

# IS IT SAFE HERE?

## Refugee women's experiences in the UK

By Hildegard Dumper



working with refugees to build new lives

*Hold my hand.  
Let's leave this land of winter  
where the sun refuses to shine.  
Smiles are frozen,  
flowers have no scent,  
and love, the great saviour, is only a tale.  
Son, hold my hand; take me home.  
Promise I never seek asylum again.*

Houri Ghamian

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## GLOSSARY OF MAIN DEFINITIONS AND ABBREVIATIONS USED

Asylum Seeker	A person who has made an application for refugee status
Emergency Accommodation (EA)	Hostel accommodation providing full board for asylum seekers before being dispersed
Exceptional Leave to Remain (ELR)	Permission granted to remain in the UK on humanitarian grounds
Indefinite Leave to Remain (ILR)	Also known as permanent residency, the person has no time limits placed on their stay in the UK.
Leave to Remain	The permission given to someone to extend an existing permission to stay in the UK.
National Asylum Support Service (NASS)	Government agency with the responsibility for providing maintenance for asylum seekers.
Refugee	Someone whose application for asylum has been recognised by the Home Office as fulfilling the terms of the 1951 UN Convention relating to the status of refugees.

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## Refugee women's experiences in the UK

Written by Hildegard Dumper  
Commissioned by Refugee Action

### EXECUTIVE SUMMARY

#### KEY FINDINGS

- **Refugee women feel unsafe in the UK**

Newly arrived refugee women feel so unsafe in the UK that 83 per cent live under self-imposed curfew, locking themselves indoors by 7 o'clock each evening. Many (84%) live in accommodation without a telephone. A third (30%) walk everywhere because they cannot afford public transport, adding to their feeling of vulnerability, and a further third (30%) have been verbally or physically abused, including being spat on or shouted at.

- **Refugee women have lost their families and are isolated**

Refugee women come here having had to leave family members behind. More than two-thirds (70%) are here without a spouse, many because they have been widowed or separated by the conflict from which they were forced to flee. More than a third (37%) of those who are mothers are separated from their children. Most have no family links in the UK.

- **Refugee women find it difficult to get their health needs met**

The women interviewed in this research describe a life of loneliness, despair and loss. Refugee women suffer from severe stress, yet trying to communicate their needs is problematic. More than half (56%) suffer from depression. One in five (20%) found the first person they spoke to at the doctor's surgery unhelpful. Only half (50%) had access to interpreters when visiting their GP. With fewer than one in five (17%) describing their English as good or fluent, problems of communication are the main difficulty they experience when visiting the health services.

- **Refugee women want to improve their English**

Being able to communicate in English is recognised by nearly all the women as a prerequisite for survival in this country. However, half (50%) find they are effectively barred from English language classes by a lack of childcare facilities. More than half (53%) have secondary level education or above. Between them, they offer a range of occupations from hairdressing to accountancy, with teaching being the most cited profession.

- **Refugee women want to live a life of peace**

There is a clear message from respondents that they just want to live a life of peace. They were uncertain where their future lay. Most (65%) hoped to return home once there was an end to the conditions that led them to seek asylum in the first place. Whilst they are living in England, they want to learn English, study, and do something useful. Those with children abroad want to be reunited with their children. For all those with children, their main aspirations lay with their children's education. Some were so depressed they had no hopes for the future at all.

## **Background**

The UK receives just 2 per cent of the world's refugees, of whom 30 per cent are estimated to be women. They include women who have fled for their lives from the most war torn and politically unstable countries in the world.

It has been argued that asylum policy in the West and its associated services is still dominated by the stereotyped image of the male political activist escaping the persecution of the Soviet backed regimes that emerged during the Cold War. Indeed, it is often suggested that this was in the minds of those who drew up the 1951 UN Refugee Convention, from which national policy on refugees and asylum seekers is derived. The stereotype of the male asylum seeker permeates the implementation of policy at all levels and is reinforced by the lower numbers of women that make it to the West.

*"Most asylum seekers are young, single, men who have deserted their families for economic gain"*  
*Lord Rooker, Immigration Minister, May 2002*

The needs of refugee women are often marginalised and their voices not heard. This project uses action research methods to redress this imbalance and provides a vehicle for refugee women's voices to be heard. Refugee women were included at all stages of the research process from drawing up the questionnaire to analysing the findings. The interviewees were reaching isolated and vulnerable women, many of whom were so fearful that they needed much reassurance that the interview was not an attempt by the government to sabotage their asylum claims. By focussing the research entirely on women, it raises issues that are often ignored when legislating on refugees. It also makes a significant contribution to existing research, by filling in some of the gaps in our knowledge about the specific impact asylum policies have on women.

This research is important in the context of the new Nationality, Immigration & Asylum Act and the 1995 United Nations Platform for Action, of which Britain is a signatory, committing itself to assessing the gender impact of all new legislation. To date, there is no evidence of mechanisms in place for a systematic appraisal of the Act from a gender perspective. There is a danger that the particular experiences of refugee women are often overlooked in the process of shaping and implementing policy.

## **Methodology**

The views of a total of 149 women coming mainly from Somalia, Afghanistan, Iran, Turkish Kurdistan, Romania, Rwanda and Burundi have been covered by this report. 110 newly arrived asylum seeking and refugee women, living in emergency or NASS (National Asylum Support Service) accommodation under the government's current asylum support arrangements, were interviewed between July and August 2002. They were identified through Refugee Action networks as well as through personal contacts. The interviewees comprised eleven women, mostly from refugee backgrounds, recruited and provided with training to conduct the interviews. They were chosen for their interpersonal and professional skills as well as their knowledge of the languages used by the major refugee communities in the UK.

Focus groups were held in Liverpool, Leicester, Bristol and Margate, which included the experiences of a further 36 women. Interviews were also held with three women who had returned to London, in effect opting out of the NASS system.

## SUMMARY OF RECOMMENDATIONS FOR ACTION

Main Policy Recommendation	Description	Responsibility
Minimum standards of personal safety and security for any accommodation provided to refugee women.	<ul style="list-style-type: none"> <li>• Independent monitoring of the quality standards in accommodation, in particular the complaints procedure.</li> <li>• Access to a telephone</li> <li>• Locks on doors to private space and bathroom</li> <li>• Landlords to ask permission before entering the personal space of tenants</li> <li>• Single sex units and family accommodation as appropriate.</li> <li>• A stable and supported environment for pregnant &amp; women who have just given birth.</li> <li>• Each woman to be informed of her rights to protection from sexual and racial harassment through translated materials – written or oral</li> </ul>	Home Office Refugee Agencies
Local Action Plans to protect and support refugee women	<ul style="list-style-type: none"> <li>• Ensure refugee women are part of plans to tackle racial harassment</li> <li>• Include the needs of refugee women in schemes to tackle domestic violence, such as Zero Tolerance</li> <li>• Social exclusion programmes should include clear references as to how the needs of refugee women are being addressed</li> <li>• Refugee women receiving Income Support or NASS support should be considered eligible for travel &amp; leisure cards</li> <li>• ESOL provision must take into account the needs of refugee mothers</li> <li>• Mother-tongue literacy classes</li> <li>• Befriending schemes to assist refugee women make use of existing support</li> </ul>	Local Authorities Regional Development Agencies  Voluntary Sector befriending schemes  Statutory & voluntary sector Community Development programmes
Towards a gender sensitive asylum policy	<ul style="list-style-type: none"> <li>• The mechanisms for a transparent and systematic assessment of all new asylum policy for its gender impact should be in place</li> <li>• Extending the rights of family reunion to those with Exceptional Leave to Remain who are separated from their children</li> </ul>	Home Office
Protecting the health and well being of refugee women	<ul style="list-style-type: none"> <li>• Increasing specialist counselling services, especially in the regions</li> <li>• Training for GPs and health service staff in greater sensitivity to needs of refugees</li> <li>• Self-help support groups</li> <li>• A fund for GP services to draw on for interpreting and translation services</li> </ul>	NHS  Local Authority & Voluntary Sector partnerships  Department of Health

## SECTION ONE – INTRODUCTION & AIMS

### 1.1. Introduction

The UK receives 2 per cent of the world's refugees. They include women who have fled for their lives from some of the most war torn and politically unstable countries in the world.

It has been argued that asylum policy in the West and its associated services is still dominated by the stereotyped image of the male political activist escaping persecution from the Soviet backed regimes that emerged during the Cold War. The 1951 UN Refugee Convention, from which national policy on refugees and asylum seekers is derived, can be analysed from a number of different perspectives, including addressing the socio-political climate of the time. However it has been admitted by the (mainly male) drafters of the Convention, that the issue of gender was not central to their concerns. The stereotype of the male asylum seeker permeates the implementation of policy at all levels and is reinforced by the lower numbers of women that make it to the West.

