

## “Nobody helped me”

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# “Nobody helped me”

Forced migration  
and sexual and  
gender-based violence:  
findings from the  
SEREDA project

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March 2022

International report



## Report information

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## Acronyms

FGM/C – Female genital mutilation/cutting	MHPSS – Mental health and psychosocial support
GBV – Gender-based violence	MENA – Middle-East and North Africa
INGO – International non-governmental organisation	NGO – Non-governmental organisation
IO – International organisation	NRPF – No recourse to public funds
IPV – Intimate partner violence	PTSD – Post-traumatic stress disorder
LGBTQIA+ – Lesbian, gay, bisexual, trans, queer, intersex and asexual	SGBV – Sexual and gender-based violence
	STIs – Sexually transmitted infections
	SuTP – Syrians under Temporary Protection

## Terminology

In this report, we use the following key terms.

### Forced migrant

Displaced individuals are allocated different labels according to the varied protection, immigration, and asylum processes they are subject to. The term forced migrant refers to all individuals subject to coerced migratory movement<sup>i</sup> and includes asylum seekers, rejected asylum seekers, refugees, those yet to claim asylum and those joining forced migrants on spousal visas.

### GBV and SGBV

There is no one universal definition for gender-based violence (GBV) or sexual and gender-based violence (SGBV)<sup>ii</sup>. The Inter-Agency Standing Committee (IASC) defines GBV as an “*umbrella term for any harmful act perpetrated against a person based on socially ascribed gender differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty*”.<sup>iii</sup> SEREDA uses the term SGBV as encompassing GBV definition and including, but not being limited to, different forms of sexual violence (such as sexual harassment, rape and sexual exploitation), intimate partner violence, forced and early marriage, occurring in both private and public domains. The term SGBV acknowledges that, while women, children and lesbian, gay, bisexual, trans, queer, intersex and asexual (LGBTQIA+) individuals are the main targets, men are also subject to sexual abuse.<sup>iv</sup>

### Survivors and victims

In this report, we use the term survivors and victims interchangeably to highlight the strengths of survivors, the recovery processes in which persons subjected to sexual and gender-based violence (SGBV) are engaged, and to account for the severity and criminal nature of SGBV acts inflicting victimhood.

## Short summary

Forced migration has doubled in the past decade and become increasingly feminised. Experiences of forced migration are complex and gendered - women and men experience displacement differently. Risks include heightened exposure to sexual and gender-based violence (SGBV). The exact numbers of forced migrants experiencing SGBV are unknown and vary dependent on context but can constitute up to 70% of women, with under-reporting the norm. Men and boys are also vulnerable to SGBV in forced migration. The scale of recent emergencies has not been matched with the appropriate resources, capacity, political will, or governance to enable gender-sensitive services. The SEREDA Project is a multi-country research initiative that examines the nature and extent of SGBV experienced by forced migrants throughout the journey from displacement to settlement in countries of refuge. Data was gathered from interviews with 166 forced migrants and 107 stakeholders between 2018-2021 in the UK, Sweden, Turkey, Australia and Tunisia.

### **The continuum of violence in forced migration:**

Most respondents talked about a continuum of SGBV occurring across their forced migration journeys - from before displacement, in conflict, and transit, as well as after arrival in their current country of residence. Many experienced repeated and manifold SGBV incidents across time and place and at the hands of multiple perpetrators. The dual experiences of being forcibly displaced and a victim of SGBV generated multiple gendered harms and traumas. Humanitarian or medical support services were absent on lengthy and dangerous journeys, leaving survivors with the untreated consequences of SGBV.

**Migration, asylum and humanitarian systems interacted with SGBV** sometimes in ways that offered protection but on the whole exposed survivors to victimisation and harm. There were five main ways in which governance systems interacted with SGBV:

1. **Lack of services for forced migrants on the move:** Most respondents had not been able to find any help while in transit. Victims did not report attacks because they believed they were “illegal” without rights and feared imprisonment or deportation. Most survivors received no medical screening upon arrival to countries of refuge. Some struggled to access healthcare without required documentation.
2. **Encouraging violent dependency:** Restrictive policies enforced dependency on perpetrators (abusive partners and traffickers) and consequently increased victims’ vulnerability to SGBV. Without access to public funds and not allowed to work and threatened with deportation, survivors remained in abusive relationships.
3. **Traumatic asylum processes:** Prolonged asylum procedures put forced migrants’ lives on hold and intensified the psychological harms of pre-arrival SGBV. Asylum processes demanded repeated retelling of SGBV experiences, exacerbating existing trauma, and generating new trauma sometimes increasing SGBV vulnerability.

### **4. Unstable and unsafe accommodation:**

Accommodation was unstable, unsafe, unfit and unsanitary, gender-insensitive and sometimes mixed genders. Appropriate provision is core to ensuring victims’ safety. Shelters were available for restricted periods and sometimes overcrowded. Homelessness was common, generating risks of exploitation.

### **5. Limited SGBV sensitivities and capacities:**

There was a dearth of services addressing the specialist needs of women, men, and LGBTQIA+ forced migrant SGBV survivors. Restricted availability of competent and female interpreters was problematic. The needs of men, adolescent boys and LGBTQIA+ were rarely considered.

**Resilience and integration:** Survivors developed various coping strategies involving active, behavioural and emotional techniques. Many relied on personal religious practices. They also drew strength from their desire to ensure a better future for their children. SGBV experiences frequently undermined individuals’ ability to integrate in the short term, although engaging in integration processes could support recovery from trauma and protect against exposure to further SGBV. Key to facilitating integration were: gaining secure legal status, safe and stable housing, access to healthcare and education, social connections, local language skills and cultural knowledge.

**Key recommendations:** The SEREDA Project advocates the mainstreaming of forced migrant, gender and trauma-sensitive SGBV approaches in the humanitarian, immigration and asylum systems. Specific recommendations include: to develop forced migrant-sensitive programmes with appropriate actions to address SGBV *along forced migration pathways*; funding mobile delivery of essential services to forced migrants in transit; and developing gender-sensitive reception and asylum procedures to protect survivors from further harm and traumatisation.

## Executive summary

Forced displacement has doubled in the past decade, with over 82 million people forcibly displaced in 2020, around half of whom were women and girls. Experiences of forced migration are complex and gendered - women and men experience displacement differently. Risks include heightened exposure to sexual and gender-based violence (SGBV), including structural and interpersonal violence. Experiences of SGBV can be conceptualised as ongoing and multifaceted experiences of trauma. The exact numbers of forced migrants experiencing SGBV are unknown and vary dependent on context but can constitute up to 70% of women, with under-reporting the norm because victims can be reluctant to report as they face social and cultural barriers, and fear punishment, stigma and shame. The scale of recent emergencies has not been matched with the appropriate resources, capacity, political will, or governance to enable the development of gender-sensitive services and facilities. Thus, those who have experienced SGBV often lack protection or treatment.

**About SEREDA:** The SEREDA Project is a multi-country research initiative that examines the nature and extent of SGBV experienced by forced migrants throughout the journey from displacement to settlement in countries of refuge. Data was gathered from interviews with 166 forced migrant survivors and 107 stakeholders between 2018-2021 in five countries: the UK, Sweden, Turkey, Australia and Tunisia, by an interdisciplinary team of academics from the University of Birmingham, University of Melbourne, Uppsala University and Bilkent University, in partnership with national and international non-governmental organisations (NGOs and INGOs) based in each country. Ethical approval was received from the University of Birmingham Ethical Review Committee and the appropriate bodies in each case study country.

**The continuum of violence in forced migration:** Most respondents talked about a continuum of SGBV occurring across their forced migration journeys - from before displacement, in conflict, and transit, as well as sometimes after arrival in their current country of residence. Experiences included sexual violence, physical violence, psychological and emotional violence, verbal, economic and structural violence. Many experienced multiple SGBV incidents, violations of human rights and fundamental freedoms inflicted by different perpetrators across time and place.

**Gendered harms along the continuum of violence:** The dual experiences of being forcibly displaced and a victim of SGBV generated enduring gendered harms and traumas. Survivors lacked access to protection and healthcare services post-exposure to violence in transit and detention. Humanitarian or medical support services were absent on lengthy and dangerous journeys, leaving victims with the untreated consequences of SGBV. Multiple incidents of violence resulted in multiple traumas with compounding effects, including physical, reproductive and psychological harms.

**The interaction between SGBV, migration, humanitarian and asylum systems**

Migration, asylum and humanitarian systems interacted with SGBV in ways that sometimes

offered protection but on the whole exposed survivors to further victimisation and harm. There were five main ways in which immigration, humanitarian and asylum systems interacted with SGBV.

- 1. Lack of services for forced migrants on the move:** Most respondents had not been able to find any help while in transit. Victims did not report attacks because they believed they were “illegal” without rights to protection or justice and feared imprisonment or deportation. Many were also frightened of males in authority, with several reporting sexual assaults by police. Most survivors received no medical screening upon arrival to countries of refuge. Some struggled to access healthcare without required documentation.
- 2. Encouraging violent dependency:** Restrictive asylum and immigration policies enforced dependency on perpetrators and consequently increased their vulnerability to SGBV. Some women on spousal visas in the UK, Sweden and Australia reported being trapped in abusive relationships. Similarly, in trafficking situations, men could exploit trafficked women for financial gain taking their earnings in exchange for not reporting them to authorities. Survivors dependent on spousal visas had little awareness of their rights and entitlements. In Australia, welfare benefits were paid directly to the citizen partner, in some cases, even after an individual had left the abuser. Some female spousal migrants or asylum seekers who gained leave to remain or citizenship felt empowered to leave controlling husbands with the support of state agencies. Across countries, survivors endured abuse because they feared losing custody of their children if they reported family conflict or ended the relationship. In Turkey, migrants under International Protection were not entitled to public services, housing support and official assistance. Reliance on informal charity enabled the grooming of refugee women with expectations of sexual favours in exchange for material assistance. In Tunisia, most vulnerable migrant survivors were provided shelter and given vouchers, which were insufficient to



cover their needs. With irregular legal status they were not permitted to work and were effectively destitute, relying on insecure and informal work, and facing discrimination and exploitation.

3. **Traumatic asylum processes:** Prolonged and inhumane asylum procedures affected the mental health of forced migrants, intensifying the impacts of pre-arrival SGBV. Asylum processes exacerbated existing trauma, sometimes generating new trauma, making respondents relive their experiences, and could increase vulnerability to SGBV. Prolonged open-ended waiting and fear of detention and deportation generated a sense of uncertainty about the future and left victims fearful of return to persecution, undermining their healing. Disclosing SGBV experiences in an asylum interview was difficult; many respondents were unable to provide documentary evidence of SGBV experiences and were asked the same questions in multiple ways and on several occasions to “check” the veracity of their stories. Without pre-interview legal support, some victims were unaware of the specialist terminologies used to describe their situation, such as domestic violence, trafficking and torture. Lengthy procedures put the lives of refugee applicants on hold. In Tunisia, even those granted refugee status waited years to be resettled, leaving them to live in extreme poverty. Some gave up waiting to be resettled and migrated onwards toward Europe via risky sea crossings.
4. **Unstable and unsafe accommodation:** Respondents raised concerns about unstable, unsafe, unfit and unsanitary housing and argued that appropriate provision was core to ensuring victims’ safety. Housing support was often short-term, and longer-term solutions were needed to enable victims to escape abuse. Unpartnered women were sometimes placed in mixed-gender housing. Some survivors were repeatedly harassed by other residents and staff, with some reporting attempted rapes in the UK. Gender-sensitive infrastructures such as single-sex facilities or security measures to keep victims safe were not provided. Transgender and gay asylum seekers reported being unsafe when housed with homophobic co-nationals or refugees. Forced migrants were often dispersed on a no-choice basis to deprived areas, often with high levels of crime and racism. Dispersed refugees often did not know anyone in new areas, leaving them without support and disrupting their children’s schooling. Homelessness was common, and new refugees relied heavily on friends and family for weeks or months facing increased risks of exploitation. Rejected asylum seekers and spousal migrants whose marriages failed were also evicted. Without recourse to public funds and not allowed to

work, survivors sometimes had to rely on transactional sex to survive. Anti-migrant discrimination was common in the housing sector. In Turkey, Syrian refugees receiving no aid occupied rundown areas in insecure, unsafe and poor-quality housing. Similarly, in Tunisia, living conditions were poor. Shelters were overcrowded, with many people living in a single room. After their entitlement to stay in shelters ended, victims rented privately, often relying on the charity of neighbours to eat or pay their rent.

5. **Limited SGBV sensitivities and capacities:** There was a short supply of services to address the specialist needs of women, men, and LGBTQIA+ forced migrant SGBV victims that could support their recovery and integration. Migrant and refugee organisations possessed cultural knowledge but were not equipped to respond to SGBV. Conversely, mainstream and NGO SGBV and domestic violence services lacked the expertise needed to work with forced migrants. Restricted availability of trained interpreters was problematic across countries, with some interpreters unable to speak survivors’ dialects. The widespread use of male interpreters left victims unwilling to disclose SGBV experiences or associated physical and mental health concerns. The needs of men, adolescent boys and LGBTQIA+ who were often victimised in conflict and transit were rarely considered by mainstream providers. Data were not routinely collected about SGBV incidence and, where it took place, failed to capture the complex nature of SGBV experiences. In Turkey and Tunisia, NGOs recognised women and girls as victims of SGBV and operated with varying levels of gender sensitivity, often overlooking men and boys. Across countries, the capacity and funding of mental health services to support forced migrants were limited. Most organisations were funded to address a particular SGBV experience and were constrained by their funding criteria when deciding who was eligible for their services, excluding victims not covered by funding.

