Asylum-Seeking Women
Violence & Health

Results from a Pilot Study in Scotland and Belgium

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Asylum-Seeking Women, Violence & Health: Results from a Pilot Study in Scotland and Belgium

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Introduction

Violence against women is a global phenomenon. Studies repeatedly show that women around the world suffer various gender-based forms of physical and sexual abuse, coercion and threats of harm (Garcia-Moreno, 2006). Women's intimate partners are among the most common perpetrators of violence, but women and girls are also assaulted and intimidated by close and extended family members, acquaintances, neighbours, and other males in positions of power, such as soldiers or police.

Migration is also an international phenomenon, with women making up nearly 50% of the world's international migrants (United Nations 2006). A significant proportion of migrating women are refugees, fleeing conflict, environmental disasters, poverty and the impacts of gender inequality, e.g. oppression, forced marriage or inheritance losses. Women on the move are particularly vulnerable to harm (Pedraza 1999). They have often left behind the social or familial support and protection safety net, which can leave them especially at risk of abuse at the hands of individuals such as smugglers, traffickers, detention facility personnel and border guards. These individuals frequently hold the 'keys' to vital resources. Women with children may be at even greater risk, as they try to protect their children and meet their daily needs.

There can be little doubt that violence against refugee women is a topic that has received considerable attention. However, dialogue on this topic is frequently confined to the subject of rape in war and military abuses of civilian women (Jewkes 2007; United Nations 2009), with recent exceptions, such as the Refugee Council's 2009 literature review on sexual violence (Refugee Council, 2009). There have, in fact, been extraordinarily few studies offering data on asylum-seeking women's exposure to the wider range of violence, for example, intimate partner violence, child sexual abuse, acquaintance rape or sexual coercion in refugee settings.

Moreover, most evidence on violence against refugee women has focussed on abuses that may have occurred in a woman's home country. Few studies have sought to document abuses that may have occurred during the various phases of the migratory cycle, starting in women's home country but taking account of experiences during the period of movement, including through transit locations, such as refugee camps, detention centres, border crossings, and in the destination location—which is often, perhaps naively, considered a place of 'safety', a refuge.

Asylum-seeking women's health has also received little research attention, with the exception of recognition of women's particular vulnerability to sexually transmitted infections, particularly HIV. Migrating women's physical and psychological health needs are often significant (Zimmerman 2007), but remain understudied, despite regular calls for medical support. Similarly, it is frequently suggested that the asylum-seeking process disadvantages women in certain important ways, but research on the potential gendered nature of the process and potential opportunities is relatively scarce.

Study Aims and Report Objectives

This study sought to address some of these important evidence gaps on violence, women's health and their experiences in the asylum-system by interviewing asylum-seeking women in three European settings, Scotland, Belgium and Italy. The study also aimed to explore methods for research with asylum-seeking women for use in future, larger-scale studies.

This report presents the findings from our study on asylum-seeking women in Scotland and Belgium and highlights women's experiences of violence, physical, sexual and psychological morbidity and experiences with the asylum process. Results from Italy will be presented in a separate report.

The content of this report focuses on the results from women accepting services with the Scottish Refugee Council. However, data from the Belgian sites are included in order to offer the reader a comparative view, which highlights some potentially important similarities and differences between the women seeking asylum in the different country settings. As the samples were somewhat small for each site included in this study, we believe that providing cumulative data from both studies suggests, to a certain degree, that asylum-seeking women are exposed to significant levels of violence and are likely to report high levels of poor psychological health. Moreover, this comparison also offers potential insights into women's different experiences of asylum procedures and services in each country setting. However, it is important to note that Scotland and Belgium do not offer identical asylum procedures and services and these comparisons can only be used to suggest trends. This report focuses on women accessing services through the Scottish Refugee Council. Data collected from other sites will be analysed and presented separately.

Women and Asylum-Seeking in the UK and Scotland

In 2007, 30% of principal applicants for asylum in the UK were female, and 22% were granted asylum during the initial decision stage (Home Office 2008). As of August 2006, there were over 5,000 asylum seekers living in eleven different local authorities in Scotland. Glasgow is currently the only local authority in Scotland that accommodates dispersed asylum seekers (a small portion live with friends or relatives in other local authorities). Over one third of all asylum seekers in Scotland are nationals of just four countries: the Democratic Republic of Congo, Iran, Pakistan, and Somalia.

Within Scotland, and the rest of the UK, available data suggest that fewer women (31%) than men (69%) apply for asylum. However, the actual number of women seeking asylum may be approximately the same or higher, as many women are registered as dependants.

Statistics aside, numerous refugee and human rights groups have suggested that the asylum process has a tendency to render refugee and asylum-seeking women invisible within the development of legislation, social policy, academic theory, and services pertaining to asylum seekers and refugees (ICAR 2004). However, some recent policy developments within the EU, UK and Scotland have sought to address these concerns.

As part of the development of a Common European Asylum System, European Union member states have set minimum standards for asylum procedures (Council Directive 2005/85/EC), for qualifying for refugee status (Council Directive 2004/83/EC) and for the reception of asylum seekers (Council Directive 2003/9/EC). However, they include little related to gender apart from a general principle to 'take into account the specific situation of vulnerable persons' such as 'pregnant women, single parents with minor children and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence' (2004/9/EC). The recast of the reception directive in 2008 proposes that member states should establish procedures in their national legislation to better identify such vulnerable persons and ensure that their needs are supported and monitored throughout the asylum procedure.

In the UK, the Home Office introduced guidance on gender issues in March 2004 (updated in October 2006) for asylum caseworkers, the Asylum Policy Instruction on *gender issues in the asylum claim*. The aim of the guidance is to ensure caseworkers are aware of additional issues when considering claims from women. It identifies examples of gender violence that can be persecutory, recognises that decision-makers should be aware of the impact gender-based violence may have on how a woman responds during an interview, and the importance of gender-sensitive procedures such as providing female interpreters and interviewers (Home Office 2006). The UK is one of the few countries in Europe to have such gender guidelines (Crawley & Lester, 2004)

In 2008, the UK Border Agency (UKBA), the Home Office executive agency responsible for determining asylum claims, released an updated Race, Disability, and Gender Equality Scheme, which aims to ensure that asylum seekers with gender-specific care needs can disclose such needs, obtain the necessary treatment, and not be prevented from presenting their case to its best advantage (UKBA, 2008-2009).