*“Most asylum seekers are young, single men who have deserted their families for economic gain.”*  
Lord Rooker, Immigration Minister, May 2002

An often quoted statistic is that 80 per cent of the world's refugees are women and children. Recent statistics issued by UNHCR show that an overall analysis of populations of concern, including both adults and children, reveal roughly equal numbers of females (51%) and males (49%). Home Office figures show that in 2001, 22 per cent of asylum applications were female. The Home Office system of data collection only records the principal applicants for asylum, normally the husband, and does not show the women who come in as dependants of their husbands. Figures for the total number of women entering the UK as asylum seekers are hard to come by. However, as Home Office figures suggest, it is unlikely to be higher than the 30 per cent often quoted.

The lower numbers of female asylum seekers present in the UK often results in their particular experiences being overlooked in the process of shaping and implementing policy. Their needs are often marginalized and their voices not heard. This innovative piece of action research sets out to redress this imbalance and provide a vehicle for their voices to be heard. By focussing the research entirely on women, it raises issues that are often ignored when legislating on refugees and asylum seekers. It also makes a significant contribution to existing research, by filling in some of the gaps in our knowledge about the specific impact policies on asylum and refugees have on women.

For ease of reference, the term 'refugee' will be used for all the women, asylum seekers and recognised refugees who are included in this research.

### 1.2. What the research aims to achieve

This research documents the impact of domestic asylum policy on the lives of 149 women who have sought asylum in the UK. Some of them are still waiting for their asylum claim to be decided and some of them have been recognised as refugees under the 1951 UN Convention, often referred to as Convention refugees. Asylum policy can be simply described as being divided into two main areas. That of 'protection', which regulates the treatment of those who are still awaiting a decision to be made about their claim, and that of 'integration'. Integration includes policies that assist those with recognised status to settle and adapt

to UK society. This research addresses the immediate concerns of both policy areas, i.e. protection and integration, in the way they impact on newly arrived refugee women in the UK. Some women are, technically, asylum seekers and some Convention refugees.

The findings of this research contribute to a campaign being taken forward by Refugee Action on behalf of refugee women. In addition, it will provide information that can be used to analyse and review the effectiveness of its own services in addressing the needs of this group of women. It is also anticipated that much of the findings will confirm the experiences of other organisations working in the refugee sector and the hope is that the research will support the work they are doing. In addition, the findings and the recommendations contained within this report should provide valuable information to those who would like to improve the services they offer refugee women.

### **1.3. Political context**

In 1995 the United Nations called the Fourth World Conference on Women. One of its outcomes was the Beijing Declaration and Platform for Action, calling for governments to have in place mechanisms to assess the gender impact of all new legislation. Since then, four major Acts of Parliament have been introduced, making considerable changes to the traditional support offered to asylum seekers and refugees, most recently in November 2002. This will have far reaching impact on the accommodation, welfare support and quality of life refugee women can expect to receive in the UK. Britain is one of the signatories of the Platform for Action. To date, there is no evidence of any mechanisms in place for a systematic appraisal of the impact of the implementation of all aspects of the new Nationality, Immigration and Asylum Act on refugee women.

In the European context, details for the harmonisation of European policy towards asylum seekers are being debated and finalised. The proposals with respect to women are often radical and enlightened. It is important that they are not watered down by national governments. This research along with the Refugee Action campaign will play a vital part in drawing attention to the position of refugee women and seeking to ensure that their experiences are recognised and included in the development of policy.

### **1.4. Methodology**

110 refugee women, living in emergency or NASS accommodation, were identified through Refugee Action networks as well as through personal contacts. They were interviewed between July and August 2002. The interviewers comprised of eleven women, mostly from refugee backgrounds, who were recruited and provided with training to conduct the interviews. They were chosen for their interpersonal and professional skills as well as their knowledge of the languages used by the major refugee communities in the UK. Focus groups were held in Liverpool, Leicester, Bristol and Margate, which included the experiences of a further 36 women. Interviews were also held with three women who had returned to London, in effect opting out of the NASS system. The views of a total number of 149 women have been covered by this research.

The aim was to use a methodology that was empowering for all those who were involved. Using refugee women as interviewers gave the women they interviewed a role model of someone who had managed to make a life for themselves in the UK. In addition the women acted as useful carriers of information to people who felt very isolated and forgotten. One interviewer said at the end of the training,

*“When I heard about the training, I thought I would just come and do the training and then ask a few women some questions. Now I see that I can give these women hope that someone out there is thinking of*

*them.”*

The interviewers made an important contribution to the shaping of the questionnaire. They tested it out during the training and the questionnaire was modified to accommodate their comments. They had all worked closely with the client group, or had been through the system themselves as asylum seekers and knew what the issues were. Their suggestions were invaluable and were incorporated into the questionnaire. Also important were the discussions on language and how to interpret some of the questions in a culturally appropriate way.

The success of this method of research can also be measured by its effectiveness in reaching refugee women. The interviewers were able to make contact with women not always known to Refugee Action or other services. It was also a more efficient way to conduct interviews as the interviewer was not having to go through a third party to communicate with the women. It was also more economical as there were no extra interpreter fees needed.

The nationalities targeted were Albanian, Afghan, Congolese (Democratic Republic of Congo), Iranians, Kosovan, Kurdish, Romanians, Rwandans, Somali, Turkish and Zimbabweans. The criteria for selecting the nationalities of respondents were several. Note was taken of the NASS figures on dispersal in Refugee Action’s operational regions. The nationalities targeted were those arriving from the main refugee producing countries. Another consideration was the targeting of those nationalities about which there was little information, yet where the experiences of Refugee Action staff pointed to severe cases of loneliness and isolation.

## SECTION TWO – BACKGROUND TO THE RESEARCH

### 2.1. Policy Context

During the 1990s, a number of policies on asylum were introduced which have increasingly restricted the rights and choices of refugees coming to the UK and lowered the benefits due to them. In November 1999 the government made the decision to send, or disperse, asylum seekers to the regions. A new Home Office department, called the National Asylum Support Service (NASS), was set up to coordinate the dispersal arrangements and the distribution of voucher support.

When a destitute asylum seeker applies for accommodation and support, they are allocated emergency accommodation. This is contracted through six voluntary sector agencies, Migrant Helpline, Refugee Action, Refugee Council, the Refugee Arrivals Project (RAP), Scottish Refugee Council and the Welsh Refugee Council. Through their services, these voluntary organisations help asylum seekers complete their NASS application form for support, available only in English. If NASS accepts a person’s claim they are then allocated accommodation in one of the dispersal areas and given subsistence support in the form of a voucher book or ARC (Asylum Registration Card), which they take to the post office to exchange for cash, to cover food and other essential needs. If meals are provided in the accommodation, then the amount of subsistence support is reduced.

Plans are in motion for Induction Centres to replace emergency accommodation and for Accommodation Centres to replace dispersal accommodation. However, this is likely to take some time to fully implement. The dispersal system is likely to continue to be in place for some years. The findings of this report will continue to be pertinent and should feed into any proposed changes to asylum support arrangements for refugee women.

## 2.2. Existing reports

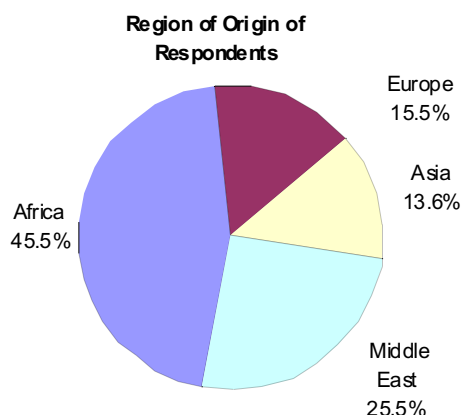
Since the dispersal system was introduced, there have been a number of reports on the impact this was having on asylum seekers. These include reports by the Asylum Rights Campaign, Shelter, Oxfam and others (see Appendix). Whilst they are all extremely valuable documents and have made an important contribution to raising awareness of the iniquities of the dispersal system, none have attempted to analyse the particular impact these policies were having on refugee women. More recently, in its report 'Mothers in Exile', the Maternity Alliance drew attention to the maternity experiences of asylum seekers in the UK through interviews with 33 women. The Alliance's findings are confirmed in this report, which is unique in its size (149) and in its attempt to analyse the quality of life experienced by refugee women in the UK.

## SECTION THREE – OVERVIEW OF THE WOMEN INTERVIEWED

This section seeks to give an overview of who the women interviewed are, including their demographic characteristics, immigration status and some indication of their lifestyle.

### 3.1. Nationality

Altogether 24 nationalities were covered by the research. Their spread across the continents can be seen



in Figure 1 below.

Figure 1

Analysis by country of origin shows that all came from regions of considerable conflict or political instability. A fifth (26%) of those interviewed were Somalis, making them the largest single nationality amongst those interviewed. The other significant nationalities were women from Afghanistan (13%), followed by Iranians (9%), Turkish (9%) and Romanians (7%). Rwandans and Burundians were the next significant groups.