## Resilience and integration

Service providers reported that victims developed various coping strategies involving active, behavioural and emotional techniques. Emotional coping meant reliance on inner strengths and socio-emotional resources, often including religious beliefs. Most victims relied on personal religious practices. Many victims also drew strength from their desire to ensure a better future for their children.

SGBV experiences frequently undermined individuals’ ability to integrate in the short term, although engaging in integration processes could support their recovery from trauma and protect against exposure to further SGBV. Secure

legal status, safe and stable housing, access to healthcare and education were key in facilitating integration and accessing services. Victims without secure status were less likely to seek support or report ongoing abuse than those with the right to remain. Positive asylum decisions strengthened victims’ resilience and enabled them to plan for the future. Learning about their right to be free from violence, including coercive control, empowered some women to act. Emergency hostels and follow-on accommodation enabled victims to escape from abusive relationships, although most had not known they could access emergency housing. Moving to shelters often meant ruptures in existing support networks. Where respondents were permitted to undertake paid work, individuals developed self-confidence to leave abusive relationships. Social connections and developing a sense of solidarity with other survivors and the ability to speak the local language and acquire cultural knowledge were also important enablers of integration.

In countries of refuge, essential support was provided by NGOs reaching out to forced migrants. Material assistance, such as food, clothes and cash, enabled victims to meet basic needs. The lack of finance and income-generating activities meant survivors often lived in extreme poverty. Donations, cash assistance programmes and in-kind support from charities and individuals helped survivors meet basic needs. Empowerment, counselling, network building and training initiatives aided recovery from trauma. Not all victims were able to access mental health and psycho-social support (MHPSS).

## Key recommendations

The continuum of violence, *beyond conflict*, accumulating at different stages of forced migration, requires urgent attention by governments, funders and humanitarian organisations. Perilous journeys without access to mobile support services and asylum and immigration policies, that harm rather than protect, exacerbate risks, reproduce inequalities, and re-traumatise victims. Therefore, the **SEREDA Project advocates to mainstream forced migrant, gender and trauma-sensitive SGBV approaches in the humanitarian and asylum systems.**

### Humanitarian and aid organisations should:

- Develop forced migrant-sensitive programmes with appropriate actions to address SGBV along forced migration routes, recognising that violence extends *beyond conflict* into flight and refuge.
- Improve and develop data recording mechanisms that capture complex experiences of SGBV at each stage of the forced migrant journey (including in countries of transit and refuge).

- Build staff capacity to account for forced migrant-related vulnerabilities to SGBV in programmes and policies.
- Increase provision of mobile SGBV and health services to people on the move in migrant hotspots, reception centres, cross-border settings and across forced migration routes.
- Provide pre-exposure protection and access to post-exposure services (healthcare, contraception, prophylaxis) for forced migrants on the move.
- Inform forced migrant victims about legal support, rights and entitlements in appropriate languages

### Advocacy needs:

- Advocate for governments to develop safe and legal escape routes for individuals and groups subjected to persecution.
- Advocate for asylum systems that are gender and trauma-sensitive and offer protection to survivors.

### Institutional funders should:

- Fund mobile service delivery of essential services for forced migrants on the move (e.g. post-rape prophylaxis and contraception) and ensure the continuum of care for survivors along migration routes.

### Governments should:

- Support survivors of SGBV in cross border settings, migrant hotspots, reception centres and militarised border zones.
- Facilitate legal routes to safety to negate the need for hazardous journeys.
- Provide protection measures and women-only safe spaces and LGBTQIA+ specific spaces in countries of transit and refuge.
- Give forced migrant survivors the right to work to reduce financial dependence on abusers and risks of exploitation.
- Maintain a firewall between service providers and immigration enforcement to enable survivors to seek support without fear of deportation.
- Enable access to justice to all victims of SGBV regardless of immigration status and the place of victimisation (whether SGBV occurred in the country of refuge and overseas during forced migrant journeys).

### Border, immigration and asylum agencies should:

- Develop gender-sensitive reception and asylum procedures to protect survivors from further harm and traumatising by developing a gender-sensitive approach in asylum systems and integration policy.
- Train staff in gender and trauma sensitivity.
- Ensure access to safe and secure housing for forced migrant SGBV survivors.



# Introduction

Forced displacement has become increasingly feminised and has doubled in the past decade, with over 82 million people forcibly displaced in 2020, around half of whom were women and girls.<sup>vi</sup> Experiences of forced migration are complex and gendered – women and men experience displacement differently.<sup>vii</sup> The vulnerabilities of certain groups, such as women and girls, are discussed more frequently than groups considered less vulnerable, including men and boys.<sup>viii</sup> Risks include heightened exposure to sexual and gender-based violence (SGBV), including structural and interpersonal violence.<sup>ix</sup> Gender persecution can constitute a reason for flight, as illustrated by the recent exodus of refugees from Afghanistan, of whom 80% are women and girls.<sup>x</sup> Gender identity and sexual orientation also constitute reasons for departure, with laws criminalising identity, expression and association evident in 77 countries.<sup>xi</sup> Experiences of SGBV can be conceptualised as ongoing and multifaceted experiences of trauma.

The use of sexual violence in conflict is well-established<sup>xixiii</sup>, as is the increased prevalence of SGBV, including intimate partner violence (IPV) and forced marriage in humanitarian emergencies.<sup>xiv</sup> Evidence demonstrates that women and girls face increased risks of SGBV across a continuum of violence, from pre-conflict, through to conflict, flight, in refugee settlements such as camps and in refuge<sup>xv</sup>, wherein different forms of SGBV connect and overlap over time and space.<sup>xvi</sup> Forced migrants may engage in “transactional sex”: forced sexual acts to access food, protection or transit<sup>xvii xviii</sup> and refugee camps expose women to risks of sexual attack or coercive sex work.<sup>xix</sup> UN Women<sup>xx</sup> report predatory harassment of females across refugee journeys with long-term effects on their wellbeing, recovery and protection.<sup>xxi xxii xxiii</sup> However, SGBV can also intensify, *beyond mobility*, into refuge<sup>xxiv</sup><sup>xxv</sup>, reflecting and reinforcing gender inequality. Gendered forms of violence perpetrated by institutions and the state enable and compound the harms caused by interpersonal SGBV.<sup>xxvi</sup>

The exact proportion of forced migrants experiencing SGBV is unknown and varies dependent on context but can constitute up to 70% of women<sup>xxvii xxviii</sup>, with under-reporting the norm because victims lack confidence in reporting, face social and cultural barriers, and fear punishment, stigma and shame.<sup>xxix</sup> Inconsistent or inadequate recording mechanisms do not capture the complex nature of SGBV occurring over time and place and mean that the reality of SGBV in forced migration is not captured.<sup>xxx</sup> SGBV is predominantly perpetrated by men who may include strangers and people in positions of authority, other forced migrants, and partners and family.<sup>xxxi</sup> Although humanitarian actors highlight the need to provide immediate assistance to survivors, the scale of recent emergencies has not been matched with the appropriate resources, capacity, political will, or governance models to enable gender-sensitive services and facilities. Thus, those who have experienced SGBV often lack the opportunity to seek protection or treatment. Experiences in detention, and a culture of disbelief as well as the insistence on repeated retelling of SGBV experiences during

asylum-seeking and resettlement processes can generate further trauma.<sup>xxxii</sup> The impacts of SGBV can be profound if the appropriate support is not received.

Policies rarely connect gender-based violence and migration. While gender-sensitive and/or feminist approaches have informed foreign aid policy in some countries – prioritising human rights for women and girl refugees and migrants – at national levels, changes made to migration governance, e.g. in Sweden, Australia and UK, have intensified refugee vulnerabilities and reinforced gendered harms. As a result, interventions often fail to address migrant-specific barriers such as fear of authorities or problematic immigration statuses.<sup>xxxiii</sup> Harsh and hostile immigration policies can result in increased uses of detention and control measures, restricted welfare support, and limited or no access to housing and health services, all of which disproportionately impact the lives of forced migrant SGBV survivors.

## About this report

This report outlines the findings of the SEREDA project, a multi-country research initiative that examines the nature and extent of SGBV experienced by forced migrants throughout the journey from displacement to settlement in countries of refuge. The project also explores how health and social consequences are identified and addressed and how SGBV experiences shape integration processes. Data were gathered from interviews with stakeholders and forced migrants in five countries: the UK, Sweden, Turkey, Australia and Tunisia, by an interdisciplinary team of academics from the University of Birmingham, University of Melbourne, Uppsala University and Bilkent University, in partnership with national and international non-governmental organisations (NGOs and INGOs) based in each country. The study sought to understand experiences of SGBV among forced migrants, focusing particularly on individuals from the Middle East and North Africa (MENA) and Sub-Saharan Africa regions, and to strengthen mechanisms for recognising, recording and responding to SGBV trauma.

The report is structured as follows. The next section sets out the methods utilised, describing the sample of victim/survivor and service provider respondents and outlining ethical considerations. In the subsequent findings’ sections, we present SEREDA data beginning by describing the continuum of violence across the refugee journey to illustrate victims’ experiences and gendered harms from pre-displacement to imagined refuge. We then report on the interaction between SGBV, migration, humanitarian and asylum systems. In doing so, we identify five concerns that impact the lives of victims: lack of services for forced migrants on the move; violent dependency; traumatic asylum processes; unstable and unsafe housing; and limited SGBV sensitivities. We also outline responses offered to support SGBV survivors. In the ensuing section, we discuss factors shaping survivors’ resilience and how the experience of SGBV impacts forced migrants’ integration processes. The report ends with recommendations.



A woman looking through the window of temporary accommodation for asylum seekers in the West Midlands, England.

# Methodology

We undertook in-depth interviews with 166 forced migrant survivors of violence and 107 service providers between 2018-2021 in five countries – the UK, Sweden, Australia, Turkey and Tunisia. Interviews were semi-structured and explored forced migrants' experiences of SGBV, factors shaping vulnerability and resilience, support received, and the effect of SGBV on victims' lives and integration. Participants were identified with the support of NGO partners and via a scoping exercise to identify key organisations working with forced migrant survivors. We also drew upon our existing networks. Additionally, we used snowball sampling, asking respondents to identify further stakeholders and/or other survivors and we advertised for respondents via social media in English, Arabic, Swedish and French.

Victim/survivor respondents originated in the MENA and Sub-Saharan Africa regions (see Table 1). Almost 79% of participants were women (131) and 21% men (35 men) with no participants identifying as being non-binary. The majority of participants reported being heterosexual, with just under 10% identifying as LGBTQIA+. The interviews covered a wide range of age groups from 18 to a woman in her 70s, with the majority in their 20s and 30s. The project did not interview children although many respondents reflected on the impact of their own SGBV experiences on their children. Around a third of respondents were

officially classified as refugees, while a quarter were seeking asylum. Some 16 respondents had received a negative decision on their asylum application, while 12 had joined forced migrant husbands on spousal visas. In Turkey, eight respondents were under International Protection. Across the sample, a third were single and a similar proportion married. Around two-thirds of respondents were of Muslim background, and around a third were Christian. Many respondents disclosed their experiences of SGBV for the first time in the interviews.

**Table 1 Survivor sample summary**

		Australia	Sweden	Turkey	UK	Tunisia	Total (166)
Region of origin	MENA	15	29	37	32		113
	Sub-Saharan Africa	1	1		36	15	53
Gender	cis-woman	16	17	27	54	15	129
	cis-man		12	8	13		33
	Trans woman		1		1		2
	Trans man (born intersex)			2			2
Sexuality	Heterosexual	16	28	32	41	14	131
	Gay		2	5	2		9
	Lesbian				2	1	3
	Other						-
	Not known				23		23
Age	18-20s		9	13	14	4	40
	30s	8	12	14	24	7	65
	40s	7	5	7	5	4	28
	50s	1	4	3	2		10
	60s						-
	70s				1		1
	Not known				22		22



Migration status	Asylum seeker		9		27	5	41
	Refused asylum seeker		1		8	7	16
	Refugee (permanent)	11	17		21	3	52
	Refugee (temporary)			16			16
	International protection			21			21
	Failed refugee		2				2
	Spousal visas	2	1		7		10
	Citizen	2			4		6
	Undocumented				1		1
	Permanent resident	1					1
Marital status	Single		13	8	29	5	55
	Married	7	9	14	17	6	53
	Divorced	4	6	6	9	1	26
	Co-habit				4	1	5
	Separated	4		7	5	2	18
	Widower	1	2	2			5
	Not known				4		4
Religion	Muslim	6	24	35	35	4	104
	Christian	10	2	1	21	11	45
	Other/none		1	1			2
	Not known		3		12		15

Skilled and multilingual researchers conducted all interviews. Where necessary they worked alongside trusted interpreters engaged from community organisations experienced with working with SGBV victims.

**Table 2** Stakeholders sample summary

Country	Australia	Sweden	Turkey	UK	Tunisia	Total
National NGO	4	12	15	6	1	38
International Organisation	1	1	7	3	3	15
Municipality		6	3			9
Community Health Centre	2					2
Private			1			1
Local NGO	14	2		6	1	23
Public Institution		3	4	5		12
Regional NGO				2		2
Projects	1			4		5
Total	22	24	30	26	5	107

Stakeholders interviewed were recruited from key service provider organisations with different capacities and providing different services ranging from protection, prevention, recreational activities and healthcare. We also approached additional organisations identified by the providers who were initially interviewed. Service provider interviewees were from local and national NGOs, international organisations and municipalities (see Table 2). Interviews explored the SGBV experiences of their clients, services provided and approaches to data collection.

