



Canning, V. (2019). Degradation by design: women and asylum in northern Europe. *Race and Class*, 61(1), 46-63.  
<https://doi.org/10.1177/0306396819850986>

Peer reviewed version

Link to published version (if available):  
[10.1177/0306396819850986](https://doi.org/10.1177/0306396819850986)

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# Degradation by design: women and asylum in northern Europe

VICTORIA CANNING

*Abstract:* The increasingly punitive measures taken by European governments to deter people seeking asylum, including increased use of detention, internalised controls, reductions in in-country rights and procedural safeguards, have a hugely damaging impact on the lives and wellbeing of women survivors of torture, sexual and domestic violence. This article, based on a two-year research project examining Britain, Denmark and Sweden, involved more than 500 hours speaking with people seeking asylum, as well as interviews with practitioners. It highlights among other issues non-adherence to the Istanbul Convention (for Denmark and Sweden, who have ratified it); non-application of gender guidelines; and significant wholesale violations of refugee rights. It demonstrates some of the ways in which increasingly harsh policies impact on women seeking asylum and highlights the experiences relayed by some who are affected: those stuck in asylum systems and practitioners seeking to provide support. Indeed, it indicates that women seeking asylum in Britain, Denmark and Sweden are made *more* vulnerable to violence due to the actions or inactions of the states that are supposed to protect them.

*Keywords:* border controls, Britain, Denmark, domestic violence, gender blindness, immigration detention, in-country rights, Istanbul Convention, refugee rights, self-harm, suicide, Sweden, torture, women seeking asylum

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*Race & Class*

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10.1177/0306396819850986 journals.sagepub.com/home/rac

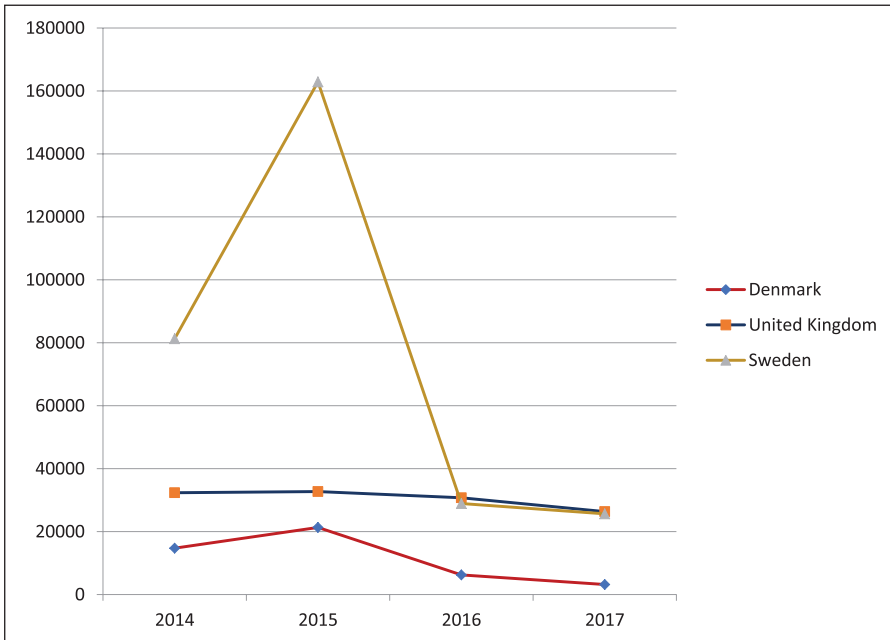


Figure 1. Applications for asylum, 2014–2017.

### The empirical and political context

This article is based on excerpts from a two-year research study published under the title *Reimagining Refugee Rights: addressing asylum harms in Britain, Denmark and Sweden* (ESRC and University of Bristol, 2019). Between October 2016 and June 2018, I carried out seventy-four in-depth interviews with psychologists, detention custody officers, activists, sexual violence counsellors, immigration lawyers and barristers. Extensive oral histories were undertaken with five women seeking asylum in these countries, alongside participatory action with organisations working with migrants. In total I spent more than 500 hours with people seeking asylum, in particular women in asylum centres in Denmark and in communities in Merseyside, Britain and Malmö, Sweden.