### 3.2. Marital status

Two thirds (59%) of the women in the survey described themselves as married. However, when all the data was broken down and analysed, it transpired that only a third (32%) are currently living with their husbands. Taking into account those that were separated, divorced and widowed, it is possible to conclude that nearly three quarters (70%) of respondents are effectively single. Three quarters (75%) of them had children.

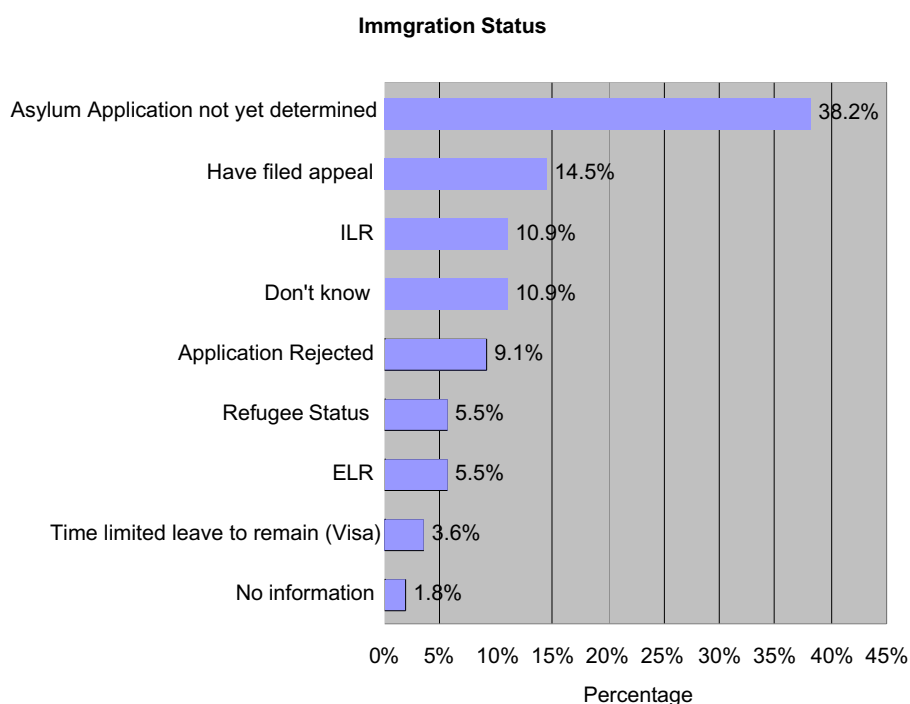
### 3.3. Age

Three quarters (75%) were below the age of 35 years and half (49%) described themselves as the head of household.

### 3.4. Religion

Nearly two thirds (69%) of respondents are Muslim, about a third (34%) are Christians, 5% described themselves as Alevi Muslims, and the rest unspecified.

### 3.5. Immigration status



The majority were awaiting a decision to be made on their asylum application. See Figure 2 below.  
*Figure 2*

Nearly three quarters (70%) have made an asylum claim in their own right, that is, they are the principle applicant. An analysis of Home Office figures suggests that the numbers of women overall who claim asylum in their own right is about 61 per cent, making the findings in this report slightly higher.

### 3.6. Arrival in the UK

Since the main criterion used to identify women to interview was that they should be asylum-seeking women in NASS or emergency accommodation, the fact that four fifths (83%) of the respondents had arrived since 2000 accurately reflects this target group. The remaining one fifth (17%) were mostly women who had arrived earlier than this but were still in hostel accommodation.

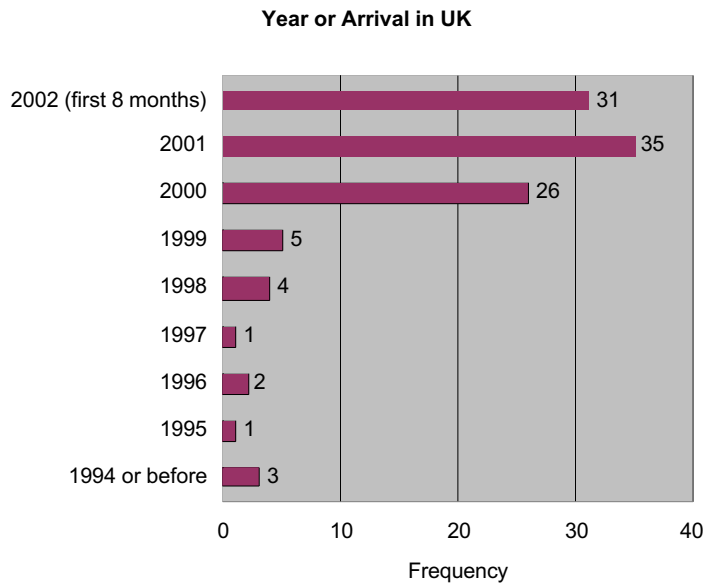
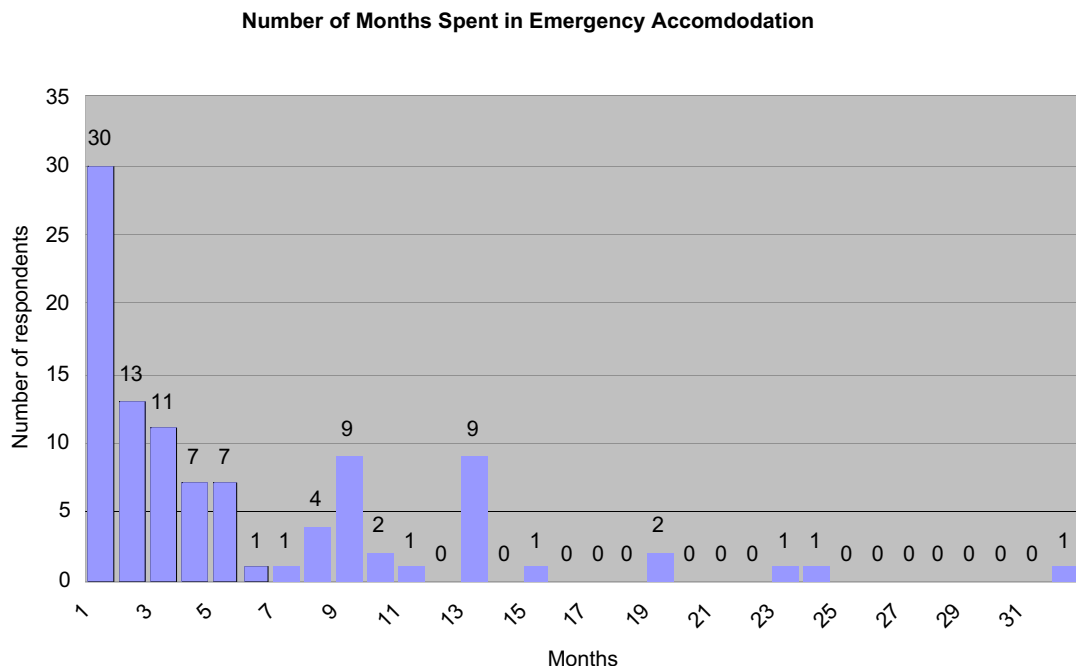


Figure 3

### 3.7. Accommodation

Emergency accommodation under the NASS system was originally envisaged to last a couple of weeks, by which time a decision would be made and an applicant dispersed. The chart below shows that the majority



of respondents spent more than a month in emergency accommodation. A fifth (23%) of all respondents reported having had to move between emergency accommodation several times.

Figure 4

One tenth (8%) had been accommodated in detention centres. Nearly two thirds (58%) stated that they had

not been given any information about the area they were being dispersed to. Two fifths (38%) reported that they were no longer living in the areas where they were first sent.

### 3.8. Quality of Life

There was an attempt in the research to assess the quality of life of refugee women in the dispersal regions. Just under two thirds (62%) went out of the house during the day everyday, a third (34%) went out two or three times a week and the remainder (4%) said that they went out once a week or less often. Reasons for leaving the house were various and are detailed below. The most often cited reason was to go shopping (90%). Next, was visiting the doctors (70%) or visiting friends (60%). Taking the children to school was also a major reason (33%). Other reasons given were to attend a place of worship (17%) and go for a walk/fresh air (9%).

