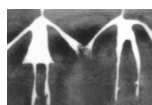


They took my life but have not killed me.

A report about severely traumatised raped women who
have been denied asylum and protection in Sweden.

Editors Solveig Freudenthal,
Anita D'Orazio and Lissela Jonsson



ETIKKOMMISSIONEN I SVERIGE

The case descriptions in this report have been compiled by:

Anita D’Orazio, Kerstin Eiserman, Solveig Freudenthal, Marianne Gillgren, Elisabeth Hultcrantz, Nina Larsson, Kerstin Rhodin, and Ragnhild Maria Uhle, Lissela Jonsson, Eva Brick and Karin Johansson Blight, Médecins du Monde/Doctor of the World Sweden’s Human Rights Group.

The other texts are written by:

AGNETA PLEIJEL, author, professor, journalist, with a Master of Philosophy (MPhil) in literary history, has a long-term dedication to the human rights of asylum seekers and refugees, and she is amongst other things, also one of the founders of Etikkommissionen i Sverige. She has written the following chapters in this report: *Introduction, Minority belonging: an underlying reason for forced migration and Final words*. For more information see Agneta Pleijel: #8/9 *Ruttnande rättsstat*, www.otal.se/?p=6192

BRITA HÄNNESTRAND, general practitioner and psychiatrist with longstanding experience of working with refugees. She worked as a doctor for refugees for 20-25 years and started a refugee medical department in Uppsala, Befris. She has worked with counselling for severely traumatised refugees at ‘the Centre for Torture and Trauma Survivors’, ‘CTD’ (Kris- och Traumacentrum, ‘KCT’), for ten years. Within Befris and CTD she has supervised two projects on institutionalised sexual violence (the ‘Sara project’ in 1999, Befris and the ‘Sabina project’ in 2005, CTD). Dr Hännestrand has written the following chapter in this report: *The consequences of sexual abuse and rape*.

A heartfelt thank you to:

The refugee women and their families that this report concerns, Fellow workers, treatment providers and solicitors at the Médecins du Monde/Doctor of the World Sweden’s Human Rights Group

www.etikkommissionenisverige.se

© 2014 Etikkommissionen i Sverige, and each of the authors

Translation from Swedish to English Karin Johansson Blight,

Proof-reading Andrew Blight and Ed Paulette

Graphic design & production, Karin Almlöf förlag, www.almlofs.se

Print Bok och tryck, Åtvidaberg 2015

ISBN 978-91-87097-24-9

- 4 Introduction.
- 6 Women's situations described through twelve legal cases.
- 24 Minority belonging: an underlying reason for forced migration.
- 25 The consequences of sexual abuse and rape.
- 28 Final words.

“The refusal of entry and expulsion of an alien may never be enforced to a country where there is fair reason to assume that the alien would be in danger of facing the death penalty or being subjected to corporal punishment, torture or other inhuman or degrading treatment or punishment.” THE SWEDISH ALIENS ACT (2005:716), CHAPTER 12, SECTION 1.

THE CONDITION ‘APATHY’ is a psychological response to a situation where there is no hope for the future. It is a condition that has long been recognised and which does not only exist amongst refugees. In Sweden, the phenomenon received greatest attention during the 2000’s in relation to refugee children. It is however, a common diagnosis amongst persons who are forced to migrate and who live without any hope of being able to resolve their problems in life or look to the future.

THIS REPORT HAS BEEN prepared by *Etikkommissionen i Sverige* ('The Ethics Commission in Sweden'), a network for Human Rights in the Swedish asylum process, to raise awareness about women's situations during forced migration, something that is done too seldom. It is of utmost importance to specifically highlight this group of refugees, *since the way in which the women have been assessed by the Swedish migration authorities have worsened the life situation for all persons covered in this report and made the lives of these women unbearable.*

The report concerns present-day cases from 2014, and describes twelve female refugees' life situations in Sweden, today. All of the women have lived in Sweden for many years and all of the women have received repeated rejections on their applications for asylum and protection.

In this report, attention is paid to a less recognized group of refugees, 'apathetic' women. The report also concerns the psychiatric conditions suffered by the children of these women.

Rape, especially group rape, is a weapon used in war and ethnic conflicts. The women in this report have been raped before, during or after they have been forced to leave their homes. Rape is an exceptionally degrading form of abuse and persons who have been raped almost always suffer lasting psychological problems. Feelings of guilt, exclusion and silence often surround sexual abuse and this contributes to poor mental health.

In this report, it is also clear that women who have been forced to migrate are often used as sexual products in economic transactions, a phenomenon known as trafficking or human trafficking.

These women have all presented credible reasons for why they were forced to flee, often with additional serious complications having to do with gender inequalities, and thus ought to be considered as political refugees. In line with the law and signed Conventions, they should be given protection in Sweden.

Several of these women and their children have lived in Sweden for many years. Their psychological condition has not improved, but rather worsened due to the fear of being deported back to the very countries in which the abuse

they have suffered was committed, with withdrawal and dissociation as a consequence.

Most of the women have regularly attempted to commit suicide in Sweden. They have been cared for at psychiatric clinics due to severe depression and suicide risks. Most of the women have become apathetic, that is, they are in a state of pervasive withdrawal and are unable to communicate.

At least one of the women, a Roma woman, has been absent from her five children for a long period of time for this reason. The children of deeply depressed and apathetic women are subject to extremely difficult upbringings. Most of the children in this report have witnessed the rapes of their mothers. Once in Sweden, some of them are suffering from withdrawal, have stopped communicating and are in need of naso-gastric tube feeding to survive.

This treatment of children and their mothers whilst waiting to be deported, is *deeply inhumane, upsetting and cynical*. Swedish citizens would never be subject to this form of treatment without the media's attention; these refugees however are living outside of the media spotlight.

Etikkommissionen i Sverige works in particular to raise awareness about how, and if, human rights is adhered to in the asylum process. It is well known that human beings who are fleeing persecution and war are especially vulnerable. Even so, they too have human rights that cannot be opposed or bypassed. Women are often particularly vulnerable during forced migration.

Etikkommissionen i Sverige demands *that the Swedish migration authorities reassess all the cases in this report and that the level of knowledge and awareness concerning women's need for protection amongst investigators and decision makers, in each instance of the asylum process, is vastly improved.*

Not to grant these women and their children in need of refuge, residency in Sweden, is deeply unworthy of a country that views itself as humanitarian and which claims to respect Human Rights.

WOMEN'S SITUATIONS DESCRIBED THROUGH TWELVE LEGAL CASES.

IN THIS SECTION, the twelve cases from 2014 are described in brief. The list of cases could have been much longer. Etikkommissionen knows about many more cases, but has been able to specifically engage with these twelve women's lives.

All of these women have been severely traumatised. Firstly, due to the event that caused their flight and secondly, due to the Swedish migration authorities' lack of understanding and insight. All women have medical certificates that confirm their psychological and physical poor health. The migration authorities have however, chosen to ignore these medical certificates.

All the women have been denied asylum and protection in all instances. The name of the women in the case descriptions are fictitious.

The Swedish Migration Board's wordings in the sections referring to "Their rejection decision rationale" are directly quoted in the Swedish version. In this section, the Swedish Migration Board is sometimes referred by the Swedish Migration Board's decision makers as 'the Board'. In the translation of this report the ambition has been to parallel as closely as possible the text in the Swedish version of this report.