Interviews lasted between 30 and 120 minutes were audio-recorded and transcribed. After transcription, data were analysed using a systematic thematic approach. Transcripts were coded using NVivo software enabling analyses across various contexts and topics. The findings for each country are described in separate working papers (see <https://www.birmingham.ac.uk/research/superdiversity-institute/sereda/index.aspx>).

## Ethics

Ethical approval was received from the University of Birmingham Ethical Review Committee and the appropriate bodies in each case study country. All interviews were undertaken with informed consent, with interviewees assured of anonymity. Pseudonyms are used throughout this report. An extensive safety protocol was developed and implemented to reduce the potential for

re-traumatisation, and respondents in need of support were referred to appropriate service providers.

## Choice of countries

Data were collected in five countries – UK, Sweden, Australia, Turkey and Tunisia – with varied migration governance, humanitarian and asylum systems, as summarised in Table 3. We identified five different data collection sites to enable understanding of SGBV experiences in countries of refuge and transit on different migratory routes. The UK predominantly receives persons arriving spontaneously and thus subject to asylum processes but, at the time of data collection, had a growing resettlement scheme and a relatively new Community Sponsorship Scheme. Sweden received a high number of refugees arriving spontaneously during the 2015 refugee emergency including large numbers of unaccompanied asylum-seeking children. Australia has a long-standing resettlement program but implements a range of deterrence measures for asylum seekers, with those seeking asylum by boat subject to mandatory detention and having restricted access to permanent residence. Turkey hosts the world's largest refugee population having received extensive funding from the European Union to prevent onward migration. Tunisia has become a refugee hotspot and diversion route for migrants seeking to reach Europe, with many fleeing exploitations from neighbouring Libya.

**Table 3** Country specific immigration and asylum-related SGBV risks

Country	Category	SGBV Risks
UK	Asylum policy and refugee resettlement policy	<ul style="list-style-type: none"> <li>• Lead asylum applicant overwhelmingly male</li> <li>• Partner can be deported if the claim is unsuccessful or the relationship ends</li> <li>• Victims on spousal visas often unable to work or access welfare and housing</li> <li>• Asylum seekers not allowed to work or study, but are allocated housing often in deprived areas</li> <li>• Asylum seekers can be detained</li> <li>• Offered support at below poverty level</li> <li>• Rejected asylum seekers are evicted from housing and have no access to welfare</li> <li>• Decision making on asylum claims frequently takes many years</li> </ul>

Sweden	Asylum policy and refugee resettlement policy	<ul style="list-style-type: none"> <li>• Family reunion policy can prevent survivors from reporting abuse to protect their immigration status</li> <li>• Asylum seekers, dependent on an abusive spouse, as lead applicant of an asylum claim, are vulnerable to continued abuse</li> <li>• Domestic violence not considered grounds for asylum-seeking</li> <li>• Adult rejected asylum seekers have no recourse to language classes and constrained access to employment</li> <li>• Long waiting time for decisions on asylum applications leaves forced migrants in limbo</li> <li>• Rejected asylum seeking adults who are not responsible for minors are refused further accommodation and financial support</li> <li>• Once appeals are exhausted, rejected asylum seekers may be detained and deported</li> </ul>
Australia	Refugee resettlement and the humanitarian component of the migration programme	<ul style="list-style-type: none"> <li>• Forced migrants subject to criminal sanctions can be deported</li> <li>• Delays in processing of asylum claims and permanent residency for asylum seekers and limited access to work and welfare support while claims processed</li> <li>• Visas often refused for people from countries whose residents are considered at risk of applying for asylum</li> <li>• Cancelling visas at the airport if appear to have arrived with a purpose other than that stated on visa (entailing return or detention)</li> <li>• Harsh policies directed at those arriving without a valid visa by boat (subject to ‘offshore’ immigration detention and then only granted temporary protection if found to be owed such protection under the Refugee Convention)</li> <li>• Temporary protection without prospect of family reunion increases risks of family members (often women and children) undertaking dangerous journeys to reach family in Australia</li> <li>• Some forced migrants enter Australia on partner visas leaving them with less access to support and limited knowledge of rights if subject to SGBV</li> </ul>
Turkey	Migration governance and humanitarian protection	<ul style="list-style-type: none"> <li>• Only people from European countries are eligible for refugee status</li> <li>• “Syrians under Temporary Protection” (SuTP) entitled to temporary protection, healthcare, education, other services and to work</li> <li>• Nearly all temporary protection centres for SuTPs closed down. Shelter or housing not provided.</li> <li>• Registered Syrian SGBV survivors could access state-funded shelters alongside Turkish SGBV victims for six months, afterwards facing homelessness</li> <li>• No financial support for victims under international protection</li> <li>• Irregular migrants not entitled to social assistance</li> </ul>
Tunisia	Humanitarian protection	<ul style="list-style-type: none"> <li>• No legal routes to regularize residence for irregular migrants</li> <li>• Long refugee procedures and waiting times for resettlement</li> <li>• Social assistance is insufficient and most vulnerable migrants stay in over-crowded shelters and are required to find private housing</li> <li>• Only vulnerable migrants entitled to vouchers that offer support below the poverty line</li> <li>• Lack of official pathways to access language classes and constrained access to work for forced migrants</li> <li>• Irregular migrants captured by police and national guards are detained and returned to shelters</li> <li>• No spousal visas, family reunion only for migrants with legal status</li> </ul>



# The continuum of violence in forced migration

The majority of respondents talked about SGBV occurring across their forced migration journeys – from before displacement, in conflict, and transit, as well as after arrival in their current country of residence. Violence was reported across the life course, in different settings – in home countries, countries of refuge, transit and at different times, both recently and decades ago. Experiences included sexual violence (e.g. rape in conflict, in detention, sex trafficking, forced prostitution, intimate partner violence) and physical violence (e.g. beating, torture, honour killings, restricted movement), psychological (e.g. sexual violence and xenophobia as a means of undermining masculinity) and emotional violence (e.g. gaslighting, blackmailing, threats to take children), verbal (e.g. threats, racism, name calling, belittling, humiliation) and economic violence (e.g. deprivation of resources, financial control and enforced dependency on abusers).

Many experienced repeated and manifold SGBV incidents, violations of human rights and of fundamental freedoms, inflicted by different perpetrators. Survivors outlined a continuum of violence wherein different forms of violence intertwined. Interpersonal violence often intensified post-conflict and in countries of refuge, coupled with gendered harms resulting from immigration and asylum policies. Some acts were more commonly recounted in particular contexts and more specific to

**Table 4 Experiences of violence at different stages of migration reported by respondents**

## Violence pre-displacement

- Forced marriage (women and LGBTQIA+) and child marriage
- Violence and SGBV within families
- Imprisonment and control
- Rape and expectation of marrying the rapist
- Female genital mutilation/cutting (FGM/C) (Sub-Saharan Africa)
- Normalisation of violence and impunity for abusers
- Intimate partner violence (IPV) and violence by partner's family (MENA)

## Violence in conflict

- Torture, including sexual torture, of men and women (MENA)
- Men forced to watch family and strangers raped
- Forced marriage
- Forced conscription

## Violence in flight

- Camps as site for rape of young men, LGBTQIA+, women and girls
- Physical violence and SGBV by authorities, local people and employers
- Transactional sex and rape by traffickers, smugglers and while detained
- Women and girls separated from families and attacked by border guards and militia
- Enslavement, sex trafficking and kidnapping

## Violence in refuge

- Aggressive, lengthy and re-traumatising asylum interviews
- Relationship between waiting, destitution and psychological disorders
- SGBV in asylum/refugee housing and when homeless
- Post-traumatic stress disorder (PTSD) from experiences in asylum interviews, detention and shared housing
- Prostitution and trafficking (Sub-Saharan Africa)
- Intensification of IPV and use of immigration status to control
- Economic abuse and deprivation of resources
- Lack of safe spaces for IPV and LGBTQIA+ survivors
- Anti-Muslim discrimination (MENA)
- Racist attacks

survivors from particular regions, as outlined in Table 4<sup>1</sup>.

Survivors recounted SGBV incidents comprising interpersonal violence (intimate partner, family and community violence), structural violence (violence built into society which maintains inequalities within and between social groups)<sup>2</sup> and symbolic violence (non-physical, hidden violence based on power imbalances)<sup>3</sup>. Some violations could be described as situational and ‘opportunistic’ incidents, while others constituted intentional and strategic tactics intended to harm forced migrants. Interpersonal, structural and symbolic violence are linked through social, political and economic processes shaping violence in private and public spaces.<sup>xxxiv</sup> In the following section we expand on the violence experienced at different stages of forced migration.

## SGBV pre-displacement and in conflict

Interviewees detailed accounts of physical, emotional, verbal, financial and sexual violence perpetrated by family and community pre-displacement. Among Sub-Saharan African respondents, this included female genital mutilation/cutting (FGM/C). MENA respondents often talked about being controlled by male family members, deprived of making their own decisions, having their movements restricted, and being prevented from studying or working. Fear, shame and stigmatisation of victims deterred them from disclosing abuse to friends or family. Female respondents talked of being stigmatised after divorcing an abusive partner. As well as spouses, perpetrators included close and extended family members – including mothers-in-law, stepmothers, uncles and brothers. Some victims described how domestic violence was directed at, or witnessed by, their children. They described physical violence as “harsh beatings”, “regular beatings” sometimes offering details of harms such as “breaking of teeth”, “loss of pregnancy”, “being burnt with boiling water”:

“ I lost four children because of physical violence. He told me: “I bought you. So, you have to do as I say”. He was a military

## commander in Afghanistan...

(Malika, Afghani, international protection, Turkey)

LGBTQIA+ respondents spoke about multiple incidents of violence – including sexual, physical, emotional and domestic violence perpetrated by family and community members, state actors, smugglers, militia and other forced migrants across their journeys. Those from the MENA region reported that legislation discriminated against LGBTQIA+ minorities and enabled indirect and direct state-sanctioned physical violence, enforcing gender norms and humiliating those who did not comply. LGBTQIA+ people were socially excluded, discriminated against and sometimes subjected to “conversion/corrective” rape.

“ It is done for both men and women who are homosexual, correctional rape to force them to believe that they are no longer homosexual. We have had a few cases from Uganda and Syria as well. So [one woman] was raped by multiple individuals, and found herself pregnant afterwards, and her family, for her safety sent her here to the UK...

(Martha, Clinician, international NGO, UK).

Survivors’ accounts indicated gender norms were deployed to instil fear, enforce silence and dominance (Goodson et al., 2021). Women and children were raped and tortured as a mechanism to indirectly inflict violence on, and humiliate, husbands and fathers or to force women to betray their husbands.

“ Every time I was in jail, they would hit me with electricity... Electricity in very intimate areas, it was sexual abuse, every time I remember (pause).

<sup>1</sup> Although this does not mean other respondents had not experienced these as the research team did not probe for experiences of SGBV beyond what survivors felt comfortable to share within the interview. In brackets regions of respondents’ origin.

<sup>2</sup> Structural violence links to an individual’s position in society with harms occurring as a result of injustices in social, legal and political systems, especially when rules or policies systematically discriminate against specific social groups.<sup>ii</sup> Structural violence also occurs when institutions fail to respond to and deprioritise forced migrant women’s needs; disrespect and mistreat them; and uphold and reproduce discriminatory sexist, patriarchal and misogynistic norms.<sup>xiv</sup>

<sup>3</sup> Symbolic violence relates to ideologies, words, behaviours and non-verbal communications that produce, reproduce, and legitimise power relations in everyday practices.

*They broke my leg...they shaved my head and burnt my hair in front of me*

(Mira, Egyptian refugee, UK)

Physical violence was widespread and sometimes targeted at specific ethno-religious groups. Male respondents described forced conscription and religious and political persecution by the state and other combatants as a form of gender-based violence, targeted specifically at men. Respondents from Syria and Iraq recalled persecution and SGBV from Daesh (ISIS), describing a range of traumatic events, including witnessing atrocities, the murder of relatives and strangers, and seeing human remains, with many experiencing physical and psychological violence. Women who lived in Daesh occupied areas described being threatened, abused and publicly punished for not wearing “appropriate” attire:

*...we got held up for three days at the border where we could see the Turkish flags...We could also see the allies attacking and Daesh's cruel actions targeted at us where none of us was left with any food...upon entering areas where Daesh is located, I had changed into the Abaya [loose garment] and the Khimar [long cloth to cover face] but...they required a very [specific] piece of cloth...called Dereh. So they [Daesh] came and took me...it included a lot of violence...*

(Deena, Syrian refugee, Sweden)

LGBTQIA+ living in Daesh occupied areas were routinely persecuted and tortured for gender identity or sexual orientation.

*I ran away from my country because of ISIS. They tortured us...ISIS threatened to kill me back in Mosul...They raided our house...they wanted to take me because of my sexual orientation...They told me that I need to grow a beard...*

(Saleem, LGBTQIA+ man, Sweden)

In addition, some men and adolescent boys were subject to violence for refusing to fight in armed conflicts in Afghanistan and Syria. Violence was further exerted by inflicting harm on women relatives.

