

“A life not
worth living”

Coping with COVID-19:

The experiences of torture survivors in
the United Kingdom

Introduction

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This is a brief report on how the COVID-19 pandemic has affected 62 torture survivors who recently arrived in the UK. The virus has disproportionately and brutally impacted vulnerable populations, including ethnic minorities, migrants and the poor.¹ Torture survivors fall within these marginalised groups but are even more exposed, due to the toll torture takes on the physical and psychological well-being of a human being.

All of the men and women in this study are Sri Lankan Tamils who survived detention, torture and in most cases sexual violence in Sri Lanka. They are refugees or asylum seekers in the United Kingdom. Most do not speak English. For them, insecurity is the norm, as is living in an immigration limbo that is now intensified by the virus. They do not know when they will see their parents, siblings, wives or children again. The virus has exacerbated their physical and social isolation, re-traumatising them, and in some cases setting their recovery back years. After months in lockdown, they are hungry, scared and hopeless; some even contemplating ending their lives.

COVID-19 has amplified the problems faced by this traumatised group that was already struggling at the margins of society before the pandemic. The virus has laid bare the vulnerabilities of torture survivors, while exposing the fragility of a flawed welfare and asylum system in the United Kingdom. They have fallen through the cracks of the system, as the 11 case studies below illustrate.

We hope that our insights from attempting to care for this small group can have learnings for those assisting other refugee and asylum-seeking populations in the United Kingdom and in other countries. However, their needs are too great to be left to small charities to address in an ad hoc and stop-gap manner. Urgent government intervention is needed. While an increase in the statutory provisions for asylum seekers is vital, as these case studies demonstrate, other urgent concessions are also needed, namely:

- **Grant Temporary Leave to Remain:** the United Kingdom Government should in these extraordinary times grant Temporary Leave to Remain to asylum seekers present in the UK and impose a moratorium on forced returns;
- **Grant Temporary Authorisation to Work:** the United Kingdom Government should grant temporary authorisation to work, which would have the added benefit of meeting the need for seasonal labour;

- **Improve access to healthcare:** the United Kingdom Government should improve access to healthcare including making appointments, renewing medical prescriptions, obtaining free medication, and make mental healthcare a priority; and
- **Simplify the National Asylum Seekers Support Application (NASS):** The United Kingdom Government should simplify this process by replacing the proof of address requirement with a letter of referral from a charity supporting torture survivors or a mental healthcare organisation.

Background

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The survivors who participated in this study belong to the persecuted Tamil community in Sri Lanka.² They fled to the United Kingdom as a result of the ethnic conflict in Sri Lanka. Media reports have documented the perilous journeys refugees make to reach safety, most recently from Syria, and the Rohingyas. These survivors from the conflict in Sri Lanka are no exception and give similarly harrowing accounts of their arduous journey to the United Kingdom. Most are in their 20s and 30s. They grew up during the civil war in Sri Lanka where bombardment, hunger, bereavement and repeated displacements were part of daily life. Typically they have lost close family members who were killed during the conflict, and/or experienced the disappearance of siblings or parents.

Their families sold what little they had in order to pay bribes to release them from detention and smuggle them out of Sri Lanka. For many, it was the first time they had travelled abroad, still bruised, with bleeding wounds sticking to their clothing, and at the mercy of human smugglers, to whom they have become financially indebted.

Previously, almost all survivors in the group have provided accounts of being arbitrarily arrested, detained, tortured and sexually violated by state actors in Sri Lanka. Many experienced multiple periods of detention and torture. The practice of torture by state actors in Sri Lanka is well-documented: being stripped naked, hung upside down and beaten unconscious, submerged in water, asphyxiated with petrol and chili powder fumes, chili powder placed on their private parts, burned with cigarettes, branded with heated metal rods and having nails and teeth removed. Rape and sexual violence were routinely inflicted, and against men and women alike.³

The impact of torture

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Torture is an extreme violation. It shatters trust in other human beings, fractures family bonds and strains fragile systems of community support. At its core, it is a perversion of all that is good and decent in human relationships, and as a result violates the attachment systems and bonds of those tortured. Attachment (relationship) to other human beings, developed over years from infancy,⁴ is chronically damaged. A victim might be strong and resolute, yet pain can destroy the integrity of a person's mind and body, and their loyalty to friends and ideals. It is a dehumanising process designed to deconstruct the person's sense of identity. Central to the experience is the victim's all-consuming sense of helplessness, and the devastating recognition that the harm done to them is intentional rather than accidental. The only person to whom the victim can turn for relief from their suffering is the perpetrator who is implacable, hostile or even gratified by the victim's pain and fear.

