

Ghettoised and traumatised: the experiences of men held in quasi-detention in Wethersfield



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EXECUTIVE SUMMARY

Wethersfield airfield, a remote 800-acre site in rural Essex, is the latest location for a large 'open-prison camp' in which the government is housing people seeking asylum. Although not described as immigration detention, Wethersfield replicates many of the features found in detention settings, including restrictions on movement, security and surveillance measures, lack of privacy and isolation from the wider community. Opened in July 2023, the camp has already caused profound and irreparable harm to many residents, harm that only intensifies the longer they are kept there.

The evidence in this report, drawn from 10 detailed assessments by Helen Bamber Foundation (HBF) clinicians and interviews with and ongoing support provided to 140 individuals by Humans for Rights Network (HFRN), makes clear that being held in Wethersfield is already causing significant harm to those placed there. This includes survivors of torture and trafficking, those with severe mental health issues, and children, despite Home Office guidance making clear that these groups should not be placed there. Residents have displayed symptoms of worsening mental health following transfer to Wethersfield, including low mood, loneliness, flashbacks, reduced appetite, weight loss, feelings of despair and difficulty sleeping, and a worsening in symptoms of Post-Traumatic Stress Disorder. Men held there have reported anxiety and depression, suicidal ideation, intense desperation and fear, self-harm and acute sleep deprivation.

The very features of Wethersfield, and similar sites such as Napier Barracks, cause significant mental distress. These include:

- **Isolation:** Wethersfield's remote location and restricted access exacerbates feelings of detachment from society, while lack of adequate facilities heighten tensions in the site as more men are placed there.
- **Detention-like setting:** The camp's resemblance to a prison, with barbed wire and surveillance, triggers traumatic experiences among residents, many of whom have had experiences of other 'camps', in Egypt and Libya for example.
- **Lack of privacy and shared facilities:** Overcrowded living conditions significantly impact residents' mental health, and increase the risk of communicable diseases spreading.
- **Inadequate healthcare:** Healthcare services are insufficient, with concerns about the lack of trauma-focused support and barriers to accessing care.

The 'screening process' for deciding who should be placed in Wethersfield is fundamentally flawed. In just the first three months of it being open, nearly a quarter of those placed there were moved out again because they did not meet the 'suitability criteria'. HFRN has identified 11 children wrongly treated as adults and placed at serious risk of harm there.

With over 120,000 people who have been waiting for over six months for a decision on their asylum claim, it is unclear how long the men will be kept there and what is happening with their cases, contributing to an ongoing sense of uncertainty and anxiety. No legal advice surgeries are being provided by the government in Wethersfield, and charities offering support are being denied access.

Not only does keeping people in open-prison camps like Wethersfield not allow for their recovery, it does the exact opposite. It causes additional pain and trauma to people who have already experienced conflict, oppression, abuse, torture and trafficking. The Home Office intends to extend the use of the site for a further three years – this report highlights why this must not happen and the Home Secretary should instead prioritise closing the site as a matter of urgency.

INTRODUCTION

"The hardest part for me after what I have been through, is what I am going through now"

"People screaming at night, gunshots can be heard. When someone wakes up screaming, I don't know what to do. I came through Libya this place is no different."

Five months ago, in a remote part of Essex, the government opened yet another asylum 'camp' on a disused former military site, designed to hold up to 1,700 single male adults. Wethersfield airfield, a former RAF and US air force base most recently used as a training centre by the Ministry of Defence, is an 800 acre site more than a mile outside the village of Wethersfield and about eight miles from the nearest town. The Home Secretary, James Cleverly, has himself recognised that the site is not "appropriate for asylum accommodation" given its "remote nature... the limited transport infrastructure and narrow road network".¹ Wethersfield is a form of 'quasi-detention', a site that is "large-scale and institutional in nature" and replicates "many of the features found in detained settings – including visible security measures, surveillance, shared living quarters, reduced levels of privacy and access to healthcare, legal advice and means of communication, and isolation from the wider community."²

Humans for Rights Network and the Helen Bamber Foundation have time and again highlighted and opposed the use of these prison-style military sites, which are experienced by those placed there as detention. These open-prison camps cause profound and irreparable harm to residents, harm that only intensifies the longer they live there.³ Wethersfield has two accommodation blocks housing people in rooms of three or more and one isolation block, as well as portacabins used for people to sleep in, housing 12 people in two rooms of six. By the end of October 2023, 508 men had been placed in Wethersfield – the top countries of origin being Afghanistan (29%), Iran (20%) and Eritrea (16%).⁴ Poor living environments, lack of privacy, lack of access to healthcare, legal services and community support, and the lack of assessment of vulnerability and risk are just some of the reasons why placing people in this type of accommodation is an inhumane way to treat those seeking protection. In the five months since it has opened, the conditions have worsened.

The first use of former military barracks as 'quasi-detention' for people seeking asylum was seen with the opening of Penally Barracks and Napier Barracks in September 2020. After widespread opposition,⁵ Penally was closed in March 2021, but Napier Barracks continues to be used despite being found to have had "a profound and cumulative corrosive impact on physical and mental health".⁶ It was described in 2021 as a 'pilot' for further accommodation centres.⁷ The Home Office itself recognises that more vulnerable people should not be placed in these camps, including survivors of torture, exploitation and those with significant presenting clinical needs, but does not properly follow its own suitability criteria so those groups still end up in ex-military sites.

1 BBC News, [What might James Cleverly's new role mean for Wethersfield migrant plan?](#), 14 November 2023

2 APPG on Immigration Detention, [Report of the Inquiry into Quasi-Detention](#), December 2021

3 Helen Bamber Foundation, [Like a prison: The negative impact of barracks accommodation on the health of people seeking protection | Helen Bamber](#)

4 Freedom of Information request response from the Home Office to Kamena Dorling, Helen Bamber Foundation, reference FOI2023/05037, 4th December 2023

5 Wales Online, [Man arrested after protests at military barracks used to house asylum seekers in Penally](#), 23 September 2020

6 Jesuit Refugee Service, [Napier Barracks: the inhumane reality](#), March 2023

7 Letter from Prital Patel MP (then Home Secretary) to Yvette Cooper MP, [Re: Extension of Home Office's tenure of the Napier Barracks](#), 27 August 2021

The government has a legal duty⁸ to provide people seeking asylum who would otherwise be destitute with accommodation and/or financial support while their asylum claim is being processed. It insists that asylum camps are necessary because “the number of people arriving in the UK who require accommodation has reached record levels and has put our asylum system under incredible strain”.⁹ However, while numbers are closer to the peak in 2002 than ever before, this was not the case in 2020 when the camps were first introduced. The problem has been caused not by those crossing the channel in fear of their lives but by the abject failure, or refusal,¹⁰ on the part of the Home Office to process asylum claims efficiently and make decisions that would allow those granted refugee status or other forms of protection to move on and live independently. This has left hundreds of thousands of people seeking asylum, who are effectively banned from working or claiming mainstream benefits, stuck in an ever-growing asylum backlog and dependent on accommodation and financial support provided by the Home Office. In September 2023 there were over 165,000 people waiting for an initial decision on their asylum claim.¹¹ ‘Contingency accommodation’, including the hotels and camps, has been increasingly relied on to house people trapped in this dysfunctional system.