*Taliban is not interested in women, children or old people. They want men. They kidnap teenagers and force them to be one of them...to fight. They also took my sister against my father's will. They engaged her to an older guy.*

(Younus, Afghani, international protection, Turkey)

## SGBV during the journey

Violence intensified along the migratory pathways from conflict and displacement to flight. Exposure to violence was more prevalent among those undertaking long journeys, travelling over land and sea and staying in encampments. While the majority of respondents reporting SGBV were women (some of whom had experienced violence while they were girls), sexual violence and exploitation were also experienced by men. Some men experienced SGBV as boys, and some experienced violence because of their sexual orientation, gender identity or expression. Women of different ages and backgrounds reported experiences of interpersonal non-partner and intimate partner violence. Service providers highlighted an extraordinary level of violence against forced migrant women on the move.

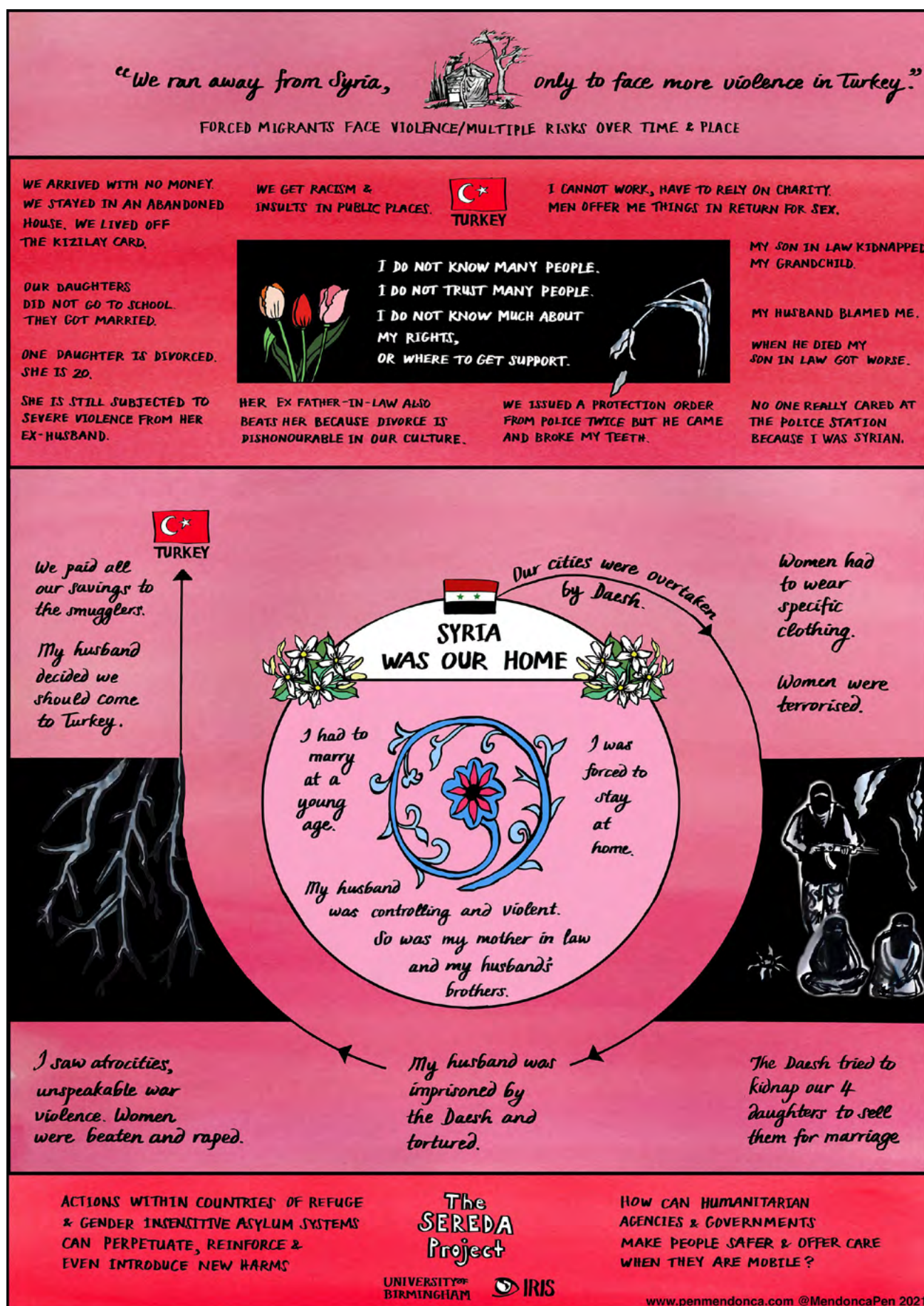
*Every woman I interviewed said the story of sexual violence, it's not a single woman who didn't – I am talking about the hundreds of them, who have been raped along the way.*

(Caroline, Representative, International faith-based organisation, Sweden)

*I would say maybe about 80 per cent have [experienced SGBV]...It's very high amongst refugees...at various stages of their journey.*

(Kathleen, Senior Practitioner, NGO, Australia)





This graphic demonstrates a story of a Syrian woman who fled Syria to Turkey. Having experienced multiple incidents of SGBV from early marriage, war violence, persecution and also witnessing atrocities in Syria, she continues to face various forms of SGBV in Turkey. The graphic highlights in the survivor's voice, the range of cultural and structural challenges she faces in Turkey.

Survivors disclosed widespread violent incidents across their journeys, indicating SGBV was intrinsic to displacement. During transit and at borders, survivors reported experiencing beatings, imprisonment, torture, sexual assault, harassment, blackmail, threats, human trafficking and modern slavery at the hands of smugglers, traffickers, border guards, militia and authorities, often in the absence of state protection. Risks of violence intensified in secluded locations, unpopulated areas, informal urban settlements, private houses, refugee camps, transit points, border crossings and smuggling hot spots.

Many participants described trafficking and sexual exploitation in transit countries (e.g. Syria, Iraq, Iran, Libya, Turkey, Greece, Italy and France) by smugglers. Women travelling alone were particularly exposed to sexual violence, but some women accompanied by a male partner were also victimised. In some accounts, women were separated from their partners, or partners were forced to watch their wives being raped. Some women described SGBV being perpetrated against them in front of their children in transition points and unsafe shelters. Victims shared accounts of 'transactional'/'survival' sex in return for basic necessities, money, accommodation or onward travel in camps and hot spots with providers also offering such accounts:

*“Certainly there are a lot of very difficult things happening in Athens around the sex trade, and young men from Afghanistan, Syria and Iraq trading sex to survive, essentially because of the situation in Athens; they don't have any financial support or indeed often anywhere to live”*  
(Alex, Clinician, regional NHS service, UK)

Survivors reported multiple contextual and situational SGBV risks and vulnerabilities. Poverty, powerlessness, lack of legal protection and dependency on smugglers and aid during the journey and in formal camps increased vulnerability to SGBV. Migration-related vulnerabilities, such as irregular and undocumented legal status, protracted mobility and precarious temporary refuge, heightened the exposure to violence. Homelessness, inadequate shelter, food insecurity, lack of clothes and hygiene items, lack of resources for travel costs, and loss of relatives exacerbated risks of mistreatment. The absence of the right to work increased the risks of abuse by employers or by men who offered to “help” destitute women.

Some felt discriminated against based on their intersecting identities, including ethnicity, religion, age, gender identity, sexual orientation

and political affiliation. Young Afghan men and LGBTQIA+ migrants interviewed in Sweden reported multiple forms of sexual violence across their journeys, perpetrated by their family members in home countries, and by strangers in refugee camps and while in flight.

*“I lived as a girl until I was 18. Even I wore a hijab and went to a girls-only school. Later I felt uncomfortable. I even don't leave house anymore. Because if I go outside, when I talk to people, they realize that my voice is like a man's voice...”*  
(Sam, Iraqi intersex, international protection, Turkey)

Experiences of police brutality and lack of state protection led survivors to have little faith in authorities or their ability to safeguard people on the move from xenophobia and persecution in border zones. Perpetrators operated with impunity knowing their actions would not be reported.

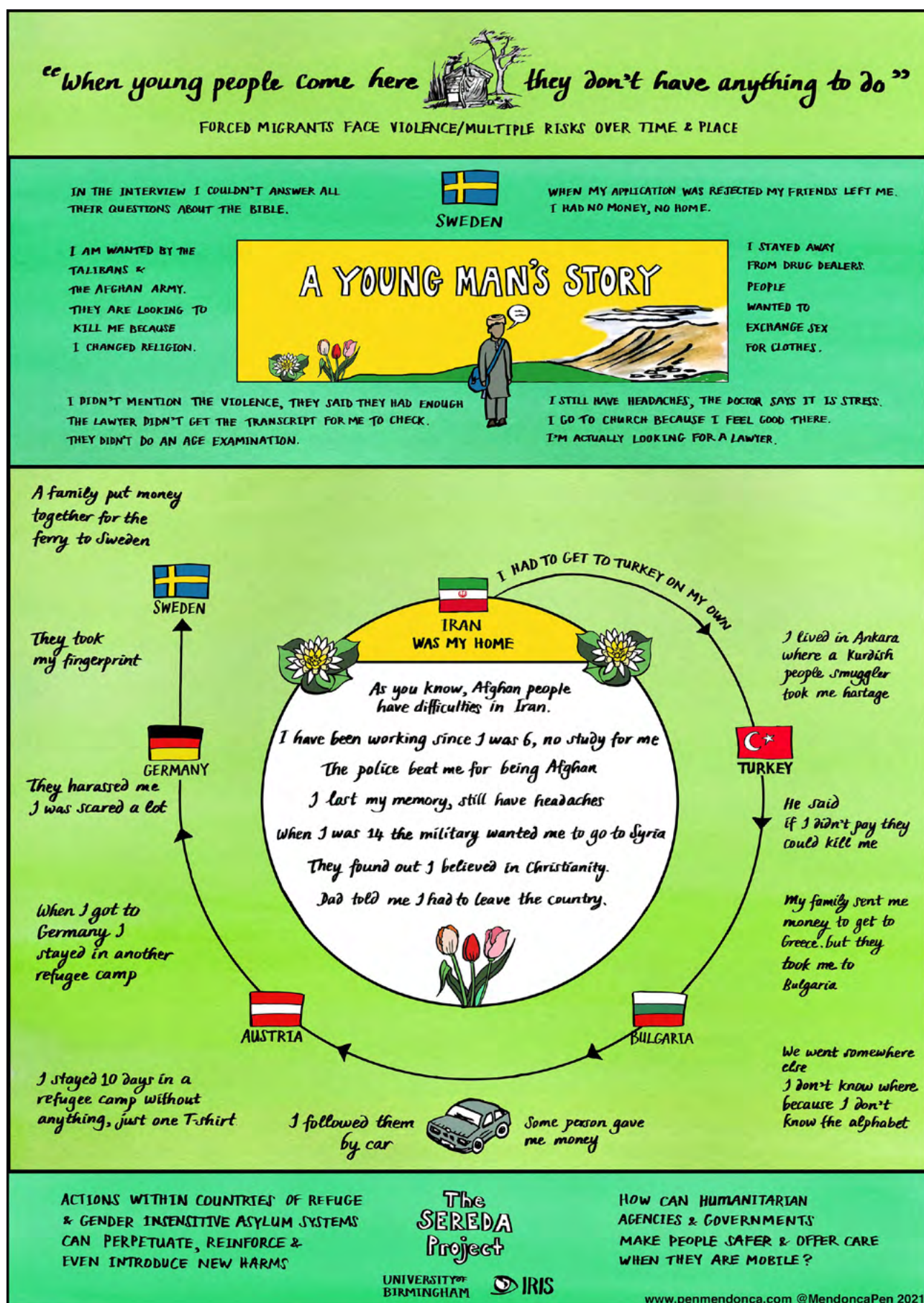
## SGBV in countries of refuge and resettlement

Precarious immigration status and lack of adequate accommodation were the most frequently cited vulnerabilities in refuge countries. Violence embedded in society (structural violence) and violence reflected in social norms (symbolic violence) shaped respondents' experiences.

*“Remember, when you haven't got a status it's like you haven't got a name... you're invisible... You're just a number... so that opens the door to so many vulnerabilities for these women.”*  
(Nadia, Practitioner, regional NGO, UK)

Respondents recalled violence resulting from institutional neglect, such as sexual abuse in unsafe detention centres and asylum housing. They recounted interpersonal violence occasioned after arrival and perpetrated by family or community members, including emotional, psychological, physical and economic abuse. For some participants, exposure to new gender norms led to new opportunities and fewer experiences of violence. However, many other survivors described how negotiating gender norms in countries of refuge threatened their spouses' ideas of masculinity and triggered family violence.





This graphic presents a story of a young Afghan man from Iran subjected to racial abuse, forced conscription and religious persecution. Fleeing Iran, through Turkey, Bulgaria, Austria and Germany en route to Sweden, as an adolescent boy, he faces threats of kidnap and SGBV. The story also highlights the kindness of strangers when travelling alone without resources and the range of vulnerabilities young men face in the Swedish asylum system.



Without the right to work, or without suitable work, given limited language skills or experiencing other employment barriers, men could not provide for their families and often increased control over their families which was explained as a compensation for their frustrations and loss of identity.

