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# The Psychological Impact of Migration on Asylum-Seeking and Refugee Women

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**Abstract:** Refugees and asylum seekers are individuals who are forced to leave their country of origin because they are left unprotected by their own government. The uprooting experience can render them particularly vulnerable to life stressors and impact negatively on their mental health. Following my experience of working in close contact with people that left their homes in an attempt to save their lives, this essay aims to give an insight into the psychological impact that such an experience might have on asylum seekers and refugees. However, the perception of the migratory experience is also gender-related: women's needs and challenges differ from those of men. To adequately guarantee their security and meet their demands, it is therefore essential that projects and support programmes take the specificities of the female experience into account. Following an initial description of the major effects that forced migration could have on individuals, this essay will focus on the female perspective. It will offer an overview of the specific challenges that asylum seeking and refugee women face and create a platform where to give voice to them, by providing three narratives from refugee women that have been collected during my own broader research on the subject. The intention of this essay is not to be exhaustive or to encompass all the differences that make everyone's experience unique. Rather, it aims to contribute to a wider vision on this very complex topic and encourage deeper research on the subject.

## **Introduction**

Research and studies around the mental health needs of migrants and the psychological outcomes that are generated out of the migration experience abound. Interest towards the relationship between war, displacement and mental breakdown emerged among western scholars soon after the Second World War, further intensifying after the Vietnam War, given the high numbers of South-East Asian refugees

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who fled to the West. These later studies contributed to widen the focus of the research around the impact of war experiences on mental health, which started to include “cultural variables and their role in the presentation of distress, as well as psychosocial factors relating to displacement” (Tribe, 2002).

However, it was only towards the end of the last century that scholars and field professionals started considering gender differentials within the larger group of forced migrants, grounding their claims on the fact that women represented up to 80% of the entire refugee population in the world. Until then, scant attention had been given to a better understanding of how the experience of forced migration impacted specifically on women and of their peculiar needs, which resulted in a lack of adequate response to their demands during displacement. For a long time forced migrants have in fact been perceived as a homogeneous group, mainly identified in the image of the man, which is one of the reasons why refugee women have been addressed as “the forgotten majority”<sup>1</sup> in more than one occasion. Nonetheless, women and girls have always been part of those that, fleeing war, oppression, or abuse, had no other choice but to leave their homes in the hope of rescuing their lives and, even though they alone might not constitute 80% of the entire group of the refugee population, they do count for almost half of it. Pressure for a more systematic collection of gender-disaggregated data (as well as age-disaggregated) has been put on States only recently but the UNHCR’s Global Trends Report 2013 reveals that in that year women and girls amounted to 49% of the world’s refugee group, a figure that has almost stayed the same until today<sup>2</sup>.

Drawing from my experience of working with asylum seekers and refugees, this essay is the result of both analysis of recent publications and direct observation.

### **Mental illnesses in asylum seekers and refugees**

The development of mental illnesses in asylum seekers and refugees is not related to only one determinant. Rather, it is the outcome from the combination of multiple risk factors and the experience they have from the different phases of their migration process. In other words, it is not the uprooting process per se to cause psychological distress in refugees groups, rather a combination of multiple factors and life-events. Despite efforts of categorization, however, it is always important to remind that experiences are heterogeneous and individuals’ response to them might differ from one another.

According to Ager, as explained by Warfa and Bhui in their article on *Refugees and mental health*, it is possible to identify three specific phases in the migratory process during which refugee can develop psychological disorders, namely pre-migration, migration and post-migration. Foster (*When Immigration Is Trauma: Guidelines for the Individual and Family Clinician*, 2001) further divides the third stage into two distinct phases: a first one that encompasses the process of asylum

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<sup>1</sup> See, for example: Hajdukowski-Ahmed, M., Khanlou, N., Moussa, H., *Not Born a Refugee Woman*, Berghahn Books, Oxford 2008.

<sup>2</sup> <http://www.unhcr.org/uk/women.html>

seeking and resettlement; and a second one that points to the experience of sub-standard living conditions. Boundaries between each category are, however, generally more blurred and a distinction between the first and second phase highly dependent on timeframe and individual fortunes. Because of the risk factors inherent to each of them, every one of these stages can be a source of severe trauma for asylum seekers and refugees and can therefore lead to the development of mental health problems in vulnerable individuals.

