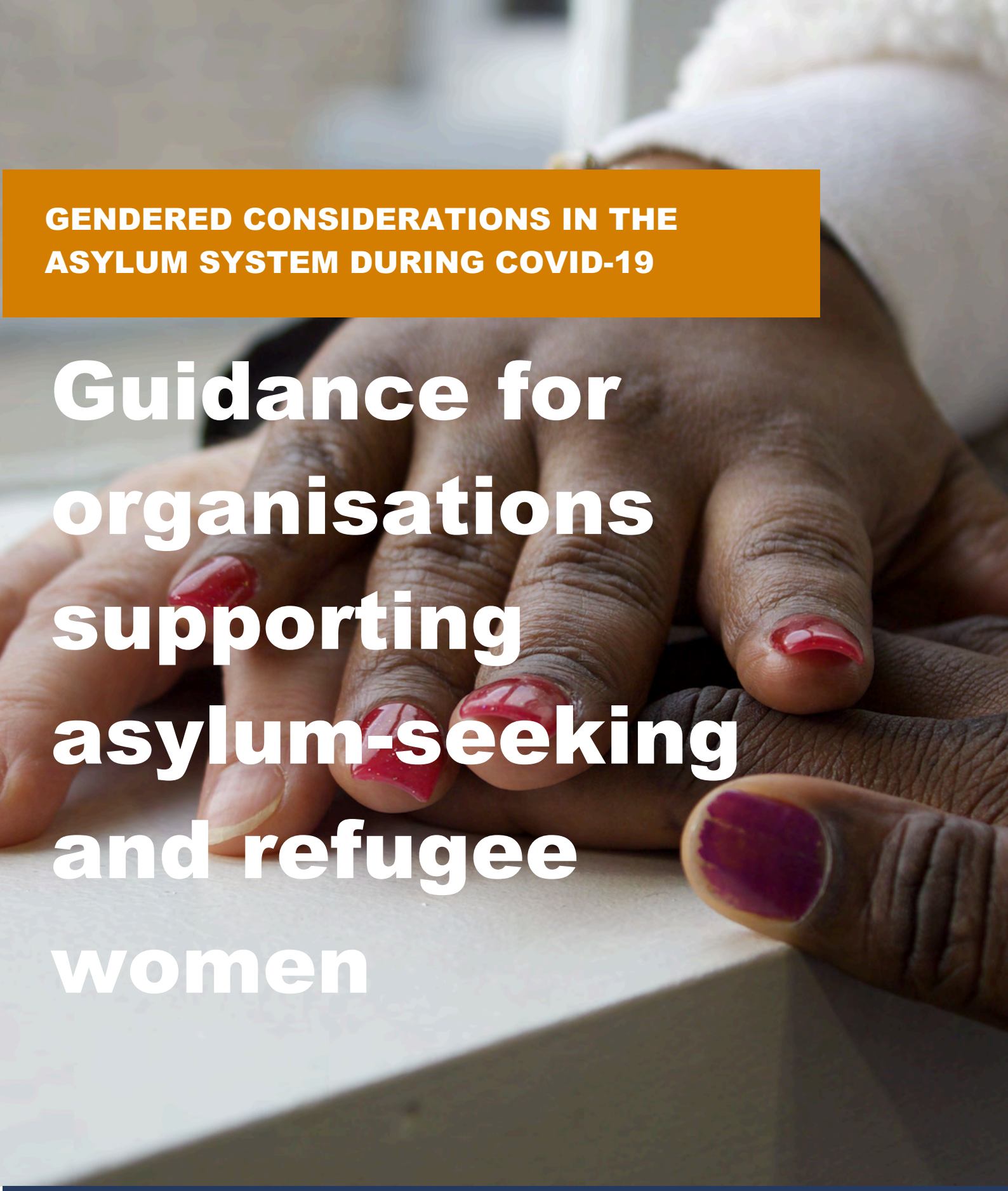

GENDERED CONSIDERATIONS IN THE ASYLUM SYSTEM DURING COVID-19

Guidance for organisations supporting asylum-seeking and refugee women

Refugee Women Connect

June 2020

INTRODUCTION

Negotiating the COVID-19 (C19) pandemic in a complex and hostile asylum system is challenging and stressful for anyone who has sought protection in the UK. For asylum-seeking and refugee women gender and gendered experiences can create additional stratifications of need, particularly alongside other factors including ethnicity, language skills, caring duties, poor physical or mental health, disability, gender identity, sexual and gender orientation[1]. Traditional gender roles can become further entrenched in lockdown. In domestic situations where women have less power in decision making[2] [3], their needs may go unmet. As a result, women are more likely to face barriers to services and social justice, experience gender-based violence, extreme poverty, hunger and exploitation. In order to mitigate unnecessary harm, it is essential that mainstream organisations understand and recognise gender inequalities (alongside other intersecting characteristics) in the refugee experience and take proactive steps to ensure they are not exacerbated during or as a result of the C19 pandemic.

This guidance has been designed for frontline refugee sector organisations continuing to support asylum-seeking and refugee women during C19. It has been produced in response to a need articulated across the sector for direction in adapting services in a way that mitigates gendered harm.

It is being produced now, based on a number of key pieces of research on the impact of C19 in asylum-seeking and refugee communities that have been recently published. As lockdown eases, services must continue to be adapted and evaluated through a lens of gendered needs.

OVERARCHING RECOMMENDATIONS FOR THE REFUGEE SECTOR

- All data collection/evaluation should be aggregated to consider gender alongside intersecting characteristics including age, ethnicity, disability, sexual orientation, gender identity, language ability, health (including pregnancy) and caring duties.
- Proactively resist gender bias by identifying barriers and building inclusive measures into service design. These could include access to female staff and interpreters, flexible service times and baby/child-friendly facilities.
- Consult with asylum-seeking and refugee women as experts of their own experience and involve them as meaningful participants in the design and implementation of C19 response and recovery strategies.