Recently, the UK Border Agency regional office in Glasgow introduced childcare provision during asylum interviews, allowing women to discuss their claim for asylum without their children present in the room. This provision, however, is currently only available at UKBA regional offices in Wales and Scotland.

While these represent an improvement to the policies that came before them—or lack thereof—there is still much room for improvement.

Unfortunately, the limited data on women in the UK asylum process present an obstacle for policy-makers, and service providers, in addressing the needs of female asylum-seekers. Therefore, we hope that this report provides an important glimpse into the patterns of violence; health and gender inequality experienced by women in the UK asylum system; and fosters discussions and action that might improve services to meet women's health and protection needs.

> *"I think people should be aware and sensitive to women and their experiences. Not everyone is subjected to bloody warfare – some women flee for other issues such as forced marriages, FGM, tribal or clan feuds."*
>
> *- Zambian asylum seeker*

Scotland: Summary Results

Demographics

46 women seeking asylum were interviewed in Scotland, the majority of whom were from the African region and age 30 or more with secondary or higher levels of education.

Comparative statistics for women seeking asylum in Belgium are provided in this report. 98 women were interviewed in the Belgian study site.

Asylum Process

- 36% of women in Scotland indicated their children were present during their asylum interview.
- 56% of women with a dependent claim were not informed of the possibility of making an independent claim.

Violence

- 70% of women reported having experienced physical and/or sexual violence in their lifetime.
- 38% had experienced physical or sexual violence from an intimate partner (IPV) in their lifetime and 19% had experienced IPV in the past 12 months.
- 50% of women had experienced physical or sexual violence by an individual other than an intimate partner in their lifetime.
- 65% of women reported that their children had witnessed some form of violence.

Physical and Mental Health

- 54% of the women reported that their health was worse in the host country than it was in their home country.
- 57% of women were above the cut-point for Post Traumatic Stress Disorder (PTSD) symptomology.
- 20% reported suicidal thoughts in the seven days before the interview.
- 50% reported 'difficulty remembering' things.
- Women reported high depression and anxiety levels, when compared to an average adult female population (upper 90^{th} percentile).

Healthcare

- 93% of women in Scotland reported receiving adequate health care (compared to 60% in the Belgian sample).
- 44% reported having at least one visit to A&E within the past 12 months.
- 33% reported receiving STI testing, and 54% had been tested for HIV.

Study Design

Scottish Refugee Council Background

Scottish Refugee Council (SRC) is a charitable organisation which provides advice services to asylum claimants at all stages of the asylum process. Women (and men) are referred to the SRC by the UK Border Agency, via self-referral, or by various statutory and voluntary partner agencies. Advice teams within the organisation provide a range of support services. These include orientation briefings; advice regarding asylum support and accommodation; assistance with applications for asylum support; third party reporting; 'move on' advice for those granted leave to remain; and assistance in accessing counselling, health care, and immigration advice. The key service for the purposes of this study was the Scottish Induction Service. This UKBA-funded service operates from an accommodation block in the North of Glasgow, and provides newly-arrived asylum claimants in Scotland with accommodation whilst their applications for asylum support are being assessed. A dedicated team of on-site Scottish Refugee Council staff provide advice, support & assistance.

Study Aim

The London School of Hygiene & Tropical Medicine (LSHTM) in partnership with the Scottish Refugee Council and asylum and refugee service providers in Belgium and Italy, sought to develop and pilot a set of quantitative tools appropriate to women seeking asylum that could be integrated into existing services and used for further research on violence, health and the asylum process.

Sampling and Participant Recruitment in Scotland

Between February 2007 and July 2008, face-to-face interviews were conducted with women who had accessed the Scottish Induction Service.

All women above the age of 18 years old and registered with the Scottish Induction Service (SIS) between 1 June 2006 and 31 January 2007 were invited to participate in the study via written correspondence to the most recent address listed. This period was chosen to ensure the sample focused on women who were primarily newly-arrived in Scotland - up to 18 months of entering the Scottish Induction Service. Women listed as main asylum applicants were invited directly. Details on women dependent on a husband's claim are not kept in the SIS client database; therefore additional database cross-references and inquiries within Scottish Refugee Council were made to determine contact details and eligibility status.

Following the initial invitation letter, a follow-up phone call was made and if participation was agreed upon, a face-to-face meeting was arranged with an appropriate interpreter along with childcare. Women were only interviewed if they were deemed emotionally capable and the trained interviewer did not feel that participation would cause her harm. For safety reasons, only one woman per household was interviewed.

To improve our understanding of a diverse group of asylum seekers, the study was designed with a multi-language and multi-cultural focus. However due to the wide range of languages spoken by the women, the study was limited to the most popular 11 languages. Interviews were carried out by a trained interviewer with a counselling background to ensure participants had access to necessary medical care and received appropriate responses to any distress. Due to the numerous ethical and safety concerns potentially associated with interviewing traumatised populations, SRC was used as the interview site.

A total of 347 women were contacted. Fifty-one women responded and 46 women from 49 countries completed the interview.

Study Instrument and Translation

The study questionnaire was developed in collaboration with SRC and translated into 11 languages. The women were asked about: abuses prior to arrival in the country (including physical and sexual violence experiences); the duration and circumstances of her refugee experience (including risks, violence and restricted freedoms); and physical and mental health symptoms in the two weeks prior to the interview.

The study instrument was developed using brief, closed-ended questions appropriate to women seeking asylum. A novel approach was utilised which not only ascertained lifetime and recent levels of violence but also collected data on violence by migration time period to determine when physical and sexual violence occurred.

Physical and sexual violence were measured using adapted modules from previous studies including 'Stolen Smiles: The Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe' and the 'WHO Multi-Country Study on Women's Health and Domestic Violence against Women' (Zimmerman 2008, Garcia-Morena 2006).

Mental health outcomes were ascertained using established tools to measure symptomology of depression, anxiety and Post-Traumatic Stress Disorder (PTSD). As the questionnaires were administered by trained interviewers, not clinicians, the results are indicative of related symptoms and are not intended to provide a clinical diagnosis. Depression and anxiety were measured using sub-scales of the Brief Symptom Inventory (BSI). PTSD was measured using a sub-scale of the Harvard Trauma Questionnaire (HTQ). Both tools have been used among culturally diverse populations, including refugees.