This report highlights the damage caused to those placed in Wethersfield in its first five months of operation. It follows several reports from both NGOs and from Her Majesty’s Inspectorate of Prisons (HMIP), the Independent Chief Inspector of Borders and Immigration¹² and the All-Party Parliamentary Group on Detention,¹³ highlighting serious problems with military sites as asylum accommodation. The features of these camps cause mental distress and the evidence in this report makes clear that the experience of being held in Wethersfield is already causing significant harm to those placed there – people who have already suffered conflict, oppression, abuse, torture and trafficking. Wethersfield was initially proposed as a temporary site for 12 months, but the Home Office intends to extend the use of the site for a further three years.¹⁴ This would be a terrible development and the Home Secretary should instead prioritise making his recent commitment to close the site a reality.¹⁵

8 Under sections 95 and 98 of the Immigration and Asylum Act 1999

9 Gov.uk, [Wethersfield: factsheet – GOV.UK](#)

10 <https://x.com/BestForBritain/status/1689178630016978944?s=20>

11 Home Office, [Asylum and Resettlement – Asylum applications awaiting a decision](#), year ending September 2023

12 Independent Chief Inspector of Borders and Immigration, [An inspection of contingency asylum accommodation: HMIP report on Penally Camp and Napier Barracks \(November 2020 – March 2021\)](#)

13 APPG on Immigration Detention, [Report of the Inquiry into Quasi-Detention](#), December 2021

14 BBC News, [Wethersfield base could be used for three years for migrants](#), 31 October 2023

15 The Guardian, [Cleverly says he hopes to close Wethersfield asylum centre as soon as he can | Immigration and asylum](#), 21 November 2023

HELEN BAMBER FOUNDATION AND HUMANS FOR RIGHTS NETWORK

The Helen Bamber Foundation (HBF) is a charity working with survivors of torture, trafficking and other extreme human cruelty. Its work includes conducting medical assessments of survivors, written by qualified clinical experts and commissioned by legal representatives, to corroborate a survivor's testimony of ill-treatment. Each of HBF's report writers has been trained in the forensic documentation of the physical and/or psychological and emotional sequelae of torture, ill-treatment and other serious forms of physical, psychological, or sexual violence in accordance with the Istanbul Protocol. **To date, HBF has carried out 10 assessments of Wethersfield residents to determine whether or not they fall under the Home Office's criteria that would deem them unsuitable to be placed in Wethersfield. Those assessed have included survivors of torture and trafficking and people seeking asylum from countries where high numbers are granted refugee status, such as Afghanistan, Iraq and Iran.**¹⁶

Humans for Rights Network (HFRN) is a need-led human rights organisation, established to facilitate safety and dignity for people forced to migrate; to advocate for a rights-based approach to the movement of people throughout Northern Europe; and to represent humans whose rights are violated. It is led and informed by the migrants it works with and collaborates to address mistreatment and challenge systemic and structural racism and discrimination and their harmful impact. **HFRN's work in Wethersfield focuses on complex casework to assist people out of the camp into more suitable accommodation and evidence gathering to expose the systemic harm and abuse men held there are subjected to. To date HFRN has conducted complex casework with over 140 men in Wethersfield.**

The quotes shared in this report have come from men held in Wethersfield. Names have been changed for confidentiality.

¹⁶ Almost all applications from Afghans are granted at initial decision, and a high proportion of Iranian nationals are granted also (86%) – See Home Office, [How many people do we grant protection to?](#)

MENTAL HEALTH OF PEOPLE SEEKING ASYLUM AND SURVIVORS OF TRAFFICKING

People seeking asylum have experienced war, conflict, torture, human trafficking and abuse. They face significant healthcare challenges and have a high prevalence of trauma symptoms. There is a substantial body of evidence to show that refugees are inherently more vulnerable to developing mental health disorders due to pre-migration factors causing them to leave their home countries as well as the hazards that they face during their perilous journeys towards their destination.¹⁷

People seeking asylum and survivors of human trafficking have been consistently found to have high rates of Post-Traumatic Stress Disorder (PTSD), Complex PTSD, depression and anxiety disorders. Some people seeking asylum have mental health problems and associated behaviours, such as self-harm and substance dependence, that can place them at higher risk of suicide or accidental death.¹⁸

Good medical care for people seeking asylum requires consistent, trauma-informed working, proactive health screening and careful management of the balance between treatment with medication and therapeutic care. Some people with severe symptoms, and with comorbid problems including high suicide risk, self-harm and substance misuse, may require multidisciplinary community mental health care (such as a community mental health team (CMHT) or secondary care substance misuse service), through which they can access assistance to managing and reducing their risk as well as interventions to improve their mental state. Therapeutic treatments, which must be evidence-based, can include cognitive-behavioural therapy (CBT) (for PTSD, depression and anxiety disorders), counselling (for depression) and Narrative Exposure Therapy and Eye Movement Desensitisation and Reprocessing (EMDR) (for PTSD and Complex PTSD).

Guidelines on treatment for PTSD for those who have experienced repeated traumas advise that people need to have a basic sense of safety in order to be able to engage and benefit from psychological treatment that addresses past trauma memories.¹⁹ Without appropriate accommodation, instability can become a focus of further anxiety and distress, and for many people has a marked detrimental impact on their ability to engage in an evidence-based treatment.