Survivors like the ones interviewed in this study have been subjected to repeated and multiple forms of extreme and prolonged interpersonal trauma. Judith Herman, a leading figure in the trauma field, has identified that such experiences produce a more enduring and complex form of traumatic response.⁵

What Herman defined as Complex Post-Traumatic Stress Disorder (Complex PTSD) is now a coded diagnosis. It is defined as a "disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterized by 1) severe and persistent problems in affect regulation; 2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning."⁶

CPTSD, depression, anxiety and complex bereavement issues, chronic pain, self-harm and suicidality were among the mental health issues survivors had been grappling with on a daily basis prior to the lockdown. The COVID-19 crisis has reawakened the misery and isolation of past traumas and tortures. It has made the situation worse for all of the

survivors, and on every level. As lockdown is eased, their journey will be similarly arduous - psychologically, physically and socially.

It is not the aim of this report to provide a detailed clinical review of the cases studies set out below. Instead, the report bears witness to and reflects survivors' experiences during this unprecedented period. The reference to CPTSD set out above is to help understand the suffering caused by COVID-19 and the profound disruption that the lockdown has wrought on these survivors' fragile systems of support.

All of the survivors interviewed for this study were attending, or had previously attended, a weekly psychosocial support project in London.⁷ The aim of these weekly gatherings is to help victims turn the corner into survivors who can imagine a future. Intervening at an early stage prevents decades of despair, self-harm and dependency. Some of the survivor group are now studying at university after winning scholarships. But there was a time when they were in immigration detention and hanging on to life by a thread. In mid-March 2020, the physical meetings had to abruptly stop, and instead support was offered over the phone or online. Forty four of the current group are asylum seekers while 18 were recently granted refugee status.⁸ Fifty are male and 12 are female. Only six survivors in the group were able to access the National Asylum Support Service (NASS) support of £37.75 a week when the report was written. Very few speak English.

Methodology

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The 11 case studies below are based on detailed interviews conducted on the telephone with torture survivors in different cities throughout the UK. In addition, a total of 4 staff, including 2 counsellors from the project, were interviewed and debriefed, and Needs Assessment notes made by the staff were studied. It is worth noting that the project's Tamil staff are themselves all recent refugees and survivors of the conflict in Sri Lanka.

Out of the group of 62, 11 survivors were identified on the basis of assessments made by the counsellors as to their emotional and mental resilience to participate in an interview for a report about how COVID-19 has affected their lives. Once identified, the survivors were asked if they would be willing to be interviewed for the report. All agreed.

At the outset of each interview, the survivors were informed again of the purpose of the interview and the type of information sought. They were told that the focus of the report would address how COVID-19 had affected their lives, and identify what would help to alleviate their problems related to this. It was clarified that their past experiences of torture and other crimes would not be raised during the interview. Survivors were informed that no identifying information would be provided in the report, and all the information provided would be used in a manner that would not reveal who they are. All consented to have their experiences at this time disclosed.

The interviews were conducted in their mother tongue, Tamil, by the interviewer. An interpreter who was known to the survivors was present to assist with any translation issues, and also to reassure survivors by providing them with a sense of familiarity due to his prior relationship with them. During the interviews, survivors were provided with the space to speak about their experiences. Care was taken to not be forceful or intrusive in any way. This was essential to ensure that the process did not re-traumatise them. These case studies reflect what survivors were able to say in light of their mental state and the do-no-harm/survivor-centred principles which the interviewers abided by. The interviews ranged in length from 30 minutes to 1 hour. The interviews were concluded on a positive and hopeful note for the future.

Follow-up telephone calls were made shortly after these interviews to debrief and check-in on the survivors. For 5 of the 11 survivors, a number of immediate remedial steps were taken, including arranging for food, providing emergency

cash for electricity metres, and setting up psychiatrist help. Over the course of the subsequent weeks, other types of assistance were arranged, based on the un-met needs identified during the interviews. Based on these 11 interviews, set out as the case studies below, a Needs Assessment began for other survivors in the group. This Needs Assessment has also informed this report.

As the case studies below demonstrate, confinement is experienced differently by those who have spent considerable time in a bunker being shelled and bombed, witnessing death and destruction, and then detained alone in a tiny dirty cell where they have been repeatedly tortured and raped.

Hunger

As the COVID-19 pandemic hit in the United Kingdom, families stockpiled essentials and supermarket shelves emptied. However, asylum seekers simply do not have the money with which to stock up on essential food items like rice and lentils. They have no transport to go to big supermarkets to buy in bulk, instead relying on corner shops that tend to be more expensive. Before the virus, food insecurity was already a big issue for this group.