In the first stage, the pre-migration phase, asylum seekers and refugees are likely to be victim of life-threatening events, such as war and deliberate killing, murder of family and friends, persecution, physical and psychological violence, starvation and lack of destruction of personal properties which, accordingly to personality traits and psychological robustness (identified by Bhurga and Jones as micro-factors in the origin of mental disorders), can affect the mental health of refugees groups to various extents: “although less documented, some of the economic hardships, political and social disruptions refugee groups go through during phase one can affect their psychological equilibrium” (Warfa and Buhi, 2007). In other words, as a result of the experiencing of severe traumatic events, asylum seekers and refugees are likely to become more psychologically vulnerable than they would be if certain life events would not have happened. This can thus create fertile ground on which subsequent distressing experiences can generate the development of serious mental issues. Among the factors that could contribute to the development of mental illnesses in relation to the first phase, can also be pre-existing health problems or migration-relevant processes, such as lack of preparation for their journey: asylum seeker and refugee groups’ decision to flee is often taken at very short notice and often without having an idea of where their destination will be. These groups are actually involuntary migrants, whose decision to leave their home is often a forced one. At the moment of departure, they are unlikely to be aware of the consequences the uprooting process will involve and, even less, very unlikely to be psychologically ready to confront themselves with new societies. Therefore, even though leaving their country behind can lead to an initial sense of respite and hope, soon the migratory experience might exacerbate distressing conditions, worsening the mental equilibrium of individuals.

To the stressors of this first stage will then add up those experienced during the second phase, namely the physical transition from one place to another. Because of the very reasons for which they have to leave their country, groups of asylum seekers usually have to travel through dangerous paths to save their lives and reach their destination. It is likely, therefore, that during this second stage individuals will experience further violence, loss of family and friends and the detachment from the homeland, determinant that is considered among the major sources of mental illnesses.

Once they have arrived in the host country, the third stage, the post-migration phase, opens up. The multiple stressors that asylum seekers and refugees have experienced until this point, render them particularly vulnerable to the contact with the host society. In fact, unlike other types of migrants, who are relatively healthy upon arrival – psychologically as well as physically – due to pre- and migratory events they have experienced, such as those described above, usually asylum seek-

ers and refugees already present signs of mental disorders when entering the new society. As demonstrated by different studies, the arrival in a new country generates pressures on individuals that, especially in the case of asylum seekers and refugees, add to the already distressing and traumatic past situations they have experienced: after having travelled long distances, newcomers have to go through accurate border controls, to find a place to stay and, especially in the case of migrant mothers with their dependents, to rapidly get access to food and basic medical services. As a matter of fact, unlike voluntary migrants whose journeys into a new country are in most of the cases carefully planned, at their arrival in the host society, asylum seekers and refugees are destitute individuals that lack the even minimum financial means to survive, which places them in the most vulnerable condition and in reliance on governmental support and social services. Post-migration stressors are numerous and very diverse: they might include legal uncertainties and fear of deportation, language problems and barriers to access health and social services, racism and discrimination, loneliness and lack of support systems, unemployment status and destitution and loss of community, to name the most common. All these generally prevent individuals from rebuilding their lives quickly and find stability, which impacts on their mental well-being.

Further challenges are then posed by the fact that, as stressed by Bhugra and Becker in *Migration, Cultural Bereavement and Cultural Identity*, being forced migrants who have fled their country to safeguard their lives, asylum seekers and refugees come in contact with the “majority” population involuntarily. Refugees and asylum seekers will not, therefore, be necessarily willingly to accept the contact with the different norms and customs of the new society of which they are becoming part. Indeed, as pointed out in *The psychology of ethnic groups in the United States*, the nature of the migration experience can affect the disposition of individuals in their interaction with the “host” culture, which in the case of involuntary migrants, for the very reason that the contact is imposed rather than chosen, is likely to be negatively influenced.

Culture is a key determinant in the understanding of the psychological impact of migration on asylum seekers and refugees. This has led researchers to give particular attention to the understanding of the process of acculturation, a concept that has been increasingly studied since the 20<sup>th</sup> century, when social scientists, particularly anthropologists and sociologists started advocating for a deeper understanding of its mechanisms. Widely used in psychology too, the study of acculturation processes enables researchers to understand how the differences between ethnic groups impact on psychosocial adjustments and health. Indeed, “the impact of culture on distress, identification of symptoms and reaching a diagnosis as well as pathways people follow into health care, have become clearly important in the last quarter of a century” (Bhui et al., 2007).