Case 1.

Aysha, a Uyghur woman from Kazakhstan. She has been in Sweden with her husband and two children since 2009.

Aysha is 32 years of age. She is a nurse and midwife with a university degree. In 2008, the same year as the youngest child was born, her husband was arrested and taken away; she was not told where he was taken. A probable reason for this was her husband's association with the Uyghur freedom movement. In April 2009, unknown men broke into their house. They wanted to know where the husband was and to pressure Aysha they physically abused her and she was subject to a group rape.

This was repeated the following month, in May 2009. Both of the children witnessed the rapes. The daughter was then two years old. Aysha was threatened that her children would be killed if she revealed what they had done to her.

Shortly afterward, the family's house was burnt down and Aysha was forced to flee.

The family managed to get to Sweden in June 2009. The rapes have left Aysha feeling dirty and she was in a state of deep shock when she arrived in Sweden. She had already stopped talking, eating food and drinking fluids by August.

She has lost the ability to engage with her children. Several well-written medical certificates state that she shows signs of extreme trauma and severe depression.

Aysha's health has not improved despite repeated electric shock treatment ('ECT'). The children, eight and six years of age, have been in foster homes for several years due to their parents' reduced ability to care for them. In the last six months, the eight-year-old girl has stopped attending school, stopped talking and she is in a deep state of apathy.

The family have been in Sweden for five years and Aysha and her husband have been living in hiding from the Swedish authorities for three years.

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

“You, Aysha, have been diagnosed with posttraumatic stress disorder ('PTSD'), which in combination with the long lasting crisis has resulted in a total psychological and mental collapse with pronounced depressive symptoms. You have been diagnosed with major depression with melancholy and catatonic symptoms. In the past you were well-functioning, but today your psychiatric state is severely impaired and heavily incapacitating, emotionally and mentally. You are apathetic and have lost the ability to communicate with your children. Moreover, you have on several occasions attempted to commit suicide and have in connection with this been cared for in secure units, and received medicine and 'ECT' treatment (electric shock treatment) Despite these interventions your health has worsened rather than improved. According to the medical doctor this is due to the imminent threat of deportation under which you are living.

Bearing this in mind, it is precluded that you will recover if you are returned to Kazakhstan, even if access to care is available. Your current condition is connected with a serious risk that you will commit suicide and there is also a risk that the condition becomes chronic unless a genuine improvement can be attained. (...)

According to the Swedish Migration Board's assessment there is nothing in the current case that indicates that the Swedish Migration Board should make any other assessment of your health status or of the possibility to receive adequate care in your home country. (...)

The Swedish Migration Board has on two occasions made an assessment of whether or not the family's health status and situation at large constitutes reasons to inhibit the deportation decision. (...) Nor does what has been

lodged with regards to the family's health status substitute grounds for any other specific reason to suggest that the decision on removal should be stopped in accordance with Chapter 12, Section 18, first paragraph, point 3, of the Aliens Act."

Case 2.

Malika is a Uyghur woman from Kirgizstan. She has been in Sweden together with her husband and children since 2010.

Malika is 27 years old and has a boy born in 2008 and a girl born in Sweden in 2013. Their house was burned down in 2010 in connection with a confrontation between Uyghurs and another local population.

After the disturbances, the husband disappeared when the police paid a visit to accuse him of criminality and anti-regime activity. When Malika could not provide answers to the polices' questions, she was subject to physical abuse, torture and group rape in front of her two-year old son.

The family then fled to the neighbouring country, Kazakhstan, where the husband was imprisoned by the police. He bribed himself free and in November 2010 the family came to Sweden through the aid of refugee smugglers.

Malika suffers from severe feelings of guilt, self-loathing and shame towards her husband and her son due to the rapes, and she fears that the husband will leave her should he find out what she has been subjected to.

The son, who has seen his grandfather being kicked to death and his mother raped, is traumatised.

Malika has an exceptionally low level of function with difficulties forming attachments to her children and her husband. She has attempted suicide several times; tried to hang herself, jump from a balcony, and to kill herself by taking tablets, due to her fear of deportation.

Malika has very strong medical certificates from, amongst other, 'the Centre for Torture and Trauma Survivors', 'CTD' (Kris- och Traumacentrum, 'KCT') in Stockholm. Despite this, the Migration Court have rejected the family's plea for protection. The family have been living in hiding with their children for two and a half years.

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

"Even if there are no reasons to doubt Malika's fear of being exposed to further abuse if she is returned to her home country, considering a forward-looking assessment, what Malika has provided in support of her needs for

protection is not sufficient to consider her to have a well-grounded fear of being subjected to such persecution that Chapter 4, Section 1, of the Aliens Act refers to. Thus she is not to be considered a refugee. Nor is it sufficient for her to be considered in need of other subsidiary protection. (...)

According to the Migration Court the medical documentation does provide support that Malika is suffering from poor mental health. However, it is not clear that her condition is life threatening and of such kind and type that it would constitute reasons to be granted residency. According to cited country information, psychiatric care can be accessed in Malika's home country, even if it is highlighted that there are resource deficiencies, for example, at the psychiatric hospitals. The Migration Court makes the assessment that Malika can access adequate psychiatric care in her home country."

Case 3.

Ranagul, a Uyghur woman from Kazakhstan. She has been in Sweden since 2010 with her husband and two children.

Ranagul is 38 years old. She has two sons, 12 and 10 years of age. Her husband was working for Uyghur rights in their country of origin. Her sister was about to complete a book about the situation for Uyghur people when she was murdered (her death was written off as 'a robbery resulting in murder'). The husband has been detained repeatedly. As with Aysha and Malika, Ranagul was also subject to physical abuse, death threats and she was pressured for information in the absence of her husband. She was also raped, in front of her oldest son, who was beaten when he tried to help her.

The family arrived in Sweden in 2010 and Ranagul was at this time in a state of acute psychological stress. After the rejection of her application for residency she has developed major depression with posttraumatic symptoms. She has attempted to take her life several times and has been subject to compulsory admission for psychiatric care on a number of occasions and treated with ECT and anti-depressants, without any impact, since the threat of deportation remains. The husband, who was tortured in the country of origin, is also in a poor psychiatric state. Both children are traumatised; following the mother's suicide attempts the oldest boy, who saw his mother being raped without being able to help her, has become apathetic and has been fed via naso-gastric tube at home and in hospital. Ranagul's ability to care for her children is significantly reduced and her mental health has progressively worsened.

The family have lived in hiding for two years.

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

“Ranagul is suffering from depression and in the case you must return to Kazakhstan there is a risk that Ranagul becomes even more unwell. (...)

The Swedish Migration Board does not think that you and your family have established that it is probable that you in case of return to Kazakhstan are at risk of the form of treatment that would constitute grounds for protection. The Swedish Migration Board has after a comprehensive assessment found that you and your family are not to be considered as refugees or in need of subsidiary protection or other subsidiary protection. (...)

Against the background presented above, the Swedish Migration Board has made the decision that Ranagul’s health status is not of such a kind or severity that it poses an impediment to enforcement. Nor has it been proven that there are any medical grounds of the kind that it would suggest that the order should not be enforced, or that it would not be practically possible to carry it out in accordance with Chapter 12, Section 18, of the Aliens Act. Due to this, there are no reasons to grant residency within this legal provision.”

Case 4.

