access to mental health support was limited. As a centre governor highlighted, *'getting help from psychiatrists and/or psychologists is not*

that easy for the common man either all the time, we have come a long way but mental health issues are not as easy to get recognised' (S23).

Limitations on external access

As with asylum centres, detention centres are often placed away from cities and towns, meaning friends and families can have problems accessing people who are detained (as discussed in the case of Nour, in section 3c). However, practitioners in organisations working outside of detention also noted barriers to accessing centres. For example, one co-ordinator of a national humanitarian organisation argued that, *'we have trouble getting people to go there ... all the detention centres are located so that it is difficult to access them, so the government... I would say the government really doesn't want us to be there'* (S17). Two lawyers who work with people held in the centres I visited also indicated issues in gaining access to centres, one of whom was worried for a clients' wellbeing, as *'I have a client there now and he's treated very, very poorly, despite being very sick, in need of healthcare, in need of special food regulation and so on, and none of his demands or his basic needs are really met'* (S14).

For survivors of violence, this can therefore be an incredibly isolating experience. As a psychologist specialising in support for survivors of conflict and torture outlined, *'if you are suffering from traumatic experiences, the risk while you live without knowing if you're gonna stay or if you're gonna be sent back, then of course, this affects your mental state and it increases the risk severely of actually developing PTSD'* (S12). Staff in both centres indicated that they would like to see more external organisations enter the centre, many of whom had tried to facilitate or encourage access for support, but two issues were identified as prohibiting or limiting this: 1) the difficulty in accessing the centre due to distance and 2) that staff and volunteers might see this as a wasted effort, since people were likely to be deported in any case. Therefore again, asylum – in particular the final stages before deportation – is seen as a period of disinvestment.

Image 6: example of immigration detention centre



Detention Profile: United Kingdom*

*Nb this section focuses on UK rather than the project focus of Britain as statistics include people detained in Northern Ireland.

The United Kingdom has one of the largest immigration detention estates in Europe, holding around 4000 people in confinement on any given day, totally a fairly static average of around 30,000 people detained each year (Silverman and Griffiths, 2018). People are held in one of the countries nine Immigration Removal Centres (IRCs) or Short Term Holding Facilities (STHF). Around 47% of all those held under immigration powers have sought asylum at some point (ibid). Unlike Denmark and Sweden, there is currently no time limit for detaining people. The majority of detainees are men, with one facility – IRC Yarl’s Wood – functioning as a women’s facility which also holds families in a separate wing.

As discussed in Section 2, I was unable to gain access to immigration detention, or indeed to interview any representative from the Home Office. This is unsurprising, since access is limited with few researchers having been able to gain it (see Bosworth, 2014; Turnbull, 2016 for research with people who have secured access). Indeed, the UK government was censured in 2015 for denying access to IRC Yarl’s Wood with the United Nations special rapporteur on violence against women, Rashida Manjoo.

The landscape of detention has faced serious national and international criticisms including instances of sexual violence (Canning, 2014; Women for Refugee Women, 2016); deaths in custody (which in 2017 reached the highest number recorded, with six deaths in IRCs, Institute of Race Relations, 2017); the continued detention of children; and the leaking of public recordings of staff verbally abusing people detained and under their care (Bhatia and Canning, 2017). These various issues led to subsequent inquiries, most notably the Shaw Review, which made 64 recommendations for change, the follow up to which indicated significant short comings in the implementation of said recommendations (Shaw, 2016; 2018 – see Bosworth, 2016 for synopsis).

Detention as a Constant Concern

Even without physical access, immigration detention in the UK remained a focal concern for people I interviewed or spent time with. Regular meetings with women often centred on the threat of detention, including the fear of being detained during Home Office signings which people are required to attend either weekly, biweekly or monthly. Asma, for example, regularly asked if the UK was still detaining children, as she feared for the safety of herself and her son. She had been held in detention only four days almost a decade ago, but the impact of it was profound, often stating that she could still hear the sound of the keys, ‘lock, lock, lock’.

For practitioners working as legal representatives in IRCs, there was frustration around the unclear logic of detention in Britain, particularly in confining clients that they deemed vulnerable and in the psychological harms inherent to detention. As one barrister specialising in immigration detention stated, *‘unlike prison it’s administrative detention, so once you are transferred into an immigration centre you are there just because you’re an immigrant and there is no end and the psychological effects that this has on people is extraordinary’* (B23) whilst another indicated the impact of temporal uncertainty, *‘what clients say all the time, is that it’s the not knowing, the indefinite detention is... it’s*

obviously understandably really, really difficult, it can have huge impacts on people's mental health' (B19).

Barriers to accessing lawyers in detention were also raised, echoing the concerns felt by lawyers interviewed in Sweden. Discussing the transfer of people from Dungavel IRC in Scotland to IRCs in England, one barrister, a member of the Queen's Counsel, suggested that,

'There was a significant difficulty in getting access to lawyers for people who were in detention, even though there's supposed to be a fully functioning duty scheme and everything else, but people are waiting longer than the duty scheme allows before... because in this new notice of removal window thing you get three working days and then you can be removed but you can't necessarily get access to a lawyer within that removal window of three days' (B22).

What is highlighted here is the potential for people to be removed before they are able to access adequate legal representation, or indeed any representation at all, if they have been moved between Scotland and England. The clear issue here is that people may be removed who might otherwise gain refugee status had they been able to access a lawyer. As the co-ordinator of national refugee women's organisation indicated, this can be a reality for some, since *'we've worked with lots of people who've been in detention on numerous occasions and then ultimately have ended up getting refugee status' (B8).*

Image 7: IRC Yarl's Wood, women's immigration detention centre, Bedfordshire UK



The Detention of Survivors of Torture, Sexual Violence and other Vulnerable People

The incarceration of vulnerable people was a key issue raised by Stephen Shaw in the Shaw Review. Various outcomes ensued, including the implementation of an 'Adults at Risk' policy in 2016 alongside the application of 'Rule 35' – an assessment of a person's perceived suitability for detention. Both Stephen Shaw (2018) and Bail for Immigration Detainees (BiD) found a lack of implementation, with medical advice being routinely ignored, with detainees spending an average of 158 days in detention before a Rule 35 application was even submitted (BiD, 2018).

Those working in legal support recognised the gendered implications of such failures. For men, there is clear potential for exacerbating mental health problems, particularly for survivors of torture and persecution. The issue of late disclosure of such abuses was addressed by B23, who stated that,

'I do a lot of unlawful detention cases in the High Court and I see a lot of my clients who are particularly vulnerable being detained for extended periods of time because one of the hallmarks of... one of the indicators of those who have been exploited or tortured or sexually abused is late disclosure'.

Gender specific concerns were raised in relation to women. The gap between policy and implementation was clear for another member of the Queen's Counsel who recalled, *'I just had a woman who's had a terrible mental illness, I mean she's been sectioned several times and they took her into detention and it took us a week-and-a-half to get her out, and you very nearly had another sectioning from her at that level'* (B21). B23, a barrister, went on to highlight that,

'In Yarl's Wood of having all male staff and also lack of provision of sanitary equipment and sanitary towels to women who are held at Yarl's Wood. And many of these women are victims of sexual abuse and torture and so the idea that they are handled every day in detention when they are literally imprisoned by male guards is very, very problematic and it's really traumatising them on a daily basis' (B23).

This was corroborated by another barrister raising similar concerns, both in detention and social housing, including, *'male guards bursting into women's rooms in Yarl's Wood and seeing them in situations that they didn't want to be seen in. And that's something that we've heard in terms of the housing as well, these sort of intrusions as well'* (B19). As will be discussed in Section 5D, this was an issue raised by other women in relation to social housing. One interviewee – a former barrister with more than 30 years of experience – summarised the issues raised in stating,

'The Yarl's Wood women are almost an icon of what's wrong with the asylum procedures and the whole system. They just sit there in Yarl's Wood, vulnerable to sexual abuse by the guards, neglected for the rest. The medical facilities are just appalling. They sit there for months and months and months and months, not knowing what on earth is going on, and they are almost representative of what's wrong with the whole system' (B9).