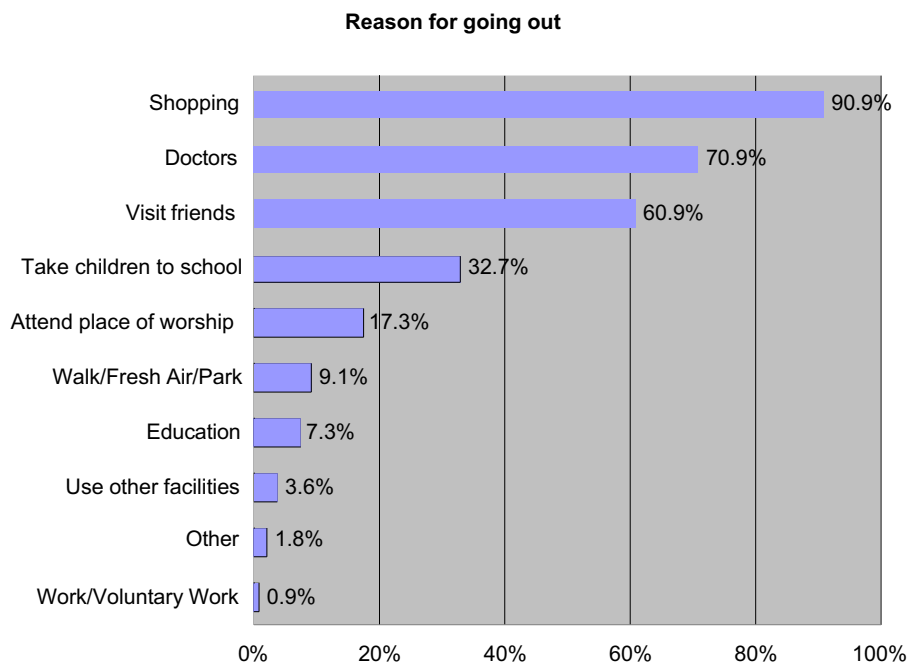


Figure 5

## SECTION FOUR - THE IMPACT ON WOMEN

### THE INTERNATIONAL HOTEL

*“I interviewed several women who were staying at The International Hotel. This hotel provides accommodation to dispersed asylum seekers in the Midlands. It currently holds around 332 residents, of which around 50 are women. Many of the women are pregnant. Reports from female residents seem to indicate that there is no attempt to accommodate women residents in a specially allocated section of the hotel.*

*The women come from a culture where it is not acceptable for pregnant women to be around men who are not part of their family. The hotel has many young single men housed there, who are also not accustomed to seeing pregnant women outside their own family members. This situation leads to intense discomfort for the women, who dislike being stared at in communal areas, like the dining room. It has also led to conflicts and incidences of domestic violence from husbands, who dislike their wives being stared at. This means that many of the women are unable to leave their bedrooms.*

*They would like to be able to go for a walk in the evenings to ensure they get plenty of exercise, but feel unsafe doing so due to the quantity of pubs and nightclubs in the area.*

*When they give birth, they will have to face being housed straight from hospital, meaning they will have to leave hospital and go straight to a strange house to clean it and move their belongings in. This causes a great deal of pressure, physically and emotionally, at a time when they need all their strength to cope with the exhaustion after labour, hormonal and emotional upheaval and the sleepless nights.” Interviewer*

#### 4.1. Safety

Three quarters (75%) of those interviewed described their reasons for fleeing as being related to fearing for their lives whether through war, political persecution, or ethnic persecution. Some were too upset to talk about the reasons why and refused to answer. Many talked about how hard it was for a woman to leave their home and family. One woman from Afghanistan said that many young women had disappeared along the journey she took.

The issue of safety in this report covers both how women feel in their accommodation and how they feel in their locality. Organisations working with refugees have for some time been aware of the great suffering the dispersal system has caused many asylum seekers. High profile incidences such as the murder of an asylum seeker on a Glasgow housing estate, and more recently that of an Iranian asylum seeker in Sunderland, do not inspire confidence amongst those being dispersed at what may lie ahead. A contributory factor to refugee women’s sense of safety is the treatment they receive whilst being dispersed. For example, one woman with a three-month old baby, along with other asylum seekers, had to endure an overnight bus journey that left London at 8pm, arriving at their destination the next morning. No food or drink was offered. These experiences can contribute to the feelings of disorientation experienced by asylum seekers. There are numerous problems associated with the dispersal system, documented in detail by Shelter, Oxfam and others. The particular experiences of women however, have not been so highly publicised.

Since the dispersal system was introduced its inability to accommodate women asylum seekers adequately has been an area of great concern. Women have found themselves living in mixed-sex accommodation, sharing intimate living space with men from different cultures and nationalities. The impact this has had on women is to create an environment in which they do not feel safe. Although NASS can consider

accommodating women in single sex accommodation, this does not always happen.

*“There are no locks on the bathroom door. One day a man came in whilst I was in there.”*

(Sophia, from Eritrea)

Since its implementation, NASS has tried to accommodate asylum seekers in clusters of those of similar nationalities and languages. This has the practical advantages of ensuring the infrastructures to support particular nationalities and languages can be built up in a particular area. It should also have the effect of enabling asylum seekers to come together for support and companionship. However, it could be argued that this actually works against women. The smaller numbers of women asylum seekers from some nationalities can mean that when they are dispersed, the combination of accommodating by nationality and in single sex units leaves some women accommodated on their own, in quite hostile and isolated environments.

*“Three months after giving birth I was given accommodation in Redcar. It was a nice house but I was all alone. People on the street looked at me every time I left the house. Children would tease me. I knew no one locally. I was being paid by NASS to attend fortnightly counselling in London with the Medical Foundation for the Victims of Torture. I was so depressed I was worried what I would do to my baby. One day I went for my counselling session and didn’t go back.”* (Antoinette, from Cameroon)

When asked, a third (33%) said that they felt unsafe. Four fifths (84%) were living in accommodation without a phone and a further four fifths (83%) did not go out at night, citing fear of harassment and attack as the reason. Just over a third (32%) said that they walked everywhere because they couldn’t afford public transport. In one focus group, the women said they abide to a self-imposed curfew, starting from about seven o’clock in the evening. After that time they lock the doors and do not go out.

Just under a third (28%) had experienced verbal or physical abuse, directed either at them or a member of the family. The incidents cited were serious and included being spat at, shouted at or physical violence.

*“Three times they attacked my windows. They throw rubbish into my garden. On the street they swear at us.”* (Nazand, from Turkey).

*“Our family has had a lot of problems in the area we live. My kids have been beaten and stones thrown at us.”* (Ana, from Romania)

*“Every night, people from the community knock on the door. I can’t go out because I am scared of them.”* (Ayten, from Turkey)

*“On a regular basis my children are abused verbally and physically. One of my sons was attacked with a metal bar.”* (Amal from Somalia)

On a positive note, nearly three quarters knew where the local police station was and most felt that when they did contact the police, something was done.

There was some evidence that Somali women in some of the bigger cities and Roma women were suffering the most abuse, however the numbers were too small for any major conclusions to be arrived at.

One of the objectives of the research was to try and learn about refugee women’s experiences of rape and sexual abuse, as the fears arising from this would contribute to their feelings of safety. The extent to which refugee women have been raped is hard to quantify. One of the problems in coming up with adequate statistics is the reluctance of women to report incidents, for fear of the shame it will bring on them. The systematic use of rape and sexual abuse of women as a form of torture by government agents has been well documented by Amnesty International, Human Rights Watch and others. In addition, women are often

raped and sexually abused during armed conflict and whilst trying to flee.

This was a difficult issue to address through a structured interview, as it was not felt appropriate to ask a specific question about whether they had been raped. However what the research was able to document is that over two thirds (68%) of respondents in this report come from countries where a woman would not tell anyone that they had been raped for fear of the shame and hostility it would bring upon them.

*“A woman would not tell anyone if she had been raped, unless it was official, that is everyone had witnessed it. Otherwise women in my country feel ashamed. It is unjust that even when someone hurts you, you have to keep it to yourself.”* (Francine, from Burundi).

*“She has no place to go. She has to leave her community or they will kill her.”* (Faridah, from Turkey).

*“It is a shameful experience. We would suffer in silence till we die.”* (Fazaneh, from Iran).

Half (49%) did not know that free help was available for women in the UK who have been raped. Of the three in-depth interviews carried out with asylum seekers who had opted out of the dispersal system, one admitted to being raped.

## 4.2. Family Life

The degree to which refugee women could draw on the support of family members was one of the interests of the research. As mentioned at the beginning of the report, refugee populations in the West tend to be characterised by the presence of larger numbers of single men. The reasons for this are complex. One explanation is the greater public role that men play in many societies which directs the focus of political retaliation to them. Another is that a woman’s role as carer makes her less expendable within the family structure and makes it more difficult for her to flee. Women’s greater vulnerability to sexual abuse is also a factor. Many refugee communities in the UK start off being made up largely of men, the men being sent over first, with their wives joining them later through family reunion.

One of the surprises of this research was the identification of the large numbers of refugee women who were effectively single (see demographic characteristics in Section Three). Sometimes the women were separated from their husbands because he was in a different country and awaiting a decision about his asylum claim for the UK. Sometimes they were separated because of a bad relationship. 4 per cent were widowed. The information derived from this set of questions and answers has important implications for policy makers. Often women asylum seekers are assumed to be part of a family unit and their needs as single women are not taken into account.