Case Study: T (Male Asylum Seeker)

"I am 44 years old and arrived in the UK in 2016. My wife and two children are in Sri Lanka. Before the lockdown, I was able to survive on the leftover rice and curry that I picked up from the ITJP's weekly sessions. I also received food from the Red Cross, but that is now not available as I cannot travel to them to pick up the food due to the lockdown. Now I am having trouble feeding myself."

I am on sleeping pills and anti-depressants. I have supplies for another month. I don't know what I will do when my supply runs out. I am very grateful for the online counselling I receive which helps me a lot.

I am able to get in touch with my wife and two children in Sri Lanka but sometimes when they get cut off, I don't know what has happened. I am anxious and worried for days before they can call back. Usually they cannot call me back immediately because they have run out of phone credit and cannot go out to buy more due to the lockdown situation in Sri Lanka. They are also struggling money-wise. It is hard for me not being able to look after them or to help them.

I came here for a better life, but I am now not with my family, I don't have the right to stay here and I don't know when my case will continue. This mental burden is affecting me physically as I feel very slow and tired. I am told that leaving

my room and going outside for a walk can help but I am afraid of the virus.

I have asked for Home Office authorisation to work. I hope I can work, though I have a metal plate in my shoulder and problems with my hand from the war.

The lockdown is affecting me a lot mentally. I saw a lot and experienced a lot during the war. Images of corpses, blood flowing, and being detained in camps with no food. I was also tortured in detention for two years. These memories are now coming back."

Lack of Support

"I often don't eat."

Many asylum seekers who are newly arrived in the UK stay with relatives or family friends rather than accessing social services or support. Often they do not know they are entitled to help from the state, and they are often unable to fill in the application forms on their own. The language barrier and cultural gap means survivors cannot fend for themselves, and if the family is absent they are sometimes silently going without food like this man:

Case Study: J (male, asylum seeker)

"I arrived in the UK in December 2018. My asylum claim is pending.

I am all alone now. I usually live with my sister and her family, but they are all now stuck abroad. They were supposed to have been away for a week but have been away for six weeks now, due to the virus as there are no return flights.

My sister usually gets my medications for me – anti-depressants and sleeping pills. I have now run out and I don't know how to get them. I am having trouble sleeping without my medication. I don't speak English and I don't know how to access the online GP system.

I try to access the online counselling group, but I can't do it regularly due to Wi-Fi problems. My sister told me not to go out of the house due to the virus, so I don't. I am scared to leave the house. The gas and electricity in the house use

a top up metre and I don't have money to top it up. I often don't eat.

I don't know what to do. I am stuck in the middle. I have no news on my asylum case. My sister and her kids were giving me emotional support and now I have no one. I hope they come back soon, but we don't know for sure when they will."

Suicidal

"A life like this is not worth living."

Many recent torture and sexual violence survivors demonstrated suicidal ideations before the virus struck. Our project has a volunteer NHS consultant psychiatrist who is Tamil-speaking and provides assistance, but the need is far greater. Since the COVID-19, those who had managed to enlist for NHS psychiatric help, like this young rape survivor whose mental health is worsening after being cooped up at home, have not been able to access it.

Case Study: S. (female)

"I tried to kill myself earlier this year. After my suicide attempt, I was seen in a psychiatric ward and told that I would receive therapy. My GP has referred me, and I am on a waiting list for therapy through the NHS system. I was hoping that I would get therapy help this year, but this has been delayed because of the virus.

I am 21 years old and arrived in the UK in 2019. I had my first Home Office interview in early 2019 and have had no news since then – not even one letter. I am very sad because I don't know if I can continue to the next stage of my asylum application. The virus is causing more delay in my case.

Before the lockdown, seeing my friends once a week during ITJP's weekly sessions took my mind of things. They would advise and support me, which helped me a lot with my depression. I am sad that I cannot go anymore. I miss my friends and their support.

I would like to study next year but for the online enrolment I need the asylum registration card which I do not have. I do not know when I will receive this. I try to follow some classes

online, but I struggle to concentrate. My mind is full of memories of the past and what happened to me."

Case Study: P (female)

"I am 26 years old and arrived in the UK in 2018. My asylum case was scheduled to be heard in May but that was cancelled due the virus. I am now waiting for an online hearing of my case, but I do not know when this will happen. I am afraid about what will happen next. The delay seems indefinite and this adds to my distress. The uncertainty makes me very anxious. I want my case resolved as soon as possible.

I also worry about my mother in Sri Lanka who has heart problems and other serious medical issues. She has been sick with a fever. I haven't been able to speak to her in the last two weeks. When I could leave the house and see my friends, this took my mind off things. I had the chance to forget about my problems when I was with them. Now I spend my time worrying about my case, and all the things from the past that happened to me. I stay in my room most of the day.