At the time of writing, indefinite detention has been undergoing review in parliament.

5C: DANISH DEPORTATION/DEPARTURE CENTRES

Of the three countries, Denmark has created an additional layer of informal confinement which aims to facilitate increased deportations: two departure centres (*udrejsecenter* as a formal term meaning departure, or *udvisningscentre* as it is known to 'residents', meaning deportation). These are *Udrejsecenter Sjælsmark* in Zealand and *Udrejsecenter Kærshovedgård* in Mid Jutland.

In response to the rising number of asylum applications, and perhaps as a pre-emptive measure against applications yet to come, the Danish state established *Udrejsecenter Sjælsmark*, the country's first deportation centre (formally opened in 2013, see Lindberg et al, 2018). Situated close to the centre for arrivals (Center Sandholm) and Ellebæk, it is built in a former military barracks approximately 25 kilometres north of Copenhagen, and takes around 1.5 hours to reach by public transport from the city centre. These three centres are next to an operational military barracks which has regular gunfire practice. As a psychologist working in Sandholm indicated in 2014,

'Sometimes you have military rehearsals around Sandholm. So they stand practising how to throw a grenade like a 100 metres away, and all the people in Sandholm are just like, back in the war. People with PTSD. 'No but that's just the Danish soldiers practising'. But if you go out it's completely absurd' (in Canning, 2016).

Unlike Ellebæk, *Sjælsmark* is an open camp and although there is a curfew, residents are technically free to come and go as they wish. Around 250 people – including 130 children - live there at the time of writing. People have the option of eating three times a day at stipulated hours, and can travel to other cities. However, many are fundamentally limited by the lack of money to do so, and the reliance on food from the canteen if they cannot afford to eat elsewhere (it is also prohibited to cook within the centre). 'Pocket money' is reduced or removed (depending on immigration status and cooperation with police) and public travel is expensive.

Image 8: Accommodation at *Udrejsecenter Sjælsmark*



Cutting Off Networks and Removing Autonomy

In 2017 and 2018 I visited Udrejsecenter Sjælsmark four times and accessed the canteen and living quarters, as well as visiting the school. I spoke with a number of people and families informally, interviewed five members of staff, and undertook part of Faiza's oral history there (at the end of this section).

The deportation centre is striking in its effort to isolate and ostracise people whose asylum claims have been rejected. The political objective to do so is embedded in the daily architecture of the 'camp' – as residents call it – and in the political agenda of the current government and Minister for Immigration, Integration and Housing, Inger Støjberg. This agenda has been to make the lives of people on tolerated stay 'intolerable'. As one camp support worker summarised, *'The key is to cut off people's access to networks, to anything that may make them want to stay'* (D13).

Although Red Cross staff I spoke with were working hard to implement activities for people living there, the politically driven objective was the opposite, since *'our minister has stated that they should be as unpleasant as possible for people to actually want to leave the country'* (D8). Thus Sjælsmark and Kærshovedgård have become the embodiment of *motivation enhancement measures* set out in the Aliens Act 1997 (see Lindberg et al, 2018), which aim to encourage people to leave 'voluntarily'. As one person working there discussed, *'It's deliberately not trying to make people stay, so there won't be concerts every Friday night so you have something to look forward'* (D2). Orchestrated to *'motivate people to leave'* (D13), the two centres (Kærshovedgård and Sjælsmark) are deliberately spatially isolated, with prison-like architecture. Activity space is limited and, as one immigration support worker stated, *'At Sjælsmark we're discussing whether you should be allowed to do anything because it's supposed to be motivating, motivating people to depart'* (D5).

One aspect of this is to regulate people's food, which has itself become a point of contention. In early 2019, press and politicians focussed on reports of a man from Syria requesting broccoli and potatoes for his five year old son, only to be rejected and told by staff and security that this was a regulated menu for children up to three years (Barrett, 2019). Both centres have faced hunger strikes by residents on numerous occasions.

Food was a key frustration for Faiza, who struggled to adhere to the strict serving times in between looking after her two children and leaving and collecting them from school. Faiza avoided the canteen which she found chaotic, and a difficult space for her children who would not concentrate on eating but instead saw it as an opportunity to play with other children. As such, she preferred to eat in her room and re-join people afterward. On one occasion, whilst I was with her, she was told that she could no longer take food away unless it was in a plastic bag. Instead of a box, Faiza took her children's food – chicken, green beans and sauce, none of which related to their usual cultural culinary traditions - and fed them from the bag in her room.

Image 9: Green beans and sauce in a plastic bag at Sjælsmark



‘It’s just like a prison house, where you can’t live according to your own choice, but yes you have a life like you eat, we have some food, some milk and yes we have some also doctors who can check out we are able to live’.

Faiza, former resident at Udrejsecenter Sjælsmark

'Just Like a Prison House'

As well as removing autonomy, the architecture of Udrejsecenter Sjælsmark is remarkably prison-like. Wire fences surround the communal areas, which was a point of discussion with a member of staff there,

D12: I think it's hard for families to live there, when it looks like that, and there's so many lawns there that you could sit on when it's sunny but you can't because there's fences everywhere...

VC: Why do you think the fences are there?

D12: I dunno. I think it's to make it ... I dunno. To make it look like a prison?

Image 10: Walkway at Udrejsecenter Sjælsmark



A support worker – employed to come into the centre for the wellbeing of LGBTQ people – took a more critical stance to the architecture there, reflecting that,

'I'm always there when the weather is bad so at this centre, but it really reminds me like a concentration camp, you know like, how do you say, fences all over and nobody's there, it's like a ghost town' (D10).

Overall, the centres have received significant levels of criticism internally, but remain relatively unknown outside of Denmark.

EXPERT BY EXPERIENCE: FAIZA

Throughout the time I have known Faiza, she has been moved three times to various centres, but lived at eight in all. The first was an asylum centre which is now closed due to the reductions in applications and increased efforts to enforce departure and deportation. She lived in a small room in a large hut.

The centre was isolated, 90 minutes from Copenhagen but with minimal 'pocket money' – the term used for allowance for people seeking asylum – people struggled to come and go freely as they could not afford transport. This was particularly the case for single parents – exclusively mothers in my experience there – who had to leave and collect their children at school or nursery twice a day in the morning and afternoon. Days were spent drinking tea, watching television and waiting. Like many women I met, she did not feel trusting of people around her and wanted to get on with her case.

Quality of Care?

During my visits to the centre, or camp as women called it, Faiza was sectioned twice in mental health institutions. On the first occasion, she had threatened to hang herself whilst signing for the migration agency with her case worker. She told me shortly afterward that, 'they are trying to kill me slowly and silently. But I do not want to die silently'. On the second, she attempted to drink bleach after being issued with removal orders. I visited her four days later, at which point no-one else had been to see her. She was held in a secure unit and as I went to leave the staff asked if I could take her with me. Without knowledge of any of my credentials, I was asked to take responsibility for a woman deemed vulnerable and had recently attempted suicide, a clear indicator of a significant vacuum of support for Faiza. For obvious ethical reasons, I declined and – feeling powerless and utterly unhelpful – called the Red Cross the following day who were by then arranging transfer back to the centre.