Sabina is a 27 year old Uyghur woman from Kazakhstan. She first sought asylum in Sweden in 2010. She has a son who was born in 2011.

Sabina was sexually abused by her uncle from the age of 12, which was concealed within her family, and she ran away from home when she was 16 years old.

Sabina came to the town Almaty, where she studied (Economy, Russian and English). After she had completed her studies, she was employed as an administrator for a hotel. At the hotel she was accused of stealing. From what is known, the accusation was false and prearranged: a guest of the hotel with a Russian passport promised to ‘help’ her to gain employment in Saint Petersburg. In reality, she became a victim of human trafficking.

She came to Sweden in March 2008, together with other women to whom the ‘helper’ had promised work in Sweden. Her passport was taken away from her, she was locked up and forced into prostitution. During this time she became pregnant and she was going to be forced to have an abortion. She managed to escape from her guards and after wandering about in Stockholm for a period of time she came into contact with a Uyghur woman who helped her to apply for asylum.

Sabina's mental health deteriorated during 2010 and she was compulsorily admitted to hospital for symptoms of posttraumatic stress and paranoid delusions. During her pregnancy, she was staying at the 'Unga Kvinnors Värn' (Young Women's Shield). Then, after her son was born in 2011, Sabina lived with him in a treatment home (for people with poor mental health), where she was provided with support and safety to enable her to attach to her son and find her role as a mother.

After the rejection on her application for residency, Sabina committed a serious suicide attempt and was yet again under compulsory admission to a secure psychiatric clinic. Her family in Kazakhstan has disowned her; the mother thinks that she has dishonoured the family through the prostitution and having an out of wedlock child and that she, for this reason, should be killed; she cannot return there with her son.

Repeated rejections on asylum and protection has led to a worsening of her condition, depression, symptoms of apathy and suicide attempts. It is likely that she has been subject to criminal behaviour by the corrupt police in Kazakhstan who are collaborating with trafficking gangs.

Her son is three years old and born in Sweden and unwell. Formal concerns has been raised with the social services.

Sabina and her son have been living in hiding for many years.

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

"Sabina has been subject to death threats by her mother. This is partly due to that she has been subject to human trafficking, and partly due to that she is accused of having caused the confiscation of her mother's home. There is thus a risk for honour related violence in the case of return. Sabina's mental health has worsened. There is a risk of suicide in case the deportation is enforced.

(...) Moreover, Sabina has stated that her relatives in her home country no longer want any contact with her as she has been forced to prostitution and because she has a child born out of wedlock. According to the Board, there is no evidence that Sabina is under threat from her relatives only that she cannot count on their support on return to her home country. Absence of support from relatives cannot be said to be a reason to consider Sabina or her son as in need of protection.

In the Swedish Migration Board decision from 17 May 2011 it is clear that despite alleged circumstances that include the risk of imprisonment on return, abandonment by family, threat and pressure by criminals, the Board has not found that you have established that it is probable that you are in need of protection in Sweden."

Case 5.

Gulnisa is a 46 year old woman from Kazakhstan. She came to Sweden in 2008. She has three children in Uzbekistan.

Gulnisa was born in Kazakhstan but was adopted at an early age to a family in Uzbekistan. When she was 16 years old she was married off to a significantly older man (arranged marriage) with whom she had three children. Her husband subjected her to severe physical abuse and as a consequence on one occasion she has had to undergo a kidney operation.

She filed for divorce in 1994. This led to her family disowning her. During the years 1996–2001, Gulnisa worked as an environmental inspector for the city administration, which in turn collaborated with the mafia. When she refused to collaborate with the mafia, she was subject to threats and a group rape and was admitted to hospital.

After these events, as well as a premediated car accident, she was cared for in a psychiatric hospital and she lost both her children and her apartment. The abuse left her with severe burn wounds and she has lost several teeth.

After a number of years, Gulnisa met a new man in 2007 and they started a business together. They were approached by the mafia who demanded money for ‘protection’. They refused to pay and the man was taken away by the police.

Gulnisa went into hiding and fled alone to Moscow and later to Sweden, where she arrived in 2008. She applied for asylum on the grounds that she is persecuted for multiple reasons in Uzbekistan: by the mafia and by the authorities who have threatened, abused, stabbed and raped her due to her refusal to collaborate and her vocal criticism of the regime.

The time in Sweden has brought on a particularly destructive illness process that has worsened by the authorities’ rejection decisions. In addition to physical pain, Gulnisa is suffering from a complicated posttraumatic stress condition with severe flash-backs and depression, with sound- and visual hallucinations and deficiencies in perceptions of time and reality (at times she thinks she is still 22 years old and that she has her small children, now adult, with her).

She is in great need of safety and treatment for her physical and psychiatric wounds. She has attempted suicide several times.

She is presently living as an undocumented migrant in Sweden, something she has now done for several years.

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

“The medical investigation shows that you are suffering from posttraumatic stress disorder (PTSD) that has been caused by severe abuse in your home country. The country report referred to shows that health care in Uzbekistan is unrealistic and unable to cope with existing problems. With this in mind, there are medical grounds to suggest the deportation should not be enforced. (...)

The Swedish Migration Board has no reason to dispute the information that Gulnisa has provided with regards to the events she has experienced in Uzbekistan. (...) she has not established that it is probable that she would be of any specific interest to the local authorities. With respect to this, it cannot be considered that what Gulnisa has been exposed to is sufficient to make it probable that she, on return to Uzbekistan, would be exposed to such individual risk that this would constitute the grounds for protection that is required for residency due to needs for protection. (...)

Gulnisa has not been able to make her narrative credible. The Board has found that Gulnisa has not established that it is probable that she is at risk of persecution that would constitute grounds for asylum or such treatment that is referred to in the ‘torture regulation’.”

Case 6.

Dilya is soon 16 years old and from Azerbaijan. She came to Sweden in 2011 together with her mother, her older brother and younger sister.

Dilya was 12 years old when they arrived in Sweden. After the father had disappeared, following blackmail from the mafia, the whole family were harassed and both the mother and Dilya were raped in front of the brother. It was after this that Dilya tried to commit suicide.

The family managed to reach Sweden with the help of refugee smugglers in 2011. Once in Sweden, Dilya started to attend school, but with the repeated rejections on their application for asylum and protection, memories of her traumas began to reoccur. She hears voices that demand that she commit suicide.

Since 2011, she has attempted suicide five times: by trying to drown herself, by cutting herself with a knife, by throwing herself in front of the underground train, by eating crushed glass, and by trying to poison herself by eating tablets.

Dilya has been under compulsory care on several occasions. Her last suicide attempt was in June 2014 and Dilya is presently cared for, again, at a child psychiatric clinic.

She has, since she was very young, been a witness to and exposed to sexual abuse. Her mental health has been severely damaged in all respects. In the

event that the family is deported to Azerbaijan, she has expressed a wish that her younger sister die with her so that her sister does not have to go through what she herself has experienced.

The only possibility for recovery is the safety that a residence permit would be able to provide. Without protection and a feeling of safety, her life will continue to be destructive.

A number of strong medical certificates from consultants at the children psychiatric services ('BUP' and 'Prima child and adult psychiatry') confirm that Dilya is suffering from posttraumatic stress syndrome with severe flashbacks.