- 17 Blackmore R, Boyle JA, Fazel M, Ranasinha S, Gray KM, et al. (2020) [The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis](#), PLOS Medicine, and Ottisova, L., Smith, P., & Oram, S. (2018). Psychological consequences of human trafficking: Complex posttraumatic stress disorder in trafficked children. *Behavioral Medicine*, 44(3), 234–241.
- 18 Chesney E, Goodwin GM and Fazel S (2014) [Risks of all-cause and suicide mortality in mental illness: a meta-review](#). *World Psychiatry* 13, 153-160;
- 19 Bradvik, L. (2018). [Suicide Risk and Mental Disorders](#). *Int J Environ Res Public Health*, 15(9)
- 19 National Institute for Health and Care Excellence, [Post-traumatic stress disorder – Guidance](#), December 2018

DETERIORATION IN MENTAL HEALTH

"My mental health is deteriorating day by day in the camp. I'm actively thinking of self-harm to calm down myself. I think about suicide too, I don't think I can take it anymore, these conditions are not humane, they don't care about us at all here. They treat us like animals left in a farm. I have been to the nurse and talked about my mental health issues they don't care at all, only if I can manage to see someone after ages of waiting, they give me basic meds like paracetamol, that makes me hate the camp and myself even more."

All residents assessed by HBF doctors displayed symptoms of worsening mental health following transfer to Wethersfield. These included low mood, loneliness, flashbacks, reduced appetite, weight loss, feelings of despair and difficulty sleeping. They were all experiencing a worsening in their PTSD symptoms since being placed there and they all presented with clinical symptoms of depression. In every case, HBF clinicians undertaking the assessments were of the medical opinion that the person's mental health was likely to continue to deteriorate whilst they continued to be held in Wethersfield. In one case the individual was a low suicide risk at the time of assessment, but the clinician made clear that there was a real risk of developing PTSD and increased risk of self-harm the longer they remained in Wethersfield.

One man had had suicidal thoughts since arrival in Wethersfield. When he shared this with members of staff at the site, he was simply told that it was "normal in this environment".

HFRN has spoken to over 140 men either in person or during phone appointments. Every individual spoken to has expressed some form of mental distress. Symptoms range from anxiety and depression, suicidal ideation, intense desperation and fear, self-harm and acute sleep deprivation. Overwhelmingly, men in Wethersfield express that either the conditions themselves are causing a deterioration in their mental health or that the conditions and isolation and treatment they experience in Wethersfield are re-traumatising for them as they have endured some form of arbitrary detention or acute mistreatment in their country of origin or during their journey to the UK.

These issues are not unique to Wethersfield residents: they are the result of placing human beings in camps, the very features of which cause harm. The HM Inspectorate of Prisons (HMIP) and the Independent Chief Inspector of Borders and Immigration (ICIBI) joint inspection of Napier and Penally Barracks in 2021 found that all those who responded at Napier Barracks said they had felt depressed at some point. About a third of respondents at Napier said they had felt suicidal, far higher than one would expect among asylum seekers living in the community.²⁰

20 Independent Chief Inspector of Borders and Immigration, [An inspection of contingency asylum accommodation: HMIP report on Penally Camp and Napier Barracks – November 2020-March 2021](#)

CASE STUDY: MOHAMMED



"I fled my country Sudan in 2023 when the war broke out. When the revolution started, I was imprisoned for six months in Sudan before I was released. I was then put in prison again for a year and was tortured and beaten up by the militias and that is because I participated in the demonstrations against them. I was in prison prior to the war as I was speaking against the Rapid Support Forces. They were threatening to kill me. The Janjaweed were torturing me almost every day. When the war broke out, they lost control over the prison, and we had to flee for our lives. When the war started, they lost the area and everyone in the prison left in the middle of the fight. I was trafficked from Sudan to Chad as I was fleeing for my life. The traffickers took advantage of me and made me work for free. I was put in a farm and was told that I had to do the farm work. When I wanted to leave, they asked me to pay a ransom of \$8000. When I told them I do not have it they told me that they will sell my organs. A month later I managed to escape.

I am unable to sleep here as it is triggering traumas that I have experienced in the Janjaweed prison. Fights are erupting every day. I have breathing issue and I feel pain in my chest. I am depressed and unable to communicate with people. Everything in here is retraumatising. It is a prison and I feel that my freedom has been taken from me."

CASE STUDY: SALMAN, FROM IRAN



"It's very unsafe here, we hear gun shots many times. They are bringing new people every day, the food queue takes two hours, while the food is uneatable, I can't take the food at all! It's only the tea and a biscuit and bread, if available. They even don't provide an extra sugar sachet. There is a bus to the closest town. It takes two hours and you only have half an hour to stay in the town, they don't even wait for you a minute more than the specified time to leave or return. For health issues they only give painkillers, no proper medical attention. It's basically a prison, need to sign out and in for a minute getting out of the camp. We are confined with barbed wire. Rooms are shared between four people and full of pests and bedbugs. We have many photos and videos of inhumane conditions of the camp to send in case.

I have attempted suicide personally because of the conditions of the camp. Once I tried to hang myself from the ceiling and once there was a group of us six or seven people tried to set ourselves on fire, they didn't let us in the camp and extinguished the fire, I had a part of my T-shirt burnt, many others as well, it has affected our mental health in a very bad way. They accommodate people with many different cultural and religious backgrounds together which is not helpful at all. I sought help from Migrant Help; they said you can go and sleep on the streets if you wish. We were told you only stay for two weeks here; it was a lie; it's been two months nothing happened. We barely have internet access or phone signals here. It's a very remote location in the middle of nowhere."

HARMFUL BY DESIGN: FEATURES OF WETHERSFIELD THAT DAMAGE HEALTH

Research conducted by HBF examined how the specific features of accommodation in ex-military sites impact upon the mental and physical health of asylum seekers, considering both where people may have pre-existing health conditions, and the risk of people developing new conditions as a result of living in these types of facilities. The review found that in general it harms the health of people seeking asylum and does not promote recovery, highlighting that *“the features of this type of accommodation likely to contribute to worse mental health outcomes include isolation from communities, perceptions of being unwelcome, shared facilities, lack of privacy and freedom to move within and without all lead to symptoms of psychological distress. The length of stay in camp accommodation has also been demonstrated to lead to objective deteriorations in mental health.”*²¹

1. Isolation

“Days are repetitive and boring here, no amusement, only some limited equipment which are old and broken, not enough for these people with nothing else to do here. We are mostly staying in our rooms, and it doesn't do any good to our mental health. The media is not allowed to come inside the camp, because they know conditions are inhumane, so they don't let them in. Those days that some officials or authorities are meant to visit the camp they make everything look good, cleaning and cooking good food, next day everything is back to the routine and messy. My sleeping cycle has changed and I can't sleep at night, which is mostly because of my poor mental health and anxiety.”