Expert Feedback

Feedback was obtained from service providers working with asylum-seeking women from Scotland, Belgium and Italy. A consultative process was used during the development of the questionnaire to elicit feedback on relevant topic areas, phrasing of questions and sampling procedures. Upon completion of interviews further feedback was sought from providers on data interpretation, implications for policy and service delivery, and insights into further research.

Outcomes of Interest

The outcomes of interest included: (1) levels and type of violence experienced in the home country, during transit and in the host country; (2) current health status including physical, sexual and mental health; (3) disclosure patterns for violence; (4) health seeking behaviours; and (5) asylum process influence on health.

Ethical and Safety Procedures

This study was approved by the LSHTM Ethics Board. This research was conducted following ethical and safety procedures developed by the Gender, Violence & Health Centre at LSHTM and the World Health Organization (WHO) that prioritised women's safety, confidentiality, anonymity, women's mental health and referral to necessary support.

> *"(Asylum officials) asked my husband questions about the (asylum) application. They did not ask me."*

Demographics

Main Findings

- In Scotland, 46 women seeking asylum were interviewed; in Belgium, 98 women were interviewed.
- The majority of women in Scotland were from the African region (63%) and older than 30 years old (67%). The women interviewed in Belgium came predominately from the African region (36%) and European region (33%).
- 54% of the women in Scotland have a current partner and children.
- Of the women with children, 22% of them have children currently in their home country or another country.
- A high proportion of women in Scotland (72%) and Belgium (55%) had secondary or higher levels of education.

"There is instability in Zimbabwe. People are beaten, women made to prostitute themselves. Violence everywhere. Criminal things happen here too but not as bad as back home…there, everything has been shut down… (there is) no food, no water."

Table 1.1. Study sample description, by country

DEMOGRAPHIC CHARACTERISTICS	SCOTLAND (n=46)		BELGIUM (n=98)	
ORIGIN REGION	n	%	n	%
African Region	29	63%	35	36%
Eastern Mediterranean	17	37%	18	18%
European Region	.	.	32	33%
Americas Region	.	.	.	.
South East Asian Region	.	.	5	5%
Western Pacific Region	.	.	7	7%
Not Reported	.	.	1	1%
AGE				
18-29	15	33%	46	47%
30+	31	67%	52	53%
HIGHEST LEVEL OF SCHOOLING				
No Study	3	7%	5	5%
Primary	9	20%	28	29%
Secondary, Tech Diploma	19	41%	37	38%
University, Post Graduate	14	30%	17	17%
Not Reported	1	2%	11	11%
EARNED MONEY IN PAST	n	%	n	%
No	26	57%	52	53%
Yes	19	41%	46	47%
Not Reported	1	2%	.	.

Table 1.1. (cont.) Study Sample Description, by Country

DEMOGRAPHIC CHARACTERISTICS	SCOTLAND (n=46)		BELGIUM (n=98)	
CURRENTLY IN A RELATIONSHIP	n	%	n	%
No	29	63%	35	36%
Yes	26	57%	47	48%
Not Reported	.	.	2	2%
WHERE PARTNER LIVES				
Living Together, in the Country	17	37%	30	31%
Living Apart, in the Country	1	2%	4	4%
Other Country	8	17%	20	20%
Don't Know	1	2%	4	4%
Not Reported	19	41%	40	41%
CHILDREN'S RESIDENCE				
In Host Country with Her	32	70%	45	46%
In Host Country with Others	.	.	1	1%
In Other Country with Others	3	7%	5	5%
In Other Country, Don't Know with Whom	.	.	1	1%
In Home Country with Others	7	15%	15	15%
In Home Country, Don't Know with Whom	.	.	4	4%
Not Reported	4	9%	27	28%
CURRENT PARTNERSHIP STATUS AND CHILDREN				
No current partner, no children	3	7%	16	16%
No current partner, with children	17	37%	33	34%
Current partner, no children	1	2%	10	10%
Current partner, with children	25	54%	37	38%
Not Reported	.	.	12	12%

"[I feel unsafe in this country because of] an incident three months ago of someone throwing a glass bottle at me from a window. Teenagers annoy and harass me when they see me. They do this to women who wear headscarves. I feel unsafe in this area, always scared...I explained about the accommodation not being good, and feeling unsafe, but no one has helped. "

Asylum Process

Main Findings

- 72% of asylum-seeking women in Scotland made an independent asylum claim.[1]
- 36% of the asylum-seeking women in Scotland indicated that their children were present during their asylum interview.
- Among women with a dependent claim, over half (56%) in the Scottish sample were not informed of the possibility of making an independent claim.
- 54% of the women said that the asylum process had adversely affected their health.
- Only 3 of 46 women in Scotland had a lawyer present at their asylum interview.
- 97% of the women reported feeling 'safe' in Scotland.

"I am immensely stressed (with) anticipation and nervousness of (the) Home Office correspondence. What if it is sad news? The uncertainty leaves me feeling anxious, worried and depressed."

Table 2.1. Asylum status and process

ASYLUM PROCESS	SCOTLAND (n=46)		BELGIUM (n=98)	
ASYLUM CLAIM TYPE	n	%	n	%
Independent Claim	33	72%	63	64%
Dependent Claim	13	28%	34	35%
Not Reported	.	.	1	1%
DAYS SINCE ENTERED THE ASYLUM ASSISTANCE PROGRAMME				
Minimum days	67	.	7	.
Maximum days	696	.	2196	.
Mean days	304	.	233	.
OTHERS PRESENT AT ASYLUM INTERVIEW				
Awaiting Asylum Interview	5	11%	22	22%
Interviewed Alone	6	13%	17	17%
Husband/Boyfriend/Girlfriend	.	.	4	4%
Children	15	33%	6	6%
Other Family or Friend	.	.	1	1%
Lawyer	3	7%	15	15%
Interpreter/Translator	13	28%	27	28%
Don't Know	.	.	1	1%
Not Reported	4	9%	5	5%

[1] This percentage is higher than the women making independent claims in the general population of asylum-seekers, which is probably due to the sample design (see methods).