“ *Men became much more controlling over their women and wanting to keep their wife's relationship with them as if they were still in Syria. So, problems in families increased.* ”  
(Imane, Syrian refugee, Sweden)

“ *...he treats me worse than he did in Kuwait...[where] he used to work two jobs – he had no free time. Now, all he has is free time. This has frustrated him and he takes out his frustration on me.* ”  
(Fadila, Egyptian, permanent protection visa, Australia)

Various barriers prevented victims from reporting SGBV, for example, some women from the MENA region feared ‘honour killing’. In Sweden, the dominant institutional discourse on ‘honour violence’ as culturally underpinned within asylum-seeking communities shaped SGBV services, perhaps distracting from the other forms of violence experienced by forced migrants. In all countries many victims felt too ashamed to report IPV as they believed it signified marriage break down and that making visible such violence would lead to stigmatisation of their whole family and possibly punishment for bringing shame upon their family. Some women who divorced abusive partners were ostracised by their ethno-national communities.

According to service providers in the UK, Sweden and Australia, victims lacked the local knowledge and confidence needed to engage in the public sphere and reach out for help. Alongside the lack of broad social connections, many survivors felt isolated and lonely. Some who depended on social connections within their ethno-national communities, refrained from seeking divorce, believing they would be cut off from their communities if they did so and felt unable to cope without these social networks. Some felt unsafe because of local crime and racism, and unwelcome amid anti-migrant political discourses. Women with a Muslim background described incidents of Islamophobia.

Refugee men reported multiple experiences of violence, from physical and sexual to psychological violence, which undermined their sense of masculinity. For example, respondents in Turkey and Sweden experienced verbal abuse in countries of refuge for not acting as ‘a proper man’ by not fighting for their country.

“ *Once I was beaten by some men in the streets. They started to argue with me and made fun of my Swedish. They also shouted that I am not a real man as I left my country behind. It was awful.* ”  
(Farooq, Iraqi asylum seeker, Sweden)

Men also noted the pressure to uphold masculinity norms developed pre-displacement through asserting their ‘virility’ and maintaining a breadwinning position in the family. Some felt shame at having no options beyond seeking help and found it unacceptable to disclose domestic affairs to strangers.

“ *I am feeling ashamed. Asking for help is unacceptable for a man. This is our culture...Some people coming to our home ask something private about our relations as a couple. I do not like this...* ”  
(Khaled, Syrian, temporary protection, Turkey)

Finally, LGBTQIA+ respondents reported homophobia among some ethno-national communities which prevented them from accessing employment in certain areas in the UK, Sweden and Turkey. Transgender individuals talked about additional barriers to finding work compared to gay and lesbian individuals.

## Gendered harms along the continuum of violence

The dual experience of being forcibly displaced and a victim of SGBV generated enduring gendered harms. Survivors lacked access to protection and healthcare services post-exposure to violence in transit and detention. Humanitarian or medical support services were absent (see Section 4.5) on lengthy and dangerous journeys, leaving the consequences of SGBV untreated. Respondents reported contracting STIs and unwanted pregnancies as they could not access post-exposure STI prophylaxis or contraception. Most survivors continued to suffer from SGBV-related health problems upon arrival. Multiple incidents of violence resulted in multiple traumas with compounding effects, including physical, reproductive and psychological harms (see Table 5). Organisations in refuge countries struggled to record the incidence of SGBV as they lacked systems that could capture the complex nature of experiences.

Many respondents lived in fear and anxiety with multifaceted trauma instigated by displacement and SGBV experiences. Fear of being returned to the place from which they had escaped, or a country they had transited en route, were frequently reported.

*“When I think of what we went through, and the sea journey and the war, I can never forget it...for the first two years since I arrived to Sweden, I'd see dreams of house raids. I can never forget how they took*

*people away...It's like a trauma which I feel in my heart...*

(Jusra, Syrian refugee, Sweden)

In particular, psychological distress impacted survivors' ability to build social connections and integrate, as outlined in Section 5. Life challenges in a new country added to multi-layered stresses associated with persecution, war and flight, while life shocks, such as a death in the family, compounded existing traumas and impacted families and children. Some contemplated or attempted suicide.

*“Sometimes I think to myself, what kind of life is this? It'd be better to die...Sometimes I think about suiciding, honestly what kind of life is this? God will look after the children. This isn't life. I'm not living my life, really.”*

(Emina, Syrian, spousal visa, Australia)

On the one hand, trauma prevented victims from disclosing their experiences, yet disclosure was necessary to access treatment or support and in many cases to support an asylum or resettlement application. On the other, the processes and experiences of disclosure carried the risk of re-traumatisation. Building sufficient trust to support survivors to disclose and access help required time. Some service provider respondents said building trust could take years and questioned the expectation that victims to disclose to a stranger in asylum/resettlement interviews.

**Table 5 Health impacts of SGBV reported by forced migrants**

Psychological	Physical
Trauma of being forcibly displaced and SGBV	Broken bones, burns and scarring
Post-traumatic stress	Chronic pain
Suicide ideation and attempts, self-harm	Reproductive and gynaecological problems
Flashbacks	Sexually transmitted infections
Sleep disorders	Urinary difficulties
Depression with associated memory and concentration losses, hopelessness	Permanent physical disability
Eating disorders	Forced pregnancy (from rape) with no access to terminations
Self-isolation and agoraphobia	
Intense anxiety, panic attacks, feelings of loneliness and abandonment	



"If people find out about the violence  
I will be judged..."



... and lose the support I need  
to recover & build a new life here."

FORCED MIGRANTS FACE VIOLENCE/MULTIPLE RISKS OVER TIME & PLACE

#### HEALTH PROFESSIONALS NEED TO:

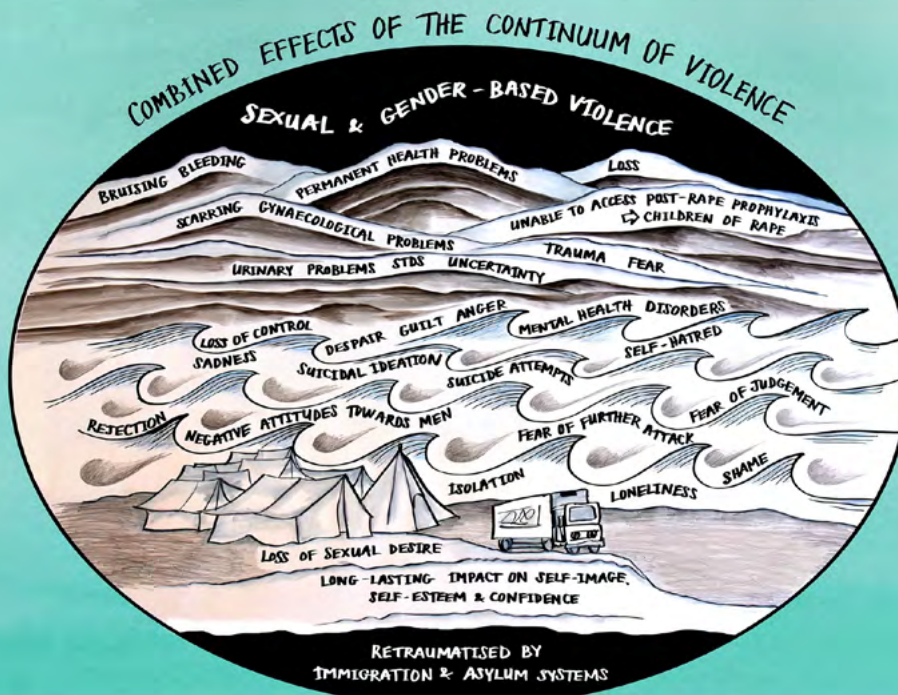
- 0 Build rapport with victims (longer appointments, including without spouses)
- 0 Address the barriers to accessing healthcare
- 0 Access training on how to communicate with victims in time limited situations
- 0 Increase capacity for mental health support

## HEALTH

Understand  
the mental health  
consequences  
of conflict - exposure  
and of SGBV

#### ELIGIBILITY & REFERRAL PROCESSES SHOULD TAKE INTO ACCOUNT:

- 0 The impact of trauma on health & memory
- 0 The need for confidentiality & informed consent
- 0 The need to be able to disclose when you are ready
- 0 Repeating details = retraumatising



#### THE MAJORITY OF SGBV VICTIMS RECEIVED NO HEALTH OR PSYCHOLOGICAL SUPPORT

- 0 Refused asylum seekers/ undocumented migrants too fearful to seek healthcare or report abuse to police
- 0 Some were rejected at GP registration due to frequent changes of address, lack of ID, language barriers, No Recourse to Public Funds
- 0 Inhumane treatment in detention, no access to medication or counselling
- 0 NHS Charges for overseas visitors a barrier

ACTIONS WITHIN COUNTRIES OF REFUGE  
& GENDER INSENSITIVE ASYLUM SYSTEMS  
CAN PERPETUATE, REINFORCE &  
EVEN INTRODUCE NEW HARMS

The  
SEREDA  
Project

UNIVERSITY OF  
BIRMINGHAM



HOW CAN HUMANITARIAN  
AGENCIES & GOVERNMENTS  
MAKE PEOPLE SAFER & OFFER CARE  
WHEN THEY ARE MOBILE?

www.penmendonca.com @MendoncaPen 2021

This graphic presents the ways in which the continuum of violence impacts on women's health in the UK. It also explains the barriers which prevent survivors from accessing health or psychological support. It sets out recommendations for health professionals and referral processes. These health impacts, barriers and recommendations are applicable beyond the UK.

## The interaction between SGBV, migration, humanitarian and asylum systems

Although we did not ask direct questions about how migration, humanitarian, and asylum systems interacted with SGBV experiences and recovery, victims and service providers spoke extensively about the impact of such systems. Migration, asylum and humanitarian systems interacted with SGBV in ways that, at times offered protection but on the whole exposed survivors to victimisation and harm. We begin by outlining the situation in asylum and resettlement countries, followed by that in transit countries. There were five main ways in which immigration, humanitarian and asylum systems interacted with SGBV, as set out in the next five sub-sections.

### Lack of services for forced migrants on the move

Despite multiple experiences of violence on lengthy journeys and, as noted in Section 3.4., unmet need for emergency healthcare and food, most respondents had not been able to find any help while in transit. Victims did not report attacks because as undocumented forced migrants they felt they lacked rights to protection or justice, and so feared imprisonment or deportation. Many were also frightened of men in authority, with several reporting sexual assaults by police. Once in Europe, they continued to avoid reporting attacks, fearful that they would be fingerprinted and unable to reach their destinations. Once fingerprinted, they could be returned to a European country of transit if they tried to claim asylum elsewhere in Europe. Knowing that forced migrants would not report attacks, perpetrators could victimise with impunity.

“...no, I didn't get any help, and when I was in Swiss, I didn't want to stay there, I was forced to have fingerprints, so they knew about my situation, but nobody has helped me. So I never had any help from anyone in all the European countries that I was in.”

(Sofia, Eritrean asylum seeker, UK)

Some reported hiding with untreated physical conditions for days and weeks to avoid authorities despite increased SGBV risks. Most survivors received no medical screening upon arrival to countries of refuge. Some struggled to access healthcare since they lacked the required documentation or prioritised avoiding male medical personnel, while others did not seek medical help despite debilitating health conditions.

### Encouraging violent dependency

In countries where forced migrants sought asylum, respondents generally referred to immigration and asylum policies and practices as harmful. Across the UK, Sweden and Australia, such systems exacerbated SGBV impacts, and enabled further violence. Restrictive asylum and immigration policies enforced victims' dependency on perpetrators and consequently increased their vulnerability to SGBV. In particular, having to sustain a marriage in order to remain in the country and having no recourse to public funds meant that if women did leave an abusive partner, they were likely to become destitute and, in the UK, unable to access shelters.

Some women on spousal visas in the UK, Sweden and Australia reported being trapped in abusive relationships. With their right to remain dependent on remaining within a marriage between two to five years, perpetrators acted with impunity using their partner's precarious status to threaten them with deportation if they reported the abuse.

“Young woman who came to Sweden by family reunion cannot file a complaint because if they got divorced, they lose their right to have a residency.”

(Eric, Municipality Head of the Project on Honour-Based Violence, Sweden)

Survivors dependent on spousal visas had little awareness of their rights and entitlements. Often unable to speak local languages and unaware of domestic violence exemptions that may have enabled them to divorce while remaining in the country, many respondents were denied access to even basic information. Similarly, in trafficking situations, men could exploit trafficked women for financial gain, taking their earnings in exchange for not reporting them to authorities. Service providers described economic dependency on perpetrators as economic violence preventing victims from integrating. In Australia, a participant



reported that welfare benefits were paid directly to her citizen partner, even after she left her abusive husband.

*“ He used to take the money from Centrelink and not spend it on his son. At the time, they couldn’t transfer the money to my name because I didn’t have permanent residency. ”*

(Alenya, Lebanese, spousal visa, Australia)

Similarly, several asylum applicants in Sweden, given support cards by welfare services, handed their cards to their husbands. Halima from Syria explains:

*“ I have [the card], but to be honest, it goes all to him, he takes it all and doesn’t leave anything with me. He always likes to prove that he’s the man. ”*

(Halima, Syrian refugee, Sweden)

In the UK, service providers reported that migrant women were tricked into migrating through offers of marriage they believed were genuine. Such unions could become exploitative.