Over recent years, applications for asylum have significantly reduced in northern European countries, including Denmark, Sweden and the United Kingdom (see Figure 1).<sup>1</sup>

As is shown in Figure 1, at the point when Europe was experiencing the biggest movement of people since the second world war, the United Kingdom was relatively unaffected by numbers of asylum applications, largely due to the buffers already created through policy and law to counteract any influx in the case of such an event.<sup>2</sup> While Sweden had a peak of just over 162,000 applications for asylum in 2015, Denmark's applications rose to just over 21,000, and the United Kingdom received just over 30,000.<sup>3</sup> The response from Denmark and Sweden

was to close external borders and increase internalised borders through stringent policies and social controls. Like the objective of the Hostile Environment in the UK, and in the words of the Danish Minister for Immigration, Integration and Housing, Inger Støjberg, the aim was to make life ‘intolerable’ for people on tolerated stay, specifically in Denmark.

### **Findings in brief**

Asylum in its current form is unfairly weighted towards refusal from the outset. On applying, there is little information on what the procedural or legal framework is, or how much time it can take. This means that people must try to navigate a complex legal system with little or no knowledge of it in advance. The exception to this is Sweden, where legal information is usually provided prior to the substantive, or main, interview. This changed for the worse in 2016 when capacity to review claims was reduced in line with increased numbers of asylum applications.

Although women seeking asylum are regularly deemed ‘vulnerable’, asylum policies and practice across all three countries actively contribute to or increase the risk of vulnerability to violence. Poverty and destitution leave women dependent on men financially. This dependency manifests itself 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<sup>4</sup> or accessing alcohol).

The lack of autonomy in daily life and increased uncertainty about the future compound 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 the micro-level impacts of restrictive policies that increase the likelihood of detention and decrease everyday wellbeing. This uncertainty and insecurity often temporarily overshadow people’s focus on earlier abuses, the impacts of which can resurface later in life.

Practitioners working with people seeking asylum reported that they were increasingly unable to do their jobs effectively. This is particularly the case for psychologists and psycho-traumatologists working with survivors of persecution and torture. The participants felt that they could not effectively undertake their support role because clients were 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 their individual workers can become unclear and treatment less effective.

The use and practice of immigration detention varies across countries, but is unanimously viewed as negative by all those seeking asylum who were spoken to throughout this project. 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 was 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 increasingly prison-like nature of immigration detention in Sweden.

Significant barriers to accessing psychological support are evident in all three countries. Many 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 allow them to engage in meaningful therapies. This is particularly felt to be the case by practitioners in Denmark. Furthermore, some practitioners felt that beginning psychological support with people seeking asylum, only to have them dispersed or removed, has the potential to cause more harm. Other barriers to support include inadequate funding for specialist services, and the spatial isolation of asylum or deportation centres in Denmark and asylum centres in Sweden, which reduces capacity for volunteers or practitioners to offer support. Dispersal areas in the UK are often in the poorest regions, where such support is minimal or non-existent. Additionally, organisations that do not specialise in asylum or immigration support often have gaps in their approaches to diverse groups, while gendered requirements for support – such as domestic violence services, and women or Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) only spaces – were not always considered in immigration or asylum services.

### **The indisputable impact of borders**

Two obvious and foreseeable outcomes have arisen in the aftermath of the gradual closing of Europe's doors to refugee populations. First, as Crawley et al. note, fewer options to travel legally have led people migrating to take riskier and less safe routes.<sup>5</sup> Since people are unable to access visas or safe transport, when forced to flee from conflict, poverty and political destabilisation, such unsafe passage has led to unprecedented numbers dying in the Mediterranean Sea (not to mention migrant deaths in camps, lorries and detention centres). At the time of writing, in 2018 alone, the number of deaths in the Mediterranean had risen to 2,242.<sup>6</sup> Second, northern states have increasingly transferred responsibility for people seeking asylum to central, eastern and southern European countries, thus creating a sense of limbo for those 'stuck' at borders. Or, taking Calais as an example, for those unable to access safe legal travel to the UK, it is a bottle-neck where people survive in often insanitary and precarious conditions.