Table 2.1. (cont). **Asylum status and process**

ASYLUM PROCESS	SCOTLAND (n=46)		BELGIUM (n=98)	
TYPE OF CLAIM OF WOMEN CURRENTLY IN A RELATIONSHIP	n	%	n	%
Independent Claim	13	28%	17	17%
Dependent Claim	13	28%	30	31%
Not Reported	20	43%	51	52%
CLAIM TYPE OF WOMEN WHO EXPERIENCED PHYSICAL AND/OR SEXUAL VIOLENCE, LAST 12 MONTHS	n	%	n	%
Independent Claim	5	11%	16	16%
Dependent Claim	1	2%	5	5%
Not Reported	40	87%	77	79%
ASYLUM PROCESS AFFECTED HEALTH				
Not At All	7	15%	17	17%
Better Than Before	7	15%	18	18%
Worse Than Before	25	54%	52	53%
Don't Know	7	15%	7	7%
Not Reported	.	.	4	4%

Table 2.2. **Women with dependent claims who were informed they could make an independent asylum claim**

ASYLUM PROCESS	SCOTLAND (n=13)		BELGIUM (n=30)	
INFORMED SHE COULD MAKE AN INDEPENDENT ASYLUM CLAIM				
No	6	55%	14	47%
Yes	5	45%	10	33%
Don't Know	.	.	6	20%

"I was informed about making an independent application by a lawyer, not by the Home Office.

Table 2.3. Issues women reported may make life more difficult in the host country

ASYLUM PROCESS	SCOTLAND		BELGIUM	
ISSUES THAT MIGHT LIFE MORE DIFFICULT IN THE HOST COUNTRY	SCOTLAND (n=45)		BELGIUM (n=95)	
Financial Worries	19	42%	65	68%
	SCOTLAND (n=46)		BELGIUM (n=96)	
Cannot eat food she likes	16	35%	58	60%
	SCOTLAND (n=40)		BELGIUM (n=71)	
Cannot take care of children the way she wants to	21	53%	22	31%

Table 2.4. Average reported waiting time for decision on an asylum claim application.

ASYLUM PROCESS	SCOTLAND (n=29)	BELGIUM (n=21)
AVERAGE NUMBER OF DAYS WAITING FOR ASYLUM CLAIM DECISION	Mean (SD) [2]	Mean (SD)
Number of days	349 (695)	595 (790)

"When the lawyer said my second appeal was rejected, I had flashbacks and remembered the bad things in my home country. It upset me very much.

- 25-year old, Sudanese asylum seeker

[2] SD: Standard Deviation

Violence

Main Findings

Any Violence

- 70% of women in Scotland reported having experienced physical or sexual violence in their lifetime.

Partner Violence

- 38% in Scotland had experienced physical or sexual violence from an intimate partner in their lifetime and 19% had experienced IPV in the past 12 months.
- Among 20 women reporting physical and/or sexual partner violence 5 said this occurred after arriving in Scotland.
- 83% of the women in Scotland who had reported experiencing physical and/or sexual violence in the last 12 months were making an independent asylum claim.

"(Violent) incidents happened when I was pregnant. For every incident, the police were involved. Five times – one violent incident post-natal, after which I left him in London and fled to Glasgow."

Non-Partner Violence

- 50% of women had experienced physical or sexual violence by an individual other than an intimate partner in their lifetime.
- No women reported physical violence by family members other than the partner while they were in transit or in the host country.
- 65% of women in Scotland reported that their children had witnessed some form of violence.
- 9% of women said they were sexually abused before age 15.

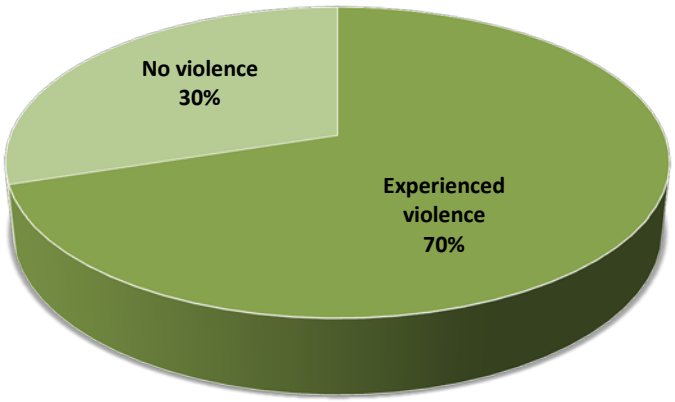

Figure 1. Scotland: Lifetime physical and/or sexual violence among women asylum seekers.

Table 3.1. Location of lifetime physical and/or sexual violence

EXPERIENCES OF LIFETIME VIOLENCE	SCOTLAND (n=43)*		BELGIUM (n=84)**	
LOCATION WHERE VIOLENCE OCCURRED				
Home Country	22	48%	58	59%
Transit	4	9%	7	7%
Host Country	6	13%	11	11%
No violence reported	13	30%	19	23%

* 2 women experienced violence in more than one location in Scotland

** 11 women experienced violence in more than one location in Belgium

Table 3.2. Partner violence among women who have ever had a partner

EXPERIENCES OF PARTNER VIOLENCE	SCOTLAND			BELGIUM		
TYPE OF VIOLENCE, EVER EXPERIENCED	n	%	Total n	n	%	Total n
Any physical or sexual violence	16	38%	42	34	41%	83
Physical violence	13	31%	42	29	35%	84
Forced or coerced sex	11	26%	42	24	30%	80
TYPE OF VIOLENCE, LAST 12 MONTHS						
Any physical or sexual violence	6	19%	32	22	31%	71
Physical violence	4	12%	33	18	25%	73
Forced or coerced sex	4	11%	35	16	22%	72

Table 3.3. Characteristics of physical partner violence

EXPERIENCES OF PHYSICAL PARTNER VIOLENCE	SCOTLAND (n=13)		BELGIUM (n=29)	
FREQUENCY OF PHYSICAL PARTNER VIOLENCE	n	%	n	%
Once			1	4%
Few	6	46%	4	14%
Many	7	54%	23	82%
LOCATION WHERE PHYSICAL VIOLENCE OCCURRED				
Home Country	8	62%	18	64%
Transit	1	8%	3	11%
Host Country	4	31%	7	25%