Wethersfield is in an extremely isolated location, and the government has made clear that it has been designed to be *“as self-sufficient as possible in order to minimise the impact on local communities, services, and the need to leave the site. This includes providing accommodation with an on-site primary health service, catering, communal space, plus faith and worship facilities.”*²²

Access to Wethersfield is much more closely monitored than is the case in normal asylum support accommodation. While the government claims that “there is no curfew”, residents are “expected to be back on site by 11pm,²³ and the isolated nature of the site means that transport is essential in order to get to nearby towns to access services – there is a narrow road leading from the nearest village (over a mile away) to the base but this has no pavements and is not safe to walk on.²⁴ The Home Office puts on minibuses each day between the site and Braintree, Chelmsford and Colchester but in recent weeks these have been cancelled on a number of days, preventing men from visiting local towns to access support. One man, who was due to attend a hospital appointment in a local town, told HFRN that he was unable to attend the hospital as there was not enough space on the bus for him to travel to the relevant town.

21 *“The Documented Impact on the Health and Welfare of Asylum Seekers Housed in Refugee Camps and Institutions: A Literature Review”*. The review undertaken by Dr Jill O’Leary and Dr Sian Edwards included four literature searches using the ASSIA, Global Health, Medline, Psyc-Info and Social Care Online databases as well as the King’s Fund Library database, Mednar, OpenGrey, NICE Evidence and the Trip database. The review looked at both peer-reviewed and grey literature sources from the past 10 years.

22 Home Office, [Wethersfield: factsheet](#), Updated 24 November 2023

23 Home Office, [Wethersfield: factsheet](#), Updated 24 November 2023

24 The Guardian, [‘Like a stalag’: local people condemn asylum seeker housing on Essex airbase](#), 23 July 2023

Residents of Wethersfield have been told they cannot receive visitors and are only able to leave with permission and once they have handed over their keys and received a pass. One individual requested permission to walk outside or get a second-hand bicycle, but this request was rejected. He had not received any financial support. He was also told not to speak to the media. The absence of services and community infrastructure, the limited financial resources of people in Wethersfield and fear of what will happen when/if they leave the site creates a feeling of being trapped and detained. HFRN has heard repeatedly from men held in Wethersfield that they have not been allowed to leave the camp on foot. Another man told HFRN that he had not tried to leave the camp, as was common amongst other men held there, as there was nowhere to go.

Residents report having very little to do. There is a gym but it is ill-equipped and in high demand. There are limited English classes, but no other education classes provided. There is limited access to unreliable Wi-Fi which makes communication with friends and family extremely difficult as well as heavily restricting access to legal advice.

Invariably, with high numbers of residents given nothing to do and limited opportunities to leave the site, there are high feelings of stress and tension among residents. Many residents reported being exposed to daily fights, residents in 'gangs' and people being injured. Fights often break out because residents are frustrated and because there are long queues for food and for the few activities that are available. HBF's assessments indicate that the issue of fighting has increased significantly in recent months, as overcrowding has become more of a problem, and at the time of writing Wethersfield is not even close to capacity. One resident was repeatedly harassed in the food queue to the extent that by the time of his assessment he had gone without food for two days because he was scared to interact with others. The police have to attend Wethersfield to break up fights while the guards are reported to be aggressive and abusive, something that some residents have reported makes them feel anxious and reminds them of ill-treatment by the authorities in their own country. Because they feel intimidated, many residents stay in their rooms as much as possible. One Wethersfield resident reported that he would only go outside at night when there were no groups around to try to find some peace.

2. Detention-like setting

"I stayed for 2 years in prison in Libya, and I was shocked when I saw the wire barbed fences in Wethersfield. It triggered all the traumatic experiences that I went through. In Libya I was subjected to human trafficking. I was trafficked from Sudan to Libya. When I was in prison in Libya, they used to beat me everyday. I was asked to fight with them and, when I refused, they put me in prison and tortured me. I, with the other people, were told that we are slaves and we have to do what they would tell us."

Although people in Wethersfield are not detained by law, they are still accommodated in detention-like settings. If those held there lack the means to leave independently, they are effectively confined to the site. Wethersfield is surrounded by barbed wire and roadblocks with heavy surveillance, CCTV cameras and with security guards monitoring access/departures. This is very similar to Napier barracks, a site surrounded by a perimeter fence topped with barbed wire that, in the words of the Home Office creates "a perception of an austere environment (detained)".²⁵ Many residents will feel inherently insecure and reluctant to challenge any form of authority, adding to the feeling amongst residents that they are effectively detained.

Many residents will also have had experiences of other 'camps', in Egypt and Libya for example, where they were detained (and may also have been ill-treated and exploited) and feel like this is another camp of a similar kind. Residents describe Wethersfield as being "like a prison", which is in part due to the barbed wire fences and restrictions on their freedom of movement, but also the fact that it is visibly reminiscent of a form of prison camp or detention centre where many have previously been held either in their country of origin or during their journey to safety. Placement in ex-military accommodation impacts on residents' mental health in a similar harmful way to immigration detention, including by exacerbating depressive and anxiety symptoms and mental distress, including symptoms of PTSD, and by causing the mental health of people who had previously been well to deteriorate.

In a site that is experienced as detention but not formally defined as such, the safeguards that are set out in policy for immigration detention (albeit these often do not work in practice) are absent. In HBF and HFRN's experience there is inconsistency across processes at Wethersfield, particularly in relation to access to healthcare and the right to visits. In immigration detention a person should have access to safeguards which, despite being flawed, are in place to try and ensure their vulnerabilities are picked up and particular processes are followed – for example under Rule 34 and Rule 35 of the Detention Centre Rules 2001.²⁶ By comparison, no clear pathway is provided for those in the asylum camps. This is apparent from HBF's assessments where the healthcare staff have been provided with information that should lead to a further assessment of a person's suitability being undertaken but this has not been done.

25 *Q (NB and ors) v SSHD*, [2021] EWHC 1489 (Admin), para 41

26 *The Detention Centre Rules 2001*. Rule 34 stipulates that every detained person must have a mental and physical examination within 24 hours of admission to an Immigration Removal Centre (IRC). Rule 35 requires the IRC medical practitioner to prepare a report on any detained person whose health is likely to be injuriously affected by detention; who is suspected of having suicidal intentions; or who the practitioner is concerned may have been a victim of torture.

