



# FORCED MIGRATION, SEXUAL AND GENDER-BASED VIOLENCE AND COVID-19

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## Executive summary

- The COVID-19 emergency exacerbated the suffering and precarious situations of the most vulnerable groups of forced migrants –survivors of sexual and gender-based violence (SGBV).
- Survivors experience multiple layers of vulnerability related to flight and SGBV exposure at different points of their journeys and in refuge.
- The pandemic restrictions and associated stressors, increased vulnerability to renewed perpetration and discrimination.
- Fear of immigration exposure, healthcare charges and distrust in public systems prevented SGBV survivors from accessing essential health services and reporting intimate partner violence.
- The pandemic restrictions triggered memories of abusive and exploitative relationships and experiences and made women relive traumas, having a deleterious effect on their mental health.
- Humanitarian and immigration contexts interact and result in an array of intersecting SGBV risks, undermining survivors' ability to cope, recover and integrate in their communities.

In the light of these findings, we offer the following recommendations for policy makers and service providers:

- Provide inclusive, gender sensitive social protection programmes for all regardless of legal status.
- Integrate SGBV in response, recovery, and preparedness plans with specific measures for forced migrant SGBV survivors.
- Ensure flexibility in funding of SGBV service delivery enabling local organisations to meet the different needs of forced migrant survivors.

## About the research

The [Forced migration, SGBV and COVID-19 research project](#) was initiated after an approach from Refugee Women Connect and receiving anecdotal information suggesting that forced migrant survivors' suffering increased in the COVID-19 crisis. We interviewed 52 survivors and 45 service providers in five countries; UK, Tunisia, Turkey, Sweden and Australia.

## The furthest behind: forced migrant survivors of violence

During the COVID-19 pandemic the intersection of forced migration and SGBV became even more dangerous and life-threatening, leaving many to suffer violence and exploitation in silence. Trauma associated with forced migration experiences is intensified for SGBV survivors. A combination of factors reinforced mechanisms that undermine protection of survivors and enable renewed perpetration, including:

**Health and Wellbeing:** Forced migrants across countries were anxious about seeking medical help due to concerns about contracting the virus, but also undocumented migrants and those with irregular immigration status were fearful of charges or being reported to immigration authorities, detained, and deported. Pregnant women and rape survivors delayed hospital visits due to anxiety about catching the virus or medical charges and access to antenatal, postnatal care and reproductive health services was limited.

Lockdown reactivated painful memories of war, conflict, and the isolation women had deployed to protect themselves from violence.

The pandemic became a new stressor which multiplied underlying trauma related to their experiences of

violence, unresolved asylum claims, poverty, family separation and now further social isolation led to increased psychological distress, self-harm, or suicide ideation. The loss of welfare and humanitarian assistance increased uncertainty, and social isolation in ways that exacerbated ongoing feelings of abandonment, sadness, and anxiety.

Many survivors compared the pandemic restrictions to those experienced during exploitation such as enforced isolation, limited freedom, and no access to support. Psycho-social and therapeutic support ceased or diminished, and barriers emerged related to the inability to develop trust when using remote services. As a result, social distancing measures undermined survivors' recovery.

**Economic:** Exclusion from public services and humanitarian assistance exacerbated physical and mental health problems as individuals were pushed toward destitution, unable to access food, hygiene items, and medical services. Pandemic restrictions undermined survivors' existing coping strategies by restricting access to economic resources and services. Without resources and outside of social protection, loss of income generation opportunities and food price rises increased economic hardship. Many struggled to access assistance and feared starvation, some had to choose between purchasing food or cleaning products. Digital poverty, with many unable to afford phone top ups and internet, excluded survivors from accessing remote services, social networks, and COVID-19 information.

Forced migrant workers employed in agriculture (Turkey), forced migrants with zero hour contracts (UK) and forced migrants with no contracts (Tunisia) were excluded from the safety nets implemented for general populations, thus enhancing vulnerability.

**Accommodation:** Inadequate living conditions increased anxiety levels and health risks for survivors. Forced migrants in shelters with shared facilities and overcrowded housing were unable to self-isolate. Availability of safe houses for women escaping violence decreased, while in Turkey and Tunisia shelters did not accept newcomers.