Although seemingly geographically separate from the reality at Europe's 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. The increasing externalisation of visa

controls and the implementation of carrier sanctions effectively prevent southern states from facilitating onward movement north, particularly once biometric data has been registered on the Schengen Information System (an EU-wide system that contains all data – including fingerprints and facial images – of people registered). This allows for increased removals back to the first country of entry under the Dublin III Regulation, in force since 2013. (The first Dublin Regulation came into force in 1997.)

As some of the oral histories with women show, the Dublin Regulation has significant effects on people who are transferred between countries. However, as this research developed, so too did legislative restrictions on staying in each country, even if people were able to enter legally. 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’; an issue which resonated throughout all three countries. At the time of writing, Sweden has maintained its use of the ‘Temporary Law’ of 2016, which limits stay to thirteen months before a requirement to reapply; and permits in Denmark have been reduced since 2015 from five-to-seven years, to one-to-two. While the UK has maintained a five-year stay for those granted refugee status, the number of refusals has gradually increased, and the number of grounds on which to appeal a refusal have been reduced from seventeen to four.

### **Bordering welfare**

As highlighted earlier, compounding the problems that people experience for gaining entry to Britain, Denmark and Sweden is the increased use of internalised borders. For some time, clear and deliberate decisions have been made 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 characterise an environment being developed for those living in Britain who, it was considered, should not be there. A similar policy was promoted in Denmark. As the co-ordinator of a national support service for refugees in Denmark summarised it, ‘They are designed to make life as intolerable as possible, to persuade people to go back.’

In Sweden, the general feeling among practitioners was that the state had created two borders. As one put it, ‘There are two border controls, and they took one away now and instead they said they would focus on controls inside the borders. So instead of checking IDs at the border, they said there are no safe zones right now’ (support worker for unaccompanied minors). In Denmark *enhanced motivation techniques* have been employed since 1997 as a way of speeding up deportations by encouraging reductions in autonomy and welfare allowances.<sup>7</sup>

## Hearing from 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. While walking through a city centre, her husband began to hit her, and witnesses intervened. Criminalisation ensued: Mahira's husband was arrested and charged with 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.

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 Øresund Bridge,<sup>8</sup> 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 returned to Denmark under the Dublin Regulation and placed in the centre at Sandholm.<sup>9</sup>

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.’

Now, though with refugee status, she still feels unsure of her future in Denmark and asks if she should try and gain a visa for another country. Reflecting on 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?

### **Psychological harms**

Practitioners of psychological support recognised the kind of emotional and psychological harms that develop from the restrictions that Mahira had felt. A legal adviser offering support to victims of torture in Sweden stated that 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.

Another observed that,

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.

For survivors of sexual or domestic violence or torture, trauma can be compounded by uncertainty and the anxieties that arise from a sense of unknowing or hopelessness for the future. As one women’s asylum support worker in England indicated, in the UK 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 ...

While another argued,

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.

In the UK, this feeling of being tortured in a different way to physical torture is evidenced by wider reports on refugee experiences. Freedom from Torture, for example, focuses 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.'<sup>10</sup> It is notable that similar sentiments were felt in asylum centres and detention centres 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.

### **Woman-specific aspects of asylum-seeking**

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 that 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 or during case review.<sup>11</sup>

Britain, Denmark and Sweden all have higher rates of men applying for asylum than women. This reflects global trends, since men are more likely to be targeted for persecution in ways that align most easily with the Refugee Convention's definition of persecution, and are more likely to have the economic and cultural capital to be able to leave their country of origin. Women are more likely to apply on spousal visas, or in relation to cases of sexual trafficking, so-called 'honour-based violence' or female genital mutilation (in technical terms, that is, as members of a particular social group). Information on transgender identities was unidentifiable 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.

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

### **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 quality 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 broach or discuss sensitive topics; and, in some cases, an ongoing dependence on a 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'. This was consistently found across the research sites.

Women I spoke with continued to face high levels of sexual and domestic violence during the asylum-seeking process. For some, forced destitution and forced dependency both facilitated and exacerbated such experiences. In all three countries, women participants indicated levels of self-confinement in asylum centres and social housing. Uncertainty and isolation reduce their capacity to obtain sexual/domestic violence support. Women in detention face significant harms to familial structures. A further level of inflexibility and constraint over living arrangements is experienced by mothers/carers in asylum centres whose time is dictated by inflexible childcare, since they must be available to leave and pick up children to school and nursery in the centres – often in isolated and rural areas. Moreover, pregnant women are still held in immigration detention in Denmark and Sweden. In the UK, this has been reduced to a maximum of seventy-two hours.