Table 3.4. Characteristics of sexual partner violence

EXPERIENCES OF SEXUAL PARTNER VIOLENCE	SCOTLAND (n=11)		BELGIUM (n=24)	
FREQUENCY OF SEXUAL PARTNER VIOLENCE	n	%	n	%
Once	.	.	2	8%
Few	4	36%	5	20%
Many	7	64%	18	72%
LOCATION WHERE SEXUAL VIOLENCE OCCURRED				
Home Country	7	64%	16	64%
Transit	2	18%	3	12%
Host Country	2	18%	6	24%

Table 3.5. Characteristics of partner violence among women who experienced physical and/or sexual violence

CONSEQUENCES OF PARTNER VIOLENCE	SCOTLAND (n=16)		BELGIUM (n=34)	
INJURY, EVER	n	%	n	%
BADLY INJURED (PAIN LASTED MORE THAN ONE DAY)	9	20%	25	26%
FREQUENCY OF INJURY				
No Injury	7	44%	9	28%
Once	1	6%	2	6%
Few	2	12%	3	9%
Many	6	38%	18	56%

Table 3.6. Children witnessed partner violence among women who experienced physical and/or sexual violence and have children

CHILDREN WITNESSED INTIMATE PARTNER VIOLENCE	SCOTLAND (n=16)		BELGIUM (n=30)	
WITNESSED, EVER	n	%	n	%
Yes, Violence Witnessed	11	69%	14	47%
No, Violence Not Witnessed	5	31%	11	37%
Don't know	.	.	5	17%

Table 3.7. Type of claim of women who experienced physical and/ or sexual partner violence in the last 12 months

TYPE OF CLAIM OF WOMEN WHO PARTNER VIOLENCE IN LAST 12 MONTHS	SCOTLAND (n=6)		BELGIUM (n=22)	
	n	%	n	%
Independent Claim	5	83%	16	76%
Dependent Claim	1	17%	5	24%

"He beat me like a prostitute. I was hospitalised. They refused to treat me unless the police intervened. I filed a report but withdrew it on request of my father. It was shameful for this to be occurring in our community."

Table 4.1. Non-Partner Violence

EXPERIENCES OF NON-PARTNER VIOLENCE	SCOTLAND (n=46)			BELGIUM (n=98)		
TYPE OF VIOLENCE, EVER	n	%	Total n	n	%	Total n
Any physical or sexual violence	21	47%	45	48	55%	87
Physical violence	18	39%	46	46	52%	88
Forced or coerced sex	12	27%	45	15	18%	84

Table 4.2. Child Abuse

EXPERIENCES OF NON-PARTNER VIOLENCE	SCOTLAND (n=?)		BELGIUM (n=98)	
SEXUAL ABUSE, BEFORE AGE 15	n	%	n	%
No	41	*89%*	85	*87%*
Yes	4	*9%*	5	*5%*
Not reported	1	*2%*	8	*8%*
PHYSICAL ABUSE, BEFORE AGE 15				
No	34	74%	66	67%
Yes	12	26%	23	23%
Not reported	.	.	9	9%

Table 4.3. Location where non-partner violence occurred

EXPERIENCES OF NON-PARTNER VIOLENCE	SCOTLAND (n=46)		BELGIUM (n=98)	
EXPERIENCES OF ANY TYPE OF NON-PARTNER VIOLENCE	n	%	n	%
Home Country	16	35%	51	52%
Transit	4	9%	4	4%
Host Country	2	4%	1	1%

"I complained to the detention centre staff about the abuse, rapes and mistreatment [by many perpetrators, multiple times in detention / refugee centre in home country], but they did not pursue it further and nothing was done."

"I was raped by a…militant. Fell pregnant as a result. (My) older child came from this incident. I was 19 or 20 years old at the time of the incident. (I) told family members in (Sudan) about this rape."

Physical Health Status

Main Findings

Physical Health Status

- 57% of women in Scotland rated their health as 'good or fair', but 37% experienced 'severe or very severe pain'.
- 54% and 53% of women in Scotland and Belgium reported that their health was worse in the host country than it was in their home country.
- Headaches and back pain were reported by at least 70% of women in Scotland.
- 63% of women in Scotland and 50% of women in Belgium reported 'difficulty remembering'.

"I have thoughts such as 'things would be better if I was dead.' You feel there is no hope, future. Sometimes you feel ashamed for being you, when you tell people why you came here and that you are an asylum-seeker."

Table 5.1. Physical Health Status

OVERALL PHYSICAL HEALTH, LAST FOUR WEEKS	SCOTLAND (n=46)		BELGIUM (n=98)	
SELF RATED	Freq	%	Freq	%
Excellent / Very Good	6	13%	10	10%
Good / Fair	26	57%	49	50%
Poor / Very Poor	13	28%	39	40%
Not Reported	1	2%		
LIMITED ACTIVITY				
Not At All / Very Little	29	63%	57	58%
Somewhat / Quite a Lot	16	35%	37	38%
Could Not Do Physical Activities	1	2%	4	4%
Not Reported	.	.	.	.
BODY PAIN				
None / Very Mild	14	30%	32	33%
Mild / Moderate	15	33%	32	33%
Severe / Very Severe	17	37%	34	35%
Not Reported	.	.	.	.
EFFECT OF ASYLUM PROCESS ON HEALTH				
Not At All	7	15%	17	17%
Better Than Before	7	15%	18	18%
Worse Than Before	25	54%	52	53%
Don't Know	7	15%	7	7%
Not Reported	.	.	4	4%

Table 5.2. Scotland: Physical Health Symptoms & Severity Rankings in Asylum-Seeking Women.

