

UN Special Rapporteur on Violence against Women and Girls

Law Centre NI submission

1. Law Centre NI seeks to use the law to promote social justice. We provide free legal advice and assistance in employment, immigration and social security law. In 2022-23, we advised more than 3,500 people and provided casework assistance to 1,000 clients. We provided almost 7,000 pieces of immigration advice.¹
2. The Law Centre has extensive experience of providing immigration advice to women and girl migrants, refugees and asylum seekers who have experienced domestic abuse (“priority groups”²). This paper presents recent case studies to illustrate the difficulties and concludes with a series of recommendations that we would invite the Special Rapporteur to consider adopting.

What we know from our work

3. Our experience is that the immigration system can *contribute to* and *perpetuate* situations of domestic abuse. Insecure immigration status can result in victims and survivors effectively becoming trapped within abusive situations. Immigration law itself often creates a type of legal dependency where visas are ‘tied’ to the relevant sponsor e.g. spousal visas. This dependency of course is extremely problematic where there is coercive or controlling behaviour. It is not uncommon for abusive partners to have control of the survivor/victim’s immigration documents or for the victim to live under a constant threat of being reported by the perpetrator to the immigration authorities.
4. Immigration law can also cause financial dependency due to the ‘no recourse to public funds’ (“NRPF”) condition. This condition, which is applied to most time-limited visas, prevents migrants from accessing means-tested social security benefits. Another common visa restriction is a prohibition or restrictions on working. These factors combine to make it practically difficult for a victim to exit a situation of abuse and to live independently from the abusive partner. Isolation and/or social dependence on the perpetrator is also a common characteristic for our clients. While not directly caused by immigration law, this isolation can be linked to the victim’s migrant status. Accordingly, we observe that many of our migrant clients who have experienced abuse have: limited English language skills; few friends, family or social support networks; a lack of understanding of her rights and entitlements; a lack of awareness of support structures and are mistrustful of law enforcement.

¹ <https://www.lawcentreni.org/wp-content/uploads/2024/02/Impact-Report-Summary-2022-2023.pdf>

² <https://www.ohchr.org/en/calls-for-input/2024/call-inputs-country-visit-united-kingdom-great-britain-and-northern-ireland>

5. The immigration system provides routes whereby migrant victims of abuse can obtain leave to remain in their own right. The **Destitute Domestic Violence Concession (DDVC)** affords an initial 3 month period of leave to remain and **Appendix: Victim of Domestic Abuse** provides settlement. While these provisions are designed specifically for victims of abuse, they do not provide comprehensive protection for all migrant victims.

Case Studies

Gloria

Gloria is an Asian woman who married a man from Northern Ireland and arrived here on a spousal visa. This visa is subject to the NRPF condition, meaning Gloria had no entitlement to social security.

Upon arriving in Northern Ireland, Gloria's husband's behaviours became coercive and controlling. Gloria was not permitted to find a job or have a mobile phone of her own. Whenever her husband left the house, he demanded that Gloria stayed indoors. Most strikingly, Gloria did not have a key to her own home.

The situation became violent. Following one altercation, Gloria's husband kicked her out of their home. Gloria was homeless but the NRPF condition meant she was ineligible to approach the NI Housing Executive for homelessness assistance. Gloria managed to make contact with a small community organisation that referred her to Women's Aid. Thankfully the refuge was able to provide accommodation despite Gloria's lack of entitlement to public funds.

Women's Aid contacted the Law Centre and we assisted Gloria to obtain 3 months leave to remain through the DDVC. This was a stressful time for Gloria; in addition to dealing with the aftermath of a violent relationship, she also had to deal with a number of concurrent ongoing police and safeguarding matters in addition to the onerous immigration application. We subsequently applied for settlement.

6. Gloria's case demonstrates the insufficiency of the initial 3 month visa and illustrates the important role of specialist services – such as Women's Aid - and the role of small community organisations in being able to identify abuse and make timely referrals for specialist legal help.
7. This case study also highlights the need for specialist legal support – including immigration advice – to navigate the concurrent legal and administrative processes, which can include divorce, care proceedings, residence proceedings, etc.