Culture is indeed an essential part of individuals’ identity, namely how one thinks of oneself, which is the result of both the individual’s identification with the ethno-cultural group on one side; and the identification with the “dominant” society on the other. How identity is affected in the acculturation process can either lead to an increased sense of belonging, or trigger a feeling of distress and alienation. Research suggests that the outcome is highly dependent on the cultural congruity of

the interacting groups. As evidenced by Bhugra and supported by further review of multiple studies, the degree of ethnic density may indeed be a factor that influences the rates of mental illnesses in the “minority” population. “A sense of alienation may occur if the cultural and social characteristics of an individual differ from those of the surrounding population, whereas a sense of belonging tends to occur if the individual and surrounding population have similar cultural and social characteristics” (Bhugra et al., 2007): this reveals that in the analysis of the psychological impact of migration on asylum seekers and refugees is of primary importance to consider also the nature of the society to which the individual has migrated and the socio-cultural characteristics of the very migrant.

Somehow related to cultural factors, that are determinants in the development of mental illnesses, isolation is another key determinant. Isolation can be defined as the physical embodiment of loneliness, a psychological condition that has been associated with reduced quality of life and higher mortality rates. The impact of this on the mental well-being of asylum seekers and refugees is, however, underestimated. As noted by Summerfield in his commentary to Tribe’s article on the mental health of asylum seekers and refugees, “one danger of overemphasising the medical approach to refugees from war or atrocity is that still-evolving concerns and understandings are reduced to a unitary concept, “trauma”, neglecting the role of social factors in exile.” Indeed, as also stressed by Burnett and Peel in *Health needs of asylum seekers and refugees* (2001), “social isolation and poverty have a compounding negative impact on mental health, as can hostility and racism.” The impact of social isolation on the mental well-being of asylum seekers and refugees tends therefore to be underestimated. As explained by MIND, “studies have shown that people who are socially isolated experience more stress, have lower self-esteem and are more likely to have sleep problems than people who have strong social support.” As a result, mental health issues such as anxiety, depression, or even schizophrenia might originate. Sometimes loneliness can even lead to suicidal thoughts. A research project carried out in London among Iraqi asylum seekers, for example, demonstrated that depression was more linked to poor social support rather than history of torture (Burnett and Peel, 2001). Exploratory research conducted by a London-based charity, aiming at understanding major barriers to inclusive integration of asylum seekers and refugees in British society, has then further supported this assumption: when questioned, asylum seekers and refugees indicated loneliness as the primary challenge they were facing in London<sup>3</sup>.

Together with all these factors is also the determinant of loss of status and economic hardship, which may severely affect the mental conditions of asylum seeker and refugee groups. On the one hand, many of those who flee away from their country enjoyed a quite stable financial condition back home: finding themselves in poverty, deprived of their previous status, or even in destitution, unable to purchase the most basic items, can therefore hugely impact their mental equilibrium and generate in them negative feelings and over time, contribute to mental ill-

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<sup>3</sup> [http://migrantsorganise.org/wp-content/uploads/2014/09/Loneliness-report-The-Forum\\_UPDATED.pdf](http://migrantsorganise.org/wp-content/uploads/2014/09/Loneliness-report-The-Forum_UPDATED.pdf)

being. The problem, however, might not be the loss of status per se. Rather the fact that as explained above, as asylum seekers or refugees, individuals may be prevented from accessing the labour market and therefore deprived of the opportunity to self-sustain themselves. Employment, and the right to work, are indeed an important component of a person's psychological equilibrium and a determinant factor to have a purpose in life, a sense of self-respect and a way of focus on the future<sup>4</sup>: as affirmed by Smith, in a famous article entitled *Without work all life goes rotten*, "The unemployed experience anxiety, depression, neurotic disorders, poor self-esteem, and disturbed sleep patterns, and they are more likely than the employed not only to kill themselves but also to injure themselves deliberately." Lack of employment, he stresses, has the most negative effect on mental health, bringing stigma, humiliation and inability to make decisions.