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

“According to the Swedish Migration Board assessment this case contains credibility flaws. The Board notes that the mother did not disclose that she had been raped and that she, because of this, is at risk of honour related persecution during the first asylum investigation. She explains that she did not disclose this because she felt ashamed and that she had promised her son not to say anything to the investigator since he was a man. (...)

The Board makes the assessment that the information that the mother has provided that she and her daughters are at risk of honour related persecution are vague and speculative. The Board has not found any support that such persecution is a problem in Azerbaijan. (...)

Irrespective of the credibility flaws, the Swedish Migration Board makes the following assessment. The threats and abuse that the mother alleges that she and her children have been exposed to, are criminal actions that have been carried out by single persons. Even when taking into account the inadequacies that exists within Azerbaijan's judicial system this cannot generally be taken to mean that Azerbaijan's authorities are lacking the will or ability to provide protection to their citizens. (...)

Thus, the Swedish Migration Board conclude that the mother and her children have not established that it is probable that they are refugees, or in need of subsidiary or other subsidiary protection. They cannot be granted residency in accordance with Chapter 5, Section 1, of the Aliens Act.”

Case 7.

Mirjam is a Roma woman from Kosovo. She is 32 years old and a mother of five children, of which one is a girl who is apathetic and fed through a naso-gastric tube. They have been in Sweden since 2012.

The father of the children died of a heart attack in 2010. For traditional reasons, Mirjam could not live as a single mother, but was forced to remarry.

Her new husband was a drug and alcohol addict, who showed psychopathic tendencies and burned her with cigarettes, raped her, and also tried to rape the oldest child and the smaller children.

All the children were forced to sit and watch as their mother was raped both vaginally and orally.

Mirjam fled to Sweden with her children in 2012. After several rejections of her applications for asylum and protection, Mirjam became suicidal, and she stated many times that she would commit suicide if her family is deported. After yet another rejection, Mirjam disappeared and nobody has heard from her since 15 February 2013.

The children are suffering from very poor mental health—especially the oldest daughter who has tried to commit suicide. She is currently in a state of apathy and is bed-bound, immobile, in a foetal position. She is kept alive through naso-gastric tube feeding.

All of the children are in foster care (with a family), except for the oldest son who is living in a home for unaccompanied minors. The traumatising experiences that the children have experienced in Kosovo have left grave psychological marks on all of them.

Medical certificates from consultant doctors at the ‘Sachsska children- and youth hospital’ describes the apathetic daughter’s condition as life threatening and states that a deportation to Kosovo poses a direct and real danger to her life (04/03/2014). The social services in ‘Flen’ wrote on the 24th of August 2014 that:

”This is a family in great need of all the help that Sweden can offer. The children are in great need to return to the treatment that has been started within the child and youth psychiatric services, as soon as possible. The authorities in Kosovo completely lack resources to provide the family the form of protection that it needs and cannot provide the children the child and youth psychiatric treatment that they so greatly need in order to process the severe exposures to which they have been subjected. Such treatment is not available in Kosovo.”

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

“The oldest daughter is suffering from severely poor mental health and has attempted suicide. After this attempt, she was compulsorily admitted to the Sachsska child and youth hospital as she was unable to eat or drink. She has lost her ability to function normally in all daily activities and requires care and monitoring 24 hours a day. She is lethargic, in a foetal position and is fed through a naso-gastric tube. She is in a state of apathy of a serious degree and there is a great risk that her condition will worsen into deep apathy and complete withdrawal. Her condition is life threatening and a deportation to Kosovo constitutes a direct and real danger to her life and development. (...)

With regards to whether the deportation should be stopped, in terms of the alleged medical grounds, the Swedish Migration Board do not consider these to be of such kind or character that Chapter 12, Section 18, of the Aliens Act refers to. Neither have other new circumstances emerged to suggest that there are impediments to enforcement in accordance with Chapter 12, Section 18, of the Aliens Act. For this reason, the Board has decided that there are no reasons to grant the children residency in Sweden with the support of the Act referenced.

The Swedish Migration Board has taken the best interest of the child into account.”

Case 8.

Maria is a 30 year old woman from Armenia. She has been in Sweden since 2010 with her husband and two children.

The reason they fled was that Maria’s husband (‘K’) worked as a bodyguard for one the leaders of the country. K was a bodyguard at a private party held by one of the leaders of the country. The leader owned an enormous luxury complex where, among other things, there was a zoo. During the party a man who had been named a ‘traitor’ was suddenly dragged out and thrown into the lions’ enclosure. The party’s guests, who by that time were drunk, stood around laughing and watched as the man was attacked by the animals. K who was on duty had a telephone in his hand and filmed the first part of what happened before he turned his back towards it so as not to have to watch the ending. K felt very badly about what had happened and did not know what he should do.

He contacted a human rights organisation and told them what had happened and that he had the film on his mobile phone. He was encouraged to make a copy and come by with it the next day.

This never occurred because on a work assignment with his colleagues, K was knocked unconscious by a blow to the head from behind and taken to an unknown location for interrogation. He was held prisoner for two weeks and was severely beaten during repeated interrogations that focused on what he had filmed, whether he had made a copy of the film and what he had done with it.

While he was being held, the home he shared with his parents was visited four times by people not recognized by his wife, who asked for and looked for K's film. They beat his father-in-law so severely when he tried to intervene that he had to be hospitalised.

The husband did not find out until much later what had actually happened to his wife. In the beginning, he only knew that she had been beaten and that the son, who at the time was six months old, had been torn from her arms and thrown across the room, landing screaming on the floor. It was probably on this occasion that his wife, Maria, was raped by several men, something that she was only able to disclose for the first time in a supplement to their Migration Court appeal.

Maria is severely devitalised and apathetic, fed through a naso-gastric tube since October 2011. She is under compulsory care due to suicide risk since November 2011.

Maria has on several occasions received a series of electric shock treatments (ECT) after which she has, for brief periods, woken up from her stupor. She has had severe memory lapses in connection with this treatment and since the effect has only lasted for very brief periods, Maria and her husband have opposed further ECT treatment.

The boy is now five years old, and according to patient journals has had contact with child psychiatric services ('BUP') since 2011, and been in temporary foster care homes since he was two years old.

The boy's speech and motor development is delayed and he is depressed.

The girl is now two years old, and has been in foster homes since she was born, arranged by the social services due to the mother's severely poor mental health.

Presently, both parents are in the home where Maria is 'force-fed' with nutritional supplements once per hour by the husband. She can be balanced against the wall in a sitting position while she is fed and sit in a special type of wheelchair, but she is incontinent and needs nappies.

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

"In terms of Maria's alleged reasons for asylum the Swedish Migration Board finds that she has not been able to establish that it is probable that she, her son or father-in-law would have been subject to the treatment that

she has told about. The persons who supposedly have attacked them are unknown to her and they can, according to the Swedish Migration Board, be criminals acting with another purpose than what has been alleged. (...)

The Swedish Migration Board do not find that the applicants have been able to establish that it is probable that they would be at risk of persecution or treatment of such kind that would constitute grounds for protection on return to Armenia. Nor have any other reasons for asylum emerged that could constitute grounds for residency. (...)

According to Chapter 1, Section 10, of the Aliens Act, in cases that concerns children, the health and development of the child as well as the best interest of the child over all should especially be taken into account. The Board has in their assessment, considered that this case includes underage children.”

Case 9.

Esther is from Eritrea and is presently 41 years old. She has been in Sweden since 2006.