Deportation Looming: Life in Sjælsmark

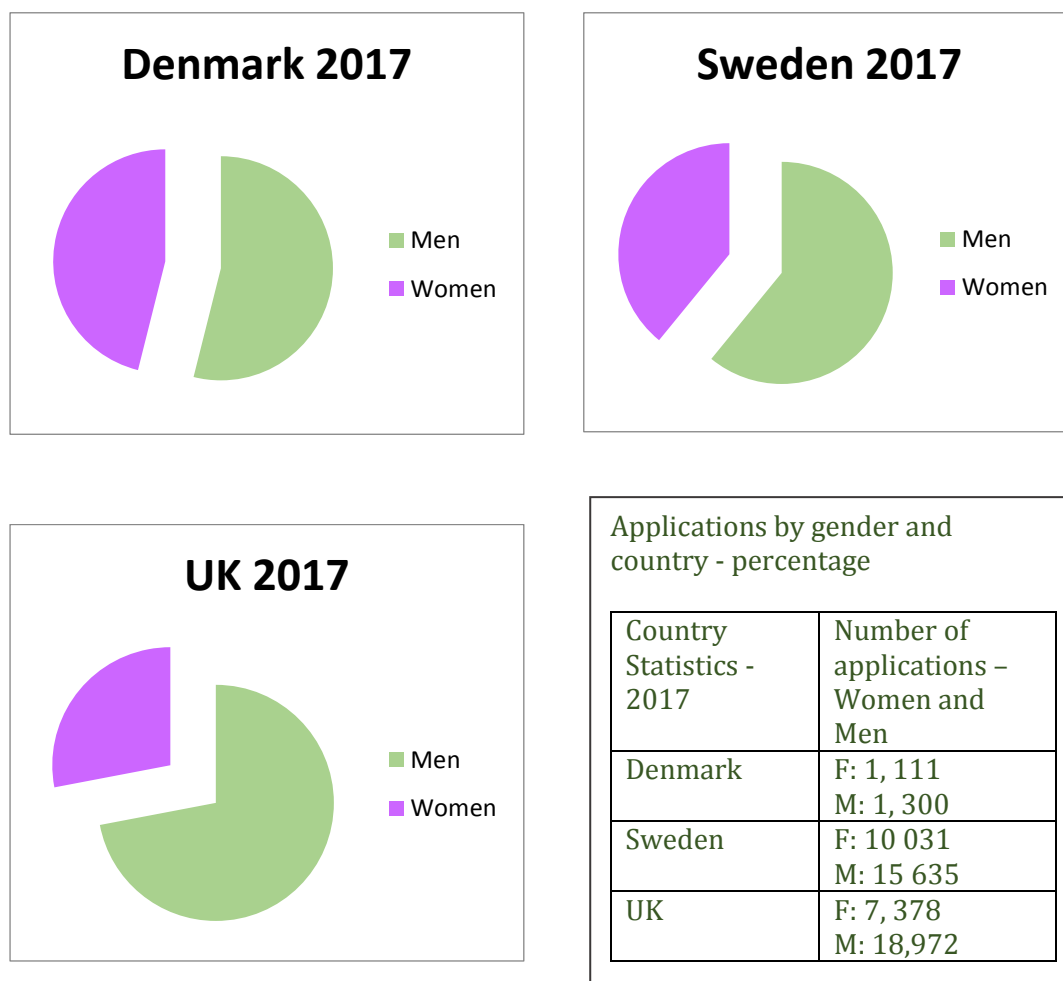
Faiza went on to live in Center Sjælsmark for some months whilst her claim was under further review. This was particularly difficult for her since she was now regulated in how she ate and when, since the canteen had three times which people could eat and any cooking elsewhere was disallowed. Furthermore, 'in the cafeteria the children don't want to sometimes sit, they start playing with the other kids so they have no concentration on their food, so that's why I bring it in the home and then I give them'. This meant that once again Faiza and the children spent almost all of their time in their room. She argued that, 'I'm ... fighting with life, environment, because they stopped my money still, they don't start my pocket money, even I cooperate with police, because there's immigration law, if we cooperate with police then they give you money'. In Sjælsmark, people only receive a reduced 'pocket-money' allowance if they comply with their deportation orders. Arguing that she could not go back to her country of origin, Faiza continued to fight her case but when I asked what she spent time doing in the days she answered, 'Nothing. Nothing'.

As with some asylum centres, Sjælsmark has input from the Danish Red Cross. Although not managed by them (like Ellebæk immigration prison, it is run by Prisons and Probation service or Kriminalforsorgen) they have a presence in the centre, including the canteen and schools. Faiza was unclear of the main role, stating that, 'I think the Red Cross is here to just look at ... little help to people that they just morally help' but that 'they're also not helping but ... they are like neutral people, not positive, not negative'. Moreover, Faiza considered the differences between her life and her former husband's: 'the devil and the person who have to be guilty is still in his home, he is still sane, normal life, no one can ask him what the hell are you doing? So this is Denmark, this is Sjælsmark'. In all, she surmised that 'it's so hard being a single mother, it's so hard. And no one here ... it's so bad, I feel so bad for Denmark, one thing that they don't care about the woman who has two kids, who's single mother, who had violence but no ... no one can listen, no one can help'.

5D: GENDERED EXPERIENCES OF HARM

This research draws together a number of worrying conclusions in the context of gendered violence and women’s experiences of asylum. This is not to say that men do not experience harms – indeed, immigration detention, criminalisation and workplace exploitation are disproportionately faced by men. However, there are gender specific issues raised which negatively affect women in various ways, in particular those who are survivors of domestic and sexual violence, survivors of sexual trafficking; for those who require childcare; and when cases are investigated/during case review.

Figure 15: Applications by gender



Sources: Asylum in Europe, 2018; Home Office, 2018a; Statistics Denmark, 2019

As the above indicates, all three countries have higher rates of men applying for asylum than women. This is reflective of global trends, since men are both more likely to be targeted for persecution in ways which align more easily with the Refugee Convention’s reasons for persecution, and are more likely to have more economic and cultural capital to be able to leave their country of origin. Women are more likely to apply on spousal visas or - in cases of sexual trafficking, so called ‘honour-based violence’ or female genital mutilation - as a member of a Particular Social Group. Information on

transgender identities was unrecorded in official statistics from any of the three countries, although I spoke to six people identifying as trans and undertook one oral history with Jazmine (see end of this section).

Blind Spots in Recognition of Gendered Experience

All of the women spoken to in this study, either in oral histories (n5) or informally in ethnographic research (100<) indicated having experienced some level of gender based violence. As the oral histories included in the report indicate, this included coercive control, domestic violence or domestic torture, rape and sexual violence, and sexual trafficking. The prevalence of violence - often multiple violences - in women's lives was endemic. This included trans women I spoke with, including Jazmine.

Other research around the lives of refugee women has made similar conclusions (Baillot and Connelly, 2018; Refugee Women's Strategy Group, 2014; Swedish Red Cross, 2015; Women's Refugee Commission, 2016). Women can experience violence across trajectories in their lives, including but not limited to sexual violence during conflict or civil unrest; sexual torture in camps, detention or prison; domestic violence prior to, during or after migration; and exploitation at any point of the migratory process (see Canning, 2017). As one lawyer in Sweden indicated,

'Lots of women come here, they've been subjected to different kinds of sexual violence, it can be sexual violence in their home countries, so maybe at the hands of a partner, in a family situation, and it can be the reason why they decided to leave in the first place or it can be violence that they encountered on the way here' (S6).

