



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

May 2020

Executive summary

- The COVID-19 crisis exacerbated the suffering of the most vulnerable groups of forced migrants – the survivors of sexual and gender-based violence (SGBV), with women worst affected.
- Forced migrant survivors with irregular immigration status and No Recourse to Public Funds (NRPF) were excluded from healthcare, emergency accommodation and practical support, increasing their exposure to violence.
- Loss of income increased food and hygiene insecurity, and vulnerability to violence and exploitation, whilst social isolation undermined survivors' mental health and wellbeing.
- In the light of these findings, we urge policymakers to consider the following recommendations:
- Ensure forced migrant survivors of SGBV have the resources required to stay safe and meet their basic needs by increasing asylum support payments by £20 per week, in line with universal credit, and urgently ensure Wi-Fi is available in all asylum accommodation.
- Revoke NRPF to forced migrant survivors of violence in need of protection regardless of their legal status and give them access to social welfare and domestic violence refuges.
- Cease the reporting of immigration status in healthcare and other public services to reduce the public health and personal risks.
- Prioritise safety for survivors regardless of their legal status by increasing funds for NGOs.

About the research

The “Forced migration, SGBV and COVID-19” research project was initiated in response to conversations with Refugee Women Connect and anecdotal information suggesting that forced migrant survivors' suffering increased in the COVID-19 crisis. We interviewed 97 survivors and organisations in five countries, 33 of which were in the UK. This policy brief focuses on the UK findings.

The furthest behind: forced migrant survivors of violence

Trauma associated with forced migration experiences is intensified for SGBV survivors who experience multiple layers of vulnerability related to flight but also SGBV exposure at different points of their journeys and in refuge.

Health and Wellbeing: Undocumented migrants and those with irregular immigration status were anxious about seeking medical help and fearful of charges or being reported to immigration authorities and deported. Social isolation exacerbated existing feelings of loneliness, sadness and anxiety about income and the future.

Given survivors' underlying traumas, lockdown reactivated painful memories of the isolation they deployed to protect themselves from violence. The underlying trauma related to their unresolved asylum claims, coupled with the COVID-19 emergency, led some to psychological distress, self-harm or suicide ideation. The loss of NGO wellbeing services and material support increased uncertainty, and isolation and forced survivors to relive their experiences without access to social networks.

Having No Recourse to Public Funds (NRPF) status exacerbated physical and mental health problems as individuals were pushed towards destitution and unable to access public emergency accommodation or food vouchers.

Economic: For survivors of SGBV, without resources and outside of social protection, losing income generation opportunities and food price rises increased economic hardship. Excluded from voucher schemes, they struggled with restricted access to food banks and had to choose between purchasing food or cleaning products. Respondents without a bank account could not use public transport, which shifted to accepting only bank cards. Digital poverty, with many unable to afford phone top ups excluded survivors from remotely connecting with support groups and friends.

Accommodation: Forced migrants living in shared asylum accommodation, emergency hotel accommodation and overcrowded housing with shared facilities were unable to self-isolate. Living in overcrowded facilities generated health risks and increased anxiety levels. Shared and state-provided accommodation lacked access to working washing machines, which were important for hygiene purposes. Poor quality asylum housing was not repaired, with respondents believing they had been abandoned. Many had limited access to Internet, and phones, exacerbating social isolation.

Amplified vulnerability: Some forced migrant women with NRFP status were trapped between remaining in abusive or exploitative situations or homelessness as they did not qualify for public housing and support. Fear of immigration exposure and distrust in public systems prevents SGBV survivors from reporting intimate partner violence. Service providers expressed concerns about increased reports of interpersonal violence and honour-based violence and trafficking. A combination of factors, including closure of services and diminished access to charities created an environment for renewed perpetration. Survivors suspected that support initiatives for undocumented migrants were intended to identify and deport them.

Legal: Legal status introduced a range of barriers which impacted 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. It became more difficult for solicitors and risky for survivors, during social-distancing, to work with the traumatising material needed to evidence their claims.

Access to services and aid: Restrictions implemented to control COVID-19 significantly affected the nature of support service providers were able to offer survivors; face to face activities were suspended, asylum and SGBV case management slowed and waiting times for welfare extended. In the longer term increased competition for, and diversion of, funds are expected as priorities change post-crisis.

Longer term impact: Long-term emotional and psychological impacts of violence are expected to emerge post-crisis, coupled with longer-term economic implications for resources, access and employment. Also, more dangerous and invisible forms of abuse and exploitation, including trafficking, are expected to rise as a result of the socio-economic COVID-19 burden.

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 need for urgent action to meet the needs of vulnerable forced migrant survivors, to ensure that they survive and can move on with their lives without encountering further harm. As we adapt to the new normal, it is important that the heightened suffering currently experienced by forced migrant survivors does not become the new norm.

Policy recommendations

To protect public health and ensure individuals' rights we urge the UK Government to take immediate action ;

1. Ensure forced migrant survivors of SGBV have the resources to stay safe and meet their basic needs

- Include increasing asylum support payments by £20 per week in line with universal credit to meet the demands of: 1) rising food prices and cleaning products; 2) access to cash and online shopping for those using Aspen cards; 3) increased reliance on digital access or phone credit to access support services, receive important health information, home school children or call for help.
- Recognise that data or Wi-Fi access is a necessity and urgently ensure Wi-Fi is available in all asylum accommodation.

2. Revoke NRPF to forced migrant survivors of violence in need of protection regardless of their legal status

- Provide social protection by giving access to social welfare and domestic violence refuges to enable survivors to seek safety when required.

3. Cease the required reporting of immigration status in healthcare and other public services

- Create an immediate ‘firewall’ between immigration control and public support services to reduce the public health and personal risks caused by this policy during the C19 pandemic.

4. Prioritise access to services and safety for survivors regardless of legal status by increasing funds for NGOs

- Additional resources should be made available to ensure access to services for forced migrant survivors of SGBV.
- Prioritise appropriate and accessible mental health and human trafficking support services.
- Establish safe reporting mechanisms responsive to the structural inequalities specific to forced migrants, including the multi-occupancy asylum housing and digital poverty.

Summary of the research methodology

Our findings are based on short telephone interviews with 97 respondents; 52 survivors and 45 service providers in the five countries; the UK, Tunisia, Turkey, Sweden and Australia. The UK sample included 20 female survivors and 13 service providers.

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

About the authors

Sandra Pertek (s.m.pertek@pgr.bham.ac.uk) and Jenny Phillimore (j.a.phillimore@bham.ac.uk), Institute for Research Superdiversity (IRiS) University of Birmingham

Pip McKnight (pip@refugeewomenconnect.org.uk), Refugee Women Connect