Esther was born in Eritrea. When she was about eight or nine she was forced to become a child soldier in the ‘ELF’ (Eritrean Liberation Front). During this time she was exposed to sexual abuse and was kept in slave-like conditions in the soldier camp. When she was about twelve to thirteen years old she was sold by a countryman to Saudi Arabia as forced labour. In order for her to be allowed to work her reported age was overstated by ten years.

Esther was kept more or less imprisoned by the man who bought her. First it was the man himself who exposed her to regular abuse, and then when he died, it was his son.

She had two interrupted pregnancies. Her family in Eritrea distanced themselves from her, after they became aware of what she had been through.

Eventually, she was helped to flee to Sweden.

Esther is illiterate and because of this she struggles when specifying time and narrating her story; for these reasons the Swedish authorities have accused her of providing false information, despite the fact that she has, with the aid of other people, been able to prove the opposite.

Esther has been in Sweden for eight years without residency. Her life has from an early age been to obey, be abused and raped. She knows nothing else about her country of origin and she has nobody to return to there. Esther was recently rejected residency status again, despite Sweden having introduced a temporary stop of deportations of asylum seeking refugees to Eritrea.

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

“According to the Swedish Migration Board there are no reasons to suggest that a return to Eritrea would constitute a risk of inhumane or degrading treatment as there is no armed conflict in the country. Nor are there any grounds for subsidiary protection. (...)

According to the Board it is not probable that your next of kin would not want to acknowledge you due to the fact that you, just like many other Eritreans, have been working in Saudi Arabia for an Arabic employer.

Against this background, the Swedish Migration Board do not find any single circumstance that is sufficient to grant you residency due to particularly distressing circumstances.”

Case 10.

Lea is 34 years old and she was born in Addis Ababa in Ethiopia. She came to Sweden in 2003.

Lea’s family are Christian (the Coptic Church) and belong to the ‘Tigray’ minority living in the Northern part of the country, on the border with Eritrea. Her father was a civil engineer and politically active in the opposition organisation ‘the Tigray People’s Liberation Front’. He was imprisoned in 2001 and murdered whilst in jail in 2005. Her mother died two years later.

As a student, Lea participated in a peaceful demonstration in 2002 to protest against her father’s imprisonment. She was detained and put in isolation.

Over a period of one month, she was tortured on a daily basis. The abuse consisted of group rape and tools of torture that have severely damaged her shoulders and upper arms.

She was released on bail with the help of relatives, who hid her for a year, and after this she was helped economically by her relatives to flee to Sweden, in 2003.

After repeated rejections for her application for asylum and protection, Lea started a relationship with a Swedish man in 2007.

They were supposed to marry and in 2010 Lea travelled to Addis Ababa, where she lived in hiding, so that she could apply for residency in Sweden. She came back, became pregnant and gave birth to a son in 2012.

During the pregnancy, the man stated that he was not the father of the child, despite a paternity investigation proving otherwise. Due to this, Lea separated from the man.

Lea is presently living as an undocumented migrant in Sweden together with her child, after the application to inhibit her deportation was rejected in 2013.

Lea is in urgent need of an assessment by a forensic expert and medical care to treat the severe damage she suffers due to torture.

Her psychiatric diagnosis is depression and posttraumatic stress disorder (PTSD).

The father has not taken his responsibility and to deport the son, a Swedish citizen, together with the mother, Lea, is illegal. According to the Convention on the Rights of the Child he must not be separated from his mother. Thus it is not only Lea but also her son's legal rights that are being completely neglected.

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

“The Swedish Migration Board does not dispute the medical certificate or the photographs of the scars on your body that you have provided. It is not however, proven that these have occurred as a result of abuse in prison. (...)

A parent does not have a sine qua non right to live with his/her child in Sweden, even if the child is a Swedish citizen.”

Case 11.

Tashkul is a 23 year old Kurdish woman from Syria. She has been in Sweden with her boyfriend and child since 2011.

Tashkul is a second generation refugee from Syria. Prior to Tashkul's birth, her Muslim family had fled to Syria due to ethnic persecution in a neighbouring country. Tashkul and her boyfriend, a refugee from Azerbaijan, met as teenagers in 2007; she was at that time sixteen years of age and he was seventeen. They were both illegal refugees in Syria and did not have access to schooling and are illiterate. Because they belong to different religions, they were prohibited from getting married. It was planned that Tashkul should be married with a relative.

She and her boyfriend ran away together, lived in hiding and in 2009 had a daughter. After Tashkul's family learned about this, they have increasingly threatened them and they fled to Sweden in August 2011 (after Tashkul fled her family killed one of her boyfriend's brothers instead). Once in Sweden Tashkul has had to undergo an emergency operation due to an ectopic pregnancy.

After several rejections of their application for asylum and protection in 2011, Tashkul became depressed, hardly spoke and stopped eating.

She has been cared for in a psychiatric clinic and fed through a nasogastric tube (from the nose to the stomach). She has received electric shock treatment, which had to be stopped due to cardiac problems. Tashkul has been cared for in a treatment home (for people with poor mental health) and after that by her boyfriend.

The family received support from the primary care facility and the municipality. Thanks to this, the daughter is attending nursery and has been able to develop quite normally, despite her mother's apathetic state.

There is no country that will accept this family. The Russian embassy has stated that Russia does not accept non-Russian citizens.

The decision to deport this family to Syria, where there is an on-going war and where they would be placed in an absurd family situation, is harrowing.

The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716). Their rejection decision rationale:

“You are mainly alleging the following circumstances. Your asylum narrative should be the basis for the assessment. According to a notification from the Russian embassy in Stockholm it is clear that a person must be a Russian citizen to obtain travel documents and return to Russia. Because of your unconscious state you have not had the possibility to apply for travel documents. Hence, there are concrete impediments to stop the deportation that needs to be taken into account in the compressive assessment to decide if there are especially distressing circumstances in this case. (...)

You have not established the probability that you don't have the right to travel into Russia. The answer provided by the Embassy with regards to your request, does not change this decision. Hence, there are no practical impediments to stop the deportation. Nor have any other reasons emerged that would constitute reasons to stop the deportation in accordance with Chapter 12, Section 18, of the Aliens Act. For this reason you cannot be granted residency on this basis. Enforcement of the decision should hence, with the support of the law, continue.”

Case 12.

Natalja is a 32 year old woman from Armenia. She has been in Sweden with her husband and two children since 2010. She was deported to Armenia in March 2014.

Natalja is a qualified nurse and has been a housewife since having her children. The couple have two sons who are now eleven and seven years old. The husband was a lawyer in their home country and the family was financially secure. The Armenian police wanted to force Natalja's husband to participate in corruption and to accomplish this abused him severely on several occasions. He became blind in one eye when it was crushed when he was beaten in 2006.

Natalja was also badly beaten and witnessed her husband's beating. The family managed to escape to Sweden in November 2010. Natalja has been worried and scared since the repeated abuse. She became pregnant in 2011 but miscarried.

After three rejections on the asylum application and consequent appeals, Natalja became more and more depressed. Since October 2011, she is under compulsory care and has been fed through a naso-gastric tube for certain periods.

She became suicidal and disappeared from her home in the summer of 2012, but after two weeks was found to have been admitted to another hospital.

The health care sector has given Natalja 42 electric shock treatments, which have had less and less effect. Natalja has not spoken or eaten of her own accord since September 2013.