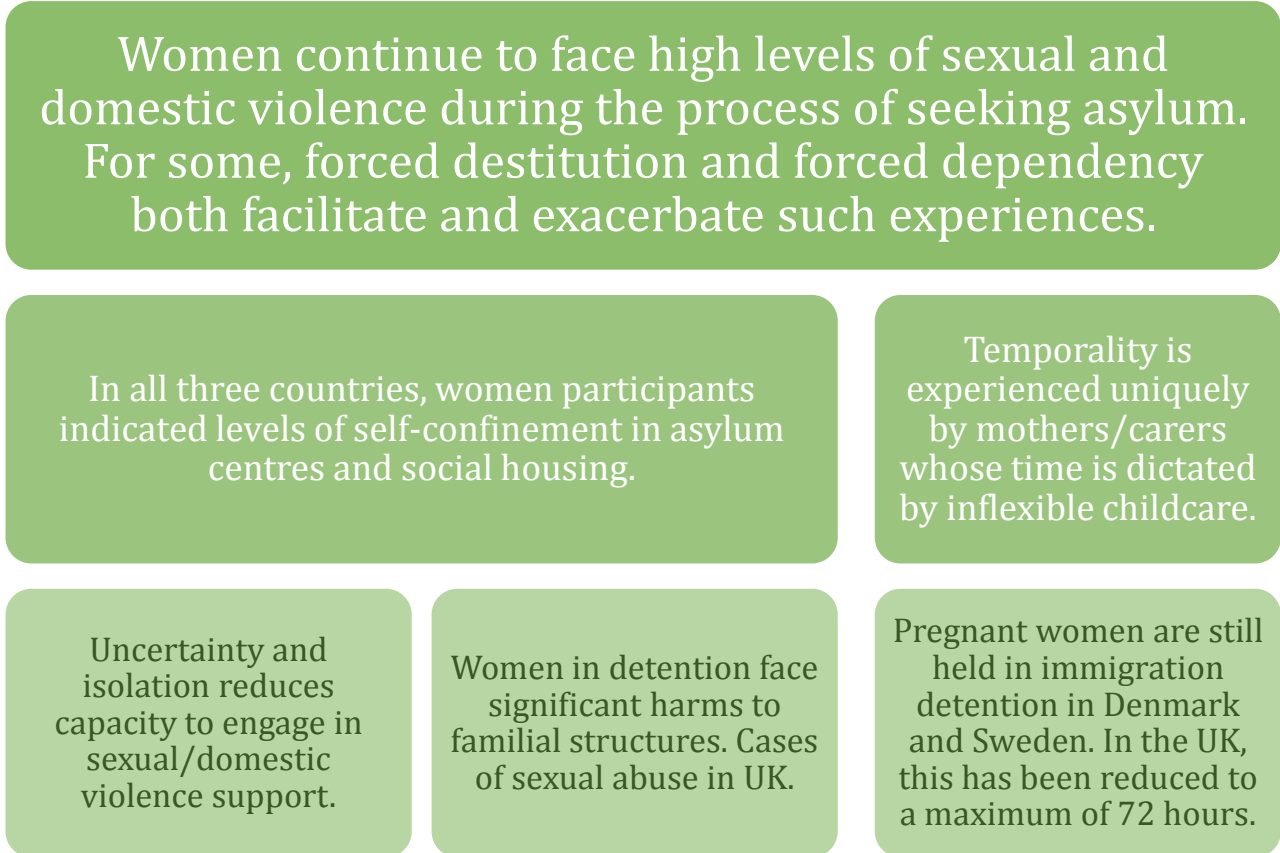
This is an issue recognised in all three countries. Both Denmark and Sweden have ratified the Istanbul Convention for combating violence against women. Under this, they are required to recognise the specific vulnerabilities women and girls are subjected to, and that claims are interpreted in a gender-sensitive matter (Council of Europe, Article 60, paragraphs one and two). Although the United Kingdom is a signatory to the Convention, it has not yet ratified it. However, asylum applications should be reviewed under the Home Office's own Gender Guidelines (Home Office, 2018b).

Practitioners interviewed in this research consistently raised concerns about the recognition of violence against women when their cases are under review. As one legal advisor specialising in women's cases in Denmark stated, *'We don't really have that much focus on women as such... how to assess cases regarding women in the asylum procedure'* (D11: legal advisor, specialising in women's asylum cases). Likewise, a barrier representing women's cases in the UK highlights the issue of late or non-disclosure of sexual or domestic violence, suggesting that: *'everyone feeling a bit awkward and often the client feeling ashamed... it's people just not knowing the questions to ask'* (B19). Although it is commonly accepted that women are reluctant to disclose instances of violence, it can also be the case that practitioners feel uncomfortable asking questions or discussing sexual or domestic violence.

Key Issues in Women's Cases

Multiple issues were found to impact on women's asylum cases. These included: inadequate or non-existent access to high quality language interpretation; lack of trust in the case review officer; inability to disclose instances of sexual violence or torture due to self-silencing and/or reluctance of practitioners and case reviewers to brooch or discuss sensitive topics; and - in some cases - an ongoing dependence on an abusive male partner. For example, as one women's support response officer noted, 'the particular difficulties that we now face disclosing the kinds of persecution they faced, especially practical issues alongside having male staff, there's also practical issues of childcare and asylum interviews' (B6). This was consistent across the research sites.

Figure 16: Examples of Gendered Harms in Seeking Asylum



Barriers to Sexual and Domestic Violence Support

In all three countries, practitioners working with survivors of torture or with people seeking asylum highlighted that men were more likely to access general support services, including psychological support in the aftermath of torture. However, organisations working to support survivors of sexual violence or domestic violence more generally indicated that they had minimal contact with anyone seeking asylum.

From oral histories and ethnographic reflection, the support available to some women I spoke with was limited. As their experiences suggest throughout this report Faiza did not receive psychological support after her suicide attempt, nor for her experience of

domestic violence. Mahira could not access any organisation specialising in reunification with her abducted daughter. Asma had never received support for the impacts of domestic abuse, including for her ongoing facial injury. Although Antonia had been subject to sexual trafficking and sustained experiences of forced prostitution, she had no access to sexual violence support. Rather than accessing support for domestic abuse, Nour was deported. Indeed, Faiza, Antonia and Asma are still in their respective asylum systems.

Considering that people seeking asylum are disproportionately affected by histories of violence or persecution, and refugee women are disproportionately affected by sexual violence, then this is a matter of concern. As figure 17 shows, a number of reasons for this are identifiable.

Figure 17: Barriers to Support

Key Barriers to Domestic or Sexual Violence Support		
<p>Gender blindness: Organisations working with women may not consider specific needs in asylum, and organisations working with people seeking asylum can overlook the intersectional experiences of women</p>	<p>Silencing: Survivors of sexual or domestic violence may not wish to disclose their experiences, particularly to someone they do not know or trust. Likewise, practitioners may feel unable to brooch sensitive subjects</p>	<p>Practitioner Reluctance: Since people seeking asylum can be displaced, dispersed, detained or deported, some psychologists and psychotraumatologists argued that it was unethical to instigate therapy since it may not be sustained</p>

For women I spoke with, the main reasons for not accessing psychological or emotional support in the aftermath of sexual violence, torture or domestic abuse were as follows:

- Information: lack of information or knowledge of where to go;
- Time: other appointments (with legal advisors, schools, the Home office, the Danish Immigration Service or Swedish Migration Agency) led to inflexibility;
- Priorities: people seeking asylum often have so many administrative priorities and imminent concerns for their case that, for some, accessing more support felt like adding another burden on their immediate priorities;
- Funds: unless travel expenses are offered in advance of support sessions, many women cannot afford transport;
- Lack of trust: uncertainty that confidentiality would be upheld and information would not be divulged to either the state in which the person is seeking asylum, or the state from which the person has fled.

These issues are reflective of wider findings which indicate barriers to such support. In 2016, for example, The Women's Refugee Commission found that, 'In Sweden, NGOs report that thus far no asylum-seeking women have been received by any of the 120 women's shelters nationwide' (Women's Refugee Commission, 2016: 12). In Copenhagen, I was told by a doctor at the primary facility for responding to sexual violence that she had never received a request for post-sexual violence support from any people seeking asylum. In the UK, research consistently evidences non-adherence to the Home Office's gender guidelines, and gaps in the provision of services specifically addressing domestic or sexual violence (see Baillot and Connelly, 2018). This is particularly the case in areas affected by 'austerity measures', in particular refuges for Black and Asian women, and due to the lack of recourse to public funds for women whose asylum cases have been refused (Emejulu and Bassel, 2017). As one social worker in the North West of England summarised, '*Even if they are victims of domestic violence, if they have got no leave to remain they cannot manage to get to women's refuges because they don't have recourse to public funds*' (B13). Although women awaiting a decision on their case should be able to access refuges, practitioners like B13 reported that women were seldom if ever able to access them.

Gendered Space and Isolation

As discussed above, organisations working in various aspects of asylum seldom do so from gendered perspectives. This meant that some spaces were male dominated, affecting women's and LGBTQ people's access to general services such as food provision, computer access, and language classes. The key variants were those specialising in sexual or domestic abuse provision, and those working specifically with the rights of LGBTQ people. Only a handful of organisations I visited or interviewed with worked at the intersections of these, mainly due to lack of time, capacity and finance, since all such services are often disproportionately under resourced.