Wethersfield is also situated between two firing ranges, resulting in residents being re-traumatised by the repeated sounds of gunshots.²⁷

"There were some gun shots close to the camp, very scary, I have heard the gunshots 4 times in the last 20 days. I don't feel the camp is safe for me, being in a forest, hearing gunshots makes it very unsafe."

3. Lack of privacy and shared facilities

"We are three in the room, it's not convenient, the camp is in a forest in the middle of nowhere without access to any shop or market. The staff behaviour is not appropriate, we are struggling with food queues and the food itself.. It's potatoes for all three meals per day. The conditions affected my mental health, I can't sleep well, I'm always anxious and feel depressed these days."

"The toilets and bathrooms are shared; three or four toilets and four to five bathrooms are shared between around 100 people. Hygiene is very important to me and using shared facilities is very risky. There are no lights in the toilets and bathrooms, very hard to use at night."

Wethersfield residents frequently report difficulties with the shared facilities and lack of privacy. Many rooms have five to six people in them, and residents were told that up to a further three people could be placed in these rooms. They described difficulties with sleep and nightmares; a loss of privacy; feelings of distress and humiliation linked with having to change and clean in front of others; and feeling unsafe.

Many residents raised concerns about the lack of privacy associated with the shared bathrooms and communal showers. Particularly for survivors of torture who may have scars visible on their bodies, such an experience can be inherently humiliating and degrading. Forced reminders of trauma injury therefore risks causing high levels of mental distress on a repeated basis.

PTSD can cause symptoms of irritability, nightmares, intrusive thoughts, flashbacks and hypervigilance, which can be aggravated by the dormitory nature of sleeping facilities. The presence of others in the room at night is likely to contribute to sleeplessness and risks escalating tensions and conflict between residents. Many of those seen by HBF with PTSD reported shouting or screaming during their nightmares and waking up frightened. This is not only distressing for them but also for those sharing their room. Lack of sleep has a particularly harmful effect on people. It reduces their ability to concentrate, which could affect their ability to recall and recount information as they are required to do in their asylum claim.

For people suffering anxiety symptoms who struggle to feel safe, being able to have a home space where they can shut the door and have a feeling of privacy and security, can assume fundamental importance. For many people who have escaped persecution, the process of feeling constantly powerless and without privacy is likely to trigger a particularly high level of stress.

²⁷ Mirror Online, [Fury as refugees fleeing war zones housed between shooting ranges](#), 15 July 2023

4. Inadequate healthcare

"I arrived in the UK on 2nd September 2023. I stayed in Dover for three days, then moved to a hotel, stayed there for two days and then transferred to Wethersfield around a month after I first arrived in the UK. When I arrived here, they took blood samples, but I don't know what for. They have not given me the results and I feel a violation of my right. I did not consent to giving blood samples and they have not given me an option to do so. My English is limited and they did not provide an interpreter. I am unable to stay here. My mental health is deteriorating. I am isolated and I do not know what is happening around me. I do not have the internet or anything that could connect me to the world."

It is critical that those responsible for the health needs of a high volume of people seeking asylum or who have experienced trafficking and modern slavery have adequate training as there are particular barriers for those having their healthcare needs identified and met. These include practical barriers (language, illiteracy, no knowledge of systems) and trauma-related barriers (lack of trust and difficulty building relationships are trauma symptoms). As far as HBF and HFRN have been able to gather, expertise in addressing and surmounting these barriers is lacking from the provision in Wethersfield at present.

Wethersfield is described as having "on-site primary healthcare delivered by a local healthcare provider Monday to Friday."²⁸ Commisceo Primary Care Solutions have been awarded a contract worth £1.1 million over 18 months to provide health assessments for people arriving at Wethersfield and a dedicated medical centre on-site.²⁹ This covers the provision of "general medical services".³⁰ Screening on arrival at the Wethersfield site should include a general physical and mental health screen, "in line with any standard GP Health Check" and screens for HIV, TB, Syphilis plus Hepatitis A and C".³¹ The site has on-site primary healthcare delivered by a local healthcare provider Monday to Friday. This is run by healthcare professionals, a doctor and nurses, who are able to prescribe medication.³²

Difficulties in accessing primary care at site have been widely reported. If an individual wishes to see a GP, they must speak to a member of non-medical staff, explain their symptoms and request an appointment. Many feel embarrassed to explain their medical needs and this raises significant concerns regarding the disclosure of sensitive information to staff, some of whom are believed to be security staff. This is creating an unnecessary barrier to people accessing healthcare and is not a trauma informed approach.

HFRN has spoken to a number of people who stated that a blood test was carried out shortly after they arrived at Wethersfield but the purpose of this blood test was not explained to them. It is also of significant concern that some individuals have stated that they have not been provided with the results of these or other tests. One man explained that he had been diagnosed with 'artery problems' but was provided with no further information as to his diagnosis or treatment plan. Another shared that he was given three different medications for what turned out to be scabies and felt that a "trial and error" approach was being taken and that his health was not being taken seriously. He did not feel confident that he would receive appropriate treatment in the future.

28 Home Office, [Wethersfield: factsheet](#), Updated 24 November 2023

29 The Independent, [Private firm to be awarded £1m health contract at new asylum accommodation site](#), 23 June 2023

30 In line with the requirements of a [standard GMS contract](#)

31 See <https://www.whatdotheyknow.com/request/1012900/response/2396736/attach/html/4/FOI%20Response%202324172%20MSE.docx.html>

32 [Wethersfield community update newsletter](#)

With high numbers of people living in close proximity in shared rooms, the risk of communicable diseases spreading is high. Scabies, Covid and TB have all been contracted by men held in Wethersfield and concerns have been raised that those diagnosed with TB and scabies have not been supported to isolate. Men are concerned that the unhygienic environment, dilapidated nature of the site and lack of cleaning equipment all contribute to the spread of disease and infection and, in such an overcrowded environment, how individuals may protect themselves from these illnesses is unclear.

"I was diagnosed with TB here in the camp, all I was given was tablets, I haven't improved after taking the tablets at all. I caught scabies too here too, was given medication and I'm ok now."