For the last two weeks, I have been thinking about jumping off my building or taking pills to commit suicide. I am losing my will to live and feel very depressed."

Loneliness

"The loneliness is killing me."

The acute loneliness and sense of dislocation in a new country that is common to survivors has been exacerbated by confinement measures. When coupled with worsening mental health problems triggered by COVID-19 as well as the loss of access to networks and organisations that provide support, the ramifications can be grave.

Case Study: M (male, asylum seeker)

"I am 33 years old and arrived in the UK in 2019. I used to live with my brother and his family in London, but they had a housing problem, so I had to leave. They are refugees.

I now live alone in Newcastle. I don't know anyone here. There is no one here for me. I am alone in my room all the time. Before the lockdown, I would go to London to see my brother once a month. I can't go anymore. I speak to him sometimes. The loneliness is killing me.

I spend my days thinking and worrying about how things are going to end. My asylum case is pending. I have not heard anything since I claimed asylum at the airport when I arrived. I do not know about any government help that I am entitled to. I don't know how to apply for any help. I do not have any money. I do not know how long I can stay in this room.

I crossed so many hurdles and came to this country only to have this loneliness and to live with nothing. I miss my parents, wife and daughter in Sri Lanka. A life like this is not worth living, I would rather have died than to have these problems. I hate this life. I was expecting a good life in this country. I have lost the will to live.

I can't sleep and feel afraid. I don't have any energy and don't feel like looking after myself, cooking or eating. I received some cooked food once and that helped a lot. When I have online classes, I feel ok but after that I feel sad. If I am granted refugee status I can get on with my life and be happy."

Trapped in an Abusive Environment

"I am trapped."

Before the virus struck, the project saw several young men experiencing problems with host families who, after a while, started to resent them as a burden and financial pressure. In some cases the family would stop feeding the torture survivor properly, or not wash their clothes or heat their room. COVID-19 has added even more pressure and hosts struggle to feed an extra mouth. Such rejection and emotional abuse can cause immense damage to someone who is young, alone in a foreign country and already extremely traumatised by torture.

Case Study: S (male, asylum seeker)

"I am 28 years old and arrived in the UK in the spring of 2018. I live with my sister-in-law's family. Her husband lost his job due to COVID-19. They have told me that they can't afford to feed me anymore, but I don't want to leave them because my GP and the Home Office have this address. They treat me in a way that is hurtful, but I am reliant on them. If I move, it is difficult for me to provide the paperwork I need to register elsewhere.

This situation at home is really affecting me. I take cold showers because they don't want to turn on the heater for me. I am trapped. I can't leave until my asylum claim is resolved but I have not heard anything from the Home Office since my screening interview at the airport when I arrived. I am also worried about my wife in Sri Lanka who is ill.

It would make a big difference to me to have my case progress, but I am told that all case hearings are suspended due to the virus situation. I am trapped. I am afraid to leave where I live. I had to come out of the house to make this call as I don't want to cause trouble at home."

Relapse – Progress Undone

"It took me five years to recover."

Torture and sexual violence survivors, who have struggled to keep going and cope in the UK for many years, now find their limited recovery is being jeopardised.

Case Study: T (female, asylum seeker)

"I am 41 years old and arrived in the UK in 2015. My asylum case is pending.

From the time I arrived in the UK until last year, I would stay at home all the time and did not want to go out at all. This was due to my mental state caused by my experiences in Sri Lanka. It has taken me 5 years to recover and to want to take part in life again. But now I have to stay at home again due to the COVID-19 lockdown. I am afraid that my mental state is going to relapse. Last year, my medication was

reduced as I started to feel better, but now my GP has had to increase it. I am suffering from sleeplessness.

Once I had got used to going out, I forgot to think about the past. Now the thoughts are back as I am stuck at home.

The lockdown situation has affected my relatives' income. My sister-in-law can't go to work because she has to stay at home to look after the children. The rent is paid until the end of this month, but I don't know what will happen after that."

Limbo: Facing an Uncertain Future

"No amount of counselling will solve my problems until my asylum case is resolved"

"I feel like my life is on hold, that my life is in limbo. The insecurity of it all makes me very anxious and depressed."

At the best of times waiting for a decision from the Home Office is distressing, particularly for those already suffering from trauma caused by torture and sexual violence. Now with the COVID-19 crisis, immigration hearings are thrown into uncertainty. Due to COVID-19, the Home Office has suspended all asylum interviews and in-court hearings are being adjourned. Survivors' pending asylum cases are currently stayed. The impact of COVID-19 on their asylum claims is an overwhelming worry and source of anxiety for survivors.

Case Study: A (male, asylum seeker)

"I arrived in the UK in 2018. My asylum case is pending. I was living with my sister and her family but moved out after my sister's family fell ill. They were suspected to have caught the virus. The family was advised to self-isolate and I was sent away so I would not catch the virus.