The children became more and more depressed so Natalja was taken home and the naso-gastric tube was taken out around Christmas time, in 2013. After this, Natalja has been cared for and spoon fed by her husband in their home.

Natalja had a fall in her home in January 2014 and the son who was then eleven years old was shocked into apathy. He now requires naso-gastric tube feeding.

The family was taken into custody by the Swedish police early one morning in March 2014 and were deported to Armenia using a specially chartered plane that had a doctor and a nurse on-board.

As soon as the family arrived in Armenia, the husband was yet again subjected to repeated beatings by the police. After three months, the family managed to escape back to Sweden.

The youngest son was left in Armenia with relatives.

Since this time Natalja has been apathetic. She does not speak and has a

new naso-gastric feeding tube in situ. Since the son is also fed by naso-gastric tube again, the father now has to feed both his wife and son. In addition to this, there is also a serious kidnapping threat posed against the youngest son (eight years old) who is hidden in the country side in the home country.

**The Swedish Migration Board decides not to grant residency in accordance with Chapter 12, Section 18, the Aliens Act (2005:716).
Their rejection decision rationale:**

“You are now receiving in-patient care for severe depressive mutism and apathy for the seventh time. Your general health is affected, you are receiving medicine through a naso-gastric tube and you have been compulsory admitted, in accordance with the Compulsory Psychiatric Care Act (‘LPT’). Your general health is affected and hospital treatment is necessary due to your somatic and psychiatric state. According to the consultant medical doctor, XX, the state of your condition makes deportation impossible. He argues that it is highly unlikely that your condition can improve considering the fear the threat of deportation poses to you. (...)

Your health state has previously been legally tried at the Swedish Migration Board and Migration Court.

A medical certificate dated 02/05/2013 shows that you at the time when the certificate was written, had yet again been under compulsory admission to an in-patient ward at a psychiatric clinic, in accordance with the Compulsory Psychiatric Care Act (‘LPT’).

The Swedish Migration Board does not question the correctness of the certificate or the fact that you are suffering from severe poor psychological and somatic health. However, there are no new circumstances to suggest that you are so severely ill that there are any impediments to deportation. Nor has it been proven that it is not possible for you to access adequate care in your home country. For this reason you cannot be granted residency on these grounds.

No other new circumstances have emerged that would suggest that there are reasons to stop the deportation as required by Chapter 12, Section 18, of the Aliens Act. The Swedish Migration Board has hence decided not to grant you residency.”

TO BELONG TO A MINORITY POPULATION: A REASON FOR DISPLACEMENT.

HISTORICALLY, BEING A MEMBER OF A MINORITY GROUP in a country has always involved risks. One can be subject to persecution by the state or be exposed to abuse by the majority population. The treatment of the Jewish and Roma populations in Europe provide many historical examples of oppression and repression, which in the end led to the Nazi holocaust.

Less violent, but still clear mechanisms of repression are active today in many places and are in reality strong contributors to displacement. Prior to the fall of the Soviet Union around 1990, the nationalistic emotions and demands for national independence from the Soviet republics increased. Historically, there are Uyghur people living in a number of former Soviet republics; including Kazakhstan, Kirgizstan, Uzbekistan, and other Asian countries. The persecution of this minority group in these countries has increased since the creation of the new nation states.

The Uyghur people are by custom Muslims. A large Uyghur population also lives in present day China. For the last couple of years, Uyghur people from China are granted residency in Sweden for political reasons, if they can prove that they are from China. After some Uyghur asylum seekers 'disappeared' from China following their deportation from Sweden to China, the Swedish migration authorities temporarily stopped this type of deportation.

There are Uyghur solidarity movements in the former Soviet republics, which support the preservation of its culture and works against economic injustice and repression.

The relationship between the majority population and Uyghur's in the new nation states is strained and has at times resulted in bloodshed through riots, violence from a nationalistic majority as well as police and state supported repression. To assert a Uyghur identity is defined as an act of 'terrorism' and punished. The so called 'Shanghai-agreement' obliges the above mentioned states to collaborate with the extradition of 'terrorist' suspects or persons who are categorised as associated with such.

A number of the women described in this report belong to Uyghur minorities in the above mentioned countries. However, there are also Roma women, who in the former Eastern Europe are exposed to severe forms of persecution. There are also examples of ethnic minority women being trapped between Eritrea and Ethiopia in Africa.

These are women from minority populations who are subject to ethnic repression and added to this there are circumstances related to gender

inequality such as domestic violence, expulsion by relatives and families, loss of children and internal displacement.

There are several examples of how women, who are together with men who are suspected as or have had connections to others categorised as 'terrorists', are used in order to obtain information about their men. Methods used by the police and/or the majority population to extort such information includes assault and rape.

Etikkommissionen i Sverige is of the opinion that Swedish migration authorities heavily underestimate the risks that belonging to a minority population poses in states with increased nationalist movements, and that women's' vulnerabilities are neglected in an upsetting way. The Swedish migration authorities assess the women in a way that, at its best, could be called naive, but ought to be termed cynical, with a harrowing lack of humanity and humanitarianism.

CONSEQUENCES OF SEXUAL ABUSE AND RAPE.

RAPE IS COMMON IN WAR and periods of social unrest. The term: 'institutionalised sexual violence' ('ISV') refers to rape when rape is used as a part of exercising power, often together with other forms of violence such as physical abuse or torture. It is this form of rape to which the asylum-seeking women we have written about in this report have been exposed. The term includes for example group rapes that are carried out by uniformed, drunk, armed men; these rapes pose threats to life. Children are often horrified witnesses to what takes place and can be drawn into the violence directed towards the mother.

The harm to personal integrity that the rapes cause can hinder her ability to cope under new forms of threat. In other words, this can mean that when she is confronted with new threats, she does not have the same reactions of self-preservation that she otherwise would have had (a psychological term is 'defencelessness' and this is something that can be identified through different tests). It is a vulnerability that leaves her unprotected against future abuse. Experiences also suggest that many women have been raped in the past. This knowledge contradicts the Swedish Migration Board's statement that a rape does not increase the risk of future rape.

In ethnic conflicts where often a large number of women are raped, the woman is reduced to merely a target, a painful focus for other groups' hate and feelings of revenge, with stigmatisation and isolation as a consequence. By

focusing on women, the enemy cause more harm with greater effect. Through the rape, the woman is used in a particularly cruel way. Afterwards she is 'nothing' and is treated by her own group as a pariah, something to be done away with.

There are no mechanisms for exemption and rehabilitation of the raped woman in so called honour cultures. Sometimes this is motivated by 'honour', which is best explained as a lack of woman's right to her own sexuality.

It is the woman who is blamed for the deprivation of her sexual worth especially through the loss of her virginity.

Rape is a 'silent' trauma.

There are many stories about women who have lost their ability to speak after a rape. In individual cases it can be difficult to know how much of the 'silence' is cultural and/or if silence is a manifestation of the actual trauma. The impact on the speech centre of the brain is sometimes given as a reason for this.

This form of silence can also affect the woman's asylum case.

Investigators at the Swedish Migration Board often feel discomfort when it comes to asking or talking about sexual trauma. When the woman finally discloses her experiences, she is not believed or the trauma is discarded as 'private' without any further details having been asked that could confirm the woman's alleged reasons for the need for asylum and protection. It can be difficult for the woman to talk about these experiences out of fear that the husband will find out. The women in this report have applied for asylum because they have been abused and raped in their homes after the husband has fled or been imprisoned for political or ethnic reasons.