Asylum centres, deportation centres and immigration detention centres faced their own specific concerns with regard to gendered space. As one national prison monitor who accessed (now defunct) asylum centres as well as deportation and immigration detention centres in Denmark indicated, '*they had had huge problems with men harassing the women, so they needed to cover the doors so that the women could walk around without being shouted at*' (D8). During my own visits to an asylum centre, I was informed by some women that they had experienced propositions from men, and avoided the shower or bathroom areas when there were men present. This was a section built for women deemed 'vulnerable' (including trans survivors of sexual violence, and survivors of sexual trafficking).

One response to this was self-confinement. As discussed throughout this report, women I spoke with or spent time with often avoided building friendships or relationships whilst in asylum and deportation centres as they were uncertain of their future. Although some did, and were able to access external organisations and communities, those who did not often stayed in their rooms. As two employees at Sjølsmark in Denmark indicated that, '*some of the women who were there during the time ... they were there all the time but just pretty much hiding out in their rooms, not coming out*' (D13) while, '*for the other asylum centres some of the women seemed to be kept in their rooms*' (D12). Similar concerns were raised for Swedish asylum centres, where, '*women who live there have to share bathrooms with all these single men whether they are married or if they are single themselves, and*

that's not a very good idea' (S17, regional manager for humanitarian organisation working in asylum centres).

In immigration detention, practitioners discussed problems in women accessing appropriate sanitation or having the choice between tampons or sanitary towels. Moreover,

'Being locked up is incredibly harmful for anyone but in detention, for instance, there are particular experiences that women are disproportionately subject to. So one end of that spectrum is sexual abuse and exploitation in detention but also the kind of intrusions into women's privacy and dignity, women who very often experience forms of gender-based sexual violence in their countries of origin, then they come to the UK and in detention they find themselves being put on suicide watch and being watched by male guards' (B8: Co-ordinator of national refugee women's organisation in the UK).

This was reiterated in immigration detention in Denmark and Sweden. Although female staff were employed, there was no direct policy (at the time of research) which would mean that women's sections of detention centres would be supervised by women.

Some state approaches facilitate, rather than eradicate, vulnerability to violence

This research indicates that women seeking asylum in Britain, Denmark and Sweden are actively made *more* vulnerable to violence due to the actions or inactions of the states that are assumed to protect them.

Although each country has developed strategies to respond to sexual trafficking, and should follow both national and international guidelines and convention related to gender, the structural conditions under which many live prevent this. These include forced dependence on violent men through poverty or lack of domestic violence refuges; dependence on Spouse Visas or attachment to the country; engaging in transactional sex to ease the impacts of poverty; and in being disbelieved or deemed to lack credibility.

Figure 18: Increasing Vulnerability



EXPERT BY EXPERIENCE: JAZMINE

Having left her country of origin with a visa, Jazmine applied for asylum as soon as she entered Denmark. As a trans woman from a country where gender reassignment remains illegal, she sought safety from state and family persecution under the Refugee Convention. Jazmine has experienced persecution almost all of her life. She remembers family suspicions developing as a child, and the impact of being found to have transitioned when, 'My grandfather say, 'Throw a stone on her, throw a stone,' because I did haram and I did my operation they want to throw a stone on me, so it's very difficult for me.' Following an illegalised castration at 20 years old, she was seen by a family member who told her mother and father. Following threats of violence, Jazmine fled her home and moved to a city four hours away, where she lived in prostitution for five years.

As well as experiencing beatings and rapes from multiple clients who refused to pay, Jazmine was sometimes paid to dance at illegalised underground parties. It was at one of these that men came into the function room and fired shots, before killing one her friends, 'my one friend get die, dead, due to function people... She get eight bullets on her body in front of me'. At another, men fired two shots. She recalled, 'then I say, 'Why you are doing like this?' and I'm getting more distressed. I did not want to get stressed, then we go from function. They say, 'OK, you want to go? Sit here!' Two people come and sit on me here, I sit and they burn my hand with cigarettes... then he want to do with me rape, then what I say, I say, 'OK, do sex with me.' He sex, his friends, do sex with me, then I go from function'. In an attempt to save her own life, Jazmine complied with the men who raped her, whilst one burned her hands and arms. When she lifts her sleeves, the deep pock marks still act as reminders of her abuse.

Life in Asylum Centres

Jazmine felt that, 'immigration... They do not understand sexuality, they do not understand gender, they do not understand any problem. Very difficult situation for me. They ask me a lot of questions, a lot of questions' and that 'I get very stressed and I feel very bad, I weep because they do not want to understand me, every time the same question they are asking... they ask me same question, every time. They talk in different ways but they ask same question'.

Continuums of Violence

Having been subjected to violence in her country of origin, Jazmine had hoped that she would be free from persecution when she reached Denmark. She recalled that 'when I was coming I thought Europe was so nice, so good, very nice country and people are so nice. But here I got same problem, I'm facing same problem, nothing different from my country to here, only I'm safe due to my own family, my family is not here'. Even though she was no longer at risk from abuse from her family, Jazmine still faced transphobia in the four asylum centres she lived at. In the second centre, she recalled that, 'a woman want to kill me with knife, with bottles, she want to kill me, I have very bad experience in asylum centres'. This led to her third move within only a few months.

She felt that, 'Every time boys come and knock my door, I was so much scared at night time that they want to rape me.' On the day before one of our meetings, she recalled an incident with a man living in a nearby block, 'He want to talk with me. I say, 'What for you?' 'Come in my room, we just talk and we do something.' Then I was alone on bicycle, I was riding on bicycle, he was following me. He was following me in this camp, in this Denmark, he want to do bad with me sexual'. Even with prostitution and familial abuse behind her, other aspects of harassment still seeped into her everyday life. At the time of writing, they still do, but in a regular Danish commune (municipality). However, she still felt that her life was, 'better than my home country, because now I do not have stress for my family, now I do not have stress to my brother come and kill me, now I do not have stress about my gurus' and that, 'now I want to see my future very bright'

5E: RESPONSES TO SUICIDE AND SELF-HARM

One serious issue of concern identified in interviews, oral histories and ethnographic experience was the lack of regard given to suicidality in some instances. For example, during the period in which I visited a Danish asylum centre, I witnessed the response to Faiza's attempt to commit suicide. Faiza was sectioned in a mental health institution twice, once for stating her intent to kill herself when speaking to her doctor, and once after an attempt occurred, in response to receiving her refusal for asylum. Safeguarding was minimal – when kept in hospital, she received no visitors with the exception of myself and my research assistant. On one occasion, doctors asked if I could take her home with me, such was the delay on organising her release with the Danish Red Cross asylum centre.

This was not an isolated occurrence. Numerous women told me of their attempts to or considerations of committing suicide which were met with dismissal. To echo the point made by one interviewee, it seemed that *'Stress is seen as pretending, diabetes is seen as pretending, depression and self-harm are seen as pretending'* (B2, migrant women's group co-ordinator). This resonated with practitioners and women seeking asylum alike, many of whom felt that self-harm or suicide are taken lightly by officials working in border controls.

This was reflected in some remarks and actions from interviewees working in all three countries. In Sweden, I was told by a detention custody officer that *'People have this thinking that if I don't eat they will see how bad I suffer and they will let me out of here, but that's never gonna happen. You can threaten with committing suicide or not eating or ... does not matter. And once they realise that, then they stop. But of course they want to go to hospital so they can escape more easily'* (S24). Another indicated that, *'sometimes they use that, telling like, 'I will kill myself,' and blah, blah, in a way like, we are trying to process quicker, so they tell you, 'Oh, I will kill myself, I feel bad, so why am I going back?' Sometimes we report them, sometimes not'* (S4, immigration detention custody officer).

As well as the issue of protocol on disclosures of intent to commit suicide, there was a structural disregard in some instances for the wellbeing and indeed life of asylum applicants. Alongside the problems exposed in Faiza's experience, border controls repeatedly superseded the wellbeing of individuals. The following dialogue from an interview with a detention custody officer in a Swedish immigration detention (S24) centre is indicative of the structural agenda to deport people even if they have clear emotional or psychological issues, including potential to commit suicide.