"I share a cabin with three other people from different backgrounds and nationalities, I barely stay in the cabin, it drives me crazy, and I picked up the scabies there and it has affected my mental health very badly, so I hate the cabin. The toilets and bathrooms are not usable, very dirty and disgusting. Even if they clean the facilities once a week, every Monday, it takes a few hours to become a mess again."

There are also concerns that interpreters are not being provided during medical appointments and individuals are not able to adequately express their medical concerns or receive information as to the diagnosis or treatment. One man explained that his friend has asked him to interpret for him during a medical appointment as there was no interpreter offered, but this request was refused.

Many residents reported mental health concerns, but these were not followed up. For example:

- One resident spoke to the healthcare team, explaining that Wethersfield reminded him of his experiences of torture in military camps. He was given diagnosis of insomnia and PTSD, but not released until almost a month afterwards.
- One was told that he would receive therapy but was not advised about what this would entail and did not hear further despite being told he would hear in a week's time.
- Another asked for help with his mental health and was told to put name down but did not hear back afterwards.
- Another resident was diagnosed with a psychiatric illness in Iran and began antidepressant medication but has been unable to obtain this since arriving in UK. He also had medication for a brain issue and a stomach infection which appear to be going untreated.

There is no specialist trauma-focussed therapeutic support available to Wethersfield residents and it appears that in practice people are not being referred externally for such support. This is a core health need for refugee populations. Mental health assessments, pathways and treatment around stabilisation and trauma recovery rely heavily on a person feeling safe enough to engage with professionals. Even if a pathway were created, Wethersfield is not a suitable location for people to undergo rehabilitative treatment (i.e., it could not be fully effective and in some cases would not be safe to undertake) because a level of stability and safety to engage with therapeutic support. But this kind of support is a fundamental component to any clinical service to promote the welfare and recovery of an asylum-seeking population.

5. Length of time in Wethersfield

Continued instability, uncertainty and placement in unsuitable conditions can have an ongoing negative impact on mental health and on prospects of recovery. While some of those in Wethersfield might become increasingly unwell over time but make a good recovery when moved, for others the impact can be rapid, severe and the consequences long-lasting. In the context of immigration detention, research shows clearly that the longer an individual is kept in detention, the more adverse the impact on their mental health.³³ The residents assessed by HBF had been there for between two and five months before their assessment.

Following the High Court ruling on Napier barracks, the maximum time an individual could be held there was reduced to 90 days. This “offered a source of resilience” to residents, and “for many, Napier’s key redeeming feature was that people knew they wouldn’t have to be there very long”.³⁴ That said, being at Napier even for a time-limited period was still found to be deeply damaging.

HFRN has asked a number of men to confirm how long they believe they will be kept in Wethersfield, and if they have received any official clarification from the Home Office or accommodation staff and management. To date, no one HFRN has spoken to has been provided with clarification as to how long they will spend in Wethersfield.

The government has set out that for Wethersfield the “maximum length of stay at the site is currently set to between six and nine months, except where the Secretary of State is unable to find suitable onward dispersed accommodation despite reasonable efforts to do so”.³⁵ However, to date there is no clear and transparent move-on system from Wethersfield, and no information provided as to what is happening with their residents’ asylum claims (the assumption being that if granted status they would be moved on from that accommodation). All those currently held there arrived in recent months and it is not clear when their claims will be processed due to the uncertainties surrounding the implementation of the Illegal Migration Act 2023 following the Supreme Court judgment in the Rwanda litigation.³⁶

In contrast with formal detention, where detainees have access to legal advice via the Detained Duty Advice Scheme (notwithstanding its current limitations),³⁷ it is our understanding that there has been no legal advice surgery made available in Wethersfield, and to date no resident has had their substantive asylum interview. It is crucial to also note that as of September 2023 there were 124,461 people in the system who had been waiting for over six months for an initial decision on their asylum claim.³⁸ This ongoing uncertainty leads to the sense of indefinite internment, further fostering the ‘detention-like’ atmosphere.

33 Helen Bamber Foundation, [Impact of detention research summary](#)

34 Jesuit Refugee Service, [Napier Barracks: the inhumane reality](#), March 2023, p 7

35 Home Office, [Wethersfield: factsheet](#), Updated 24 November 2023

36 [R \(on the application of AAA \(Syria\) and others\) v Secretary of State for the Home Department](#) [2023] UKSC 42

37 Bail for Immigration Detainees, [Brook House report finds systemic flaws in Home Office decision-making & Rwanda policy](#)

38 Home Office, [Asylum and Resettlement – Asylum applications awaiting a decision](#), year ending September 2023

CASE STUDY: ADAM



Adam was detained and tortured by the Taliban, before fleeing Afghanistan in fear of his life. His friend's father arranged his travel and he was not aware of what his final destination would be. Adam experienced forced labour and ill-treatment on his journey to the UK and was closely monitored by those who arranged his travel. There were others in their group who were beaten when they tried to escape the group. He arrived in the UK by small boat and shortly after his arrival he was placed in Manston processing centre.

The following day Adam was transferred to Wethersfield. On arrival he was already having nightmares and flashbacks to his experiences in Afghanistan, but these significantly worsened, and soon he was experiencing them every day. He was also having difficulty sleeping and had increasing feelings of despair, low mood and hopelessness. He visited the healthcare team and explained the problems, and that he felt they were linked with the environment at Wethersfield, which reminded him of being detained and tortured. He told the healthcare team he felt like he was in prison and felt worthless because he was not able to do anything on site and keep himself busy. Around a month after his arrival he was offered talking therapy, but this never materialised.

Adam had to share a room with two other men and use shared bathrooms. He was worried about waking up his roommates because of his nightmares. With little to do on site, he tried to make use of the buses that took him to local towns but the queues for the buses were often very long and space was not guaranteed. Adam also did not feel very comfortable in the local towns because he had heard that people had protested about asylum seekers being housed in the area and feared being attacked. After a few weeks he simply stopped leaving the accommodation.

Adam felt further isolated because he did not feel like he could talk to the other people at Wethersfield. He didn't know who he could trust and was scared because tensions were running high and many people were arguing and getting into fights. This got worse as more people arrived and it became more crowded. He started being afraid of leaving his room because the police were frequently attending because of the fighting.

Eventually a charity supporting those in Wethersfield helped Adam to secure a legal representative to help get him transferred out of the site. Adam's solicitor arranged for him to speak to a doctor from the HBF to assess his mental health.