Three quarters (74%) of the respondents said they were mothers. Of these mothers, nearly two fifths (37%) had had to leave all or some of their children behind in order to flee. The sacrifices women as mothers are forced to make in order to seek asylum is often overlooked in considerations of the asylum experience and the support needs of this group of

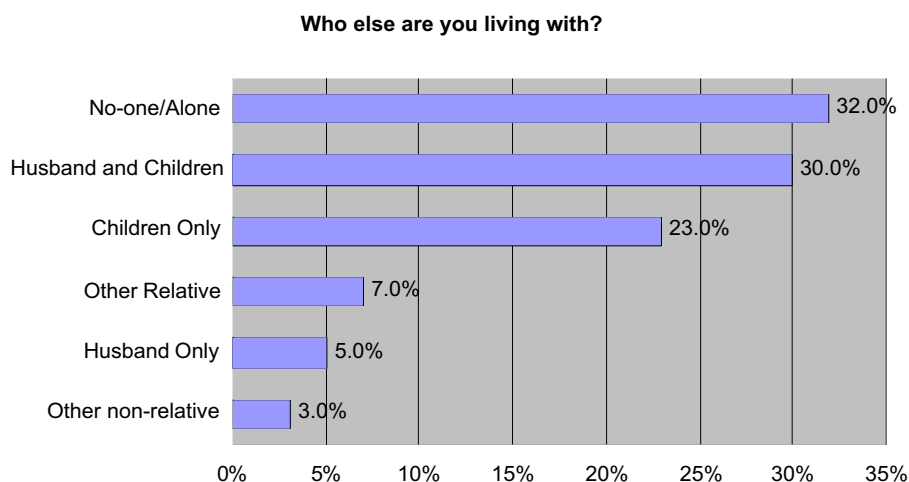


Figure 6

people. This statistic points to the emotional cost to women when they are faced with the decision to seek asylum. *“I am dying for my family. I am suffering from the fact that I haven’t told the Home Office I had to leave two children behind. They know about one only. I was told that if I mentioned both of them they wouldn’t let me stay.”* (Azar, from Iraq)

Women are faced with having to balance up the cost of saving their own life against the cost to their families of staying. Many asylum seekers have explained that the decision to leave was prompted by the realisation that they were endangering the lives of those close to them by staying.

Only a third (35%) said that they had other family members living in the UK, who they saw on average once every two months.

Those mothers that had children attending school here were overwhelmingly satisfied with their children’s education (90%) and felt that their children were making friends (86%). However it should be noted that the respondents were newly settled and some of their responses could be accounted to their relief at their children having a chance to settle and receive an education.

*“I prefer my children to grow up in a peaceful country than in Burundi where people are killing each other.”* (Margaret, from Burundi)

On the negative side, about two fifths (37%) admitted to not understanding the school system and one fifth (21%) said that their children did not feel safe in school. In the focus groups many women expressed anxiety at the bullying being directed at their children, particularly on their way home from school. Many of them make sure they go and pick them up from school at the end of the day.

### 4.3. Health

The survey set out to investigate three specific dimensions to the health experiences of newly arrived refugee women. Firstly their experiences of the GP system in the UK, this being central to accessing other NHS services. The questions aimed to find out whether they knew where to go and register with a GP, how welcoming this service was and how effectively they could communicate their health needs to the doctor. The second area of interest was that of reproductive and sexual health. This is where the research wanted to find out the degree to which the women being interviewed were benefiting from the ante- and post- natal care available and their ability to access contraceptive advice and advice on sexually transmitted diseases. Thirdly, there was a concern to document the levels of stress being experienced by refugee women and the level of help they were receiving. A comparison of how the women described their health on arrival in the UK and how they would describe it now can be seen below in figure seven. It indicates a deep anxiety

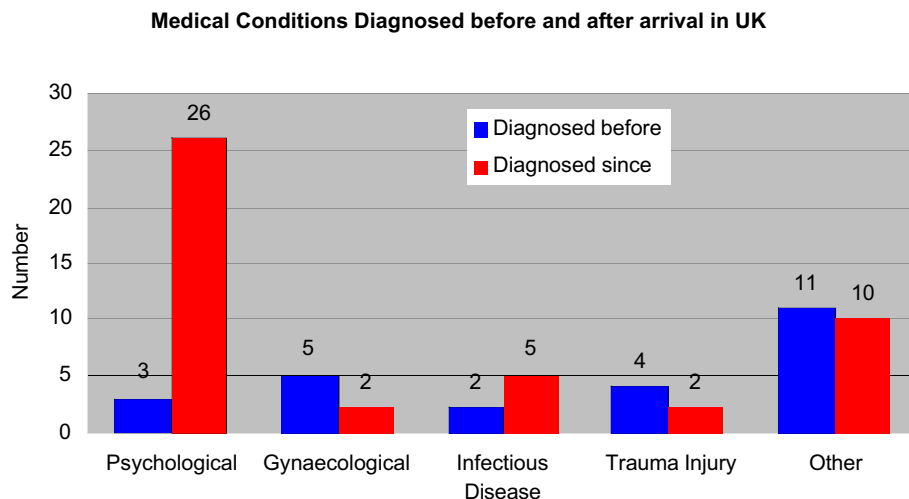


Figure 7

about their psychological state.

## a) Experiences of the GP system

One of the duties of accommodation providers in the dispersal system is to 'facilitate registration' with a GP. The effectiveness of this can vary. Other studies by Refugee Action describe how GPs often refuse to accept asylum seekers as patients. That nearly all those interviewed were registered with a GP shows that the system is working effectively in the regions covered by this report.

In terms of their levels of satisfaction with the services, it would initially appear that on the whole most women were satisfied, with nearly three quarters (72%) saying they had not experienced any problems. However, some caution needs to be exercised when looking at these figures. When prompted, the third (28%) who had experienced problems stated that language and communication caused the main difficulties. This was borne out by responses from the focus groups where participants indicated that going to the doctor's was a worry for them because of the problems in communication.

### Case study

A young newly arrived Somali mother was concerned about her two-year-old son's coughing. Coughing in Somali communities can sometimes indicate TB and she was very alert to this. She took him to the GP who prescribed some medicine. After some weeks the child was still wasting away and she was getting extremely anxious. In desperation she called an ambulance and took him to the hospital. The ambulance men told her she was giving the child the wrong medicine, but left her confused about what to do. The hospital also left her feeling unsure what was wrong. Eventually the health visitor came on a routine visit, took one look at the child and immediately rushed him into hospital. He is now receiving the correct treatment.

A question on interpreting pointed to more than four fifths (84%) saying they always or sometimes needed an interpreter. However only just over half (52%) had had access to an interpreter when visiting the doctor. It is not clear how far this figure includes access to a telephone interpreter. With regards to telephone interpreting services, one respondent pointed out 'It is difficult to communicate sensitive personal things to a doctor through a male voice on the phone.' (Elena from Romania)

The problems in language and communication can be illustrated by the following case passed on by one of the interviewers involved in the research.

*"I had a Romanian case yesterday evening, very late. A young wife, pregnant in the third month, started to lose a lot of blood and was in considerable pain. The ambulance was called by the housing provider as she was alone and she was rushed to hospital. Her husband followed some fifteen minutes later. On arrival at the hospital an interpreter was called, he was an Iranian gentleman in his fifties who spoke a little Romanian. The family could hardly understand him and were extremely embarrassed by his presence during the examination. The husband tried to ring me but the nursing staff, not understanding him, refused to let him use his mobile phone to look for my number. The interpreter did not explain that he wanted them to speak to me and chaos ensued. Eventually the young husband was told to wait outside. The young woman lost the baby; the third baby in two years, and only after hours of trying did I manage to get through to the hospital and explain the problem. I can only begin to imagine the trauma suffered by this young woman and her partner last night."*

One fifth (20%) felt that the first person they had encountered at the GP surgery had not been helpful. Two women described their first encounter at the GP surgery as being so awful they left and have not returned.

Figures on their own do not give the whole story and it is important to bear in mind the range of expectations that would have influenced how some of these questions were answered. Some respondents were just glad to be alive and have access to Western medicine. Some, especially those from Eastern Europe, may have had experiences of a state system that worked more effectively than our own. Others have come with high expectation of Western medical treatment. Others still may have come from a system in which they were able to pay for more speedy treatment than they were able to receive on the NHS and were shocked at the waiting times required for certain treatments.

However, from the statistics, together with comments received from the focus groups, it is possible to come to some conclusions. Whilst the majority of women are satisfied with the services they receive from their GP, there are significant numbers who have experienced difficulties. These difficulties arise from the problems of communicating one's health needs in a different language and have led to serious misdiagnoses.

"I have no problems in seeing a doctor, but there is no interpreter. When the doctor gives me medicines, I don't know how to use them." (Ayten, from Turkey)

"I have a big language problem. I can't explain my problems to my GP. They don't like us because we can't speak their language." (Ayse, from Turkey)

"He kept giving me the same tablets which makes me vomit and I did explain my situation several times but he didn't take it seriously." (Sara, from Eritrea)

## **b) Reproductive and sexual health**

A third (31%) of respondents had experience of pregnancy or giving birth in the UK. Of these, just under four fifths (77%) said their experiences had been good or reasonable. All bar one had received ante-natal care. Of the remaining one fifth (23%) that said that their experiences were terrible, language was cited as the key issue.