Victims or survivors of rape can also find it difficult to disclose such experiences, one reason being that this re-awakens the experience which can cause severe psychological symptoms.

Suicidal thoughts are part of the trauma caused by rape.

Rape can cause serious psychological harm with severe psychological symptoms, anxiety and memory losses caused by dissociation. 'Dissociation' is a way of setting up mental barriers around the traumatic experience. This means that the victim-survivor in, for example, an interrogation cannot remember everything that happened. However, this is something that the Swedish Migration Board often interprets to be a narrative that is not credible. Rape can also induce a feeling of being separated from one's surroundings through 'numbing'. This is a defence mechanism against intrusive memories.

The woman feels emotionally separated from her surroundings, sometimes to such an extent that it is as if she is separated from it by a window. She cannot respond to her children in the way that they need. The woman experiences that her own body is estranged, weak, dirty and uncontrollable. Her reliving of these experiences are very physical, messy and horrific with strong somatic and sensory elements. When the woman can no longer maintain the important functions she has in the family as a wife, homemaker, lover and mother, this affects the whole family. The children follow the mother with their eyes out of fear that she will disappear, become ill or take her life. Their sense of abandonment when they can no longer reach her is heart breaking to witness as an outsider as well.

Suicidal thoughts and plans are part of the experience of trauma after rape. These occur during the rape and reoccur later in connection with reliving of trauma. Research has shown that one third of the women who have been raped attempt suicide. Amongst the women in this report there is an even higher and alarming suicidality. All the women in this report have had suicidal thoughts and over half of the women have made serious suicide attempts. It seems to be pure luck that none of these suicide attempts thus far have ended in death.

The woman's possibilities in the asylum process.

The fact that the Swedish Aliens Act that builds on the Geneva Convention from 1951 is written for men, is common knowledge. The definition of a refugee that the convention refers to is an adult, heterosexual man, who is subject to state persecution due to party political activities. However, the situation for refugees today is different. The definition only rarely applies to women who apply for asylum. Women who are applying for asylum are commonly not engaged in a political party. However, this does not mean that they are not politically active. Women apply for asylum due to forced marriages, abuse and discrimination within families or marriages, because they have been abused and raped within their homes when their husbands are absent and for that they have been raped by employers, military personnel, police officers or as part of ethnic conflicts. For these women there are no safe routes to asylum.

The Swedish Migration Board's guidelines from 2001 and 2006 about women's reasons for asylum and the clause about 'gender persecution' that was introduced to the Aliens Act in 2006, has had little impact in practice. Investigations, decisions and deliberations are instead following old patterns. When scrutinising cases, it is clear that these are still assessed with reference to a male norm. Often, it is only the husband's reasons for asylum that are considered and judged whilst the woman's need for protection are not even

noted. However, even in the cases where the woman's reasons to apply for asylum and protection have been acknowledged through the asylum investigation, they often don't fit the judicial template, are disregarded or given subordinate judicial weight. Hence, the Swedish Aliens Act is not providing women with adequate protection. The women are left without protection as their needs for protection are made invisible, are not properly investigated or are undervalued. The abuse that the women have suffered, is often lacking in the asylum investigations for the above mentioned reasons.

FINAL WORDS.

ALL THE WOMEN IN THIS REPORT have been denied asylum and protection at different stages of the asylum process and this includes rejection on the applications to stop their deportations. The women are suffering from severe depressions and posttraumatic stress syndrome (PTSD). Several of the women are unable to care for themselves, are in a state of devitalisation and apathy and suffer from severe loss of bodily function. For these reasons they are also unable to care for their children. Many of the children in this report also suffer from the traumatic after effects of displacement and a fear of being deported to the home country. Several of the children are in a state of apathy and are being fed through naso-gastric tubes.

Most of the traumatised women have been treated repeatedly, with electric shock treatment at psychiatric clinics in Sweden. Some of them up to 40 times. Etikkommissionen i Sverige would like to emphasise that this form of psychiatric treatment is an unethical method to use on severely depressed women. These women have been exposed to exceptional violence in their home countries and this treatment method can be perceived as a 'new form of punishment' or a 'new form of political punishment'.

With this report the Etikkommissionen i Sverige wants to highlight the political persecution that these families and their children are facing. This form of persecution is similar to that of the persecution of other ethnic groups all over world. The way the political persecution is carried out is through the security police who first arrests, then imprisons, tortures or kills the husband. Then the rest of the family, women and girls are group raped and boys are exposed to other forms of extreme violence. The goal is to split up families and in this way try to crush political opposition. When the men have been caught, arrested and imprisoned, these women who have been harmed by the extreme violence, are the sole providers for their family.

We have, in Sweden, regarded 'the alone' refugee as a man in political opposition but we have not, to the same extent, taken into account that also their women and children are political refugees; a group that amounts to half of asylum seeking applicants.

Rape is a political method that has been used against all women described in this report, and rape in this way, amounts to torture. According to the United Nation's Convention Against Torture family members of raped refugees have the same right to rehabilitation as the tortured person. The Swedish migration authorities do not acknowledge these persons as political refugees at all. Further, none of them have been granted humanitarian protection.

The Swedish migration authorities admit that the women and children are suffering from serious psychiatric conditions but still does not find this to constitute sufficient reasons to grant permission to stay. Etikkommissionen i Sverige argues that this view of women's need for asylum and protection must be approached completely differently.

The women in this report have been severely repressed in their countries of origin both within their families and politically, due to their gender.

The case descriptions show that their fear of persecution and repression in the case of return are well-founded. To believe that their home countries would offer care or healing to the extent that they need for recovery is a complete whitewash by the Swedish migration authorities.

If any of these women manage to take their own lives, what responsibility does this place on the Swedish Migration Board, our politicians and all of us? If the rest of the families, that is the men and their small children, are deported back to the countries they have fled- the men who left these countries because of persecution, and who in many cases were imprisoned; what guarantees are there that they will not be imprisoned again on return, and that their children won't be taken into care and placed in orphanages for an unforeseeable future?

If this happens then we have, with the support of the Swedish Migration Board, not only deprived the families of their human dignity but also their lives. How can we defend such a decision?

How much suffering does a person who has fled from a nightmare with a desperate hope of finding a dignified life have to go through, in order to be permitted to stay in Sweden?

WITH SUPPORT OF THIS REPORT
THE ETIKKOMMISSIONEN I SVERIGE DEMANDS:

- That children and adults with apathy (or ‘Pervasive Arousal Withdrawal Syndrome’, or ‘PAWS’, in Swedish: ‘uppgivenhetssyndrom’) are not left to become so ill that they must be given nutritional supplements via naso-gastric tube in order to be granted residency.
- That the current principle that children who have developed PAWS (‘apathetic children’), who are apathetic to the extent that they are in need of naso-gastric tube feeding and who are to be granted residence permit should also apply for adults who are fed through naso-gastric tube.
- That women who have been exposed to severe forms of abuse or rape due to their men’s political activities should be assessed as political refugees and be granted refugee status. In addition to this, that belonging to a vulnerable minority population is also included in the assessment.
- That asylum seeking survivors/ victims of torture, rape and/or human trafficking should always be guaranteed the option to meet with the decision maker responsible for their case.
- That severely traumatised women, who have received temporary residency in order to participate in investigations into trafficking, should not be deported before they have been able to complete their treatment and they should, after this, be granted permanent residency.
- That, as with children, adults should be given a new possibility of being granted residency on the grounds of specifically distressing circumstances.
- That gender-related persecution should be given greater weight in the deliberations concerning refugee status.
- That action be taken to increase the knowledge amongst investigators and decision makers about women’s need for protection.
- That the above principles also be applied to cases that concern applications to stop deportations.
- That *the rejection decisions taken by the Swedish migration authorities, in all of the cases included in this report, are reassessed.*

ALIENS ACT (2005:716) Chapter 12.
Enforcement of refusal-of-entry and expulsion orders.
Impediments to the enforcement of refusal of entry and expulsion.