Because of this, I have been living in temporary accommodation for the last 6 weeks. I have seen a big change in my loneliness here. It has become a big problem. I am scared to leave my room. I go out once a week on a Sunday when there are less people on the street. I am so

lonely in this accommodation. I stay in my room most of the time. I do not know any other lodgers. We are all afraid of each other and avoid each other due to fear of catching the virus.

I feel very lonely. When I was able to attend the psychosocial project's weekly meetings, I felt we were family. I miss that feeling, that setting, and I miss the food. This made a huge difference in my life. After every meeting, I would start counting down the days to the next meeting.

Food is a problem. My temporary accommodation is located above a shop and the shop is closed due to the virus. Because of this, I have not been able to accept the food and vegetable boxes sent to me by the project.

No matter how much counselling I have, having no solution to my situation is not helping. The issues include my family in Sri Lanka, my problems in this country, my asylum case on hold and my problems in my temporary accommodation. No amount of counselling will solve these problems until my asylum case is resolved. I feel like my life is on hold, that my life is in limbo. The insecurity of it all makes me very anxious and depressed. Loneliness is a big problem now."

Refugees

"My happiness was cut short due to the COVID 19 lockdown."

Even those who have obtained their hard-fought refugee status have not been spared the impact of COVID-19. The project has seen survivors who were coping returning in the last two months and needing support again. For those who have waited years to be granted asylum and then bring their families to the UK to join them, the virus has thrust their lives into a new state of paralysis.

Case Study: S (Refugee Status Granted, Male, Family in Sri Lanka)

"I am 35 years old and arrived in the UK in 2016. In February this year, I was granted refugee status. But my happiness was cut short due to the COVID-19 lockdown. The next stage, which was to bring my wife and daughter here, is on hold. My daughter was six months old when I left Sri Lanka. I have not seen here since then. I am scared she might not remember me and not want to be with me. I have not left my house in 3 weeks. I feel stressed, anxious

and angry about not being able to go out. I feel like I am back in jail in Sri Lanka. This brings back memories. Before I could see friends outside the house which gave me some relief. They would also sometimes buy me groceries. Now I don't see them because of the lockdown. I also don't have money to buy food and contribute to the family I live with. As a refugee, I am entitled to apply for Universal Credit but I have not received my biometric ID which I need to make the application. I don't know when I will receive this. It has been delayed due to the virus."

Case Study: T (Refugee Status Granted, Single Mother)

I am a 39-year-old single mother with an 11-year-old son. I arrived in the UK in 2017. I got asylum and refugee status in April 2018. I was working before the lockdown, but I stopped going to work because I had fever. I cannot tell you what my temperature was - I do not have a thermometer at home. I suspected it was COVID-19 but I was afraid to leave the house to go the GP. It was also difficult to get an online appointment. I struggled with the online booking system as my English is poor. I don't have a mask so I am afraid to take public transport. My biggest challenge due to the lockdown is that my son is not going to school. I can't force him to study and I am very worried about his future. This causes me a lot of stress and anxiety.

Case Study: T (Refugee Status Granted, Reunited with Family)

I arrived in the UK in 2014, got asylum in 2018, and my family (2 sons and my wife) arrived in 2019. Due to the lockdown, life has stopped for us. We can't do anything. My kids' schooling, (5 and 10) has been really impacted by the lockdown. They have piles of homework and ask us for help, but we can't help them. Neither my wife nor I understand English. They cannot follow lessons online as we do not have a laptop. We cannot afford one. My 5-year-old son had to be admitted to hospital due to a medical emergency. He has been discharged now but he really should be in hospital still. He was discharged to protect him from the virus and also to free up his bed for other patients. We are grateful to the medical staff who have visited him at our home. We are all sleeping on the floor on duvets as we have no beds. The medical staff say he really should be sleeping on a bed, but we cannot afford one for him.

Findings and analysis

These case studies highlight how COVID-19 has triggered and amplified problems faced by survivors: hunger, suicidal ideation, loneliness, re-traumatisation, fear, poverty, hostile living environments, helplessness and despair over an uncertain future caused by their delayed asylum cases. The case studies also demonstrate that these problems are interconnected. For these survivors, who were living on the margins of society, COVID-19 is a wrecking ball that is destroying the fragile lives they have cobbled together.

An Unfolding Mental Health Crisis

The confinement measures put in place to contain COVID-19 are severely impacting survivors' well-being and causing a dramatic surge in their mental health problems. The fear caused by the pandemic, and the uncertainty it creates over their future, contribute to this. How long will this lockdown last? Is my family safe in Sri Lanka? Will I run out of food? Where will I live as my host is now unemployed and cannot afford to feed me? Looming over these concerns is the uncertainty over their residency status in the UK, and the overwhelming fear of being sent back to dangers from which they had fled.