- Prioritise formalising asylum-seeking and refugee women advocacy into organisational structures and leadership roles.

[1] UN High Commissioner for Refugees (UNHCR), 21 March 2020, *Age, Gender and Diversity Considerations – COVID-19*, Retrieved from: https://www.refworld.org/docid/5e84a9dd4.html (accessed 2 June 2020)
[2] Ibid
[3] The Office of the High Commissioner for Human Rights (OHCHR), 15 April 2020, *COVID-19 and women's human rights: Guidance*, retrieved from: https://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf (accessed 22 June 2020)

POVERTY

Deprivation is linked to increased risk of contracting C19[4]. In recent months, enforced destitution under Section 95 and Section 4 support has worsened as food prices rise, retail options narrow and services such as food banks close. Extra costs associated with the C19 pandemic such as the increased need for cleaning products, phone data and children at home throughout the day add further pressures on household budgets. Where self-isolation is required, ensuring adequate stocks of food is particularly difficult. Refugees in precarious employment may have lost jobs without the safety net of benefits due to No Recourse to Public Fund (NRPF) conditions.

Gendered challenges

In times of crisis, asylum-seeking and refugee women disproportionately experience the effects of poverty and face particular challenges, especially in the context of traditional gender roles[5] where women's needs may not be prioritised. Vulnerability to food and hygiene insecurity is increased for those with caring responsibilities particularly during school closures. Women are less likely than men to have smartphones[6]. Digital poverty creates barriers to specialist services, social networks, information sources and safeguarding mechanisms. Digital poverty is particularly problematic for survivors of violence who face additional mental health challenges brought on by isolation and loneliness. Reproductive health needs add an additional strain on budgets for women requiring menstrual hygiene products or minimum recommended portions of fruit and vegetables in pregnancy. Destitution increases women's vulnerability to transactional or 'survival' sex and exploitation, particularly where no safety net exists e.g. those with NRPF conditions. Black, Asian and minority ethnic (BAME) women and those who don't speak English are more likely to experience negative economic impacts during C19.