Other research around the lives of refugee women has come to similar conclusions.<sup>12</sup> 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.<sup>13</sup> 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.

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 of women and girls in what they may be subjected to, and to ensure that claims are interpreted in a gender-sensitive matter (Council of Europe, Article 60, paragraphs one and two<sup>14</sup>). 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.<sup>15</sup>

Practitioners interviewed in this research consistently raised concerns about ensuring the recognition of violence against women when their cases are under review. As one legal adviser 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.' Likewise, a barrister representing women's cases in the UK highlighted 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'. 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.

### **Trans-specific experiences: hearing from 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 around her 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 illegal castration at 20 years old, Jazmine was seen by a family member who told her mother and father. Following threats of violence, Jazmine fled from 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 illegal underground parties. It was at one of these that men came into the function room and fired shots, before killing one of 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, while one burned her hands and arms. When she lifts her sleeves, the deep pockmarks still act as reminders of her abuse.

She 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.'

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'.

### **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. This does not mean that support is easily accessible for men, but that specific recognition of gendered experiences is not always recognised or responded to. However, organisations working to support survivors of sexual violence or domestic

violence generally indicated that they had minimal contact with *anyone* seeking asylum.

From oral histories and ethnographic reflection, it appears that the support available to some women was limited. As their experiences, documented throughout the research, indicate, Faiza – a survivor of domestic violence who attempted suicide twice – did not receive psychological support, even on release from being sectioned in a mental health facility. Mahira – a survivor of domestic torture and false imprisonment – could not access any organisation that could help her achieve reunification with her abducted daughter. Asma – a survivor of domestic violence who has spent more than ten years living in the British asylum system – has still never received support for the impacts of domestic abuse, including for her ongoing facial injury. Although Antonia had been subject to sexual trafficking and a sustained experience of forced prostitution, she had no access to sexual violence support. Rather than being given access to support for domestic abuse, Nour was deported. 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, this is a matter of serious concern. The key barriers to domestic or sexual violence support are: gender blindness; organisations working with women that do not consider specific needs in relation to asylum; organisations working with people seeking asylum overlooking the intersectional experiences of women; silencing; survivors of sexual or domestic violence not wishing to disclose their experiences, or practitioners unable to broach sensitive subjects; practitioner reluctance to instigate therapy that might not be sustained since people seeking asylum can be displaced, dispersed, detained or deported.

From women's perspectives, the main reasons for not accessing psychological or emotional support in the aftermath of sexual violence, torture or domestic abuse are: a lack of information or knowledge of where to go; a lack of time – since time is often dictated by other appointments (with legal advisers, schools, the Home Office); an inability to afford to travel; and an absence of services available. Moreover, the number of other pressures people have, provide barriers – people seeking asylum often have so many administrative priorities and imminent concerns for their case that, for some, the effort of accessing more support felt like another burden.

Other organisations have also found this. In 2016, for example, The Women's Refugee Commission wrote, 'In Sweden, NGOs report that thus far no asylum-seeking women have been received by any of the 120 women's shelters nationwide.'<sup>16</sup> In Copenhagen, a doctor at the primary facility for responding to sexual violence told us that she had never received a request for post-sexual violence support from anyone 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.<sup>17</sup> This is

particularly the case in areas affected by 'austerity measures', which have impacted on refuges for Black and Asian women, and because of the 'no recourse to public funds' requirement for women whose asylum cases have been refused.<sup>18</sup> As one social worker in the North West of England summarised it, '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.' Although women awaiting a decision on their case should, in theory, be able to access refuges, women were seldom, if ever, able to.