### **The female experience**

Adopting a gendered approach in the discourse on asylum seekers and refugees is particularly important because women not only are exposed to different risks than men, but also react differently from them to violence and distressing experiences. The psychological impact that forced migration has on individuals, therefore, varies not only accordingly to external factors, such as access to resources or the degree of exposure to war and violence, but also to their gender. Gender can be defined as a social role, which is usually attributed to one or the other sex with respect to cultural norms and values, dominating in the different societies in which individuals are educated. When dealing with women and forced migration, it is virtually impossible not to relate the discourse to the broader concept of gender. However, since there is still widespread confusion around its significance, it is important to clarify that, contrarily to what is commonly believed, 'gender' is not exclusively associated with the female component of the world's population: it cannot "be equated solely with women, nor solely with women's activities, beliefs, goals, or needs; gender is instead a key relational dimension of human activity and thought – activity and thought informed by cultural and individual notion of men and women – having consequences for their social or cultural positioning and the ways in which they experience and live their lives" (Indra, 1999). In other words, gender denotes characteristics that are socially assigned to men and women and, as such, changeable over time.

As reaffirmed by Loughry in *Not Born a Refugee Woman*, "scant attention has been paid to the influential role of gender, age, social class, and cultural background on the effects of displacement of population, and yet clearly these are significant." Indeed, this comes to the fore when considering the psychological impact that forced migration has on asylum seekers and refugee women: displacement changes power relationships within family circles, challenges identities and questions societal roles that have long been taken for granted. In contemporary societies that are still mostly structured around patriarchal assumptions, the challenge for

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<sup>4</sup> <http://www.niace.org.uk/sites/default/files/91-refugees-and-asylum-seekers-in-the-uk.pdf>

asylum seekers and refugee women is therefore even more demanding. Although greater attention towards the need for an engendered agenda that considers the needs of women differently from those of men has enabled the development of women-specific projects and given greater voice to this long-overlooked group of population, publications specifically focused on the psychological impact that forced migration has on asylum seekers and refugee women are still scarce, especially when compared with those that address the subject of mental effects generated by international displacement or, even more, those dealing with the broader issue of migration and mental well-being. Reasons for a limited analysis of the psychological consequences that forced migration has on refugee women might also be found in the fact that, as noted by Yakushko and Espin, a patriarchal society and the dominance of the myth of male superiority, might have led “many social scientists to narrowly conceptualize immigrant women” (Yakushko et al., 2010), and underestimate their role as part of the community of forcibly displaced people.

Gender roles are especially relevant when addressing the issue of the psychological impact that forced migration has on women because they are those who, due to extreme changes of circumstances resulting from displacement, are the most likely to be challenged in their cultural identity and social roles, which play a determinant role in the exacerbation of mental illnesses. As argued by Hajdukowski-Ahmed in her article *A Dialogical Approach to Identity*, “uprooted women face multiple challenges that impact their identities”: affected by external factors that shape them, “in the process of their identity transformation, refugee women confront forces of ‘de-selving’. [...] Overwhelmed by all those external pressures, tossed between locations, cultures, or services, they are led into passivity, and this further affects their sense of self, agency, and mental health” (Hajdukowski-Ahmed, 2008).

What renders the impact of forced migration different among women and men, both in practical and psychological terms can be identified in two main elements: gender-based violence and gender roles. In other words, the fact that women are more frequently exposed to different forms of violence and that, because of the social constriction related to their sex, they are more likely to suffer from distressing factors in the process of acculturation.

Increased protection with respect to asylum seekers and refugee women means, first and foremost, a re-conceptualization of the underlying idea of what represents persecution, which is at the core of asylum seeking. As already mentioned, persecution is a violation of human rights, which, accordingly to the Refugee Convention, entitles individuals victim of it to apply for asylum. Persecution is, for example, a violation of the right to life, liberty, and security of the person; and a breach in the entitlement to freedom from cruel, inhumane or degrading treatment. Some forms of persecution, such as sexual violence, however, are gender-specific, and the majority of them are exclusively exerted against the female sex.

The UNHCR, in *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons* (2003), divides the most common forms of gendered violence into five categories (sexual, physical, emotional and psychological, socio-economic, and harmful traditional practices). Among the many forms of gender-based violence are rape, sexual exploitation, trafficking, confinement,

forced impregnation, forced abortion, forced marriage, denial of education and traditional practices of Female Genital Mutilation (FGM). This means that women, besides being exposed to the same sort of violence to which men are (which thus could be defined gender-neutral forms of persecution such as torture), are also affected by forms of oppression that exclusively originate as a consequence of their sex: because of this, women and girls are disproportionately more exposed to violence and oppression when compared with men. In addition, always as a consequence of their sex, asylum seekers and refugee women are also likely to be put in jeopardy more frequently: in their country of origin, during the migratory phase and in the resettlement stage in the new country, especially when travelling alone. The hazards to which they are exposed because of the very fact that they are women tend also to affect and reduce their capabilities to flee away, when compared to men.