The survivors in this study fled Sri Lanka because they feared for their lives. COVID-19 has snatched away the very reason they left behind their families – a sense of safety – and replaced it with the very reason that compelled them to leave in the first place – fear. Many of the survivors interviewed expressed an unusually deep-seated fear related to COVID-19:

"During the war in Sri Lanka we were running to save our lives. Same situation now.... we are living in fear for our lives again."

"First the Sri Lankan Army was chasing us, and now this virus."

As the death toll due to COVID-19 has increased sharply in the United Kingdom, anxiety levels among the survivors seem to be increasing and their pre-existing trauma and mental health issues are worsening. Confinement is causing re-traumatisation by triggering memories of torture, sexual violence, and detention. Their counsellors report a rise

in mental health complaints such as extreme loneliness, anxiety, sleeplessness, suicidal thoughts, depression, a loss of motivation and appetite including extreme inertia and an inability to look after and feed oneself.

Survivors' access to life-saving care and mental health support is severely disrupted by the pandemic. Recoveries are being set back. The combination of a dramatic increase in the need for mental health services, coupled with the sharp decline in provision, can potentially be life-threatening.

COVID-19 has also disrupted a lifeline for the survivor group – the weekly gatherings with fellow survivors where they attended English classes, group counselling, therapeutic art classes, and shared a meal with friends. For many this opportunity to socialise was the only source of camaraderie, laughter, and a chance to have food from home - Sri Lanka. For many, the loss of this support and the loss of contact with their peers has left them feeling acutely alone and struggling emotionally. While their host families provide them with food and accommodation, they do not provide the psychological support which is a necessity for many survivors. As is often the case with serious cases of human rights violations, especially sexual violence, this fact is often hidden from those closest to the survivors for various reasons - shame, stigma, and not wanting to be a burden.

Poverty and Hunger

Most survivors do not have any savings, source of income, bank account, credit cards, or a permanent address. They also do not have sufficient funds to meet their basic needs. Female survivors report not having money to buy female hygiene products. In one case, a participant was informed that the host family had a limited quantity of food now and would not be able to feed him anymore. In general the situation is desperate; these asylum seekers are forced to make impossible choices between food and other necessities.

For the limited number (6 in the group of 62) who receive asylum support, this is paid weekly, which makes it difficult to buy sufficient volumes of food and other essentials items that would enable them to comply with guidance on social distancing. Fifty survivors are being sent weekly food boxes by the project assisting them. Even when a food order is organised, its delivery can be complicated because some

survivors cannot receive the boxes at home or live above shops that are now closed.

Hostile Living Conditions

Many survivors are staying with friends, friends of friends, or friends of relatives. Only a few are staying with relatives. Most have problematic and insecure living conditions. They live in poor quality accommodation that is cramped and overcrowded and due to lockdown more inhabitants are confined at home, adding a further source of stress and anxiety. Some face additional restrictions imposed by their hosts due to fears around COVID-19. They are not allowed to leave the accommodation at all, and are forced to remain at home, often in their rooms for 24 hours a day.

"I feel like I am back in jail in Sri Lanka."

Many are hosted by families who are now facing financial difficulties due to unemployment or reduced employment as a result of containment measures caused by the pandemic. Such accommodation was supposed to be temporary, but delays in their asylum claims caused by COVID-19 and to their applications for social protection mean that they are facing increasing vulnerability for months ahead, and a support environment which is crumbling. Their welcome is running out. Families are not able to look after each other. The fragile systems of support and social reciprocity that exists in the community are collapsing.

Interventions to assist

In March 2020, the project assisting survivors had approximately 30 regular participants each week. This has now more than doubled due to the impact of the virus. Interventions from the project can take the pressure off some of the practical challenges faced and can pull survivors back from the edge, saving lives.

Disbanding: Initially the project struggled with how to respond to news of the virus. There was no clear guidance even on when to stop the physical meetings of the group and the decision was made with very little planning in mid-March, just before the government restrictions came into force. The last session was spent surveying the beneficiaries to learn what online communication apps they used - WhatsApp, Viber, Skype etc. In retrospect, the time could have been better spent teaching survivors to use one selected online platform or even supplying new sim cards and data packages, and emergency cash. Staff had at least managed to purchase surgical gloves and masks which were handed out to survivors on the last day.

Migrating Online: Moving the project online has presented an array of logistic hurdles, not least that the project's administrative costs have increased dramatically. Tamil staff who were coping with their own problems as recent refugees and despite having young children at home, worked overtime to keep things going, fielding calls from survivors at all times of night and day, with the counsellor even offering to take one desperate survivor into his own home.