Section 1. The refusal of entry and expulsion of an alien may never be enforced to a country where there is fair reason to assume that- the alien would be in danger there of suffering the death penalty or being subjected to corporal punishment, torture or other inhuman or degrading treatment or punishment, or the alien is not protected in the country from being sent on to a country in which the alien would be in such danger.

Section 2. The refusal of entry and expulsion of an alien may not be enforced to a country- if the alien risks being subjected to persecution in that country, or- if the alien is not protected in the country from being sent on to a country in which the alien would be at such risk.

An alien may, however, be sent to such a country, if it is not possible to enforce the refusal of entry or expulsion to any other country and the alien has shown by committing an exceptionally gross offence that public order and security would be seriously endangered by allowing him or her to remain in Sweden. This is, however, not applicable if the persecution threatening the alien in the other country entails danger for the life of the alien or is otherwise of a particularly severe nature.

An alien may also be sent to such a country if the alien has conducted activities that have endangered national security and there is reason to assume that the alien would continue to conduct these activities in the country and it is not possible to send the alien to any other country.

Section 3. The refusal of entry and expulsion of an alien referred to in Chapter 4, Section 2, first paragraph, point 1, in the case of armed conflict, or Section 2 a, first paragraph, may not be enforced to the alien's country of origin or to a country where he or she risks being sent on to the country of origin, if there are exceptional grounds not to do so. Law (2009:1542).

Section 3 a. The refusal of entry and expulsion of an unaccompanied minor may not be

enforced unless the authority responsible for the enforcement have ensured that the child will be received by a next of kin, an appointed guardian or reception unit well suited to looking after children. Law (2012:129).

Section 18. If, in a case concerning the enforcement of a refusal-of-entry or expulsion order that has become final and non-appealable, new circumstances come to light that mean that 1 there is an impediment to enforcement under Section 1, 2 or 3, 2 there is reason to assume that the intended country of return will not be willing to accept the alien or 3 there are medical or other special grounds why the order should not be enforced, the Swedish Migration Board may grant a permanent residence permit if the impediment is of a lasting nature. If there is only a temporary impediment to enforcement, the Board may grant a temporary residence permit. Children may be granted permanent or temporary residency under paragraph 1, point 3, even if the circumstances that have come to light do not have the same seriousness and weight that is required to be granted to adults. On assessment under first paragraph, point 3, the consequences for a child should be taken into account especially if he or she is separated from his or her parent/s; if there are other special grounds why the order should not be enforced and if it is clear that residency due to a strong attachment should have been granted had an asylum assessment been undertaken prior to entry to Sweden under Chapter 5, Section 3 first paragraph, points 1-4, or Chapter 5, Section 3 a first paragraph, points 1-4 or the second paragraph.

The Swedish Migration Board may also order a stay of enforcement. Law (2014:778).

Note on translation: large parts of the wording on this page derive from the English translation of the Swedish Aliens Act in English. The PDF document 'Aliens Act (2005:716)

Issued: 29 September 2005' (68 pages) was accessed via: www.regeringen.se.

THE SWEDISH ASYLUM SYSTEM AND PROCESS

“In brief, the asylum process begins when the asylum-seeker, individual or family, is allocated a single two- to three-hour meeting to present the asylum narrative and biometric information that includes finger-prints and photos. The narrative is recorded by the Swedish Migration Board (SMB) and the content then forms the basis for the SMB’s decision.

If the application is rejected, an appeal can be lodged with the Migration Courts; this is a two-party, adversarial, court procedure where the asylum-seeker is one part and the other is the SMB. Arguments are heard by an appeals judge and a jury of three lay persons. If the appeal is rejected, a second appeal can be lodged with the Migration Court of Appeal. At this stage, there are no lay judges. Prior to being heard at this level, ‘leave to appeal’ must be granted. Only a very few cases, ones that have very strong reasons or that include legal aspects of specific importance, are granted. If both appeals are rejected, the original SMB decision applies. If the person/family does not agree to leave for their country of origin voluntarily, the police will enforce the deportation. Persons who have been rejected may be recorded in the Schengen Information System (SIS) and refused the right to enter or stay in the European Union for as long as two years or more. A request to block or ‘inhibit’ enforcement of the deportation order can be made to the SMB.

Removals may be stopped for medical reasons or other specific reasons ([Chapter 12, Section 18 first paragraph, point 3, Aliens Act, 2005:716]) [by the SMB]. The asylum process is a type of exclusion process. In practice, interpretation of the law is highly restrictive. Medical reasons to inhibit enforcement must be exceptionally strong. For example, in order to constitute accepted grounds for inhibiting deportation, healthcare must be virtually non-existent in the country considered for return. It is almost exclusively children with severe apathy who are naso-gastric (NG) tube-fed who may be granted residency.

The migration court system was introduced in 2006. The hope was that this would improve

the chances of being heard during the process, not least through access to oral procedure negotiation meetings, if needed to clarify misunderstandings (Andersson et al., 2011). However, of all applicants who applied for residency for reasons of asylum and protection in 2012, the vast majority, some 70%, were rejected in the first instance. Of those who appealed the decision, about 3–5% were successful in their appeal and the decisions were changed by the migration courts. The guidance for granting residency for humanitarian protection (exceptionally distressing circumstances) states explicitly that this clause is to be applied restrictively. This is evident in practice”.

Extract from: Johansson Blight, K., D’Orazio, A., Hultcrantz, E., Söndergaard, H-P. (2014). ‘The role of the health care services in the asylum process’. In ‘Traumatised Refugees in the Nordic Countries’ eds. G. Overland and E. Guribye and B. Lie. Cambridge Scholars Publishing. ISBN (13): 978-1-4438-6136-6, at: www.cambridgescholars.com/nordic-work-with-traumatised-refugees.

According to the Swedish Migration Board, “Sweden shall grant a residence permit to a person who is a *refugee* in accordance with the UN Convention” but also,

‘*Subsidiary protection*’, in accordance with joint EU regulations, which refers to a person who: “is at risk of being sentenced to death, is at risk of being subjected to corporal punishment, torture or other inhumane or degrading treatment or punishment or as a civilian at serious risk of injury due to armed conflict”. As well as ‘*other persons in need of other protection*’ in accordance with the Swedish Aliens Act, which refers to a person who: “cannot return to their native country due to armed conflict or due to serious opposition in the native country, feels a well-founded fear of being subjected to serious violation or cannot return to their native country due to an environmental disaster”

From: ‘Asylum regulations’ (‘Asylregler’) at: www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/Asylum-regulations.html, last up-dated 14 November 2014.