Nowadays, as evidence suggests, gender-based persecution is increasingly being recognized as a legitimate ground to apply for asylum. The issue, however, is still controversial and raises confusion, when intermingled with asylum applications. In fact, still today, as stressed by Crawley in her contribution *Engendering Forced Migration. Theory and Practice*, numerous types of fear of persecution that arise in women out of form of protest or ill-treatment, are not considered as deserving international protection. Indeed, she argues “women are often denied refugee status for reasons that have to do less with refugee law itself than with gender” (Crawley, 1999). Controversy around the definition of what counts as form of gender-based persecution, as recognized by some critics of the refugee law, partially lies in the fact that some forms of gender-related oppression are inextricably linked to traditional, cultural, and religious practices. The peculiar role that women play in societies, as mother and wives or, more generally as “guardians” of values, might indeed expose them to conditions in which they experience restrictions or violations in their rights but, because these are the result of social norms, are considered as legitimate in their essence. In other words, the fact that this is the product of beliefs and socially-constructed world-views raises the question whether some form of oppressions should count as gender-based persecution or not. Culture plays a role here under multiple point of views: governments, for instance, might not want to interfere in what has been defined the “private dominion” of the State (even though there might be some inconsistency with the nature of international law) and thus refrain from judging cultural practices adopted by certain societies by rejecting some claims as persecution cases; but also since some customs are considered to be in conformity with certain cultures, gender-based persecution applications can be interpreted as not self-standing enough to be genuine. Women might thus be considered not credible in their reasons of fear. This, therefore, ultimately not only shapes women’s experience of forced migration, but also exacerbate the distressing impact on their psychological well-being: in the first place, the very fact that a state does not adequately assess a form of gender-based persecution as such might result in the wrong rejection of an asylum application; secondly, being victim of oppression and gender-related violence but not being able to find sanctuary, or even being accused of not telling the truth, can severely weaken women’s resiliency and gen-

erate further distress related to the fact of not being believed and of being put again in jeopardy, at the exposure of more violence and oppression.

As mentioned above, the experience of forced migration might exert a different psychological impact on women not only because of the exposure to greater distress due to their vulnerability to forms of gender-based persecution (even though it definitely is a consistent component) but also because of the role that is culturally associated with their gender in most of the world's societies. The acculturation process is indeed a primary factor in the development of psychological issues, and women who "are viewed in many traditional patriarchal societies as keepers and transmitters of culture values" (Yakushko et al., 2010) are thus more likely to be exposed to pressures resulting from the need for adaptation in a new cultural environment. Societal roles shape self-identity and this is inextricably related to mental well-being. Furthermore, the experience of displacement might put power relationships within family boundaries into question: in some cases this might ultimately result in women's empowerment and emancipation; but in others it can instead lead to further oppression and violence. As stated by Yakushko and Espin, "women who have refugee status experience (similar) high incidences of interpersonal violence because their relationships are often marked by severe distress due to trauma and relocation." It can thus be argued that "the impact of migration on gender relations and the impact of gendered power structures on the migratory process cannot be ignored if we are to have a clearer picture of how migration experiences intersect with women's individual psychological process" (Yakushko et al., 2010).

In considering identity as a determinant in the development of psychological illnesses in asylum seekers and refugee women, it is therefore important to always relate their experience to their specific background, namely the role that women are given in the culture of their country of origin. As revealed by Hayward et al. in a study on the impact of identity on the mental health of Sudanese women it emerged, for example, that for them identity and thus mental well-being, were closely related to their societal role as wife and mothers. Studies also highlighted that, given the small and isolated realities from which they come, women might find it particularly difficult to adapt to different community systems where the female sex plays a more active societal role, especially in economic terms (an aspect that becomes particularly relevant once refugee status has been granted and women have to contribute to the economic support of the family).