Figure 19: Dialogue Regarding Suicide Attempt in Immigration Detention, Sweden

Canning: *Have you ever had to respond to anybody's suicide attempt yourself?*

S24: *Oh yeah, just last week a man slit both of his wrists and I was there.*

C: *So what did you do?*

S24: *Well I tried to talk to him and then the SWAT team came in, of the staff members, pushed him up against a wall and took him to isolation. <Laughs>*

C: *So he didn't actually cut, he was going to?*

S24: *No, he cut himself. He was bleeding.*

C: *Did they call an ambulance?*

S24: *Yep. And police and everything.*

C: *OK, so they took him to isolation and then ...*

S24: *Yeah, and then to hospital and then to prison.*

C: *Why prison?*

S24: *He was very violent and he was threatening staff, once he slit his wrists.*

C: *So is he in prison now?*

S24: *No, he's back in Iran.*

C: *So that was quick.*

S24: *Yeah. He had the trip just two days after he tried to kill himself.*

In this case, serious self-harm with potential for suicide was not only responded to punitively, but also with no concern for the individual past his deportation. Similar concerns were raised in 2018 by the Justice Ombudsman in relation to the detention centre in Källered, following reports of abuse and provocation by staff to push detainees to 'make trouble' so that they had grounds for placing them in solitary confinement (Renfors, 2018).

This disregard was echoed in the UK also. To give one example, the below letter (Image 11) was passed to me anonymously in 2017 from UK Visas and Immigration. It clearly indicates that border controls are aware that this person had attempted suicide, and that there was risk of another attempt on delivery of this negative decision on his application for asylum.

Image 11: Home Office Letter



Image 11 reads (bold for author emphasis):

Please note my **previous letter had the wrong address** on the referral form – correct form enclosed.

Please find attached a referral form sent to Adult Social Services today regarding the above client. **As you are aware there is a risk of suicide. Please offer whatever support you deem necessary to your client to prevent any self-harm when this negative decision is served.** A copy of the referral form has also been sent to the applicants GP (General Practitioner) and Psychiatrist.

As is evident here, rather than offer asylum or extend his period of leave to remain, UK Visas and Immigration continue with the threat of deportation, and place responsibility for reducing his likelihood to self-harm or attempt suicide on the [anonymised] organisation. Moreover, the incorrect files had been attached to the first letter, and this apologises for the mistake (incorrectly indicating it was only the address, when it was the whole file). This – the second letter – had the same incorrect files enclosed in the letter. This draws concern for whether the decision itself may be flawed, if so many mistakes can be made, and suggests potential issues in staffing and indeed the motivation to deport someone who was at known risk of suicide. In previous research I was informed of a pregnant woman attempted suicide by hanging after receiving a negative decision, only for that decision to be overturned as erroneous (Canning, 2017), indicating that this is not an isolated occurrence.

As with Faiza's experience at the beginning of this section, various practitioners identified asylum refusals as a 'tipping point' for suicide attempts or self-harm. Indeed, the length of time that people wait, alongside the emotional and often financial costs of the asylum process, means that the loss of such significant investments can have devastating emotional consequences. As one integration project manager in Denmark expressed, '*they have a saying that you can lose everything but they shouldn't lose hope, and that's actually what they are losing, hope*' (D20).

'It was easy to die once in my own country.
And I feel why I am here in Denmark now?
Why I am not dead?'

*Mahira, survivor of domestic violence, domestic torture
and false imprisonment, Denmark*

6: IMPACTS ON PRACTICE AND PRACTITIONERS

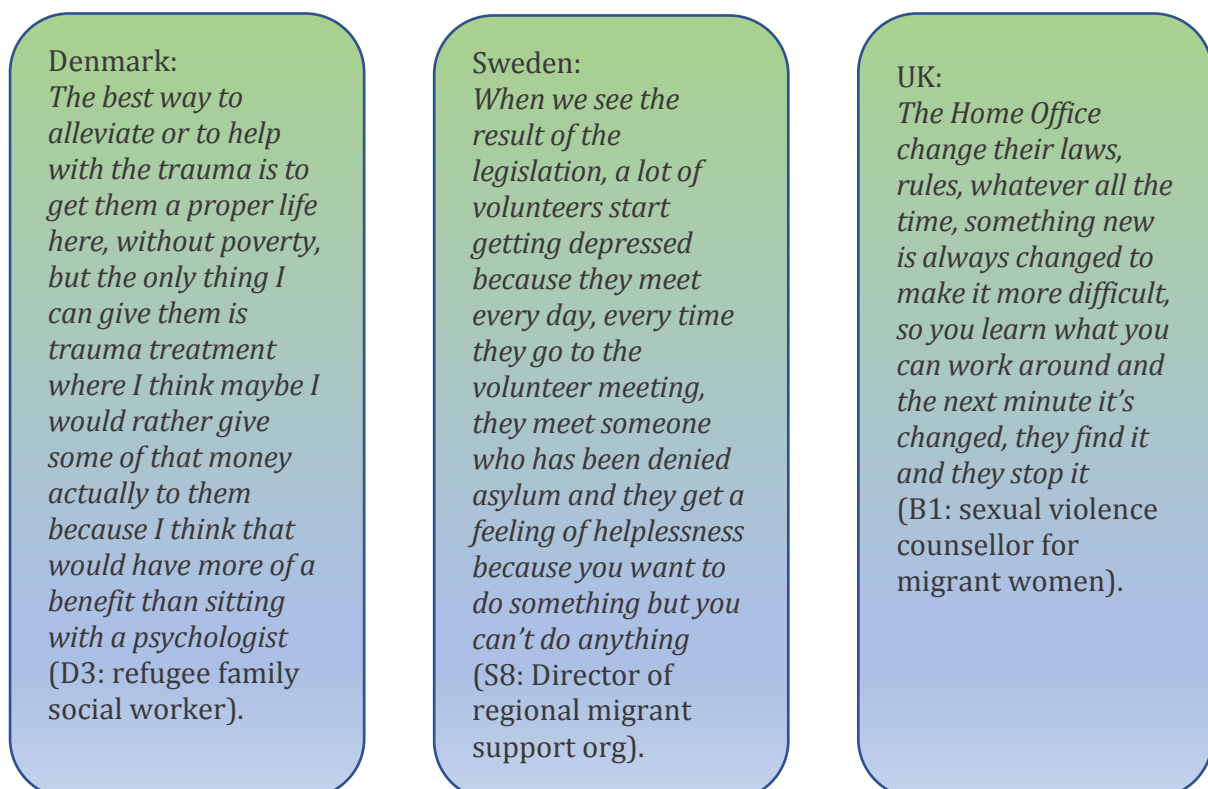
Working with refugee groups can be a fundamentally complex task. Whilst roles differ (such as lawyers, psychologists, or advocates and support workers), the experiences of people seeking asylum or living as refugees can impact on people supporting them in various ways. Likewise, the working conditions of practitioners are often reflected in the standard of care that they are able to offer when supporting people with complex lives, refugees and survivors of violence and persecution in particular.

Vicarious trauma and compassion fatigue are two of the most commonly cited problems in working in this area. The former relates to experiencing emotional or psychological distress based on hearing or responding to trauma experienced by others (Barrington and Shakespeare-Finch, 2013). The latter refers to the emotional implications which can develop for people working at the frontline of response to trauma or other social problems, but feel restricted in their ability to do so due to exhaustion or burnout (Ray et al, 2013).

Emotional and Workplace Impacts on Practitioners

Interviews with practitioners indicate concerning additions to these potential problems: increasingly restrictive or punitive approaches to immigration have multiple negative effects on practitioners working in this sector. Indeed, one stark issue highlighted through interviews with lawyers, psychologists, detention custody officers, and support workers is that they felt their ability to effectively perform their own role well has been compromised. Some indicated increasing levels of stress and, in Sweden in particular (a strong state centric welfare model), a decreased faith in state and state decisions. Terms such as 'powerless' and 'stress' were included in responses to questions about the impacts of escalated harms in asylum – in particular that practitioners did not feel they could support people seeking asylum whilst they are being held in an indefinite state of uncertainty or crisis.