Isabella

Isabella is from a Southeast Asian country. Her husband is a European national with EU Settled Status. The marriage broke down due to domestic violence and Isabella entered a women's refuge with her children in a small town in Northern Ireland. Isabella had made three applications to the EU Settlement Scheme with the assistance of a friend but all had been refused. The Law Centre helped Isabella to make a further late application to the EU Settlement Scheme, which remains pending.

Obtaining the necessary evidence for the EUSS application has not been easy. Isabella has struggled to demonstrate her residence in Northern Ireland given that most of her paperwork – tenancy agreement, bank account, etc. – is in her husband's name. It was only with the support of the refuge worker that Isabella disclosed that in addition to physical violence that had escalated towards the end of the relationship, she had been a victim of coercive control *throughout* the relationship. Her husband isolated her from family and friends, he monitored her movements, he checked her phone and social media, controlled the family's finances, made wild and jealous accusations and demanded that she lived by his "rules".

8. Isabella's case study highlights the necessity of immigration advice and the importance of a partnership approach between support services. The refuge support worker has played an essential role in building trust and helping Isabella gather together the necessary information.
9. Isabella's situation also highlights the need for awareness-raising measures: Isabella was not aware that coercive control is an offence and so endured years of abuse at the hands of her husband before she managed to escape. Had she been aware of the law and protection for victims of abuse, she and her children might have been able to find safety much earlier.

Tendai

Tendai arrived in Northern Ireland with a visa to live with her partner, however, her relationship broke down due to domestic violence.

When Tendai's visa expired, she lost her eligibility to be registered with a GP. She had been on a hospital waiting list for a long time for a condition that may be related to the abuse she experienced. However, by the time she was offered an appointment she was no longer eligible for free healthcare. Northern Ireland's health legislation specifies that she *must* be charged for any hospital treatment. Tendai had to request charitable help to pay the hospital bill.

10. Domestic abuse can have long-term emotional, psychological and physical effects. Access to healthcare is essential. Healthcare can be immediately necessary – e.g. in the aftermath of a violent physical assault – and also in the long term: research indicates that female survivors of domestic abuse are at double the risk of developing

long-term physical illness and three times more likely to develop severe mental illness than the general population.³

11. The applicable Northern Ireland healthcare [regulations](#) do not make provision for victims of domestic violence to obtain free healthcare.⁴ This means that migrant victims of domestic violence such as Tendai cannot access GP services and are routinely being charged for healthcare treatment. In contrast, [legislation](#) has been adopted in England to enable free healthcare treatment of conditions caused by torture, female genital mutilation, domestic abuse or sexual violence.⁵ Healthcare policy is a devolved matter and so the necessary legislation could be adopted in Northern Ireland.

Frida

Frida is a European national who arrived in Northern Ireland with her partner. She obtained Pre-Settled Status through the EU Settlement Scheme.

After sustaining domestic violence, Frida left her abusive partner along with her two pre-school age children. Due to the social security benefit rules pertaining to Pre Settled Status, she was unable to benefit from Universal Credit that would have otherwise unlocked her access to a whole range of vital supports, including financial support for housing. Despite having lawful status in the UK, Frida found herself in an extremely precarious housing and financial situation: she and her children survived on food vouchers, electricity tokens and just £5 cash support per week. Frida had rent arrears of £2,000.

The Law Centre social security team have challenged the refusal of Universal Credit. The case was heard by the EU Court of Justice,⁶ which found that the Department had not acted unlawfully in withholding benefits *as long as* it had carried out an individual assessment of need to safeguard against the risk of destitution.⁷ This is an important judicial statement in ruling that the inherent dignity of the person must be upheld in the application of EU law. The NI tribunal has since ruled that Frida is eligible for significant back payments of social security.

12. Frida's case is not technically an immigration case; she presented to the Law Centre requiring help with social security. Her case demonstrates how immigration law intersects with other areas of law and how restrictions brought about by immigration status can have far-reaching effects on people's lives, especially when compounded by domestic abuse.

³ See University of Birmingham, 'Domestic abuse survivors twice at risk of long-term illness', web article about research published in Journal of Interpersonal Violence 6 December 2019 available [here](#).

⁴ Provision of Health Services to Persons not Ordinarily Resident Regulations (Northern Ireland) 2015.

⁵ The National Health Service (Charges to Overseas Visitors) Regulations 2015 available [here](#).