The extent of the gap between the roles refugee women had in their society of origin and those commonly adopted in those of resettlement, are likely to contribute, therefore, to the exacerbation of mental illnesses among displaced women, such as depression or anxiety, that are even greater when combined with dismemberment of their families and the loss of their husband. Women, indeed, finding themselves in the new position as head of the household, can experience the new condition as stress-inducing and thus be stricken with insecurity, mistrust, or fear of the future, circumstance that when prolonged, can ultimately trigger more acute mental illnesses. However, when migrating alone, women can be even more exposed to psychological illnesses also because, as noted by Espin in *Women Crossing Boundaries*, "their loneliness, feeling of shame and guilt created by the separation from loved ones, and ambivalence toward socio-cultural role expectations they

face externally and intra-psychically may be considerably intensified by their specific circumstances as ‘unattached women’.”

Nonetheless, displacement can also affect women roles within their family boundaries and result in mental distress (sided by that engendered by trauma experienced in the pre and migratory stages) also among members of those families that, despite resettlement challenges, remain intact. New conditions, in fact, can put traditional gender roles into question, mainly as a result of the fact that in many cases it becomes impossible for men to continue to fulfil their duty as “breadwinners.” Either because they are asylum seekers and thus not entitled to work, or because of the very nature of the host society, frequently women have to actively contribute to economically support their family. This, however, might be perceived by men as a challenge to their authority and result in increased restrictions and oppression on their female partners, who then together with “gender-neutral” stressors resulting from the migratory experience, have to deal with distressing situations resulting from their changed gender roles. Exerting violence against women, as noted by Espin in *Women Crossing Boundaries*, might thus be also a means through which men reaffirm their traditional power and symbolically demonstrate that a continuity with past customs is still alive: “while men are allowed and encouraged to develop new identities in the new country, girls and women are expected to continue living as if they were still in the old country” (Espin, 1999).

A more active participation of women in the household economy, such as through the development of new support networks, however, can also result in female empowerment and desire for independence: if in some cases, in fact, women themselves struggle to come to terms with their new condition, in others might be willing to adopt new societal roles, and engage actively in the community of which they have become part, with positive impact on their mental conditions. Within family boundaries, women are psychologically affected in a different way than men in their migratory experience also because of their role as mothers: many women, in fact, come to the new society with their dependents or, conceive them in the new environment. As noted by Espin, “because women are expected to preserve culture and traditions, immigrant women who are mothers are expected to be the carriers of culture for their children in the new country. They are also made responsible for raising children capable of functioning competently in both cultural worlds. This can become burdensome for the mother, who herself may be overwhelmed with her own adjustment difficulties”.

### **Life stories**

During my own research on the impact of forced migration on asylum seeking and refugee women, I had the opportunity to listen to the stories of some of them. The following three are only exemplary narratives that do not aim to represent the whole variety of refugee women’s experiences nor to classify stories into categories. However, I believe it is important to share them, to hopefully contribute to a better understanding of the effects and consequences involved in the female migratory experience and therefore, the importance of envisioning the topic of immigration from a broader perspective than the dominant one. For reasons of confidentiality their names will not be published.

**Interviewee 1: S.**

S. arrived in the United Kingdom from Kenya in 2010. She is now the mother of a two-year-old child that she conceived with a British man. They, however, are no longer together, and S. is now alone in looking after her child. S. decided to leave her country of origin on grounds of political and gender persecution. Since then, she has not been in touch with her family and, when asked for more details, elusively states that she does not even want to think about her life back home. She flew to the United Kingdom, paying for false documents to cross the border. Once in, in accordance with what she was advised to do, S. immediately declared she wished to seek asylum. What she was not informed of, however, was how the entire process worked. She was left waiting in a room with few other people until late and then brought in another smaller place where they were looked up. After some time, S., together with the rest of the group, was taken to a van and brought into detention. She recollects that moment as extremely distressing, especially because she did not know what was going to happen next. She was confused, exhausted from the journey and did not grasp how things were evolving. In the end, she had to stay in detention for one month, but many stay longer, she stresses. In her opinion, the most scary aspect of detention, apart the fact that you are constantly under control and experience harassing treatment, is the fact that people are looked up irrespectively of their mental conditions: authorities do not take into account that asylum seekers are vulnerable individuals and that the most unexpected things could result from looking them up: not everyone, after all what they have been gone through, is strong enough to endure their new situation and this is why a lot of people commit suicide.

Whilst in detention, which followed her screening interview at the airport, S. looked for a lawyer to take up her case. She, in fact, as all detainees, had the right to appeal against the Home Office's decision to detain her and was thus provided with a booklet with different lawyers' contact details. However, since fast-track cases are likely to be rejected, none of them accepted her request. She was thus appointed one that eventually brought her to her second interview and helped her obtaining Temporary Admission (TA), which meant that she was given the chance to stay in the United Kingdom whilst the Home Office processed her asylum application.