The research had hoped to document some of the experiences arising from cultural practices such as Female Genital Mutilation (FGM) or culturally specific childbirth rituals. Anecdotal evidence, as well as reports elsewhere, show these practices to have significant impact on the degree to which a women's experience of giving birth is a positive one. However, the interviewers found the women they interviewed very reluctant to talk about sensitive issues.

Reasons for this can be varied. Each interviewer, on the whole, interviewed people from their own language and culture, which should have been reassuring for the woman being interviewed. However, some of the interviewers may have been perceived as being too young, or if unmarried, unable to receive the confidences of the woman she was interviewing. Also refugee women carry a lot of fear of intimate details of their lives being passed on to other members of the community. The reluctance to talk about the more intimate details of their experiences was particularly marked in the questions on sexual health.

Just under a quarter (23%) said they wanted help with their sexual health. However, about half (50%) refused to tell the interviewer what the issues were for them.

*"I have sexual health problems. This is giving me psychological problems. I would like to see a psychologist."* (Ayse, from Turkey)

Of those that did, information on contraception was requested and concern was expressed about infections. Anecdotal experiences from those working in residential accommodation with asylum seekers have confirmed that it takes a long time to build up enough trust for refugee women to feel confident to talk about such matters.

### c) Mental Health

All those working with refugees and asylum seekers recognise the high levels of stress they experience. Various studies have confirmed this (see Appendix). There was a concern however, as to how far this survey could explore what was potentially an emotionally sensitive area of a person's life, touching on painful memories, which the interviewer might be unequipped to deal with. At the training for the interviewers the issue of boundaries was explored and the need to refer severely distressed people on to Refugee Action or another appropriate organisation. It was also discussed at great length how best to approach the issue and the need to use culturally appropriate words and expressions in assessing an individual's emotional state. The definition of mental health used to interpret responses in the survey was one which took note of an individual's general sense of well-being, whether they slept well at night and whether they would like to discuss their problems with anyone.

On being asked whether they have discovered that they are suffering from anything on arrival in the UK, a quarter (25%) of all respondents replied that they had been diagnosed as suffering from psychological problems since arriving here. Nearly half (46%) of those interviewed find it difficult to sleep at night with just over two thirds (62%) of these being kept awake by nightmares, depression or anxiety.

**What keeps you awake at night?**

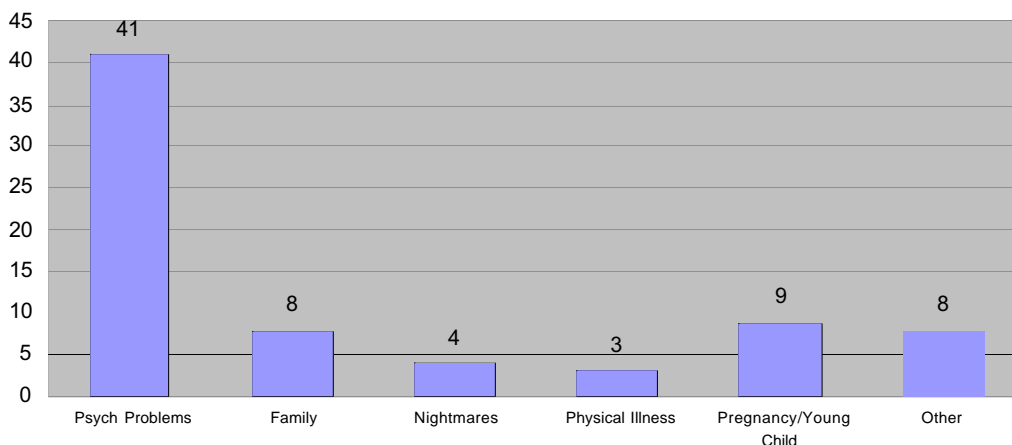


Figure 8

Just under half (45%) said that they would like to discuss their problems with someone.

*"I keep awake thinking of the problems I have been through, war memories come back."*  
(Mary from Rwanda)

*"I have very bad headaches, always thinking of my situation, what will happen to me."*  
(Monireh, from Turkish Kurdistan)

#### 4.4. Education

Studies of educational background tend to show that the refugee population as a whole is highly educated. However, when working with refugee women, it is clear that a significant number are illiterate in their own language. This has considerable impact on their ability to learn English and develop an ability to operate with a level of independence. Of those that took part in the survey, one fifth (20%) stated that they were not literate in their mother tongue. Half (52%) had secondary education or above.

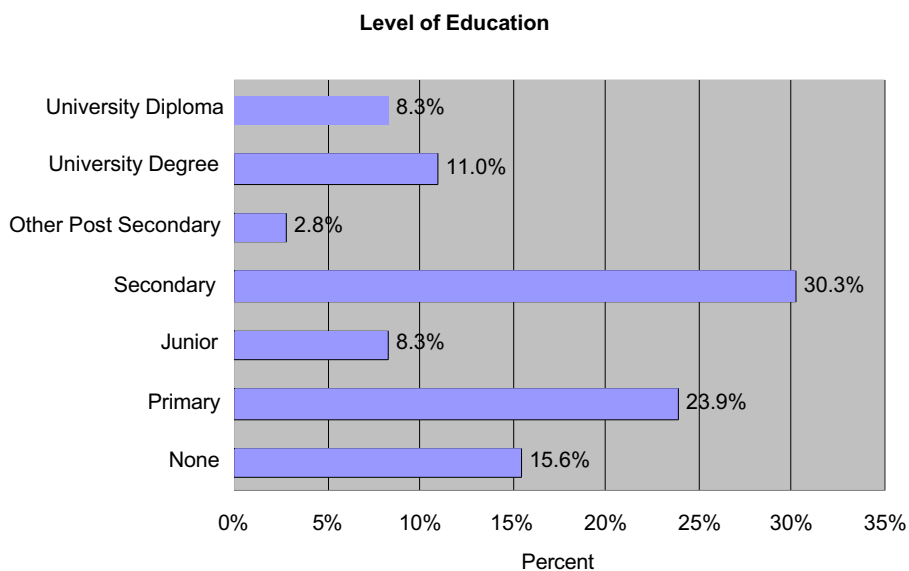


Figure 9

Two thirds (62%) described their main occupation back home as housewife or carer. Only 2 per cent described themselves as unemployed, the rest describing themselves as employed or students.

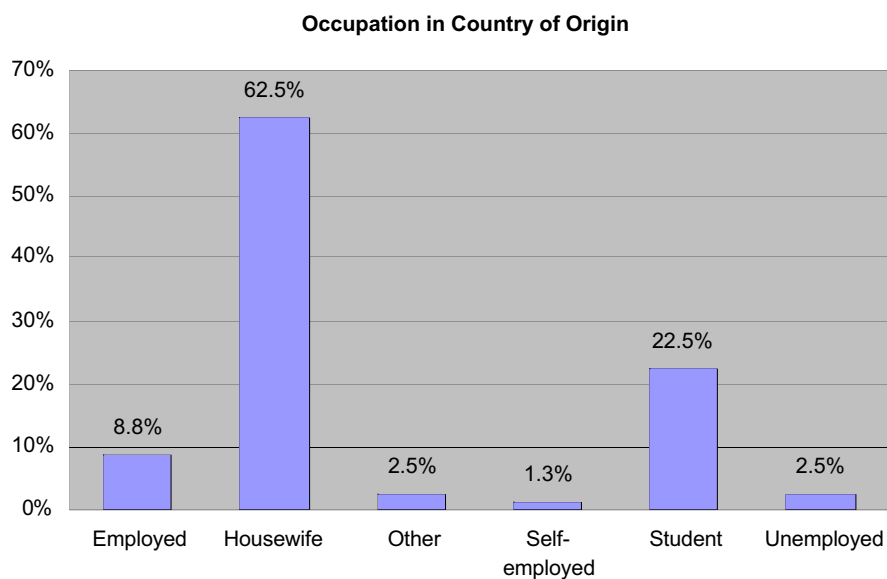


Figure 10

From talking to the women in the focus groups it was clear that many women came from communities where their role as carer or manager of the home was a significant occupation. This information provides a useful insight into the extent to which many of them have to adjust to a culture of work that takes place outside the home. Contained within this sample is a range of occupational experiences. A quarter (25%) described themselves as being skilled in a range of occupations including hairdressing, nursing, engineering and accountancy, with teaching being the most frequently mentioned.

Nearly one fifth (17%) said that their English was good or fluent whilst half (51%) did not attend English classes, with childcare responsibilities being cited as the main obstacle.