Recommendations

- Consider the impact of caring duties and high-risk factors on women's mobility and access to affordable food sources.
- Consider reproductive health needs in support packages e.g. period poverty (ensuring appropriate sanitary items are provided), pregnancy health needs and family planning provision e.g. condoms.
- Consider the costs of formula milk and nappies and be aware that women with caring duties may prioritise her own needs last.
- Monitor the safety of clients who are destitute and at increased risk of exploitation and abuse, referring to specialist destitution support where appropriate.
- Prioritise access to phones, data and digital tools to ensure women can continue to access essential services, information and call for help if needed.

[4] Public Health England, June 2020, *Disparities in the risk and outcomes of COVID-19*, Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf (accessed 22 June 2020)
[5] Committee on the Elimination of Discrimination against Women (CEDAW), 21 April 2020, *Call for joint action in the times of the COVID-19 pandemic*, Retrieved from: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CEDAW/STA/9158&Lang=en (accessed 2 June 2020) (accessed 2 June 2020)
[6] Organisation for Economic Co-operation and Development, 2018, *Bridging the digital gender divide: include, upskill, innovate*, retrieved from: http://www.oecd.org/internet/bridging-the-digital-gender-divide.pdf (accessed 2 June 2020)

VIOLENCE AGAINST WOMEN AND GIRLS (VAWG)

The C19 crisis has seen increases in violence against women across the world as familial pressures increase in lockdown and safeguards such as schools, GP contact and general mobility are taken away. Asylum-seeking and refugee women are already especially vulnerable to VAWG due to the structural restrictions built into the UK asylum system which limit social networks, increase poverty and restrict movement.

Gendered challenges

Women are disproportionately affected by violence which can occur at any stage of the refugee journey. Survivors of sexual violence constitute some of the most marginalised people in refugee populations and face challenges in lockdown as support to overcome trauma and injuries is put on hold, while social isolation exacerbates feelings of loneliness and anxiety[7]. The harsh restrictions of the asylum system further facilitates violence against refugee and asylum-seeking women[8]. In lockdown with abusive partners, women have limited access to safe reporting mechanisms, particularly in the absence of phone access or language skills, and reduced access to refuges. Women are often listed as dependents in their spouse's asylum claim, minimising their autonomy, creating financial dependence and reducing legal literacy. Women may be unsure of what protections/entitlements are available to them especially if subjected to immigration restrictions such as NRPF conditions. There is also evidence of increases in incidence of Female Genital Mutilation (FGM) throughout the world[9] as safeguarding institutions such as schools close down.

Recommendations

- Prioritise access to services and safety for survivors of VAWG.
- Address domestic abuse risks for service users by adapting safeguarding procedures and building appropriate reporting mechanisms into C19 service changes. Consider:
    - Establishing safe words with known 'at risk' clients.
    - Disseminate information on the 'silent solution[10]'.
    - Distributing phones where appropriate.
    - Build reporting mechanisms and safety entitlements into generic service and C19 updates.
    - Ensure information is circulated to language requirements.
- Take early action to ensure women are aware of reporting mechanisms, rights and entitlement to protection.
- Increase 1:1 checks on vulnerable women and build the 'routine enquiry' into contacts to give women the opportunity to report Domestic Abuse.
- Press for removal of NRPF conditions and safe reporting mechanisms for survivors of VAWG in all policy and advocacy work.