PHYSICAL HEALTH SYMPTOMS (Scotland, n=46)		
Symptom category and symptom	**Any symptom**	**Severe**
Neurological	**n (%)**	
Headaches	34 (73%)	27 (59%)
Dizzy spells	26 (57%)	15 (33%)
Difficulty Remembering	29 (63%)	23 (50%)
Fainting	4 (9%)	2 (4%)
Gastrointestinal		
Digestive Problems	22 (48%)	12 (26%)
Cardiovascular		
Breathing Difficulty	16 (35%)	12 (26%)
Musculoskeletal		
Back Pain	32 (70%)	24 (52%)
Tooth Pain	21 (46%)	14 (30%)
Facial Injuries	2 (4%)	1 (2%)
Infections		
Cold, Flu, Other Infections	22 (48%)	14 (30%)
Weight Loss		
Significant Weight Loss	15 (33%)	5 (11%)

Mental Health Status

Main Findings

- 57% of women were above the cut-point for Post Traumatic Stress Disorder (PTSD).
- 20% and 38% in Scotland and Belgium respectively reported thoughts of ending their life within the past seven days.
- In Scotland and Belgium 22% and 11% reported having tried to take their own life at some point.
- Women in both settings were in the upper 90th percentile for depression and anxiety compared to an average adult female population.

"If I didn't have the support of my counsellor and friends then yes, I would end my life. I have nothing, no family as they have all turned against me. Nothing. No future in Pakistan. But here I am happy. I see a future here for myself."

Table 6.1. Scotland: Mental Health Symptoms & Severity Rankings in Asylum-Seeking Women.

Scotland (n=46); Belgium (n=98)		Any Symptom	Severe Symptoms
PTSD associated symptoms		n (%)	
Recurrent thoughts / memories of terrifying events	Scotland	33 (72%)	30 (65%)
	Belgium	72 (74%)	56 (58%)
Feeling as though event is happening again	Scotland	24 (52%)	21 (46%)
	Belgium	61 (64%)	41 (43%)
Recurrent nightmares	Scotland	28 (61%)	23 (50%)
	Belgium	63 (66%)	43 (45%)
Felling detached / withdrawn	Scotland	25 (54%)	18 (39%)
	Belgium	59 (61%)	39 (40%)
Unable to feel emotions	Scotland	13 (28%)	10 (22%)
	Belgium	32 (33%)	23 (24%)
Jumpy, easily startled	Scotland	60(62%)	17 (38%)
	Belgium	22 (49%)	34 (35%)
Difficulty concentrating	Scotland	28 (61%)	22 (48%)
	Belgium	59 (61%)	32 (33%)
Trouble sleeping	Scotland	34 (76%)	29 (64%)
	Belgium	68 (70%)	50 (52%)
Feeling on guard	Scotland	25 (54%)	22 (48%)
	Belgium	55 (58%)	27 (28%)
Feeling irritable / Outbursts of anger	Scotland	32 (70%)	26 (57%)
	Belgium	64 (66%)	34 (35%)
Avoiding activities associated with traumatic events	Scotland	21 (46%)	19 (41%)
	Belgium	49 (51%)	31 (32%)
Inability to remember part of most traumatic events	Scotland	8 (17%)	7 (15%)
	Belgium	28 (29%)	10 (10%)
Less interest in daily activities	Scotland	23 (50%)	12 (26%)
	Belgium	40 (42%)	18 (19%)
Feeling as if you do not have a future	Scotland	33 (72%)	27 (59%)
	Belgium	67 (71%)	42 (45%)

Table 6.1. (cont) Scotland: Mental Health Symptoms & Severity Rankings in Asylum-Seeking Women

Scotland (n=46); Belgium (n=98)		Any Symptom	Severe Symptoms
PTSD associated symptoms		**n (%)**	
Avoiding thoughts or feelings associated with traumatic events	Scotland	31 (67%)	25 (54%)
	Belgium	62 (64%)	39 (40%)
Sudden emotional or physical reaction when reminded of hurtful or traumatic events	Scotland	34 (74%)	31 (67%)
	Belgium	64 (67%)	47 (49%)
Depression associated symptoms			
No interest in things	Scotland	23 (50%)	14 (30%)
	Belgium	50 (52%)	18 (19%)
Hopelessness about the future	Scotland	33 (72%)	26 (57%)
	Belgium	61 (63%)	31 (32%)
Feelings of worthlessness	Scotland	25 (54%)	17 (37%)
	Belgium	60 (61%)	25 (26%)
Loneliness	Scotland	37 (80%)	28 (61%)
	Belgium	70 (71%)	43 (44%)
Very sad / depressed	Scotland	37 (82%)	28 (62%)
	Belgium	87 (89%)	57 (58%)
Suicidal thoughts	Scotland	9 (20%)	6 (13%)
	Belgium	37 (38%)	16 (16%)
Anxiety associated symptoms			
Fearful	Scotland	29 (63%)	22 (48%)
	Belgium	68 (70%)	28 (29%)
Tense or keyed up	Scotland	38 (83%)	29 (63%)
	Belgium	63 (66%)	28 (29%)
Terror / Panic spells	Scotland	26 (58%)	17 (38%)
	Belgium	41 (42%)	22 (22%)
Restlessness	Scotland	30 (65%)	24 (52%)
	Belgium	52 (54%)	23 (24%)
Scared suddenly without reason	Scotland	20 (43%)	17 (37%)
	Belgium	45 (46%)	17 (18%)
Nervousness / Shakiness inside	Scotland	25 (54%)	15 (33%)
	Belgium	71 (72%)	34 (35%)

Health Care Use

Main Findings

General Health Care

- 91% of women in Scotland reported having accessed health services more than once since their arrival.
- 93% of women in Scotland reported receiving adequate health care (compared to 60% in the Belgian sample).
- In both settings, over 80% of the women were not worried about confidentiality.
- 37% of women in Scotland and 15% in Belgium reported having at least one visit to A&E[3] within the past 12 months.
- 30% of women in Scotland and 19% in Belgium, reported being too shy or embarrassed to tell medical staff about a problem.
- 91% in Scotland and 73% in Belgium reported that they were never refused a medical appointment or treatment.

Reproductive & Sexual Health Care

- 33% of women in Scotland and 27% in Belgium received STI[4] testing since arriving in the host country.
- 54% of women in Scotland and 43% in Belgium received HIV[5] testing in the host country.
- Among women who reported HIV testing, 40% in Scotland and 62% in Belgium did not receive concurrent STI testing.
- 78% of women in Scotland and 52% in Belgium reported having used a modern method of contraception.
- 11% of women in both Scotland and Belgium reported having been circumcised in their home countries of Eritrea, Guinea, Nigeria, Somalia and Sudan.