#### 4.5. Aspirations for the future

There was a clear message from respondents that they just want to live a life of peace. Replies to a question about their hopes for the future included:

- “To survive.”*
- “Raising my baby and having a quiet life.”*
- “To be allowed to stay here, study, work and have someone to love.”*
- “To have my children and my brother with me.”*
- “My future are my children. I would like to see them educated.”*
- “I see no future.”*
- “To live a good and peaceful life.”*

They were uncertain where their future lay. Two thirds hoped to return home once there was an end to the conditions that had led them to seek asylum in the first place. Responses to the question ‘what would make you return?’ included:

- “If there is safety and proper government.”*
- “If the regime changes.”*
- “We go back when Kurdistan is free.”*
- “I have suffered a lot. I don’t want to go back.”*
- “When the one who tortured me dies.”*
- “Peace, real peace.”*

Those with children abroad wanted to be reunited with their children. For all those with children, their main aspirations lay with their children’s education. Some were so depressed they had no hopes for the future at all.

## SECTION 5 - CONCLUSIONS & RECOMMENDATIONS

### 5.1. Conclusions

This research has provided a window into the lives of women asylum seekers and their experiences of the current dispersal system. It is unique in that it is the only report to have focused on women's experiences and highlighted the impact the system has on women that might be different from that of men. Whilst they share the difficulties all asylum seekers face in this country, this report has shown that their gender brings certain experiences that are often overlooked by policy makers. At times it raises as many questions as it answers. Further research and analysis needs to be made of many of the areas covered. However, it is possible to identify some key themes.

A significant number of refugee women do not feel safe in the UK. This is due to a combination of factors. An overwhelming factor is the lack of minimum standards of accommodation. In addition, many refugee women have direct experience of hostility from the community in which they are housed. More should be done by accommodation providers to demonstrate their commitment to providing accommodation in which refugee women feel safe by introducing measures such as women only spaces and locks on doors. In addition, refugee women need to know what their rights are in terms of sexual and racial harassment, in their accommodation as well as in the neighbourhood, and who to turn to for support when faced with such incidents.

The psychological distress many are suffering from needs to be addressed urgently. This stems from a variety of causes. One key reason is the isolation experienced by refugee women. Once here, a significant number of refugee women are alone. They cannot rely on the support of compatriots in the regions, in the way that groups of single males of most nationalities can, because their numbers are too small. Often, coming from highly segregated societies, they feel defenceless as women without the support of the family or a male protector. Their loneliness makes them vulnerable and they feel unsafe.

In addition, many are suffering from the trauma of their escape to this country and find themselves accommodated in remote and hostile areas, on their own and without the support they need. Added to the stress of their experiences in seeking refuge, one can assume that a significant number of refugee women will have experienced rape or other forms of torture. Appropriate counselling services available for these women are insufficient and based mostly in London.

The number of women asylum seekers who are separated from still very young children is surprisingly high. By the measurements of any society the maternal bond is one that is recognised to be very close. The mental and emotional anguish these mothers are going through is immeasurable. This separation from their children violates all principles of family life as enshrined by numerous human rights treaties. There are two issues here. The first is to acknowledge the additional distress these women experience as mothers. The second has implications for the immigration status of these mothers, as only ILR or full refugee status would allow for their children to join them.

The issue of language is a continuing one. Being able to communicate the health needs of themselves and their family is essential. The absence of a consistent interpreting system in some GP services has led to serious mistakes in some diagnoses.

Lastly, underpinning all this is the need for a gender sensitive asylum policy, which would assess all stages of implementation for its impact on refugee women.

Overall, the message from the women interviewed was that they were relieved to have escaped from their terrible experiences. They missed the families that they had left and most hoped to return once their

countries were safe. However, whilst here, they wanted to study and improve themselves and contribute to UK society. Many were deeply depressed and need care and attention in order to heal and move on.

## 5.2. Summary of recommendations for action

<p>Minimum standards of personal safety and security for any accommodation provided to refugee women</p>	<ul style="list-style-type: none"> <li>• Independent monitoring of the quality standards in accommodation, in particular the complaints procedure</li> <li>• Access to a telephone</li> <li>• Locks on doors to private space and bathroom</li> <li>• Landlords to ask permission before entering the personal space of tenants</li> <li>• Single sex units and family accommodation as appropriate</li> <li>• A stable and supported environment for pregnant &amp; women who have just given birth</li> <li>• Each woman to be informed of her rights to protection from sexual and racial harassment through translated materials – written or oral</li> </ul>	<p>Home Office Refugee Agencies</p>
<p>Local Action Plans to protect and support refugee women</p>	<ul style="list-style-type: none"> <li>• Ensure refugee women are part of plans to tackle racial harassment</li> <li>• Include the needs of refuge women in schemes to tackle domestic violence, such as Zero Tolerance</li> <li>• Social exclusion programmes should include clear references as to how the needs of refugee women are being addressed</li> <li>• Refugee women receiving Income Support or NASS support should be considered eligible for travel &amp; leisure cards</li> <li>• ESOL provision must take into account the needs of refugee mothers</li> <li>• Mother-tongue literacy classes</li> <li>• Befriending schemes to assist refugee women make use of existing support</li> </ul>	<p>Local Authorities Regional Development Agencies</p> <p>Voluntary Sector befriending schemes</p> <p>Statutory &amp; voluntary sector Community Development programmes</p>
<p>Towards a gender sensitive asylum policy</p>	<ul style="list-style-type: none"> <li>• The mechanisms for a transparent and systematic assessment of all new asylum policy for its gender impact should be in place</li> <li>• Extending the rights of family reunion to those with Exceptional Leave to Remain who are separated from their children</li> </ul>	<p>Home Office</p>
<p>Protecting the health and well being of refugee women</p>	<ul style="list-style-type: none"> <li>• Increasing specialist counselling services, especially in the regions</li> <li>• Training for GPs and health service staff in greater sensitivity to needs of refugees</li> <li>• Self-help support groups</li> <li>• A fund for GP services to draw on for interpreting and translation services</li> </ul>	<p>NHS</p> <p>Local Authority &amp; Voluntary Sector partnerships</p> <p>Department of Health</p>

Main Policy Recommendation  
Appendix 1

Description

Responsibility

REFERENCES AND USEFUL READING

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# REFUGEE ACTION RESEARCH PROJECT ON WOMEN DISPERSED THROUGH NASS

## PERSONAL INFORMATION

Name

Address/ contact details

Nationality

Religion

Languages spoken

Age (select range: 16-25; 26-35; 36-45; 46-55; 55+)

Head of Household Yes  No

Marital status

Married

Cohabiting

Single

Divorced

Separated

Widowed

Date arrived in UK?

Immigration status

a) Asylum application not yet determined

b) Application rejected

c) Have filed an appeal against rejection

d) Don't know

e) Other \_\_\_\_\_

## B. EMERGENCY ACCOMMODATION

How long were you in Emergency Accommodation?

Where was your Emergency Accommodation (list all places)?

\_\_\_\_\_  
\_\_\_\_\_

Have you been accommodated in a Detention Centre? Yes  No

Where were you first dispersed? \_\_\_\_\_

Is this where you are now? Yes  No

Did you have information about where you were going before you were dispersed? Yes  No

### C. ACCOMMODATION THROUGH NASS

Are you living - Alone  With family  Give details \_\_\_\_\_

What type of accommodation are you living in? \_\_\_\_\_

B&B  Shared House  Bedsit  Flat  House  Other \_\_\_\_\_

Is your accommodation big enough for you/ your family? Yes  No

Do you / your family share this accommodation with others? No  Yes

details \_\_\_\_\_

If, yes, do you/ your family have a secure, private space that is just for yourself? Yes  No

Who else has access to your accommodation? \_\_\_\_\_

Who arranged the accommodation you are living in?

NASS

Social Services

Other  specify \_\_\_\_\_

What amenities are within the house/flat?

Fridge  Cooker

Washing Machine  Vacuum Cleaner

Heating  specify main sources of heating Gas Fires / Electric Fires/ Central heating

Phone  Mobile?

Garden/ Outdoor space

How did you find out how to work the cooker, washing machine, central heating etc? \_\_\_\_\_

Does the heating and water work? Yes  Unreliable  No

Are you warm enough in the house? Very Warm  Adequate  Cold

Was there sufficient furniture in the house/ beds/ bedlinen etc? Yes  No

If no, please detail \_\_\_\_\_

How would you describe the condition the furniture was in?

Excellent  Worn, but good  Broken/un-useable  Other \_\_\_\_\_

When you moved in did you sign a contract explaining the responsibilities of your landlord and yourself?

Yes  No

If yes, did you understand it? Yes  No

Is there anything else you would like to tell us?

### D. SAFETY/ORIENTATION

Do you feel that the area you live is safe? Yes  No

Has anyone ever abused you verbally/ physically? Yes  No

If yes, what happened? If no, go to question 36.

Someone shouted at me on the street  specify

Someone threw stones/ other at me  specify

Other, please describe \_\_\_\_\_

Did you tell anyone what happened? Yes  No

If yes, who did you talk to NASS [ ] The police [ ] Refugee Action [ ] Refugee Council [ ]

Accommodation provider \_\_\_\_\_ Other \_\_\_\_\_  
Did they do anything about this? Yes [ ] No [ ]

Would you feel comfortable telling the police if you had been physically abused? Yes [ ] No [ ]

How often do you go out of the house?