*“ They come as a partner, or they got married with someone staying here. And usually, they get a permit for two years. And then and meanwhile, he... used her sexually or...physically abused her or tried to use her as a slave...when the time comes, the two years, usually they just pull them out. And they come from countries that have the honour-related context, usually they can’t [send] her back because the situation can be very dangerous for them... ”*

(Ela, Representative, Women’s Shelter, UK)

In some accounts, men became more abusive during long waiting times for asylum decisions or when granted a residence permit and becoming more confident in their right to remain. However, in Sweden and Australia, some female spousal migrants or asylum seekers who gained leave to remain or citizenship felt empowered to leave

controlling husbands safely, without risks of deportation and with the support of the domestic violence service sector and state agencies. In Sweden, victims reporting persecution based on gender identity and sexual orientation were likely to have their claims accepted, while domestic violence was unlikely to be treated as grounds for asylum.<sup>xxxv</sup>

*“ One can prove that they are persecuted or because of their sexuality, then yes it becomes grounds for asylum but not like domestic violence... ”*

(Advisor, Women’s NGO, Sweden)

Finally, public support was available to victims of certain legal statuses and visa types. In Australia, a range of temporary visas entailed different rights to accessing public housing and legal protection.<sup>xxxvi</sup> Those with spousal and prospective marriage visas slipped through the cracks of migrant and refugee service outreach and reported lower awareness of rights and services. Across countries, many reported that they endured abuse because they feared losing custody of their children if they reported family conflict or ended the relationship. Some were told by abusive partners that their children would be removed by the state if the abuse was reported.

For many respondents, Turkey and Tunisia acted as countries of transit, temporary refuge and settlement where humanitarian assistance was sometimes available, but without possibility of gaining permanent settlement. Victims described how poor local socio-economic conditions undermined their ability to work.

In Turkey, the legal and institutional framework generated differentiated access to services and the labour market for those under international or temporary protection.<sup>xxxvii</sup> Syrians under Temporary Protection (SuTP) could acquire a work permit, study and access health, protection and support services through Turkish institutions and Migrant Health Centres, but were not entitled to long-term residence (ibid). The European Union’s humanitarian assistance was administered with strict inclusion criteria for Syrians, for example having at least three children. In contrast, migrants under International Protection were not entitled to public services, housing support and official assistance and were described as the most disadvantaged group.

In Tunisia, most vulnerable migrant survivors were provided shelter and given basic vouchers, which were insufficient to cover their needs. Many irregular migrants had experienced trafficking during their journeys through Libya before arriving to Tunisia. They could not work with irregular legal status and were effectively

destitute, relying on insecure and informal work, wherein they faced discrimination, harassment, and exploitation.

Many displaced survivors in Turkey were insufficiently supported by humanitarian mechanisms that they were forced to engage in ‘transactional’/‘survival’ sex. Reliance on informal charity enabled the grooming of refugee women with expectations of sexual favours in exchange for material assistance. Refugee women were frequently approached by local men who offered to “help” them in exchange for intimate relationships or marriage, while local businessmen providing food to refugees sometimes harassed refugee women.<sup>xxxviii</sup> Some refugee men were also harassed in public:

“*They tried to take me in the car...I refused. My face looks like a woman’s face. They said we would give you money, but I refused...*

(Zaid, Syrian, temporary protection, Turkey)

Sub-Saharan respondents interviewed in the UK, who transited through Turkey, also described exclusion from temporary protection, leaving them to rely on informal work and survival sex. In Tunisia, survivors of trafficking and sexual violence depended on charitable donations and illegal work. Some adolescent girls were tricked into ‘fake’ marriages with men met in Libya, as they were told that marriage would increase their likelihood of resettlement. During the COVID-19 pandemic, some were forced into servitude and prostitution.<sup>xxxix</sup>

## Traumatic asylum processes

Prolonged asylum procedures affected the mental health of forced migrants intensifying the impacts of pre-arrival SGBV. Asylum processes exacerbated existing trauma, generating new trauma, making respondents relive their experiences, and sometimes increasing vulnerability to SGBV. The lengthy waits for an outcome of asylum cases, which in the UK could exceed a decade, and in Sweden had extended drastically since 2015, were highly problematic. Prolonged open-ended waiting generated a sense of uncertainty about the future and left victims fearful of return to persecution, undermining their psychological recovery.

In the UK, fear of detention and deportation contributed to the poor mental health of victims, particularly those who had previously been detained. They could not work or apply for family reunion without legal status.

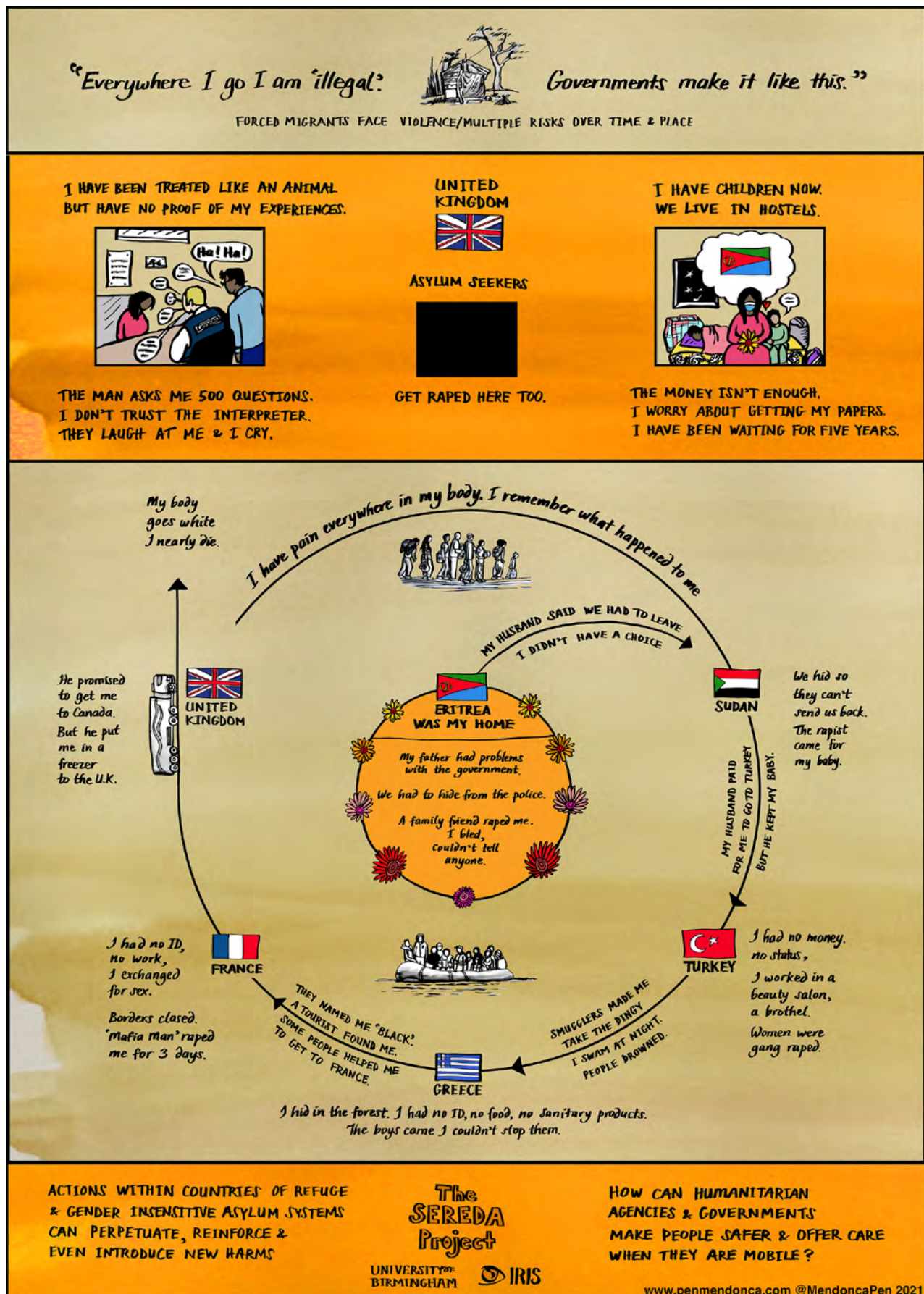
“*My life has been very difficult, life in Libya was worse and when I came here, in Europe, it was the same, it wasn’t any different from life there...I have nothing, I don’t have status, I’m not able to work because I’m not allowed, I don’t have friends and I’m in temporary accommodation...Nothing will make my life easier...I’ve been much stressed...I don’t know what will happen to me, so I don’t eat and sleep much...*”

(Sofia, Eritrean asylum seeker, UK)

In Sweden, changes to asylum legislation in 2016, making residence temporary, and reducing rights to family reunion, deepened feelings of hopelessness among victims who had hoped to get on with their lives after receiving a positive decision. Harms occasioned while waiting for asylum decisions made it harder for people to integrate locally, build a support network and access services. Elsewhere the mental health and physical health effects of prolonged waiting have been shown to last years beyond grant of refugee status.<sup>xl</sup>

Disclosing SGBV experiences in an asylum interview was difficult for several reasons. First, many victims had not previously disclosed SGBV experiences because of shame and stigma. Second, some did not know that SGBV constituted a form of persecution. Third, women were unable or uncomfortable disclosing to a male interviewer or in the presence of a male interpreter. Fourth, some interpreters were known to applicants who questioned whether their disclosure would remain confidential. Finally, the culture of disbelief among asylum assessors did not provide an environment conducive to disclosure of such painful experiences. Survivors were expected to engage in lengthy interviews (sometimes over 10 hours) with minimal breaks, aggressive interviewing techniques (e.g. shouting, laughing), and insensitive handling of disclosure (i.e. questioning the sexuality of LGBTQIA+ survivors) by gender-insensitive caseworkers. Many were terrified when threatened with detention or return if they did not “tell the truth”. Asylum processes forced victims to revisit and relive their experiences in detail. The complete absence of after-care or post-interview counselling left survivors struggling to deal with (re)trauma. Asylum-seeking processes demanding repeated retelling of survivors’ stories were described by participants as a form of violence.





This graphic highlights a story of forced migrant woman from Eritrea who fled due to sexual violence and risks of political persecution. Travelling through Sudan, Turkey, Greece and France, she faces multiple risks and incidents of SGBV. Nearly dying during smuggling in a refrigerated truck, she eventually arrives to the UK. The story points to gendered harms generated by the UK asylum and immigration systems and the lack of help available for migrants in transit.

“ I think it’s psychological violence that they have repeatedly ask you the stories of harassment and rape that you experienced in the interviews. Because I go through the same feeling over and over again when I am discussing them. Nobody has the right to do this. But they insistently asked me what I have been through in custody in detail. I have already handed them the necessary reports. ”

(Sureya, Turkish asylum seeker, Sweden)

Many respondents were unable to provide documentary evidence of SGBV. Without evidence, survivors were asked the same questions in multiple ways and on several occasions to check for consistency. Claims were denied if they were unable to accurately retell details in subsequent interviews, despite problems with memory and concentration being key symptoms of post-traumatic stress disorder (PTSD).

Without pre- interview legal support, some victims were not aware of the specialist terminologies used to describe their situation, such as domestic violence or family violence (Australia), trafficking and torture (UK), which in some instances undermined their claims. Asylum seekers in the UK and Sweden, who were permitted to submit new evidence for a fresh case, were refused and evicted from asylum housing, and ended up destitute, homeless and subject to sexual harassment. Some entered relationships they described as “exploitative” in exchange for accommodation or engaged in transactional sex. In Sweden, young Afghan men experienced lengthy periods of homelessness during which time they were repeatedly sexually harassed.

Respondents in Turkey and Tunisia also talked about immigration and asylum procedures generating uncertainty. In Turkey, some families were advised to change settlement cities depending on quotas, despite their need to remain close to relatives. In Tunisia, lengthy procedures put the lives of refugee applicants on hold. In the early COVID-19 pandemic, resettlement assessments were completely halted, intensifying feelings of hopelessness. Refused resettlement applications led respondents to feel powerless and anxious.

“ ...we lived there for one year plus, they brought us the [refugee] results for me, it was rejected. The second one, I was crying to people to help me and rescue me because of these two children, because when I go to Nigeria, they will kill them... The result is still negative...now they are sending us away from the camp. ”

(Samantha, Nigerian refused refugee, Tunisia)

Even those granted refugee status waited years to be resettled, leaving them to live below the poverty line. Some gave up waiting and migrated onwards toward Europe via risky sea crossings. Open-ended waiting affected survivors’ mental health increasing depression, hopelessness and insecurity. Many respondents lost their documents or had their papers and phones with evidence of their situations destroyed while mobile and exploited in transit. With legal advice in short supply, respondents relied on charities and locals to provide guidance about their immigration status, divorce, child custody, and separation.

Many women were married in a religious but not civil ceremony and thus had no marriage certificate. Afghan women victims in Turkey said the legal system denied them divorce because marriage certificates were required. Without proof of divorce, some women could not access aid.

“ ...the judge said, “You don’t have a wedding document; how do I know that he is your husband?” I said, “I have two children, but I had religious marriage in Afghanistan”. “That wedding is invalid, you can leave him”, the judge said. I said, “How am I going to tell UNHCR, I can’t go anywhere”...I cried; “I can’t go unless I get a divorce.” But he refused. ”

(Monira, Afghan, international protection, Turkey)



## Unstable and unsafe accommodation

Respondents raised concerns about unstable, unsafe, unfit and unsanitary accommodation and argued the appropriate provision was core to ensuring victims' safety. Housing provision was limited, often short-term, and longer-term solutions were needed to enable victims to escape abuse.

*“...I would go and tell them [social service]: ‘Help me with whatever you believe to be good, but please don’t make me in need of something so that I have to refer to him [her husband]. If you cannot fix the housing arrangement for me, then I will be forced to go back to him...I stayed here [shelter] for a year and a half until I was capable of getting an apartment to myself in Stockholm.”*

(Zarina, Iraqi, asylum seeker, Sweden)

Unpartnered women were sometimes placed in mixed-gender housing. Some survivors in the UK talked about being repeatedly harassed by other residents and staff, with some reporting attempted rapes. Gender-sensitive infrastructures such as single-sex facilities or security measures to keep victims safe were not provided.