From that moment on, she had been waiting for more than two years to have a response to her claim, which ultimately resulted in her application being rejected. Having to wait for so long, in precariousness and uncertainty, combined together with her experiences in her home country, impacted on S.'s mental health and led her to seek support in organizations, where she had the opportunity to meet with new people and be assisted in the needs she had. In fact, S. recognizes that, being able to master the English language and easily socialize with strangers despite cultural differences, is one of the strengths that prevented her from collapsing psychologically, whilst adapting to the life in the new country. Indeed, S. quite soon developed her own social support network that proved to be essential in the first times, also when she had no place to live in. She, indeed, only found a stable ac-

commodation when became pregnant and was granted Section 4, which was an important change in her life, having been homeless for a long time.

Being an asylum seeker woman and a mother S. feels, is very hard: you cannot choose what to eat or to buy, neither for you nor for your child. Instead, you are dependent on the Government to support yourself and because of the restricted money at your disposal, you have always to look for bargains. As she puts it, not only are you restricted in your movements but also in your most personal choices. She feels to have integrated in the community she lives in and to be in a safer place than before, especially when considered health treatment which, unlike her country of origin, in the United Kingdom she is able to access freely. Besides, she adds when asked whether she ever wonders going back, she stresses that she will probably will not be able to fit any longer in the traditional roles that are expected for a woman to adopt in her country of origin: S., in fact, perceives the two countries to be extremely difficult from a cultural point of view.

### **Interviewee 2: K.**

K. is from Sri Lanka and has been in the United Kingdom since 2011. She escaped from her country after having spent one year and a half in detention under Sri Lankan emergency law, as the wife of a high-ranking officer accused of supporting a local terrorist group. Three months after her release, which she spent hiding here and there, she managed to take a plane and leave the country. In the beginning, K. entered the UK border with a student visa. A year later, however, after speaking with her GP (a Sri Lankan born and raised in the United Kingdom), she decided to apply for asylum. Her GP, in fact, warned her of the potential risks that she would have faced if her visa expired and she had to go back to Sri Lanka: K. was so mentally unwell that could not see the situation clearly and did not understand the threat to her life. However, thanks to the support network she managed to build in the new country and despite hopes that the condition back home would have rapidly improved, in 2013 she submitted her application for asylum.

K.'s mental conditions were so unwell that before her asylum interview at the Home Office, she was provided with all the detailed psychiatric reports and the necessary documents to keep the interview as short as possible (45 minutes) and make sure it would have not been particularly distressing for her. When she recollects the events that she had been through, K. associates them to emptiness: because of what she experienced in Sri Lanka (the shock of arrest and detention, the sudden change of life, being forced to hide to mention a few), when K. arrived in the United Kingdom she was very psychologically ill and had no perception of what was happening around her. As a result of extreme psychological distress, K. developed also physical illnesses that her GP clearly recognized as outcomes of mental ill-being: if her psychological condition had not been treated, it was likely that she would have never recovered physically as well. Indeed, K. could not sleep and when she managed to do so she had constant nightmares and flashbacks. As a result, as she says, her body shut down completely. She was disconnected from it and in addition to this, from the outside world: she did not perceive anything hap-

pening around her. She only knew she that was not her life and she desperately wanted to go back home.

Together with her political background, which is the very reason that she had to claim asylum in the United Kingdom, from the very beginning of her migration experience, K. had to deal with extreme cultural differences between her country of origin and the host society. It was not a matter of money or living conditions that affected her, she clarifies, rather having to deal with a social system where norms and values were completely different from those to which she was used. After three years, in fact, she still perceives the huge cultural gap and feels unable to integrate in mainstream society. Cultural differences in gender roles further influenced her perceptions. This, however, does not mean that she is alone: in the years she has built up a social network that, by supporting her emotionally, has proved essential to her survival.

### **Interviewee 3: Z.**

Z. arrived in the United Kingdom in September 1993. She was fleeing the Bosnian war. At her arrival, she, a professional journalist, did not apply immediately for asylum. She did not know anything about British immigration policies and thus, only when some friends explained what she was supposed to do, did she go to the immigration office in Croydon to apply for asylum. Her friends explained to her that she had to fill in some forms but she did not know what to expect in practice. When she talks about that day, she recollects that she had to wait for more than five hours to have her details registered and be fingerprinted. She claimed asylum from war and, despite the fact that news of what was happening in Bosnia were constantly broadcast, it was a complete shock when she first was rejected.