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[7] Pertek et al, May 2020, *Forced migration, SGBV and COVID-19: Understanding the impact of COVID-19 on forced migrant survivors of SGBV*, Retrieved from: https://www.refugeewomenconnect.org.uk/Handlers/Download.ashx?IDMF=80da0a18-6898-43a4-8265-3fa4e8fe0d25 (accessed 2 June 2020)

[8] Canning, V. Corrosive Control: State-Corporate and Gendered Harm in Bordered Britain. *Crit Crim* (2020). https://doi.org/10.1007/s10612-020-09509-1

[9] United Nations Population Fund, 24 April 2020, *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*, Retrieved from: https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf (accessed 20 June 2020)

[10] Independent Office for Police Conduct, 8 April 2020, *National campaign to raise awareness of the Silent Solution system*, Retrieved from: https://policeconduct.gov.uk/news/national-campaign-raise-awareness-silent-solution-system (accessed 22 June 2020)

ACCESS TO HEALTHCARE

With face-to-face health services closing across the board and increased confusion around rights and access during C19, barriers to healthcare in asylum-seeking and refugee populations have increased dramatically[11]. This is compounded by the ongoing fear of immigration status exposure through the healthcare system and poorly communicated health advice and entitlements.

Gendered challenges

In times of crisis, gender inequalities in health are known to worsen. Reproductive health services such as maternity care and family planning have been scaled back or moved to online formats which may not be accessible. Pregnant asylum-seeking and refugee women - particularly those from BAME communities or non-English speakers - are already more likely to suffer poor maternal outcomes[12]. These risks are heightened by C19 due to the clinical risk of pregnancy and the increased likelihood of dying from C19 if you are from a BAME background[13]. Research has found women are not receiving adequate or accessible health advice and many are not accessing health for fear of immigration exposure or transmission of C19[14].

Recommendations

- Make special provisions in services to ease user's access to maternity care and reproductive health services including data top-ups, advocacy and language support.
- Monitor for service users at high risk of C19 including those with underlying health conditions and women from BAME populations and ensure they have the resources and information to keep themselves safe including access to translated up to date material, Personal Protective Equipment (PPE) and support to self-isolate/shield.
- Consider women's ability to access family planning services in lockdown and support women to access services and information. Consider how cultural barriers and relationship dynamics may impact their ability to access such services.
- Press for immigration firewall in health in all policy and advocacy work.

[11] Doctors of the World, May 2020, *A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic*, retrieved from: https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/05/covid19-full-rna-report.pdf (accessed 20 June 2020)

[12] MBRRACE-UK, November 2019, *Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17*, Retrieved from: https://www.npeu.ox.ac.uk/downloads/files/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf (accessed 20 June 2020)

[13] Public Health England, June 2020, *Disparities in the risk and outcomes of COVID-19*, Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf (accessed 22 June 2020)

[14] Pertek et al, May 2020, *Forced migration, SGBV and COVID-19: Understanding the impact of COVID-19 on forced migrant survivors of SGBV*, Retrieved from: https://www.refugeewomenconnect.org.uk/Handlers/Download.ashx?IDMF=80da0a18-6898-43a4-8265-3fa4e8fe0d25 (accessed 2 June 2020)

MENTAL HEALTH AND WELLBEING

C19 has exacerbated mental health concerns for asylum-seeking and refugee women, particularly those with underlying traumas and past experiences of confinement. Essential face-to-face services such as counselling have closed or moved to digital formats that may not be accessible or meet individual need. Social isolation in lockdown can aggravate mental health conditions or trigger trauma associated with incarceration or confinement. C19 may also trigger new mental health problems caused by anxieties around the pandemic or a deterioration in circumstances.

Gendered challenges

Women in the asylum system are more likely to be receiving secondary mental health support for sexual and gender-based violence[15]. Gender, poverty, ethnicity and caring responsibilities are all factors in increased loneliness and isolation[16] and mental health.

Recommendations

- Consider appropriate mental health services such access to female BAME mental health workers interpreters.
- Signpost to specialist services where necessary e.g. specialist sexual abuse services, domestic abuse services.

[15] Ibid
[16] House of Commons, 2019, *Briefing Paper Number 8514: Tackling Loneliness*, Retrieved from: https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8514 (accessed 20 June 2020)

CARING RESPONSIBILITIES

Progress on gender equalities has eroded across the UK during C19 as women bear the brunt of caring duties and housework while losing work in greater numbers than men[17]. The impact of school closures and the needs of elderly relatives who may be shielding increase the caring demands on women. This is prompting worries that progress in tackling gender inequality is being set back decades[18].