*“The doors of the toilets and showers don’t have locks. I have to wait and make sure people are asleep in my floor, so I could use the toilet. I keep the door pushed with my hand while using it...Why aren’t there locks?!”*

(Faiza, Palestinian asylum seeker, UK)

Respondents were reluctant to make a complaint about harassment or conditions fearing that it would affect their case negatively. Those who made a complaint reported that their concerns were dismissed.

Transgender and gay asylum seekers also reported lack of safety being housed either with other refugees or co-nationals or in areas where some local people were homophobic. Some were subject to severe physical violence in Swedish asylum

camps once their sexuality was revealed, while gay participants in the UK were not protected when they reported experiences of sexual harassment during the time that incidents were being investigated.

Forced migrants were often dispersed on a no-choice basis to deprived or remote areas, where some reported being fearful because of the levels of criminality and sometimes anti-migrant sentiments. Respondents in the UK and Sweden were given very little notice of being re-dispersed. Enforced mobility within the country of refuge separated victims from the support networks they had established, adding another layer of trauma.

*“Being put to a different city by social service creates vulnerabilities and reverse the achievements.”*

(Alexandra, Legal Advisor, a Women's Shelter, Sweden)

Asylum seekers being dispersed around the UK could take only the belongings they could carry, meaning they could not accumulate material goods that could help them feel at home. Some moved several times between temporary accommodations, often at very short notice and without assistance.

*“You don’t have any help, it was really, really stressful, I have to take two taxis with the baby and the pram, I got all those stuff to another temporary accommodation.”*

(Maria, Guinean asylum seeker, UK)

In Australia, refugees escaping IPV were often moved away from their housing into neighbourhoods where they did not know anyone, disrupting access to support and their children's schooling. Asylum seekers gaining refugee status in Australia struggled to locate affordable housing. The welfare assistance provided was insufficient to cover actual rental costs. In the UK, asylum seekers receiving a positive decision were evicted from their asylum accommodation, with few eligible for priority access to state housing. Homelessness was common, and new refugees relied heavily on friends and family for weeks or months at increased risk of exploitation. Rejected asylum seekers and spousal migrants whose marriages failed were also evicted. Bureaucratic errors, delays and problems transferring refugees to welfare support left respondents hungry, destitute and homeless. Without recourse to public funds and not allowed to work, some survivors were said to resort to transactional sex.

“...they've been denied support because they haven't been able to provide a bank statement from six months ago...the social services would say; 'well, we can't prove you require support, so we are not going to support you'. So that person will have to sell sex to provide food for their children...”

(Emma, Practitioner, regional NGO, UK)

Women respondents often had no choice but to enter risky relationships to secure shelter, sometimes returning to abusive partners or ‘sofa surfing’.

“I was sleeping from one sofa to another just to make ends meet. I've lived with different men, they use me, when they finished, they told me to leave the house...That went on since the end of 2005, till 2010.”

(Maria, Guinean asylum seeker, UK)

In Turkey, Syrian refugees receiving no aid occupied rundown areas in insecure and poor quality housing facing risks such as unsafe electric wiring, lack of electricity, poor sanitation and limited access to water. Some lived in abandoned or derelict houses. Many migrants under international protection resided in informal settlements, as they were not entitled to housing support or assistance.

Respondents in Turkey and Tunisia faced discrimination when seeking housing with some encountering racist landlords who refused to let to migrants. Some were supported to find housing by local support groups and other refugees. Housing often lacked basic equipment and furniture, with survivors relying on charitable donations and some living in unfurnished houses with mattresses on bare floors. Lone women without work and sufficient funds particularly struggled to cover rental costs. Some women remained with abusers to avoid homelessness, while others were subjected to SGBV by landlords.

“I had my landlord 50-55 years old, he implicitly harassed me. He said I'm not raising your rent, normally it is 200 TL more. I said, “I can't pay that much money, why is the rent

so much?” He said, “Then we'll go somewhere one night.”...I moved and found a house in a ruined place...”

(Monira, Afghan, international protection, Turkey)

Short-term tenancy agreements meant forced migrants could not settle down and develop the social connections needed for recovery. Victims repeatedly moved within and between cities to escape abuse or to seek better living conditions. Registered Syrian SGBV survivors could access state-funded shelters alongside Turkish SGBV victims for six months. After this period, they had to seek alternative accommodation and often became homeless. Within the shelters, victims encountered discrimination and violence.

LGBTQIA+ asylum seekers eligible for international protection were placed in small cities selected by the Directorate General of Migration Management in Turkey, where they struggled to find accommodation and employment. Some relocated to metropolitan cities to access housing and work.

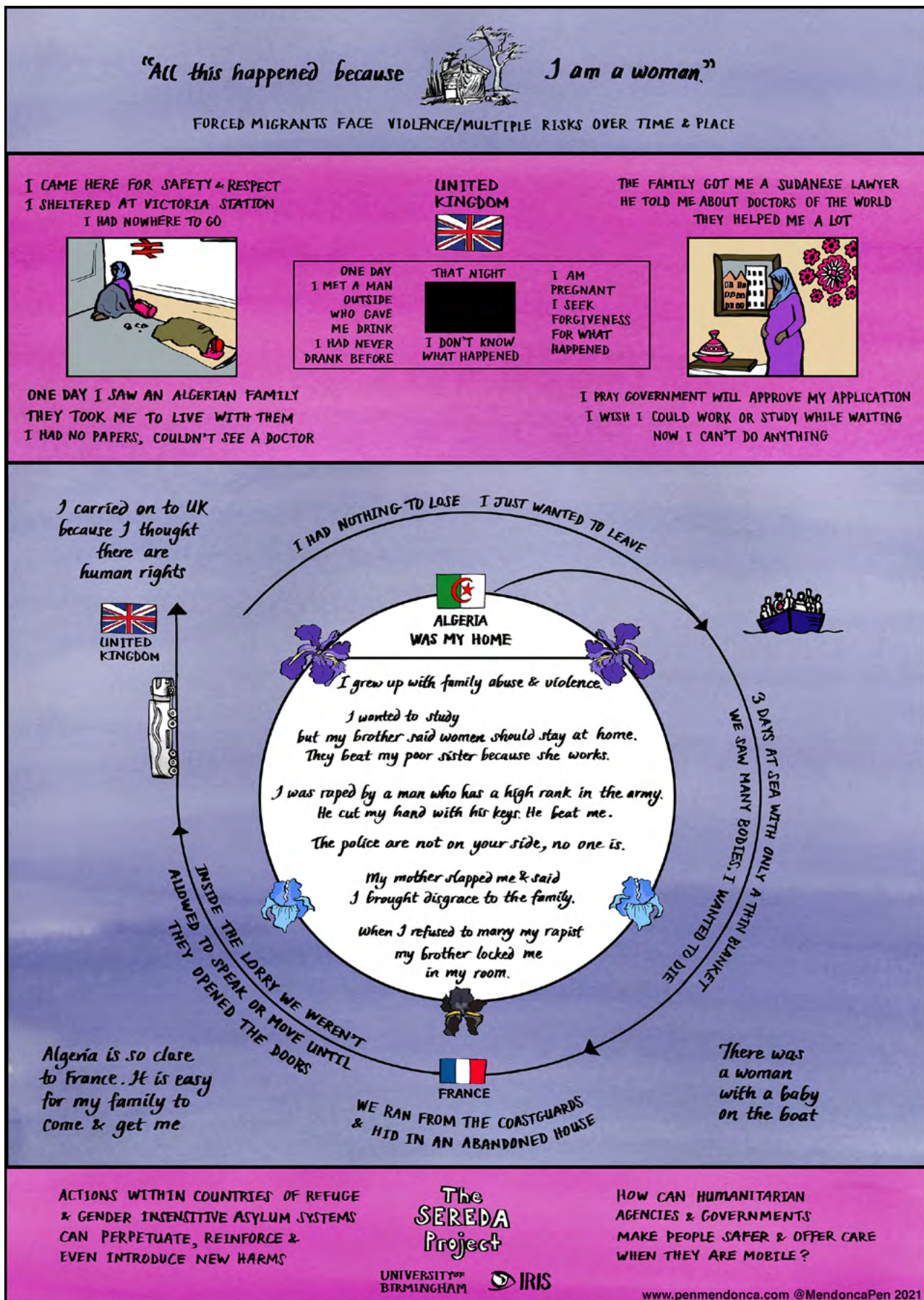
Similarly, in Tunisia, living conditions were poor. Shelters were overcrowded, with many people living in a single room. After allocated time in shelters expired, victims rented privately and often relied on the charity of neighbours. Private housing was sometimes provided by international organisations to eligible refugee families as ‘move on’ accommodation. These were unfurnished, meaning individuals had to sleep on the floor.

“...We stayed for two months in the shelter of refugees. Last Friday, we moved [to a flat]. We didn't have furniture, just a few things to sleep on, and you stay like this until someone gives you blankets.”

(Sumaya, Sudanese refugee woman, Tunisia)

Finally, during the COVID-19 pandemic, many participants living in the UK, Tunisia, and Turkey described difficult living conditions, with no measures introduced to prevent infection or enable social distancing or self-isolation.<sup>xlii</sup>





This graphic presents a story of a survivor who fled family violence in Algeria. It describes the journey of a woman travelling through France to the UK via a smuggling route; from homelessness to the kindness of an unknown co-ethnic family, to an incident of SGBV by a stranger. The story highlights the risks that forced migrants face daily when in refuge – no right to work or study, destitution, dependency on others – but also the role of NGOs providing healthcare and legal supports.

## Limited SGBV sensitivities and capacities

Survivors arrived into refuge and transit countries having been unable to access protection or healthcare services while on the move. However, even after arrival, accessing the right support continued to be problematic. Service provider respondents highlighted the importance of ensuring services were gender, trauma and culture-sensitive. General services were more accessible than specialist services needed for the recovery and integration of victims. A lack of services to address the specialist needs of women, men and LGBTQIA+ forced migrant SGBV survivors was evident across all countries and was particularly problematic in the UK and Tunisia. Migrant and refugee organisations possessed cultural knowledge but were not equipped to respond to SGBV. Conversely, mainstream and NGO SGBV and domestic violence services lacked the expertise needed to work with forced migrants. In Sweden, many services specialised in safeguarding around honour-based violence but could lack cultural sensitivity. Restricted availability of competent interpreters was problematic across countries, with the interpreters provided unable to speak the appropriate dialect. The widespread use of male interpreters left victims unwilling to disclose SGBV experiences or associated physical and mental health concerns.

In Australia, some interventions treated SGBV solely as a criminal justice issue, preventing survivors from disclosing IPV because they wanted to protect their families from prosecution. A public health framing might have been more useful in tackling domestic violence.<sup>xlii</sup> Complex administrative systems were often confusing and intimidating, especially among those forced migrants who had been persecuted by the state before flight. Many survivors distrusted authorities such as the police and courts. Lack of knowledge around local custody regulations made survivors fearful of reporting violence because they believed their children would be taken away.

“Everyone here is worried about their kids being taken away from them...Kids go to school, and you feel like if you say something wrong to the teachers, they might call ‘Social’ [social services] and then your kids will be taken away from you...Why don’t you help us when we need to sort our life and get a house or a

*job instead of taking our kids away?*

(Mina, Syrian refugee, Sweden)

The needs of men, adolescent boys and LGBTQIA+ who were often victimised in conflict and transit were rarely considered by mainstream providers. Data were not routinely collected about SGBV incidence and, where collected, they failed to capture the complex nature of the SGBV experienced by these groups.

In Turkey and Tunisia, NGOs recognised women and girls as victims of SGBV and operated with varying levels of gender sensitivity, often overlooking men and boys. Turkey received substantial assistance from the EU to reduce onward migration to Europe, developing a coordinated infrastructure to meet the needs of the 3.6 million people arriving from Syria.<sup>xliii</sup> Tunisia received scant international support and had yet to develop pathways to protect forced migrants efficiently. Responses were described as under-resourced and poorly coordinated as the influx of migrants was not officially classified as an emergency, and only a few international agencies were operational in the area. While most victims could access urgent medical assistance, they lacked livelihood and housing support.

Across countries service providers often engaged in networks and consortiums dedicated to shared interests such as healthcare, asylum support and women’s rights to accelerate collective action and advocacy. Providers valued collaboration with other organisations, leading to referral pathways and exchange of expertise. However, they reported a need for stronger cooperation with competition for funding undermining the willingness to collaborate in the UK and Australia.

Many organisations were funded to address the needs of groups who had a particular SGBV experience and had to abide by funding criteria when deciding who was eligible for their services. Victims not covered by funding were excluded. For example, individuals on temporary visas were routinely excluded from services in Australia. Limited funding and resources meant that some individuals waited long periods to access services. The short-term nature of funding undermined organisations’ ability to build sustainable relationships with clients. Finally, funding was often allocated for crises and rarely targeted longer term preventative work around SGBV.



# Resilience and integration

Service providers reported that victims developed various coping strategies involving active, behavioural and emotional techniques. Active coping meant taking action, for example, seeking work or learning a new language. Such approaches were only available to victims with certain immigration statuses. Emotional coping meant reliance on inner strengths and socio-emotional resources, often including religious beliefs. Many victims relied on personal religious practices, and some visited places of worship. In Australia, some sought help from faith leaders. Individual prayers helped victims find meaning and keep calm by reconnecting with a source of power they valued<sup>xlv</sup>. Many victims also drew strength from their desire to ensure a better future for their children.