After initial despair and distress due to the refusal of her application, however, she became very angry with the system and started campaigning to advocate for the rights of asylum seekers and refugees in the United Kingdom. In the beginning, she thought it was normal to wait so long for a decision on her claim, since every one of her friends was still waiting and so she did not pay attention to this. Besides, she stresses, her major concerns at the time were about physical survival: how to pay for food, for rent and for medicine to send back home. Back then, in fact, regulations were different in the United Kingdom and after the initial six months of waiting she could immediately look for a job. The fact that, before coming to the United Kingdom, she was already a professional, definitely helped her in the process. This, however, does not mean that things were easy for her. Being asylum seeker, in fact, she could not travel and this, being a journalist, she felt was severely reducing her choices. Being able to work and study, though, helped her in maintaining her dignity and the feeling that, despite all, she was still a human being.

The asylum experience, in fact, negatively impacted on her psychological conditions. Together with trauma related to the war experience, for which she received treatment only in 2005 for the first time, she felt very vulnerable and because deprived of her documents, less safe. The fact that she was a young woman, further exacerbated her condition: she was treated like someone who, because of her sex, could have no political opinion. She felt that being an asylum seeker, and a woman,

she was discriminated twice and treated as a second-class human being. Officers were unpleasant and unhelpful to her, made mistakes with her documents and took long time to fix them. In addition to this, because of travel restrictions, she felt like she was cut off from the rest of the world, separated from her family, who having fled the war like her, was spread in many different countries: in fact, she evidences, when you flee from your home because you want to save your life, you do not plan anything. You just leave, and you do not know which your destination will be. However, getting out of the war, does not mean that all your fears and trauma disappear. On the contrary, adding them to further sources of stressors that were not treated exacerbated her mental ill-health to the point that she had no choice but seek for help.

Having been an asylum seeker and a woman, for Z., is today that lies in her past. She feels she is integrated and part of the community. She feels the United Kingdom is now her country and is willing to contribute to its enhancement. The fact that she now has British citizenship definitely plays an important psychological role in her, but rather than looking back, she prefers to speak about her future. She wants to do even more for Britain, to make it a country in which everyone is accepted and asylum seekers and refugees are not discriminated but considered as first class human beings, as everyone else.

### **Conclusion**

To conclude, the psychological impact of forced migration on women can be extremely varied because of the multiple factors that influence their experiences. Women's specific needs have been overlooked for a long time, and their voices unheard. The increased attention towards female asylum seekers and refugees at an international level has, nonetheless, led to the development of more targeted aid projects that consider the needs of women differently from those of men. This has in turn been reflected also in the local dimension: today there are a number of organisations that, for example, have set up programmes with the specific aim of empowering women, giving them the psychological support they need and making sure that they can positively integrate into the society. However, a broader understanding of what shapes women's experiences and deeper studies around the relation between those and the development of mental health issue in asylum seekers and refugee women is essential to adequately support them and develop structures and systems that can protect their rights. In addition, as pointed out by Yakushko and Espin, studies have revealed that concerns deriving from their condition, such as fear of deportation or practical issues related to their status in the new country, are likely to prevent asylum-seeking and refugee women from seeking help or adequate treatment, further impacting on their well-being.

However, even though it is true that women are negatively affected by the experience of forced migration, which inevitably, as for all refugees, often leads to mental ill-health conditions, it is also important to stress the fact that, contrarily to a tendency of 'victimization' of asylum seekers and refugee woman because of the greater number of vulnerabilities to which they are exposed, rather than powerless victims of events outside of their control, the majority of them are very resourceful

individuals that prove to possess extremely high resiliency qualities. The need to care for their children, to keep their family alive or just the desire for a better future leads them to fight against their conditions and adversities in a way that people who have not endured similar circumstances would not be able to do.

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### **Links**

<http://www.unhcr.org/uk/women.html>

<http://www.mind.org.uk/information-support/tips-for-everyday-living/loneliness/loneliness-and-mental-health/#.VACVvWN1GSo>

[http://migrantsorganise.org/wp-content/uploads/2014/09/Loneliness-report\\_The-Forum\\_UPDATED.pdf](http://migrantsorganise.org/wp-content/uploads/2014/09/Loneliness-report_The-Forum_UPDATED.pdf)