Figure 20: Practitioner Reflections on Policy Related Barriers



As the above quotes indicate, practitioners found that changes in legislation or 'rules' meant that they constantly had to change their own approaches. Keeping up to date with the workings of the asylum process is increasingly difficult at a time when laws and policies are changing regularly, and thus affecting the rights or welfare entitlements that people seeking asylum can access. This is particularly difficult for people who are working with refugee groups as a means to providing humanitarian assistance, as they find themselves in positions where they are implementing laws they cannot agree with. For example, an employee of a humanitarian organisation working at Center Sandholm indicated, *'I find it really, really difficult, this neutrality, impartiality concept, and increasingly so. Every time we have to enforce new, stricter rules that have only been put in place to put pressure on people [to leave]'* (D5).

Practitioners working with survivors of trauma or sexual violence raised concerns about their client's inability to focus on therapy, counselling or integration programmes due to risk of dispersal or other exacerbations of illnesses. People seeking asylum can be more concerned with pressing issues arising in the immediate future, such as the threat of homelessness, fear of detention or deportation, or concern for family and friends still residing in areas of conflict or migrating across borders. As one social worker supporting refugee families in Denmark summarised in relation to reductions in access to family reunification, *'how can I work with a family in terms of integration when I know what's going in their head is something that's so much bigger?'* (D3).

Moreover, and considering that integration is presented as a priority for practitioners working with refugees in Denmark, other social issues were presented as a priority over the practical implementation of integrative methods. For example D3 – whose main role was to support the integration of families into Danish society - also emphasised, *'integration is not the first thing I think about, it's more about, 'OK, how can we make sure that this mum doesn't commit suicide'*.

Likewise, an integration project co-ordinator also working in Denmark argued that, *'it will only get worse. I mean there's a culture of celebrating obstacles that we can put in people's place... I mean unashamedly celebrating making it hard for people to access asylum and protective status'* (D20). This prediction – recorded in summer of 2018 - has proved accurate. By the end of the year the Danish People's Party and the Venstre-led government announced new restrictions in the Finance Act 2019 which directly aim to *reduce* opportunities for integration of migrants and people seeking asylum and instead push toward deportations and enforced removals (Clante Bendixen, 2019). This includes changes to permits which mean people will no longer be allowed to stay indefinitely, but will instead be returned at the earliest opportunity. Likewise, another significant change relates to integration, as the term itself is no longer used in relation to asylum, as focus has changed to accelerating deportation.

The Trend Towards Disempowerment

Practitioners also highlighted feelings and experiences which ranged from sadness or upset to disempowerment and hopelessness. For people working in a deportation centre in Denmark, there was dismay at the lack of clarity regarding the expectations of their role, and that their participation did not always have a positive impact,

'I had days when I went home thinking that today I was definitely a part of the problem, not the solution, today my presence here was a band aid at best but the patient's haemorrhaging and I'm not actually doing what I'm supposed to be doing' (D13).

In some places, the limits to the support that practitioners are able to provide are not only affected by economic resources, but also managerial and policy decisions on what is or is not allowed. As one nurse in an immigration detention centre reflected, *'You want to do more than you are allowed; you are not allowed to'* (S26).

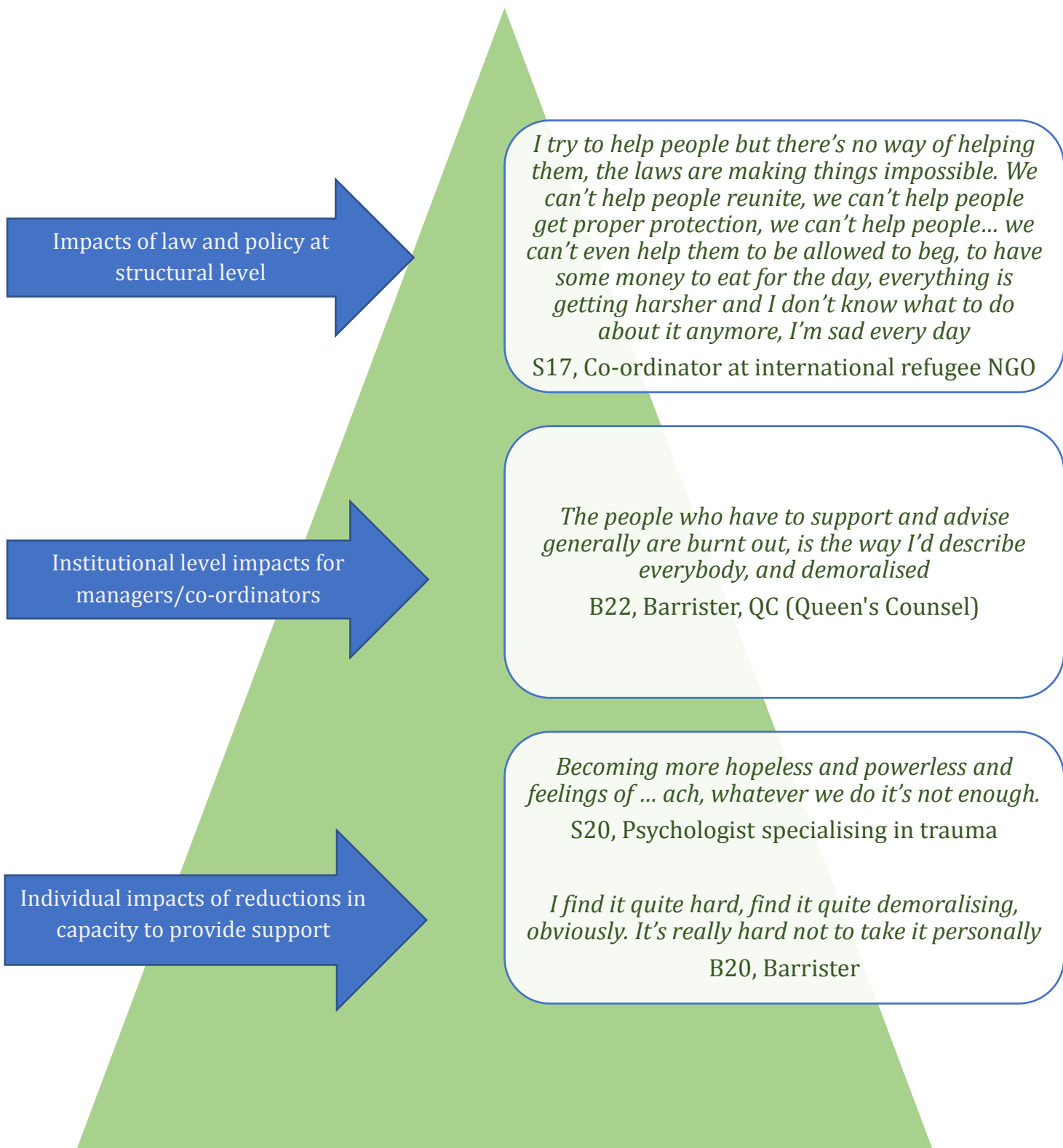
The emotional effects of seeing people living in avoidable and degrading circumstances are also clear. Many felt that cuts to staffing or services reduced their ability to offer adequate support, as one women's support worker in Scotland indicated, *'It really is crippling 'cause we can't meet the needs. Literally turning people away every day who are in crisis, so that is awful'* (B6). Shortly after this interview, in 2016, the interviewee contacted me to say their role had been removed. To date, it has not been replaced.

This was reiterated by people working in immigration detention in Denmark, who had roles which overlapped between border control and care provider. As a detention centre governor indicated,

'It's stressful to work in an environment where you are confronted with people who are deprived of their liberty, whether it's here or it's in a prison, because you have to be able to switch between the comforting role and the consequent officer role in a split second' (D2).