Everyday [ ]

2/3 times a week [ ]

Once a week [ ]

Less often (describe) \_\_\_\_\_

What reasons do you leave the house?

Shopping [ ] Doctors [ ] Visit Friends [ ]

Take children to school [ ] Attend place of worship [ ]

Other \_\_\_\_\_

Do you leave the house on your own or with others?

Alone [ ] Members of family [ ] Friends [ ] Either [ ]

Would you feel safe to leave the house alone? Yes [ ] No [ ]

If not, what do you feel may happen if you were alone?

---

Do you go out in the evenings? Yes [ ] No [ ]

If yes, where do you go? \_\_\_\_\_

Do you know where your local food shops are? Yes [ ] No [ ]

Do you know where the doctor is? Yes [ ] No [ ]

Do you know where the dentist is? Yes [ ] No [ ]

How did you find out where everything that you would need locally is?

Accommodation Provider [ ] Refugee Action [ ]

Others in the accommodation [ ] Friends [ ]

Other [ ] specify \_\_\_\_\_

How do you reach places?

Public transport [ ] Walk [ ] Taxi [ ] Other \_\_\_\_\_

If you don't use public transport, why not?

## E. INTERPRETERS

Do you need an interpreter to communicate with British society or do you feel comfortable managing on your own? Don't need interpreter (go to Q52) [ ] Sometimes [ ] Need interpreter [ ]

Has a family member ever interpreted for you? Yes [ ] No [ ] Sometimes [ ]

If so who and when? \_\_\_\_\_

Do you always have an interpreter when you get advice from different agencies?

Yes [ ] No [ ] Sometimes [ ]

Would you prefer your interpreter to be

A woman [ ] Married [ ] Older [ ] From the same community [ ]

From a different community [ ] Other [ ]

## F. HEALTH

Have you registered with a GP? Yes [ ] No [ ]

How did you find out who to register with?

Accommodation Provider [ ] Other \_\_\_\_\_

Have there been any problems when you have seen the doctor? Yes [ ] No [ ]

Please describe \_\_\_\_\_

Have you had an interpreter to help you tell the doctor what is wrong? Yes [ ] No [ ] N/A [ ]

Has the person you first talk to at the doctors been helpful? Yes [ ] No [ ]

Have you been to hospital in the UK? Yes [ ] No [ ]

Can you tell us why? \_\_\_\_\_

Did you have an interpreter? Yes [ ] No [ ] N/A [ ]

How would you rate the service you got? Excellent/ Good/ Fair / Not good/

Did you encounter any problems? Yes [ ] No [ ]

If yes, describe \_\_\_\_\_

Were you suffering from any chronic diseases when you came here? Yes [ ] No [ ]

If yes, describe \_\_\_\_\_

Has it been discovered that you are suffering from anything since being in the UK? Yes [ ] No [ ]

If yes, describe \_\_\_\_\_

Are there things about your sexual health that you would like more help and advice with? Yes { } No { }

Please detail \_\_\_\_\_

How would you describe your sleep at night? Good [ ] Fair [ ] Find it difficult to sleep [ ]

What keeps you awake at night?

Would you find it useful to discuss your problems with a counselor? Yes [ ] No [ ]

## G. ANTENATAL & POSTNATALCARE

Have you had or are expecting a baby in the UK? Yes [ ] No [ ] (If No, go to Q72)

What care did you receive before the baby was born?

Attended antenatal clinic [ ] Visited GP [ ]

Had visit by Mid-wife [ ] None [ ]

Other [ ] detail \_\_\_\_\_

Where was your baby born?

At home [ ] In hospital [ ] Other \_\_\_\_\_

How would you rate your experience of giving birth in this country?

Good [ ] Reasonable [ ] Terrible [ ]

What problems did you encounter?

After your baby was born did you receive regular visits by the mid-wife? Yes [ ] No [ ]

**H. ADULT EDUCATION AND EMPLOYMENT**

Level of Education:

- a) No Schooling (indicate level of literacy) [ ]
- b) Primary [ ]
- c) Junior Secondary/ Middle [ ]
- d) Secondary / High School [ ]
- e) University Degree [ ]
- f) University Diploma [ ]
- g) Other Post-Secondary / Technical Education [ ]

How would you rate your English?

- a) Basic spoken [ ]
- b) Basic spoken + reading [ ]
- c) Basic spoken, reading and writing [ ]
- d) Basic spoken, good reading and writing [ ]
- e) Good spoken, reading and writing [ ]
- f) Fluent spoken and excellent reading and writing [ ]

Do you attend classes to help improve your English? Yes [ ] No [ ]

If not, why not? \_\_\_\_\_

Have these been helpful? Yes [ ] No [ ]

Are there men in the class as well? Yes [ ] No [ ]

Would you like classes where there were only women? Yes [ ] No [ ] Don't mind [ ]

Have you been offered any other classes? Yes [ ] No [ ]

What was your occupation in your country of origin?

Housewife/ carer [ ]

Student [ ]

Unemployed / seeking work [ ]

Self Employed (describe) [ ] \_\_\_\_\_

Employed (describe) [ ] \_\_\_\_\_

Do you hope to be employed in this country? Yes [ ] No [ ]

What would you want to do? \_\_\_\_\_

**I. CHILDREN**

Do you have children? No [ ] go to next section Yes [ ]

How many children do you have?

What are their genders and age?

Do they go to school? Yes [ ] No [ ]

If not why not \_\_\_\_\_

Are you satisfied with the education your children are receiving? Yes [ ] No [ ]  
Do your children feel safe at school? Yes [ ] No [ ]  
Is the school - In walking distance [ ] Have to travel by bus [ ] Other \_\_\_\_\_  
Do they have to wear school uniforms? Yes [ ] No [ ]  
Did you receive help for this? Yes [ ] From where? \_\_\_\_\_ No [ ]  
Do your children receive help with school dinners? Yes [ ] No [ ]  
Do you feel they are making friends? Yes [ ] No [ ]  
Do you feel you understand the school system and are able to help and encourage your children with their education? Yes [ ] No [ ]  
Do you have any concerns for your children growing up in the UK rather than in your country of origin?  
Please describe \_\_\_\_\_

#### J. FAMILY RELATIONSHIPS

If you are living with your family, do you feel that your relationship with your family is different because you are in the UK? No [ ] Yes [ ] If yes, in what way?  
\_\_\_\_\_

Do you have other family members in the UK? No [ ] Yes [ ] specify \_\_\_\_\_

How often do you see them?

What are some of the constraints in seeing them?

#### K. RIGHTS

Did you know that a woman can make a separate asylum claim to her husband? Yes [ ] No [ ]  
Is your claim - In my own right [ ] Based on husband's [ ] Other family member [ ]  
Did you know that you can go and see the doctor without paying? Yes [ ] No [ ]  
If you were having a baby in the UK, did you know that your health care would be free? Yes [ ] No [ ]  
Do you know that you can receive free English classes? Yes [ ] No [ ]  
Did you know that it is illegal for a husband to beat his wife? Yes [ ] No [ ]  
Do you know what help is available for women who's husbands beat them? Yes [ ] No [ ]  
Who is in charge of the money for the household? Myself [ ] My husband [ ]  
Both [ ]  
If your husband, does he give you any? Yes [ ] No [ ]  
Do you feel it is enough to cover your expenses? Yes [ ] No [ ]  
Do you know there is free, confidential help available for women who have been raped? Yes [ ] No [ ]

#### L. REASONS FOR LEAVING THEIR OWN COUNTRY

Which country did you leave? \_\_\_\_\_

Would you like to say why you left your country? \_\_\_\_\_

Is it easy for a woman to leave?  
\_\_\_\_\_

Was the UK your first choice for asylum? Yes [ ] No [ ] Where would prefer?

Where would prefer? \_\_\_\_\_

How did you travel to get to the UK?

\_\_\_\_\_

How long did it take?

\_\_\_\_\_

Did you come alone or with members of your family? (detail)

\_\_\_\_\_

In your country, if a woman has been raped would she tell anyone?

If not, why not/ where would she get help from?

### M. THE FUTURE

What are your hopes and aspirations for the future?

\_\_\_\_\_

Do you want to stay in the UK?

Yes [ ] No [ ]

If yes, what do you want to do here?

\_\_\_\_\_

What are the hopes you have for your children?

\_\_\_\_\_

Can you imagine a time when you would return to your country of origin? Yes [ ] No [ ]

What would make you return? \_\_\_\_\_

How long do you think this will take? \_\_\_\_\_

### N. TELLING YOUR STORY

All the details in this questionnaire are confidential. With your permission we would like to pass your name to the RA press office. They may come and talk to you about your story and experiences in the UK to see if you can help us tell more people about the kind of things that are happening.

I give permission to pass my name to the RA press office [ ]

I do not want my name to be forwarded to the RA press office [ ]

Name of interviewer \_\_\_\_\_

Date of entry \_\_\_\_\_