Slowly staff learned that some survivors did not have phones that could do online meetings; others had no Wi-Fi or insufficient mobile data to get online. Access to phones, Wi-Fi or data is crucial for survivors to obtain support online and to stay connected. Many had relied on free Wi-Fi, as they could not afford mobile data or credit, however lockdown conditions do not permit that now. The project used donations from individuals to purchase reconditioned smart phones, sim cards and/or new mobile data packages for 22 survivors. A mobile phone service provider generously upgraded 9 survivors' accounts for one month but when that ceased it left survivors without data again.

The group and individual counselling, therapeutic art and English classes have migrated online, but many survivors have struggled to use the new technology. Where it has worked, online sessions have triggered joy among survivors at seeing one another again. As a result, the project has initiated social events online so that survivors can chat in Tamil and relieve

their sense of isolation and loneliness. This ongoing support is critical to stay in contact with survivors and for them to feel that they are not alone.

"It makes a big difference to me to have my online classes spread out over three days. It gives me something to look forward to in the days. When I used to be able to attend the classes in person, I looked forward to this all week, and then the memories and thoughts from the time spent with my friend filled my thoughts until the next class."

Care Parcels: The project quickly learned that the postal service was still working. Care parcels (or as one survivor called them "love packages") and cards were sent out at first to abate the sense of shock the survivors expressed about the project having to so abruptly terminate their face to face meetings. Over the months, the project has sent thermometers, cash (a donation), surgical gloves and masks. Staff hesitated to send paracetamol because of the risk of overdoses, but in any case it was also not available in shops by mid-March.

Food delivery: Soon it became clear food was the most urgent need. Dry rations were delivered to those who had nothing left at a time when everyone else was stockpiling. After a while, staff sourced a centralised delivery system for fresh vegetable and fruit boxes; 50 survivors nationwide now receive these, but the supplies are not enough for those who are again in need of rice and other staples.

"The food boxes sent by the project are a big help for me. The impact of this economic and emotional support for me and others in my position is huge. It is a big relief for us to know that we are not alone, that we have a team behind us, and that support takes us forward. I will forever be grateful for this throughout my life."

Access to Health Knowledge: Generally survivors are accessing health information in their own language but because they are already deeply traumatised by the torture and by the threat of being returned to Sri Lanka, they are paralysed by fear of the additional threat of the virus.

"I am scared to leave my room. I stay in my room most of the time. I do not know any other lodgers. We are all afraid of each other and avoid each other due to fears of catching the virus."

Concessions from the UK government

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The interventions above are ad hoc stop-gap measures that are intended to keep the survivors going from one day to the next. It is what a small psychosocial project is able to provide in the circumstances. In light of the overwhelming range and depth of problems faced by survivors as demonstrated by the case studies, urgent Government intervention is crucial. While an increase in the statutory provisions for asylum seekers is vital⁹, other urgent concessions are also needed namely:

GRANT TEMPORARY LEAVE TO REMAIN AND IMPOSE MORATORIUMS ON DEPORTATIONS AND ON OTHER FORCED RETURNS

We urge the Government to grant Temporary Leave to Remain in United Kingdom during the COVID-19 pandemic and to impose moratoriums on deportations and other forced returns. As a society, we have called upon everyone, including the most vulnerable, to make sacrifices, in a bid to keep everyone safe. As discussed above, confinement is an intolerable imposition for torture survivors seeking asylum. There are compelling humanitarian grounds to regularise their immigration status, at least temporarily.

GRANT TEMPORARY AUTHORISATION TO WORK

Tamil proverb: 'The work you do is god to you' (Seiyum tholile theivam - செய்யும் தொழிலே தெய்வம்).

We urge the Government to grant asylum seekers temporary authorisation to work in the United Kingdom.¹⁰ This would have the added benefit of addressing the UK's shortages of seasonal labour. This authorisation should be given without restrictions on the types of jobs a person can do, so that unskilled workers can also benefit. Enabling employment has a profound effect on more life domains than almost any other medical or social intervention. Those who have experienced trauma are sensitive to the negative effects of unemployment and the purpose and identity which being in employment brings. The opportunity to perform a meaningful role in society and support oneself financially has enormous benefits for mental health and will help reduce dependence on the welfare system and charities.

IMPROVE ACCESS TO HEALTH CARE

Automatically renew the HC2¹¹ [free medical prescriptions] application forms: We call for the automatic renewal of asylum seekers' entitlement to free medical

prescriptions which currently expires after 6 months. The HC2 application forms in English are complex to fill in and should not need to be refilled every six months, creating a significant barrier to accessing medical care.¹² The justification for this right expiring after six months is that by that time the person's asylum claim will have been processed. This tends not to be the case in practice, and COVID-19 is causing further delays.