> *"Due to my personal condition in Uganda, I arrived here in pain [physically/mentally]. This still affects me from time to time but I am receiving medical treatments and counselling, which is helping very much… also interacting with others (and) having contact with people (helps)."*

[3] Accident & Emergency (A&E)
[4] Sexually Transmitted Infections (STIs)
[5] Human Immunodeficiency Virus (HIV)

Table 7.1. Health Care in Host Country

HEALTH CARE IN HOST COUNTRY	SCOTLAND (n=46)		BELGIUM (n=98)	
DOCTOR/NURSE VISIT, LAST 12 MONTHS	n	%	n	%
Never	.	.	10	10%
Once	4	9%	8	8%
More Than Once	42	91%	79	81%
Not Reported	.	.	1	1%
ACCIDENT & EMERGENCY ROOM VISIT, LAST 12 MONTHS				
Never	25	54%	76	78%
Once	17	37%	15	15%
More than Once	3	7%	5	5%
Don't Know	1	2%	.	.
Not Reported	.	.	2	2%
ADEQUATE MEDICAL ATTENTION RECEIVED				
No	2	4%	23	23%
Yes	43	93%	59	60%
Don't Know	1	2%	6	6%
Not Reported			10	10%
INTERPRETER AVAILABLE DURING MEDICAL VISIT				
Never	3	7%	45	46%
Sometimes	7	15%	10	10%
Always	12	26%	2	2%
Did Not Need Interpreter	23	50%	30	31%
FELT THE MEDICAL STAFF DID NOT UNDERSTAND				
No	37	80%	61	62%
Yes	9	20%	26	27%
Not Reported	.	.	11	11%
HAD AT LEAST ONE PROBLEM WHEN RECEIVING MEDICAL CARE				
No	16	35%	50	51%
Yes	30	65%	48	49%
Not Reported	.	.	.	.
WORRIED ABOUT CONFIDENTIALITY				
No	38	83%	82	84%
Yes	8	17%	4	4%
Not Reported	.	.	12	12%
WAS REFUSED APPOINTMENT OR TREATMENT BY MEDICAL STAFF				
No	42	91%	77	79%
Yes	4	9%	9	9%
Not Reported	.	.	12	12%
TOO SHY OR TOO EMBARASSED TO TELL MEDICAL STAFF HER PROBLEMS				
No	31	67%	65	66%
Yes	14	30%	19	19%
Not Reported	1	2%	14	14%

Table 7.2. Additional health services women would like to receive.

HEALTH CARE IN HOST COUNTRY	SCOTLAND	BELGIUM
ADDITIONAL HEALTH SERVICES	n	n
Pregnancy care / Prenatal care	.	1
Sexual health check	1	20
General practice	.	10
Dermatologist	2	11
Dentist	8	31
Mental health care	1	13
Paediatric care (for children)	2	13
Ophthalmologist	5	2
Other	8	1

Table 7.3. Reproductive and sexual health care use and knowledge, in host country

REPRODUCTIVE & SEXUAL HEALTH	SCOTLAND (n=46)		BELGIUM (n=98)	
EVER USED MODERN CONTRACEPTIVE METHOD	n	%	n	%
No	9	20%	38	39%
Yes	36	78%	51	52%
Never Had Sex	1	2%	5	5%
Don't Know	.	.	4	4%
WANT TO USE MODERN CONTRACEPTIVE METHOD				
No	13	28%	23	23%
Yes	29	63%	48	49%
Don’t Know	2	4%	26	27%
Not Reported	2	4%	1	1%
KNOWS WHERE TO GET MODERN CONTRACEPTION				
No	12	26%	45	46%
Yes	34	74%	52	53%
Not Reported	.	.	1	1%
KNOWS WHERE TO GO FOR ABORTION SERVICES				
No	33	72%	55	56%
Yes	12	26%	41	42%
Not Reported	1	2%	2	2%
RECEIVED STI TESTING SINCE ARRIVAL				
No	25	54%	50	51%
Yes	15	33%	26	27%
Never Had Sex	1	2%	3	3%
Don't Know	5	11%	17	17%
Not Reported	.	.	2	2%
WOULD LIKE TO GET STI TESTING IN THE FUTURE				
No	11	24%	22	22%
Yes	30	65%	56	57%
Don’t Know	5	11%	19	19%
Not Reported	.	.	1	1%
KNOWS WHERE WOMEN CAN GO FOR STI TESTING				
No	17	37%	45	46%
Yes	28	61%	47	48%
Not Reported	1	2%	6	6%

Table 7.3. (cont). **Reproductive and Sexual Health Care, and Knowledge, in Host Country**

REPRODUCTIVE & SEXUAL HEALTH	SCOTLAND (n=46)		BELGIUM (n=98)	
RECEIVED HIV TESTING SINCE ARRIVAL				
No	17	37%	38	39%
Yes	25	54%	42	43%
Don't Know	4	9%	12	12%
Not Reported	.	.	6	6%
WANTS TO GET HIV TESTING IN THE FUTURE				
No	15	33%	22	22%
Yes	25	54%	56	57%
Don't Know	5	11%	17	17%
Not Reported	1	2%	3	3%
KNOWS WHERE TO GO TO GET HIV TESTING	n	%	n	%
Yes	14	30%	52	53%
No	28	61%	44	45%
Not Reported	4	9%	2	2%
FEMALE CIRCUMCISION				
No	40	87%	81	83%
Yes	5	11%	11	11%
Don't Know	1	2%	.	.
Not Reported	.	.	6	6%

"(I receive) different treatment as a refugee. I went to the ER because I had difficulty breathing and was wheezing. The doctor who attended me made up his mind when he realised I was a refugee. He did not do his job properly, disregarded me. He was meant to demonstrate how to use the inhaler… (I) was treated like nothing. It was frustrating, (I) felt rejected, unwanted.