⁶ Law Centre NI, 'ECJ highlights importance of EU Charter of Fundamental Rights for Pre Settled EU Nationals' web article available [here](#).

⁷ CG v DfC (Case C-709/20) available [here](#). See para. 89.

13. Frida's case also reminds us that while immigration law is made at Westminster, its effects are felt at the local level and involve devolved agencies. For example, Social Services had to intervene to keep Frida and her children afloat whereas it is the Department for Communities that is responsible for the (non) payment of Universal Credit. These agencies have powers that could be flexed to provide a more comprehensive response for victims and survivors of domestic abuse in Northern Ireland.

Case study 7: Olha

Olha fled the war in Ukraine and arrived in Northern Ireland under the Ukraine Scheme. She had found a sponsor online who agreed to host her and her young son. The sponsor was an older man who lived alone. Olha did not feel comfortable alone and felt she was being monitored at all times. She described piling up the furniture at her bedroom door during the night as she did not feel safe.

Within days of arriving in Northern Ireland, she attended a Ukraine Assistance Centre which was located nearby. Olha was worried that her visa would be cancelled if she were to leave her sponsor. Through an interpreter, the Law Centre reassured Olha that her visa does not 'tie' her to her sponsor as many visas do. We explained her rights and entitlements and talked her through the various support services and different options.

Just days afterwards, things escalated at the sponsor's home and Olha felt she needed to leave immediately. A number of agencies worked together effectively to provide a prompt response and she was re-housed within hours.

14. Olha was fortunate to be able to attend a Ukraine Assistance Centre⁸ which was locally accessible. At the centre, she was able to avail of quality information and advice that enabled her to make an informed decision about possible next steps. She was also able to link in with the appropriate support services.
15. These Ukraine Assistance Centres provided a lifeline for women like Olha, however, the centres were closed in October 2023. Further, there is nothing comparable for other nationalities who have experienced forced migration.

⁸ <https://www.armaghbanbridgecraigavon.gov.uk/ukrainesupport/>

Key recommendations

16. We invite the Special Rapporteur to consider adopting the following recommendations:

Duty bearer	Issue	Recommendation
UK Government	The DDVC provides an initial 3-month visa. This is insufficient time to make the second application. It causes stress for all involved and risks the applicant becoming a visa overstayer.	Extend the concession from three to at least six months
	The new Appendix: Victim of Domestic Abuse contains welcome developments e.g. protections in cases of transnational marriage abandonment. However, it still limits protections to victims from specified visa categories. ⁹	Expand protections to <u>all</u> visa holders.
NI Government departments	Access to quality immigration advice is critical as it enables the survivor/victim to obtain durable immigration status and obtain access to public funds.	Work cross-departmentally to provide funding for specialist services including immigration advice as well as for women's refuges and support services.
	Women's refuges provide an essential safe space for women to escape the abusive situation and to guide survivors through the next steps. This support is particularly important for migrant women who cannot access any other type of homelessness accommodation due to the NRPF restriction.	
	Many migrant victims experience significant financial hardship. The determination of NRPF status is a reserved matter and therefore Discretionary Support (a public fund) is not available for migrants; nonetheless, the Independent Review on Discretionary Support ¹⁰ highlights that support could be delivered through a separate hardship scheme or existing	Ensure the availability of financial support to migrant victims that is not tied to social security entitlement.

⁹ See VDA 4.1 <https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-victim-of-domestic-abuse>

¹⁰ [Independent Review of Discretionary Support \(communities-ni.gov.uk\)](https://www.communities-ni.gov.uk/independent-review-of-discretionary-support) pg 97

	migrant crisis funds such as the TEO Crisis Fund.	
	Not all migrant victims of gender-based harm (including violence and FGM) are entitled to free NHS healthcare in Northern Ireland.	Amend the NI legislation guidance to ensure that free healthcare is available for all victims of gender-based harms.
	The Ukraine Assistance Centre model proved extremely effective in terms of identifying risks and needs. The multi-agency model enables different services to provide a swift and coordinated response for the Ukrainian refugees.	Reinstate the Ukraine Assistance Centre model for Ukrainians and expand the concept to other displaced persons.

17. For more information, please contact Migration Justice Project at Law Centre NI 028 9024 4401.