Provide an alternative system to book medical

appointments: An online system for booking appointments at NHS surgeries and renewing prescriptions in effect excludes many asylum seekers; an alternative system urgently needs to be set up for those who do not have English skills, access to a computer or mobile phone data.

The consequences of not acting is deteriorating mental and physical health and ultimately it is putting more pressure on NHS accident and emergency services. Access to mental health care was necessary before the pandemic and is even more critical now.

We urge the Government to make **access to mental health care a priority for torture survivors.**

We urge the Government to set up a **helpline with translators to assist asylum seekers** in accessing medical services. This would prevent more burden on the NHS.

SIMPLIFY ACCESS TO NASS SUPPORT

Available support: Migrants who are seeking asylum in the UK have a specific programme of support for those who can prove they are destitute, namely support from Section 95 and Section 4 of the Immigration and Asylum Act 1999. This may include accommodation and money for essentials (£37.75 per week or £5.39 of substance support per day).

Challenges to receiving support: However, most survivors in our group have not been able to sign up for such support for a number of reasons. Some are newly arrived in the UK and unaware of the existence of this support, or are still trying to navigate the process. For those who are aware of the support, it is a challenge to complete the form. The form is long and complex; it is in English and an address is needed to apply. Most do not have the level of English required to complete the form and, given their precarious living conditions, cannot provide an address. Some arrive and stay with a distant acquaintance whose address is used

to register with the Home Office but then are forced to move to another address but do not change their official address. When they go back to the initial host and ask for a proof of residency, the host typically refuses; likewise the new host refuses for fear (often unfounded), that this could cause them problems with the authorities such as their local council. The asylum seeker is left in a bind without access to support.

In the Covid-19 era, **NASS support applications should be simplified and the requirement to submit proof of address from the host family should be replaced** by a letter of referral from a charity supporting torture survivors or mental health care organisation.

The future

Although the lockdowns and confinement measures are slowly being lifted around the world, it is widely recognised that future lockdowns cannot be excluded and restrictions may be reimposed as the infection rate surges and we brace ourselves for the second wave of infections. What we do now will save lives now and in the future. The torture survivors in this study have displayed extraordinary resilience, but COVID-19 has destroyed much of their meagre support systems. For those who are already living in the margins of society, COVID-19 may well push them over the edge - unless we offer a lifeline by listening, and acting compassionately and decisively.

Endnotes

1 <https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/>
<https://blogs.worldbank.org/opendata/impact-covid-19-coronavirus-global-poverty-why-sub-saharan-africa-might-be-region-hardest>

<https://migrationdataportal.org/themes/migration-data-relevant-covid-19-pandemic>

2 The UN Panel of Experts report speaks of credible allegations to support a finding of the crime against humanity of persecution", (pages 69, 71), A/HRC/30/CRP.2.OISL Report (§1174).

3 OISL Report, 2015, A/HRC/30/CRP.2.

4 Bowlby, J. Attachment and Loss, Volume 1, Attachment (1969), New York: Basic Books.

5 Herman JL. 'Complex PTSD: A syndrome in survivors of prolonged and repeated trauma' (1992) J Trauma Stress 5:377–391.

6 <http://id.who.int/icd/entity/585833559>

7 Started by the International Truth and Justice Project (the "ITJP") which is a non-profit organisation that collects and stores evidence of war crimes and crimes against humanity in Sri Lanka for any future credible justice or accountability process. In 2016, the psychosocial project was started to assist torture survivors who were not accessing services in the UK. It offered English classes, group and individual counselling in Tamil, therapeutic art, reimbursement of travel costs and a hot meal, as well as help with referrals to other organisations.

8 An asylum seeker is someone who fled their home country and has formally asked the authorities in another country to recognise them as a refugee and is awaiting the decision of their claim. Asylum seekers make up 5% of all immigration in the UK. A refugee is an asylum seeker whose application for protection has been accepted and has been formally granted refugee status.

9 <https://www.freedomfromtorture.org/news/joint-letter-on-increasing-asylum-support-rates-in-response-to-the-covid-19-crisis>

10 "See High Court grants permission to judicially review the

Home Office's 'Permission to Work' policy for asylum seekers (17 June 2020) at <https://www.duncanlewis.co.uk/news.html>"

11 <https://www.nhsbsa.nhs.uk/nhs-low-income-scheme/hc2-certificates-full-help-health-costs>

12 The NHS prescription charge is currently £9.15 for each prescribed item.

13 <http://www.asaproject.org/uploads/Factsheet-1-section-95.pdf>