Implications

Policy and services

- The findings, especially the high level of violence experienced by female asylum-seekers, indicates the need for procedures that are able to identify and respond to women's particular protection and health needs. The UK Border Agency (UKBA) must seek to establish procedures to proactively identify women who have experienced physical and sexual violence and respond to their needs appropriately.
- UKBA must ensure that the Asylum Policy Instruction (API) on *gender issues in the asylum claim* is consistently and appropriately implemented, monitored and reviewed. All UKBA Asylum Case Owners should receive regular training on the particular issues facing asylum-seeking women and a thorough understanding of the API should become a key competence in their accreditation.
- The Asylum and Immigration Tribunal must ensure that immigration judges are fully aware of the specific issues facing asylum-seeking women and receive training in order to respond, to a similar standard as the criminal justice system, to female asylum seekers who have experienced violence.
- The levels of past and current abuse reported highlights the need for clear and carefully followed asylum procedures that ensure women are consistently and appropriately informed of the option of making a claim independent of her partner. They must be given adequate opportunities to articulate this claim. In addition, authorities should inform women of any advantages and possible disadvantages of making an independent versus dependant claim.
- The large percentage of women who experienced some form of intimate partner violence highlights the need for UK and Scottish Government and local strategies which aim to combat violence against women to be fully inclusive and address the particular needs and experiences of asylum-seeking women. The UK Border Agency's current policies and procedures must be revised (i.e. Policy Bulletin 70) to ensure that asylum-seeking women cannot be excluded from services and support mechanisms because of their immigration status. Asylum-seeking women should be granted the same level of services provided to other women in Scotland.
- 'Difficulty remembering' was reported by a majority of women. Difficulty remembering is a common symptom among individuals suffering PTSD. This has serious implications for women's asylum testimonies and consideration of their initial asylum applications and appeals, particularly with regards to possible adverse credibility findings on the basis of narrative inconsistencies.
- In the Scottish findings, there are clear and positive messages regarding good health care provision, with nearly all women reporting they had adequate medical care and were satisfied with the care.
- The high number of women having been tested for HIV since arrival needs to be explored further to understand, for example, whether or not Voluntary Counselling and Testing (VCT) was fully available. Nonetheless, a majority of women reported

not knowing where to go to access HIV testing, which may suggest the need for better information about sexual health services.

- Suicide appears to be a very significant concern when caring for women seeking asylum. The data suggest that nearly one-fifth of the women interviewed had considered suicide in the seven days preceding the interview. This would indicate a need for specific service approaches aimed at detecting and responding to suicidal ideation.
- The high levels of post-traumatic stress disorder (PTSD) strongly suggest that early voluntary mental health assessments and support should be proactively offered to women seeking asylum and that these services must be prepared to respond to the multi-cultural post-trauma reactions.
- With so many children having witnessed some form of physical and/or sexual violence, age appropriate mental health services should be offered and made available to children. This finding underlines the importance of provision of childcare during asylum interviews. Where children have already been exposed to violence, it is all the more vital that they are not re-victimised during a parent or carer's re-telling of these experiences to asylum decision-makers. Childcare should also be available in other situations where women are recounting their experiences i.e. when legal representatives are taking testimonies and when mental health professionals are providing treatment.

Further Research

- Further research that aims to obtain a representative sample is required to explore the consistency of these preliminary findings and investigate important associations between health, violence and the asylum process and services.
- Further qualitative research is required to understand a number of the issues raised in this study that have previously received relatively little attention, including women's experiences during transit; women's feelings of safety in the host country; PTSD, memory difficulties due to trauma and asylum applications; sexual and reproductive health service use, and HIV testing; dependent versus independent claimants' experiences; and the impact of the asylum process on women's mental and physical health.
- Further development of a quantitative and practical tool that can be used by asylum officials and service providers to identify vulnerable women early in the asylum process is needed. Further research is also needed into patterns of violence disclosure and the reliability of these tools.

> *"With regards to the violence questions – they are good because it may have happened to some women…but no one ever asks about it."*
>
> *- Zimbabwe woman, 37 years old*

References

Crawley H., Lester T., UNHCR 2004 Comparative analysis of gender-related persecution in national asylum legislation and practice. Available at: http://www.unhcr.org/40c071354.html/. Accessed: June 2009.

European Council, Council Directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers. Available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:031:0018:0025:EN:PDF. Accessed: June 2009

European Council, Council Directive 2005/85/EC of 1 December 2005 on minimum standards on procedures in Member States for granting and withdrawing refugee status Available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:326:0013:0034:EN:PDF

European Council, Council Directive 2004/83/EC of 29 April 2004 on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted. Available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32004L0083:EN:HTML. Accessed: June 2009.

European Commission, Proposal for a Directive of the European Parliament and of the Council laying down minimum standards for the reception of asylum seekers (Recast). Available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0815:FIN:EN:PDF. Accessed: Jun 2009

Garcia-Moreno C, Jansen H, Ellsberg M, Heise L, Watts C. 2006. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*: 368 (9543):1260-1269

Home Office. "Gender Issues in the Asylum Claim." 2006. Available at: http://ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumpolicyinstructions/apis/genderissueintheasylum.pdf?view=Binary. Accessed June 2009.

Home Office. Home Office Statistical Bulletin: Asylum Statistics 2007. 11/08.

Jewkes, R. 2007. Comprehensive response to rape needed in conflict settings. *The Lancet*. Vol 369 (9580): 2140-2141.

Pedraza, S. 1991. Women and migration: The social consequences of gender. Annual Review of Sociology, 17: 303-325.

Refugee Council. 2009. The vulnerable women's project. Refugee and asylum-seeking women affected by rape or sexual violence. London.

The Information Centre about Asylum and Refugees in the UK, 2004. "Moral Rights, Hildegard Dumper Available at: http://www.icar.org.uk. Accessed: June 2009.

Tina Heath, Richard Jeffries and James Purcell (August, 2004). "Asylum Statistics in the United Kingdom." 2003, Issue 11/04. London: Home Office. Available at: http://www.homeoffice.gov.uk/rds/pdfs04/hosb1104.pdf. Accessed: June 2009.

United Nations. 2009. Stop Rape Now. Available at: http://www.stoprapenow.org/ Accessed: June 2009.

UK Border Agency, 2008-2009. "Race, Disability, and Gender Equality Scheme."

Zimmerman, C.; Hossain, M.; Yun, K.; Gajadadziev, V.; Guzun, N.; Tchomarova, M.; Ciarrocchi, R.A.; Johansson, A.; Kefurtova, A.; Scodanibbio, S.; Motus, M.N.; Roche, B.; Morison, L.; Watts, C. The Health of Trafficked Women: A Survey of Women Entering Posttrafficking Services in Europe. *Am J Public Health*. 2008 Jan;98(1):55-9.

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