Addressing Sexual Violence Against Refugee Women

This Project is funded by the *Rights, Equality and Citizenship (REC)* Programme of the European Union

Gaps in support for Refugee and Asylum-Seeking (RAS) women in the UK Research findings

Dr Lis Bates and Dr Geetanjali Gangoli, University of Bristol

Introduction: evidence gathered in the project

As part of this EU-funded collaborative project, the research team at Bristol conducted 15 interviews with key agencies and individuals working with refugee and asylum-seeking women in the UK to find out what sexual violence the women had experienced, and how we could better encourage women to disclose violence and seek help. This informed a needs asssessment of the main training needs of front-line professionals across a range of disciplines to help them better identify and support RAS women who have experienced sexual and gender-based violence.[1]

Based on the interview findings, we developed a 2-day, 4-module training package on identifying and supporting women RAS who have experienced such vioence and abuse. Over six months in 2017-18 we trained 65 professionals from a wide range of backgrounds including mental health, psychologists, housing, police, teachers, GPs, nurses, maternal and sexual health workers, council commissioners, immigration and legal advisors, domestic and sexual violence advocates and support workers from refugee services.

As well, we ran community awareness-raising events, and piloted a multi-disciplinary team which brought together different professionals to discuss four women's cases and plan a package of support.[2]

Drawing on the initial interviews, discussion and feedback with the 65 professionals trained and during the community events, as well as the experience of piloting a multi-disciplinary team to consider RAS women's cases and agree a plan of action and support, we concluded that (1) there are specific needs and vulnerabilities of RAS women in the UK which are different to other women experiencing sexual and gender-based violence, and (2) these needs mean that RAS women require targeted support beyond what is already available for victims of sexual and domestic violence and abuse. This note summarises those conclusions.

Key findings: refugee and asylum-seeking women's needs

1. RAS women often experience multiple abuses - in their country of origin, during transit, in the UK

Many women arriving in the UK have been abused in their country of origin. This includes through domestic and sexual violence, Female Genital Mutilation (FGM) (especially in African countries), forced marriage, dowry violence and honour-based violence (especially South Asian countries), forced prostition and sexual exploitation (Eastern European countries, especially Ukraine, Moldova, Albania, but also Vietnam, Brazil and Nigeria). Many LGBTQ+ women face further abuse, for example rape as "sexual correction" is socially sanctioned in some African countries, and rape is used against many women in conflict situations and war (especially reported in Africa, Syria, Jordan, and Sri Lanka).

[1] The results of our initial Needs Assessment based on 15 interviews is available on the project website at: http://www.bristol.ac.uk/sps/research/projects/current/addressing-sexual-violence-against-refugee-women/

[2] A booklet summarising the Multi-Disciplinary Team pilot in the UK and Italy is published also on the project website.

Many women are also victimised during the journey to Europe and the UK, for instance via sexual exploitation (extremely prevalent in transit and refugee camps) and trafficking, and through domestic and sexual violence from partners and family members. Within the UK, many experience further sexual exploitation and trafficking-for example from landlords (e.g. asylum-seeking or destitute women being forced to 'sofa surf' then discovering they have to have sex to 'pay back the favour' of a place to stay). Domestic and sexual violence from partners and relatives also continues in the UK.

2. The impacts of violence are particularly acute for RAS women

While the harms of sexual gender-based violence are experienced by all victims/survivors, RAS women are more vulnerable to some of the impacts. Some forms of violence and exploitation are primarily associated with particular RAS communities in the UK (e.g. FGM, Gangoli *et al.* 2018). RAS populations are associated with higher risk of mental illness, as indicated in higher rates of postpartum depression in refugee women (Kirmayer *et al*, 2011). Asylum-seeking women in particular have fewer resources (particularly welfare), are unable to work and are more vulnerable to gender-based violence. A significant proportion of asylum-seeking women have experienced or escaped sex trafficking, and suffer significant physical, sexual and mental health impacts as a result. Finally, cultural issues and concerns – ideas of shame associated with speaking about sexual violence – may be manifested in ethnic communities in ways that may inhibit their ability to access and seek help. Different forms of violence have different legal and cultural meanings in different contexts, and this can exacerbate the mental schism that survivors can face.

