



## Purpose

Prevalence of sexual violence is high in armed conflicts and on routes to asylum-seeking. The need for counselling for refugees and asylum-seekers who experienced sexual violence should be recognised. Due to their mobilisation, information on available counselling near them would be helpful. Therefore, the purpose of the research is mapping these services in the UK.

## Methodology

### Scoping review (an iterative process with 6 non-linear stages)

- **Identifying research questions: Overarching research question**—What counselling service is available in the UK for refugees and asylum-seekers who have experienced sexual violence? **Additional research questions**—What are the features of the services, i.e. modalities, modes, number of sessions, 'female only' space, language, fees, and the differences across the UK?
- **Identifying relevant services:** Internet and electronic database searches, including keyword searches, i.e. 'Counselling' and 'refugees and asylum-seekers'; and 'counselling' and 'sexual violence' in each of the 4 countries in the UK; forward searches from links in some relevant websites; and key magazine and journal searches.
- **Service selection:** Applying selection criteria to include most relevant services—only included the organisations providing counselling (or other synonyms). Private practice and organisations providing counselling to the general public were excluded as it was impractical to check all of them. Statutory services were excluded as it was assumed that they were known to organisations working with refugees and asylum-seekers already. Services mainly working with survivors of childhood sexual abuse were excluded as it was not the focus of the research.
- **Sifting, charting and sorting data:** All the websites found were looked into to ensure their relevance. A framework was designed to sort and chart all the data collected.
- **Collating, summarising and reporting results:** All the data collected was summarised, analysed and reported in the same manner. A directory of potential counselling services in the UK was produced. (The word 'potential' was used because some organisations did not explicitly state that they could work with refugees and asylum-seekers.)
- **Consultation exercise:** For the organisations which did not provide all the data on their websites, a questionnaire was designed and emailed to them and/or telephone calls were made to gather relevant information.

## Findings

### 162 potential services were identified:

**147 in England** (in which 49 in London, 5 in North East, 12 in North West, 18 in Yorkshire and the Humber, 8 in East Midlands, 15 in West Midlands, 9 in East of England, 16 in South East, 15 in South West); **1 in Northern Ireland, 8 in Scotland and 6 in Wales.**

**In proportion to the populations, London had far more services than other areas. The North West had the second least although it has the third largest BAMER communities and the largest proportion of dispersed asylum-seekers in the UK.**

**Clienteles of these 162 services:** Sexual violence survivors (88); BAMER (64); Trauma survivors (6) and Women (4).

**Genders of the clientele:** All genders (120); Female only (37) and Male only (5)

**Age ranges of the clientele:** Children and/or young people (16); Aged 10 or over (33); Aged 16 or over (11); Adults only (47); All ages (43) and Non-specified (12).

### Among the 162 services, 69 provided data for all the additional research questions:

**Counselling modalities adopted:** Various modalities (46); Trauma-based (7); Person-centred (6); Integrative (3); Creativity (3); Empowerment (2) and Psychodynamic (2)

**Modes of counselling available:** Individual in-person (67); At least one alternative mode (21); By phone (15); By videocalls (12); By texts/emails (4); Groupwork (24); Family therapy (3) and Couple therapy (2).

**No. of sessions:** Up to 12 sessions (12); Up to 24 sessions (27); 25 or above (8) and No limits (16). (Note: 4 of the 67 organisations which provided individual counselling could not be classified as they offered different number of sessions to different groups of clients.)

**'Female only' space/timeslots:** Yes (36 in which 19 only worked with women and girls); Can accommodate if clients requested (6); No (22); Single-gendered groups (3) and Not applicable (2).

**Use of interpreters and multi-lingual counsellors:** Interpretation provided (30); No interpretation provided (10); Clients to arrange interpreters (13); Bi- or multi-lingual counsellors available (13) and Not certain (3).

**Fees for the services:** Free for all (63); Free for some, e.g. residents of the areas (2); Sliding scale according to affordability (2) and Not free but at low rates (2).

## Research Limitations

**Time constraints:** The researcher could not follow up all the organisations which did not answer her initial phone calls.

**Data selection:** Only included services in the third sector, not statutory services or the private sector.

**Questionnaire design:** Could have follow-up questions about interpreters, e.g. are they professional?

If no interpreters used, ask why. Also, 'gender specific' space could be used instead of 'female only' space as it is more inclusive.

## Conclusions

With long waiting lists in many counselling services for sexual violence survivors, there was serious shortage across the UK but particularly so in Scotland. The service for BAMER communities were concentrated in London with its highly multi-ethnic population. However, with the government's dispersal policy and the Syrian Vulnerable Persons Resettlement Scheme, the number of refugees and asylum-seekers living in other parts of the UK are increasing and so are their service needs. Also, interpreters and multi-lingual counsellors can increase their access to counselling service. These are important information for policy makers in service planning. Lastly, the directory of counselling services produced is helpful for refugees and asylum-seekers who need the service and those working with them.

**If you would like to have a copy of the directory produced in the research, please contact the researcher Tracey Leung (traceyleung@yahoo.com).**