Adam's solicitor contacted the Home Office multiple times explaining that he should be transferred but no action was taken. Eventually, legal action was threatened. The HBF report stated that he was presenting with symptoms of PTSD and depression and had special needs that could not be met in Wethersfield. The Home Office finally agreed to transfer him to alternative accommodation ten weeks after he arrived and almost a month after he had reported his mental health concerns to healthcare staff. Adam now worries how he will recover, after everything he has already been through. He still does not have a solicitor who can help him with his asylum claim and he does not know what is going to happen next for him.

'SCREENING' FOR VULNERABILITIES

The Home Office has accepted that vulnerable people should not be accommodated in ex-military sites and has committed to 'screening-out' vulnerable people so that they are not placed there. The fundamental problem with this approach is that the Home Office are using a site that is inherently unsuitable to house people seeking protection. It is simply not possible to 'screen out' people seeking asylum with a traumatic history in the way envisaged.

Due to the particular nature of trauma symptoms and their effect on day-to-day life, many people seeking asylum will be unable to articulate in a timely way how and why they are 'vulnerable', especially through a rapid and hostile administrative process where there has not been time to develop a trusting relationship with a professional working in a trauma-informed way. The most severely disabled people will often be the least able to speak up. In addition, personal and cultural attitudes and understandings of mental illness may make people unwilling to self-identify as mentally unwell when they arrive in the UK.

In the context of trafficking, the Home Office already recognises the barriers to disclosure in its Modern Slavery statutory guidance, which states that

*"victims' early accounts may be affected by the impact of trauma. This can result in delayed disclosure, difficulty recalling facts, or symptoms of post-traumatic stress disorder. Victims may also be reluctant to self-identify for a number of other reasons that can make understanding their experiences challenging."*³⁹

The only truly effective way to obtain full, detailed and accurate accounts of trafficking, including issues such as rape, assault, shame, stigma or intricate family details, is by "establishing a working relationship of mutual trust" and "supporting survivors to gain the confidence to discuss their history."⁴⁰

Further, the use of asylum camps has been shown to trigger mental health deterioration even in people who did not previously present with obvious mental symptoms.

In addition to these fundamental concerns, there are a number of specific problems with the current screening process. It is clear that the Home Office is frequently failing to identify risk and safeguarding factors and, as a result, placing people who are suffering from mental illness and/or have a significant trauma history in quasi-detention. HBF clinicians have repeatedly assessed people who, even according to the published suitability criteria, should have been deemed unsuitable to be placed in the camps. This included survivors of domestic violence, torture, exploitation and those with significant presenting clinical needs.

39 [Modern Slavery: statutory guidance for England and Wales \(under s49 of the Modern Slavery Act 2015\) and non-statutory guidance for Scotland and Northern Ireland \(accessible version\) – GOV.UK \(www.gov.uk\)](#)

40 [Trauma Informed Code of Conduct \(TICC\) | Helen Bamber](#)

Wethersfield uses the same suitability criteria as Napier, with a list of people for whom ex-military accommodation would not be suitable. This includes victims of modern slavery, those with complex health needs and those who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence (and have had an individual evaluation of their situation confirming that they have special needs).⁴¹ In October 2023 the trafficking related suitability criteria were amended⁴² so that only those potential victims of trafficking who had received a positive Reasonable Grounds (RG) decision via National Referral Mechanism (NRM) would be classified as unsuitable. This is despite there being delays in referrals being made and the current average waiting for an RG decision being three weeks from referral.⁴³ It also appears that Wethersfield staff, as well as other Home Office contractors, have not been referring individuals into the NRM, therefore denying individuals of the potential support they may be entitled to under the NRM, and eliminating the possibility of an individual obtaining the necessary evidence in order to meet the requirements for this criteria. Only 11 referrals had been made to the NRM by the end of October.⁴⁴

Wethersfield residents will “initially come from Manston processing centre following checks against policing and immigration databases”.⁴⁵ The Home Office should assess their suitability for these sites from the information provided in the screening interview, asylum support form (where available), information on Home Office systems and “supporting correspondence from the applicant or their representative”.⁴⁶

However, the asylum screening interview at port is only designed to be a quick initial interview to capture “basic information” on certain factors.⁴⁷ UNHCR’s recent audit of asylum screening in the UK emphasised that “registration and screening records were often incomplete, inaccurate, or unreliable, and laws and published policies were not complied with” so there is “a real risk that decisions based on information collected at screening will be flawed.”⁴⁸ Furthermore, UNCHR found that the majority of staff had no or very limited training on how to spot vulnerability or indicators of trafficking and that “staff struggled to explain how they would identify vulnerable individuals who did not freely disclose their vulnerability”.

When the person arrives on site, they will complete their asylum support form (ASF1 form) to claim asylum support with the support of Migrant Help. This includes the following question:

“In making decisions about the allocation of asylum support accommodation, the Home Office has regard to the specific situation of vulnerable persons such as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence. Do any of these apply to you or your listed dependants? If so, what?”

However, this form is usually completed by an employee from Migrant Help, without the help of either a solicitor or a healthcare professional. Migrant Help will nearly always speak to the person solely by telephone. Many people may not understand how their particular experiences or symptoms fit into this list, or may not trust or have confidence to make significant and difficult disclosures to a stranger. People may also not realise that the symptoms they have constitute a mental health condition and/or be reluctant to disclose their traumatic experiences (e.g., sexual abuse in the context of human trafficking) or that they have mental health problems.

41 [Allocation of asylum accommodation policy \(accessible\) – GOV.UK \(www.gov.uk\)](#)

42 [Allocation of accommodation \(publishing.service.gov.uk\)](#)

43 Home Office, [Modern Slavery: National Referral Mechanism and Duty to Notify statistics UK, Quarter 2 2023 – April to June](#)

44 Freedom of Information request response from the Home Office to Kamena Dorling, Helen Bamber Foundation, reference FOI2023/05037, 4th December 2024

45 Home Office, [Wethersfield: factsheet](#), Updated 24 November 2023

46 [Allocation of accommodation \(publishing.service.gov.uk\)](#)

47 Home Office, [Asylum screening and routing, v.9](#), 28 September 2023

48 UNHCR, [Asylum screening in the UK](#), May 2023

Home Office data shows that between in the first three months of Wethersfield being open, 236 people were sent there and 54 (23%) of them were relocated for unsuitability reasons.⁴⁹

HFRN has been sending Pre-Action Protocol letters on behalf of individuals held in Wethersfield, seeking to challenge the decision to move them there on the basis they are plainly unsuitable to be accommodated at Wethersfield. Between **16th October 2023 and 3rd December 2023 HFRN has assisted 25 individuals in successfully transferring from Wethersfield.** Every one of these individuals is a survivor of torture, modern slavery or has acute mental health problems.