**Amplified vulnerability:** Some survivors were trapped between remaining in abusive or exploitative situations or homelessness as they did not qualify for public housing and support. Service providers expressed

concerns about increased reports of domestic violence due to economic precarity, honour-based violence and trafficking. In Turkey, amendments to criminal law concerning release of SGBV perpetrators increased risks of renewed perpetration and elevated survivors' anxiety. In Tunisia some survivors, including minors, became trapped in exploitative relationships and faced increased health risks and possible criminalisation when forced into prostitution.

**Legal:** Legal status introduced a range of barriers impacting on survivors lives from no access to public funds and services, including healthcare, not being allowed to work or open a bank account. Longer waiting times for asylum decisions put survivors' lives on hold for longer. Remote working with solicitors using sensitive material needed to evidence asylum claims increased the risk of retraumatizing women who lacked support with such disclosure. Delays in legal procedures and registrations with public authorities slowed down survivors' access to assistance. In Turkey, the most disadvantaged were forced migrants under International Protection who received no support.

In Tunisia and Turkey, some feared criminalisation for breaking restrictions if they attempted to access support. Closure of services and diminished access to assistance increased the risk of renewed perpetration.

**Access to services and aid:** Pandemic restrictions affected the nature of support service providers could offer survivors; face to face activities were suspended, waiting times extended and asylum and SGBV case management slowed. As a result, staff workload increased with ongoing unresolved SGBV cases.

Service providers adapted services to new circumstances and tried to continue offering support but with varying degrees of success. Some humanitarian organisations lacked infrastructure to shift to remote working. Frontline workers reported anxiety about their own health and isolation, exacerbated by feelings of helplessness associated with the difficulty in reaching out to those in need. Caring roles had to be managed alongside growing workloads.

**Longer term impact:** Long-term emotional and psychological impacts of violence are expected to emerge post-crisis, coupled with longer-term economic implications around resources, access and employment. Also, invisible and extreme forms of

abuse and exploitation, including sex trafficking and child marriage, was likely to emerge or intensify following growing socio-economic precarity. Increased competition for, and diversion of, funds are expected as priorities change post-crisis.

## The challenge facing policymakers

The protection of forced migrant survivors is an urgent matter concerning public health, human rights, and social justice. Our findings highlight the necessity for urgent action to meet the needs of the most vulnerable without encountering further harm. Such responsibility stems from International Humanitarian Law and the 1951 Refugee Convention.

## Policy recommendations

The 2030 Agenda for SDGs and 'leaving no one behind' requires concerted efforts to support the survivors of SGBV and prevent further violence, now more relevant than ever. This report offers the following recommendations to policymakers and service providers:

### 1. Provide inclusive, gender sensitive social protection programmes for all regardless of their legal status .

- Ensure social protection and basic safety nets for all forced migrant populations.
- Ensure access to universal health for all and risk of immigration exposure is suspended.

### 2. Integrate SGBV into response, recovery, and preparedness plans with specific measures for forced migrant SGBV survivors.

- Account for the specific needs of forced migrant SGBV survivors.
- Ensure availability of emergency accommodation and safe shelter for all.
- Account for survivors of trafficking and other less visible forms of violence in plans and actions.
- Ensure channels for help seeking and reporting abuse for survivors living with perpetrators are multilingual and accessible, including online tools, alert systems, and designated helpdesks.
- Design interventions in ways that support survivors' coping and recovery mechanisms through consultation with survivors and those who work with them.

- Expand women's economic and social empowerment programmes to support survivors to become self-reliant, decreasing dependency on aid.
- Ensure mental health services are trauma-informed and therapeutic support is available including offering telephone top-ups to provide access.
- Mainstream responsibility for SGBV mitigation and reduction in different sectors, including building partnerships with community organisations, local, informal and faith leaders.

### 3. Ensure flexibility in funding of SGBV service delivery enabling local organisations to meet different needs of survivors

- Ensure sufficient funds are available for essential local SGBV services, including prevention
- Build the capacity of women's organisations to enable them to provide trauma-informed assistance.

The full report can be accessed at: <https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/iris/2020/sgbv-covid-19.pdf>

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