3. RAS women face particular barriers to getting help

RAS women often face particular barriers to accessing services, including:

- Cultural and language differences
- Scarcity of affordable interpreting services, particularly in emergency department setting
- Negative perceptions of asylum seekers in the media and local population
- RAS women not trusting certain authorities/institutions, lack of cultural sensitivity
- Lack of awareness of what they are entitled to
- Problems registering and accessing services
- Shame
- Social isolation and lack of status
- Poverty and loss of choice and control
- No recourse to public funds meaning they are barred from accessing some public services

4. There is a need for better advocacy for RAS women

The wider evidence base is clear that specialist advocacy support is critical both to helping women who have experienced domestic or sexual violence in three key ways: identifying their needs and improving their safety through co-ordinating other help services; empowerment through building recovery and resilience; and helping women progress in the criminal justice system (Hester and Lilley, 2017; Bates *et al.*, 2018).

This project confirmed that the need for specialist advocacy is all the more acute for RAS women because they are especially vulnerable, have complex and multiple needs, and are not currently getting the support they need. In parallel, there is a need for more training for many professionals in identifying, understanding and responsing to RAS women who have experienced such violence.

This Project is funded by the *Rights, Equality and Citizenship (REC)* Programme of the European Union

Policy implications: A new RAS Women's Advocate?

Refugee and asylum-seeking (RAS) women can, and sometimes do, access existing advocacy. However, this project found that many RAS women are not using such support currently, that professionals across a range of disciplines were struggling to engage RAS women, and that they lacked confidence to identify and ask about sexual gender-based violence experiences.

In response, we had the idea of establishing a new professional advocacy role of Refugee and Asylum-Seeking Women's Advocate (RAS Women's Advocate). This would be a professional whose job was to consult with, empower and represent the particular interests of RAS women. They would provide 1:1 advice and referral support to women on help available to meet their needs including: legal, immigration, housing and benefits rights, domestic and sexual violence services; support through any criminal or family justice process; therapeutic and counselling help; and refugee/asylum, language or culture-specific services (e.g. trafficking or FGM support, refugee or asylum-seeker groups, language/interpretation services).

Some of these roles mirror those of existing advocacy posts such as Independent Domestic and Sexual Violence Advisors (IDVAs and ISVAs). The difference is that our project found evidence that RAS women often need overall more support, and usually have specific needs relating to their (often multiple) experiences of violence and exploitation – especially, help with language and cultural barriers, extreme vulnerability due to immigration status, and that they often lack other social and family networks. Our project showed that as well as having multiple, complex needs and often having suffered great trauma, these women are often the most vulnerable and the most invisible. So there is a good case for a specific advocacy role.

We tried out the RAS Women's Advocate in a multi-disciplinary team we piloted during the project which brought together different professionals to discuss four women's cases and plan a package of support. The feedback from professionals in the team was strongly that there was a need for such a role, though it was less clear which current services might host or fund such a role.

See Policy Briefing 59: June 2018, for further discussion of how it might operate: www.bristol.ac.uk/policybristol/

References

Bates, L., Lilley, S-J., Hester, M. and Justice Project Team (2018), Policy Evidence Summary 3: Specialist advocacy for domestic and sexual violence. Bristol: University of Bristol. http://www.bristol.ac.uk/sps/research/projects/current/justiceinequality/

Gangoli, G. Gill, A., Mulvihill, N. & Hester, M. (2018) Perception and barriers: reporting female genital mutilation, Journal of Aggression, Conflict and Peace Research. https://doi.org/10.1108/JACPR-09-2017-0323

Hester, M. and Lilley, S-J (2017) More than support to court: rape victims and specialist sexual violence services. International Review of Victimology 1-16.

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., … Pottie, K. (2011). Common mental health problems in immigrants and refugees: general approach in primary care. CMAJ : Canadian Medical Association Journal, 183(12), E959–E967. http://doi.org/10.1503/cmaj.090292