This is a very high rate of failure to detect unsuitability prior to placement at Wethersfield. The actual number of those who fall within the unsuitability criteria may be much higher still – residents wishing to challenge their placement are entirely reliant on the advice and support being provided by charities who are forbidden from actually going into the site.⁵⁰

The high numbers of those wrongly placed in Wethersfield so far illustrates the importance of the ongoing assessment of risk and vulnerability by staff in the camp. While the Home Office states that there should be, “ongoing proactive monitoring of asylum seekers when they are on these sites for their ongoing suitability and risk indicators” and that it will review any referrals to decide if they should be moved from the site to more suitable accommodation, this does not appear to be happening in practice.⁵¹ Most transfers are seemingly only taking place when a lawyer sends a Pre-Action letter on behalf of an individual – these letters appear to be being used as a screening tool by the Home Office to identify those unsuitable for Wethersfield. However, many are also not being acted on, with the individual left in Wethersfield for their condition to deteriorate. Furthermore, requesting transfer relies on an individual being able to contact the relevant NGO, such as HFRN, for support. This is challenging both due to the lack of access to the camp, limited Wi-Fi and constraints on the capacity of organisations to assist in a timely way.

The existing processes are clearly inadequate. The placement process is based on insufficient information about the person’s history, presentation, ability to cope with a quasi-detention environment and its likely impact on the person’s health, welfare and vulnerability. If mental health problems arise as a result of the accommodation, there are considerable concerns about the ability of staff to identify where people are facing difficulties with mental illness – and particularly where the accommodation conditions are causing further mental deterioration.

49 Freedom of Information request reference 12023/04014 – figures relate to 12th July 2023 to the 30th September 2023

50 inews, [Robert Jenrick stops charity giving asylum seekers clothes, haircuts and legal help at migrant centres](#), 10 November 2023

51 From email from Home Office (Lexi Whomersley) to Kamena Dorling, Helen Bamber Foundation, on 12th July 2023

AGE-DISPUTED UNACCOMPANIED CHILDREN

To date, HFRN has identified 11 children wrongly treated as adults and placed at serious risk of harm in Wethersfield. This takes place due to inadequate 'assessments' conducted by border officials at point of entry, often within hours of a child stepping off a small boat. These children are aged 16 and 17 and are from Eritrea, Somalia, Syria, Sudan, South Sudan and Afghanistan.

This was entirely predictable given the strong evidence of flawed decision making at the border that has resulted in the Home Office placing hundreds of children in adult settings.⁵² Being accommodated in Wethersfield places children at risk of a number of additional harms. Children are sharing rooms with others, using a small number of shared bathroom facilities with unrelated adults, and are unable to access support and legal advice due to the isolated nature of the accommodation.

One child explained:

"The room is very crowded. We are six people in one room, so it's not comfortable. I also want to study English because my English is not good, but there is no school or college around. We haven't been given any information about that.

I also have a dispute with the Home Office: I told them I would turn 17 on (date) when I arrived in Dover, but they put down a different date of birth. I spoke to the people here (in Wethersfield) and they said everything would be resolved once I apply for section 95 support."

Despite informing staff in the camp that he is a child, he was not provided with a separate room as per Home Office policy, nor was he correctly advised as to who to contact or how to attempt to resolve his age dispute.

⁵² Helen Bamber Foundation, Humans for Rights Network and Asylum Aid, [Disbelieved and denied: Children seeking asylum wrongly treated as adults by the Home Office](#), April 2023



CONCLUSION AND RECOMMENDATIONS

People seeking asylum need to be housed in safe, appropriate accommodation in the community that supports their recovery, facilitates their engagement with the asylum process, and allows them to integrate and build links with their community. Not only does holding people in open-prison camps like Wethersfield not allow for this recovery, it does the exact opposite. It causes additional pain and trauma to people who have already experienced conflict, oppression, abuse, torture and trafficking. While the government might condemn the ill-treatment of people in their countries of origin, it is deliberately causing them additional suffering once they reach the UK seeking protection.

Rather than focussing time and resource on the creation of mass asylum camps, the government should prioritise processing asylum claims so that refugees can move on with their lives and support themselves. The government must:

- **Immediately close all 'large scale' accommodation centres on ex-military sites/barges** and cease any plans to open further similar accommodation. Reliance on other forms of emergency accommodation, such as hotels, should be significantly decreased and a strict time limits on people's stays there should be introduced.
- **Ensure that thorough support needs assessments are completed by the Home Office** and used to inform asylum accommodation placements, resulting in suitable placements for people with physical and mental health conditions.
- **Commit to housing people seeking asylum in communities**, by urgently addressing the long-standing structural issues in the management and monitoring of contracted provision, and by significantly investing in improvements to the current stock of dispersal housing.
- **Resource decision making to ensure that the backlog of asylum claims is cleared and decisions on new claims made in a timely way**, with the most vulnerable prioritised (including children's cases) and decisions made on the papers (without the need for an interview) where possible. To this end, the government should also remove processes that cause further delay in decision making, including provisions on inadmissibility of asylum claims.

"Since my arrival I have been feeling unwell and asked to see a doctor. Unfortunately, my request has not been considered. I am unable to eat the food they provide; I cannot sleep most of the nights and that is affecting my mental health. I am depressed and there is no support for me. This is a prison, and our movements are limited. I left Libya because it is a prison, and my safety was jeopardised and the circumstances in the camp remind me of Libya. I left Libya because my life was at risk. The Militia force you to be with them to be protected. if you are not with them your security is threatened. The choices are to either join them and become a criminal or refuse to join them and lose your life. I did not believe in fighting or joining any militia hence I fled the country. I was always staying at home trying to avoid being kidnapped or killed in the street. The militia groups in my area use to stop and ask people in the streets and sometimes they would keep you for hours. If this happens at night, they might kill the person. Sometimes they fire randomly. My life became at risk and for that reason I left Libya. I freed myself, and in this camp I do not feel free. I lost my freedom and dignity. I came for safety and in this camp there is no safety"