Gendered challenges

Asylum-seeking and refugee women are overwhelmingly likely to carry the burden of caring responsibilities in the home during C19[19] which may act to limit their access to information, services, healthcare and education[20]. These responsibilities have increased with schools shutting across the country until September and home support services for the elderly being scaled back. Home schooling is a particular challenge for women who may not have the language skills or resources expected of schools to meet the educational needs of their children including laptops, access to WIFI, pens and paper. Single mothers may struggle further as they juggle lockdown, poverty, transport difficulties, and life in multi-occupancy housing.

Recommendations

- Consider impact of caring responsibilities on negative feelings of isolation.
- Consider how language barriers and levels of parental education can impact the confidence/ability of mothers to take on teaching roles in absence of teachers.
    - Advocate for enhanced support from education providers.
    - Consider if children would benefit from attending school as an exceptional case.
    - Support mothers to access educational opportunities for themselves.
- Consider the additional responsibility placed on single mothers.
    - Offer 1:1 wellbeing support in flexible formats and times, if requested.

[17] Hupkau & Petrongolo, May 2020, *Work, care and gender during the Covid-19 crisis: CEP COVID-19 analysis*, Retrieved from: http://cep.lse.ac.uk/pubs/download/cepcovid-19-002.pdf (accessed 22 June 2020)
[18] [18] Topping, 29 May 2020, *Covid-19 crisis could set women back decades, experts fear*, Retrieved from: https://www.theguardian.com/world/2020/may/29/covid-19-crisis-could-set-women-back-decades-experts-fear (accessed 24 June 2020)
[19] CEDAW, *Call for joint action*
[20] UN High Commissioner for Refugees (UNHCR), 21 March 2020, *Age, Gender and Diversity Considerations – COVID-19*, Retrieved from: https://www.refworld.org/docid/5e84a9dd4.html (accessed 2 June 2020)

SUPPORTING THE LGBTQ+ COMMUNITY

Asylum-seeking and refugee women from the LGBTQ+ community are at risk of being disproportionality affected by the C19 crisis. They are more vulnerable to experiencing unstable housing, financial insecurity and increased mental health issues[21]. These risks increase with additional stratifications of oppression based on ethnicity, disability and language ability. Social isolation is a major factor already impacting LGBTQ+ asylum-seeking and refugee women who face ostracization in their own communities here in the UK. Many specialist services which form the foundation of alternative LGBTQ+ communities have temporarily shut or altered the format of their service delivery, increasing the fear and isolation of those who previously relied on them.

Gendered challenges

LGBTQ+ women and non-binary people rely on safe spaces and specialist services in which to socialise, find community and receive specialist support. Many feel uncomfortable or unsafe in multi-occupancy housing within the asylum system and face increased risks of violence. Trans women are particularly vulnerable to social exclusion and hate crimes during lock down. With access to specialist sexual health services limited, disruption to gender reassignment or Hormone Replacement Therapy can have a devastating impact on mental health. LGBTQ+ women and non-binary asylum-seekers and refugees are more at risk of sexual and financial exploitation, particularly when excluded from the mainstream job market.

Recommendations

- Build safe and inclusive spaces (including virtual spaces) into all services, providing access to LGBTQ+ staff and allies.
- Respect the terms used by service users to describe themselves (e.g. queer, lesbian) and use preferred pronouns.
- Facilitate access to specialist sexual health services and information.
- Make clear your organisation's inclusion and antidiscrimination policies and procedures for dealing with homophobic or gender-critical hate crimes.

[21] Munir, 21 April 2020, *How COVID-19 is affecting LGBT communities*, Retrieved from: https://www.stonewall.org.uk/about-us/news/how-covid-19-affecting-lgbt-communities (accessed 22 June 2020)

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Refugee Women Connect are a registered charity working with service users, policy makers and the wider sector to support and facilitate asylum-seeking and refugee women's access to social justice.

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