Likewise, others disclosed feelings of discomfort at increasingly being part of a system or structure that they had not set out to work in. People spoke of their jobs being reduced from support to *'managing expectations'* for people seeking asylum (B11) and of bureaucracy superseding their capacity to provide support. For example, one social worker in Britain felt that *'this is not the social work I came for. It's more for budgets now'* (B13) whilst a custody officer in a Swedish immigration detention centre felt the shifts in law were removing her from the humanitarian approach she had tried to embed in her practice: *'they [detainees] assume that I am working for the evil government. They think that I don't see them as human beings, living ... I think it's horrible'* (S24).

Figure 21: Top down implications for practitioners



Breaking Trust

Finally, this research found that practitioners and people seeking asylum are losing trust in government bodies and governmental decisions. In the UK the sharing of data between healthcare providers and the Home Office acted as a deterrent to accessing much needed support, and impacted on trust more broadly with support providers. Although this was reduced to the sharing of data in cases of serious criminality, research indicates that many are not aware of their rights or do not feel comfortable asserting them (Migrant Rights Network, 2018). For others, the emotional impacts of the degradation of people seeking asylum were palpable, as a social worker in the North West of England suggests,

'Sometimes we need to separate our feelings away from the client, but for the first time since I have worked in this field I felt as if I was about to cry when I went to the hospital because I've never seen somebody who has been neglected by the system like this woman I come across, because you don't treat people like this, this is unacceptable in 21st century Britain' (B13).

Practitioners often alluded to a loss of faith in humanitarianism in their respective states. One torture rehabilitation director remarked that, *'they're testing this unfortunately, a social experiment, how far they can get with their whip'* (D1) whilst a barrister in London questioned the rationale of governmental agendas, asking *'Even if you accept the premise that migration is a problem and needs to be reduced, why don't you wait to see what the last set of bad laws did before you bring in the next of the bad laws?'* (B 20).

In Denmark and Sweden, two typically state centric nations, the impacts of this increasing mistrust were more widely discussed. At the time of research, there was increased policing of otherwise socially untouchable institutions, such as schools, social services and churches. In Sweden, this was strengthened with the introduction of the *REVA* Project – a collaboration between Swedish Police, the Migration Agency and prison service which targets people suspected of living illegally in Sweden so as to speed up detection and deportation – and which has received subsequent criticism for racism (see Barker, 2017; European Parliament, 2013). People who organised a local group running free language classes for migrants in Malmö told of increased efforts by police to access the centre to 'catch' any possible undocumented migrants, whilst police undertook their first raid of a church for the same reason in 2017 (The Local, 2017). As one asylum lawyer summarised,

'There was some type of rule, an unwritten rule in Sweden that police would not go into social institutions like schools and social health to ask for details where this family is but after this wave and all these new directives from the government, they broke this unwritten rule and are starting to call to social institutions, the social service here, to ask for addresses. And then we have a huge amount of migrants get caught there because they were asking help from the social institutions' (S9).

Migrant groups *and* practitioners are therefore left in precarious positions: anyone without documentation or who is awaiting the outcome of an asylum claim may be subject to arrest and possible detention or deportation, whilst some practitioners lose faith in governmental agendas and face reduced capacity to undertake their role due to external pressures.

7: CONCLUSION

The nature of asylum is inherently one of uncertainty. The process of leaving one's country of origin, of travelling by land, air or sea to an unfamiliar country, means that change and uncertainty are often engrained. As this report demonstrates, however, the period of seeking asylum is made even more unstable at a time when personal security is a priority for survivors of conflict, persecution, sexual violence, domestic violence and torture. Rather than ensuring the wellbeing of people who can face significant hardship and exclusion, practices in Britain, Denmark and Sweden facilitate *further* experiences of uncertainty, and as such further experiences of harm. Moreover, as those who took part in this research indicate, the impacts of earlier violence or abuse are made worse by this temporal insecurity.

This report highlights serious violations of people's human rights. Freedom is undermined through the increasingly punitive use of immigration detention. It is reduced in people's everyday lives through limitations on the right to work, and through poverty and spatial isolation in asylum centres in Denmark and Sweden, departure and deportation centres in Denmark, and increasingly isolated social housing in Britain. The right to privacy is reduced through the control of people's living spaces, where housing officers or third sector workers can access people's homes or living quarters with little or no notice. For survivors of domestic violence, this is a continuum of domestic control which often echoes that of former or contemporary abusers. As the voices included throughout attest to, the impacts on emotional and mental health are profound. However, emotional and psychological support is diminishing through reductions in welfare and third sector funding.

As Section 5D specifically highlights, Denmark and Sweden have ratified the Istanbul Convention for combating violence against women. Under this, they are required to recognise the specific vulnerabilities women and girls are subjected to, and that claims are interpreted in a gender-sensitive matter (Council of Europe, Article 60, paragraphs one and two). Although the United Kingdom is a signatory to the Convention, it has not yet ratified it. However, asylum applications should be reviewed under the Home Office's own Gender Guidelines (Home Office, 2018b). As the oral histories, ethnographic reflections and interviews indicate, this does not translate to the lived experience of women seeking asylum.

Alongside the reduction in rights is the degeneration of working conditions for practitioners supporting people seeking asylum. Although often overlooked, as Section 6 demonstrates, psychologists, counsellors, support workers, lawyers and barristers are increasingly stretched in their roles. Many highlight feeling disempowered, exhausted and disenabled to do their jobs well, and correlated this with policy and law. The outcome is fourfold: loss of faith in humanitarianism, loss of trust in governmental decisions, increased potential for work related stress, and decreased capacity to do their jobs well. The latter two clearly impact negatively on client groups.

These outcomes are not inevitable, nor are they unforeseeable, therefore the current harms embedded in these asylum processes have scope for change. However, as the following recommendations suggest, these changes require structural and institutional reflection and re-evaluation if refugee rights are to be truly reimagined.

8: KEY RECOMMENDATIONS

- All asylum applicants should be given access to legal counsel for their case prior to the main interview.
- The use of immigration detention should not be expanded and, considering the harms inherent to incarceration, should be reduced or removed altogether. If immigration detention is to be used, then a time limit of 28 days should be implemented. In particular, pregnant women and children should not be detained. This remains common practice in Denmark and Sweden, with a 72 hour time limit for pregnant women in the UK.
- Building women-only spaces should be centralised in all organisations and institutions working with migrants and people seeking asylum. Participants in Denmark and Sweden in particular raised concerns about the lack of women-centred activities and spaces in asylum centres and deportation centres.
- People identifying as Lesbian, Gay, Bisexual, Transgender, Queer and Intersex require further consideration and support in the allocation of housing.
- Credibility should be reviewed in accordance with cultural norms, such as accepting that people may not disclose instances of sexual abuse or torture, and thus future disclosure should not count against them. Likewise, means of measuring time and dates are not culturally static, and therefore case reviewers should not base whole decisions on small inconsistencies in dates or language.
- The reductions in the right to apply for family reunification in all three countries should be reviewed and reversed.
- In the UK, access to legal aid should be reintroduced at all levels of the appeals process, particularly in light of the fact that around half of all negative decisions are overturned after appeals have been made, and thus applicants are disenfranchised by the errors of process.
- Of the three countries, only Denmark has dedicated deportation centres, Sjølsmark and Kærshovedgård. These are spaces of significant harm, including isolation and degradation of the person. Whilst the centres have received criticism within Denmark, they are often overlooked elsewhere. Participants – including staff working in Sjølsmark - consistently recommend closure. This report advocates this. However, as this is an unlikely outcome in the near future, interim recommendations include relaxing the controls around the everyday experiences of people in the centres: people should be allowed to cook, canteen times should not be regulated, there should be women-only spaces, the health, age and religion of the person should be considered where canteen food is used, and prison-like fences should be removed. People should also not have to sign in regularly and, if and when they do, this should not require police involvement.

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‘They are trying to kill me
slowly and silently. But I do
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Faiza, survivor of domestic violence, living in Denmark

‘I will do what immigration tell me to do, but I want to be free’

Nour, survivor of domestic violence, Sweden



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