### **Gendered space and isolation**

As discussed above, organisations working in various aspects of asylum seldom do so from a gendered perspective. This means 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 on this were with those specialising in sexual or domestic abuse provision, and those working specifically with the rights of LGBTQ people. Only a handful of organisations visited or interviewed in this research 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 face 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 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'. During my own visit to an asylum centre, I was informed by some women that they had been propositioned by men, and avoided the shower or bathroom areas when there were men present, in 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. Women often avoided building friendships or relationships while in asylum and deportation centres. 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 Sjælsmark<sup>19</sup> in Denmark indicated, 'some of the women ... just pretty much hiding out in their rooms, not coming out', while, for the other asylum centres 'some of the women seemed to be kept in their rooms'. 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' (regional manager for humanitarian organisation working in asylum centres).

In relation to immigration detention, practitioners discussed problems over women accessing appropriate sanitary facilities or having the choice of sanitary

products. Moreover, a co-ordinator of a national refugee women's organisation in the UK said:

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.

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

### **Restrictive laws and policies facilitate further violence**

This research indicates that women seeking asylum in Britain, Denmark and Sweden are made *more* vulnerable to violence due to the actions or inactions of the states that are supposed to protect them. Although each country has developed strategies to respond to sexual trafficking, and should follow both national and international guidelines and conventions related to gender, the structural conditions many people seeking asylum are forced into undermine them.

These include forced dependence on violent men through poverty or a 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 have a lack of credibility. As one social worker in England stated, 'We have a government which was talking about how we can stop trafficking of women, now women who are becoming destitute are thrown into prostitution for survival.' Similarly, an LGBTQ support worker in Denmark highlighted how, 'People turn to sex work or sex in exchange for something else, and it seems like that's also something that's hard to get out of.' Equality was misconceived as simply treating everyone the same, particularly in Denmark and Sweden. For example, a member of support staff working in the Sandholm and Sjølsmark centres argued, 'we shouldn't make a house for women, they are the same and they can live in the same buildings'.

### **Suicide and self-harm**

One serious issue identified in interviews, oral histories and ethnographic work was the lack of regard given to self-harm and suicide. For example, during the time when I visited a Danish asylum centre, I witnessed the response to one of Faiza's two expressions of her intention to kill herself. She was sectioned in a mental health institution twice: once for stating, when speaking to her doctor,

that she meant to kill herself and once after she made an attempt – in response to receiving a refusal of her asylum claim. Safeguarding was minimal – while being kept in hospital, she received no visitors, with the exception of me and my research assistant. On one occasion, doctors asked if I could take her home with me, such was the delay in organising her release with the Danish Red Cross asylum centre.

This was not an isolated occurrence. Numerous women spoke of their attempts at, or consideration of, 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’ (migrant women’s group co-ordinator). This resonated with views from other practitioners and women seeking asylum, many of whom felt that self-harm or suicide are taken lightly by officials working in border control. 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.

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’ (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 control repeatedly superseded wellbeing. The following dialogue from an interview with a detention custody officer in a Swedish immigration detention centre is indicative of the structural agenda to deport people even if they have clear emotional or psychological issues, including the potential to commit suicide:

Q: Have you ever had to respond to anybody’s suicide attempt yourself?

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

Q: So, what did you do?

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

Q: So, he didn’t actually cut, he was going to?

A: No, he cut himself. He was bleeding.

Q: Did they call an ambulance?

A: Yep. And police and everything.



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

A: Yeah, and then to hospital and then to prison.

Q: Why prison?

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

Q: So, is he in prison now?

A: No, he's back in Iran.

Q: So that was quick.

A: 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. As with Faiza's experience, various practitioners identified asylum refusal 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 it, 'they have a saying that you can lose everything but they shouldn't lose hope, and that's actually what they are losing, hope'.

## Conclusion

This research 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 that often echoes that of former or contemporary abusers. As the voices included throughout attest, 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 already noted, Denmark and Sweden have ratified the Istanbul Convention for combating violence against women. 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.<sup>20</sup> But the oral histories, ethnographic reflections and interviews drawn on here demonstrate that this does not translate into the lived experience of women seeking asylum.

## Acknowledgements

Grant information: Project funded by the Economic and Social Research Council grant number ES/NO16718/1. I would like to thank Monish Bhatia, Samantha Canning, Martin Joormann, Annika

Lindberg and Steve Tombs; Andrew Jefferson at the Danish Institute Against Torture. And Asma, Antonia, Jazmine, Mahira and Nour.

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