“God helped me. I pray every night. I have been strong for my children. All I want a good future for them.”

(Khawtar, Afghan, international protection, Turkey)

“God gave me these two children and gave me life because he said where is life there is hope... All that makes me appreciate my life are these two children.”

(Samantha, Nigerian refused refugee, Tunisia)

Victims persevered across their journeys with their resilience fuelled by the motivation to reach their final destinations, but once they arrived, multiple traumas, uncertain futures and socio-economic pressures often superseded their long-term resilience. The loss of strength and drive to succeed against the odds accumulated over time and place.

“...women tend to be extremely resilient up until to the time they get to the UK,...to this safe place and then they lose that resilience...as they go along the process of waiting for the asylum claim to go through, they lose it, as in that system is finishing them off. And it's upsetting...you've survived seeing a lot of your family murdered, you survived rape, you survived this journey, and when you found somewhere safe, that is when you can't cope anymore.”

(Jo, Clinician, regional NHS service, UK)

“...You don't get these shocks and challenges from one place; you get them from multiple places, and there's no one or nothing to help us to get us out of the situation that we're in.”

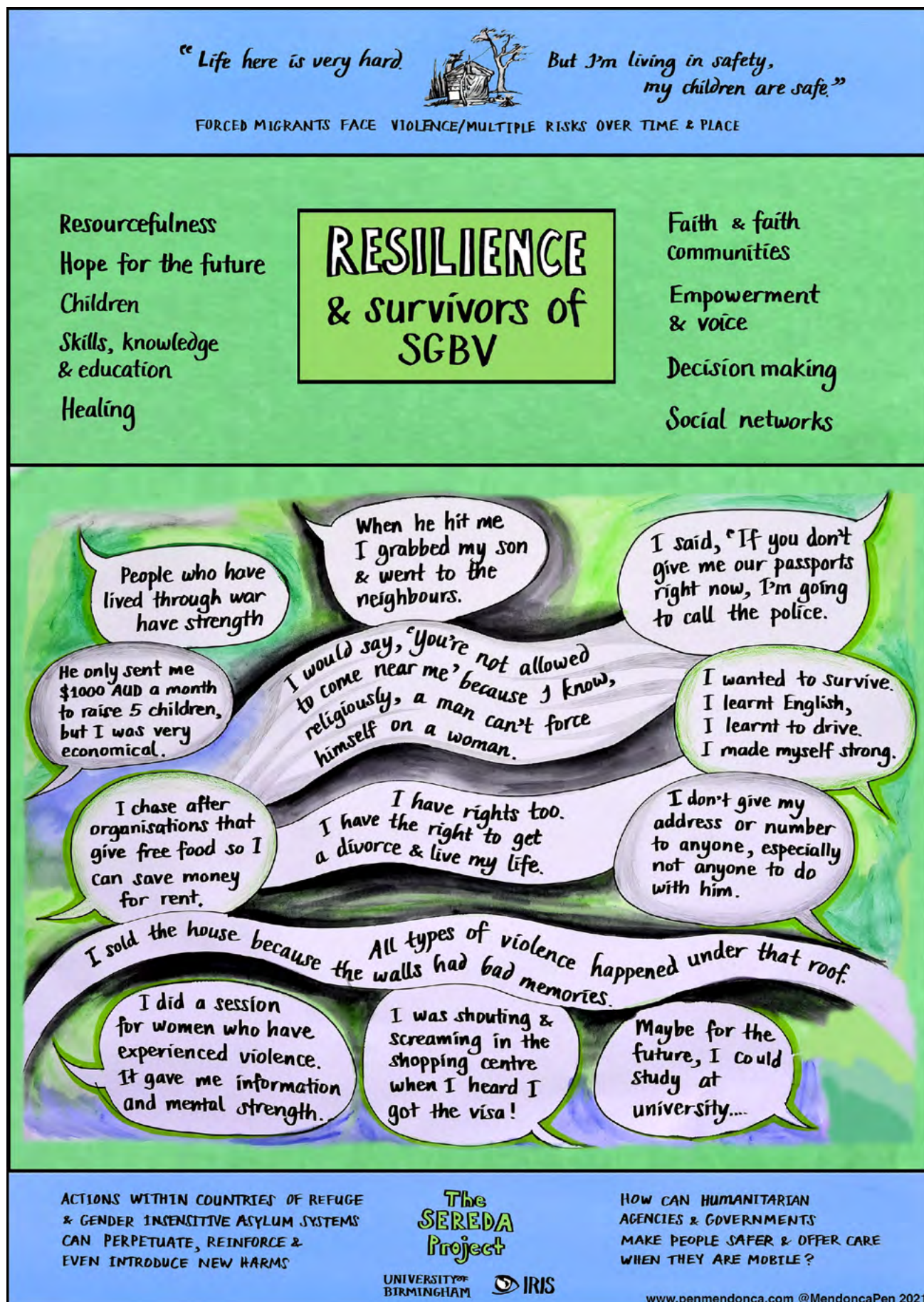
(Roqayah, Iraqi refugee, Australia)



The Bible read by the survivor of trafficking in temporary accommodation in the West Midlands, England.

SGBV experiences frequently undermined individuals' ability to integrate in the short term, although engaging in integration processes could support their recovery from trauma and protect against exposure to further SGBV. The Indicators of Integration framework<sup>xlv</sup> describes integration as a multi-dimensional, multi-directional and multi-stakeholder context-specific process. Within this framework, employment, housing, education, leisure, healthcare and social care are markers of integration, facilitated by language, culture, digital skills, safety and social connections, with rights and responsibilities as a foundation. Overall, women refugees face poorer outcomes and greater inequalities across integration domains.<sup>xlvi</sup> We outline below multiple barriers across integration domains for survivors.





This graphic describes the resilience factors engaged in by forced migrant survivors of domestic violence in Australia. It also presents the ways women resist domestic violence, highlighting women's aspirations and pathways to recovery.



## Secure status, protection from harm and rights

Secure legal status was key in facilitating integration and accessing services. Feeling safe and secure are key indicators of integration. While respondents wanted to feel safe and settled, past SGBV experiences often left them in a perpetual state of fear. For example, the sight of someone in uniform or sudden loud noises could generate panic. Survivors spoke of positive and negative experiences with police. Some feared the police, whereas others felt they reinforced safety by intervening in violent incidents and sometimes providing evidence that enabled women to divorce or gain custody of their children. In Turkey, some respondents felt they were denied police protection because they were not nationals.

Victims without secure status were less likely to seek support or report ongoing abuse than those with the right to remain. Positive asylum decisions strengthened victims' resilience and wellbeing and enabled them to plan for the future, work, study and access language classes. Family reunion was also considered important to aid settlement and integration, although, getting permission for family reunion was difficult, expensive and dependent on income. Being separated from family undermined respondents' mental health as they worried about relatives in danger.

In Turkey, interviewees reported that 'temporary protection' or no prospect for accessing 'international protection' inhibited their integration prospects. In Sweden, Australia and the UK, endless uncertainty about the right to remain and the future left survivors thinking about past experiences, exacerbating psychological distress. A change in status often entailed access to new rights to work or study, enabling distraction and independence.

*“ Now that I have the freedom, now that asylum-seeking is behind me, I can do all of these things and I'm not wasting any more time, I'm doing them, I'm going for it. ”*

(Idris, Nigerian refugee, UK)

In addition, lack of information about rights and legal protection among SGBV victims was widespread. Learning about rights to be free from violence, including coercive control, empowered some women to act. Challenging conventions was important to survivors and facilitated through relationships with local people and interaction with educational and welfare services. In Australia, women on spousal visas felt empowered after hearing that IPV was illegal, and that they would not be deported if they reported abuse.

Also, some abusive partners tended to de-escalate physical violence once they learnt about the illegality of their actions, but continued to exert other forms of control.

## Housing, employment, education, health and leisure

Emergency housing, material assistance and healthcare were pivotal in helping survivors to meet basic needs and for physical survival. Essential support was provided by NGOs reaching out to forced migrants, beginning with offers of food, childcare and leisure activities, and over time helping survivors make links with other organisations to access resources and legal support.

Safe and secure housing, where survivors could feel at home and develop a sense of belonging and social connections, was essential to facilitate integration. In Section 4.3. we outlined how unstable and unsafe housing could place victims at risk of further abuse. Emergency hostels and follow-on accommodation enabled victims to escape from abusive relationships, although most had not known they could access emergency housing. Moving to shelters often meant ruptures in existing support networks.

Work and education were important diversions from trauma, while women frequently discussed the need for distraction activities to help them recover.

*“ I had started work experience. I love working and keeping myself busy because I know if I stop to rest, I would only think of the life I had gone through, which was hard so I end up crying. ”*

(Lana, Iraqi refugee, Sweden)

Also, where respondents were permitted to undertake paid work, individuals developed self-confidence to leave abusive relationships. Asylum seekers without the right to work could be subjected to destitution and homelessness if their claim was rejected. They were denied access to language classes, employment and training while waiting for the outcome of their claim.

Material assistance, such as food, clothes and cash, enabled victims to meet basic needs, as most were not allowed to work. The lack of finance and income-generating activities meant survivors often lived in extreme poverty. Donations and in-kind support from charities and individuals helped survivors improve their living conditions. Cash assistance programmes, provided in Turkey by INGOs and NGOs, were life-saving, although



they did not address underpinning vulnerabilities. Victims excluded from cash assistance programmes continued to rely on charities, informal work and sometimes transactional sex.

Empowerment, network building and training initiatives aided recovery from trauma. National and local NGOs provided vocational training programmes in migrant community centres, enabling women to develop skills and access work. In the UK, advocacy and empowerment projects were dedicated to developing refugee women's skills and self-confidence. In Australia and Sweden, initiatives focusing on wider skills development helped build trust with women forced migrants, eventually leading to the disclosure of SGBV and referral to specialist services. Vocational training and access to education and employment supported victims' self-reliance and healing by enabling them to become self-sufficient.

In terms of health, as outlined in Section 4.4., survivors were often reluctant or unable to access healthcare. Once accessing healthcare, they were able to begin recovery and seek protection. Early interventions were important to reduce the severity of psychological conditions. Access to counselling, was particularly important, with many finding group therapy useful. Mental health and psycho-social support (MHPSS) activities, including counselling, individual therapies, art and social activities, facilitated survivors' healing by helping develop a positive outlook toward the future, improving self-esteem, and integration. Also, leisure and sport activities helped develop trusting relationships with survivors, often enabling disclosure, access to healthcare and eventually empowerment. Survivors tended to disclose SGBV only after identifying a service provider as truly 'caring' for their conditions.

“As my troubles were growing, I was looking for someone to talk to since I was afraid to tell my family. I could not trust anyone. I was afraid. This organization is the only place that I trust after a long time. They have built a trust bond in me. They know what they are doing.”  
(Selena, Iranian, international protection, Turkey)

“I also benefited from the yoga classes...and there was painting and drawing...she [therapy's lead] thought of everything...excursions, art, health, everything...She gave us so

*much strength to go on.*  
(Ines, Syrian, citizenship, Australia)

However, not all victims were able to access MHPSS. Across countries, the capacity and funding of mental health services were limited in terms of their ability to support forced migrants. Isolated respondents, especially those in abusive relationships (Australia, Sweden, UK) and living in disadvantaged areas (Turkey), were not aware of psycho-social support available. Routine information about health and social services was said to be limited in Sweden for asylum seekers awaiting a decision. In Southern Tunisia, victims of trafficking and domestic violence were reluctant to access protection and mental health services because of their irregular status and fear of ineligibility or arrest.

## Social connections

Social connections and solidarity with other forced migrant survivors were crucial. The emotional and practical support offered by peer survivors, to some extent, replaced family and offered a safe space when shunned by ethno-national communities. Digital social platforms enabled women to connect and develop solidarity with other survivors and learn about their rights. Being able to help others and contribute to wider communities, supported survivors to rebuild their confidence. In the UK, mutual help groups, and volunteer and advocacy opportunities helped strengthen resilience. Also, friendships with other victims, local residents and faith communities helped develop informal support networks. However, heightened psychological distress hindered the ability to engage with local groups and participate in language classes and training, undermining integration. Difficulties forming relationships exacerbated isolation, compounding psychological conditions, and impeding access to welfare by limiting access to healthcare, housing, and support services.

In Australia, neighbours offered a safe place to escape violence, short-term shelter, advice about legal rights and other support. In Sweden, friendships with local people helped survivors to learn Swedish and access support services. Despite many reporting positive relations with local residents, some spoke of experiences of racism or discrimination, which led them to avoid interactions and self-isolate. Those who fled persecution because of their sexuality, struggled to socialise with their wider ethno-national communities because they feared, or had received, threats of further violence. The wider LGBTQIA+ community played a crucial role for LGBTQIA+ with support groups and charities helping survivors in the UK and Sweden to build new social networks without fear of persecution and to learn about their local rights.

## Language and culture

The ability to speak the local language and acquire cultural knowledge were critical. Without language skills, survivors' capacities to connect with communities, make friends and access practical information were seriously limited. Inability to communicate and access services compounded victims' reliance on abusers and social exclusion from wider integration opportunities.

“ *They [women] don't know what to do when they get divorced, like me...None of the women works, they don't know the language...* ”

(Magda, Iranian, international protection, Turkey)

Social assistance and language classes were often provided by NGOs. Some women were prevented from attending language classes by abusive family members. Public transport costs and inability to concentrate on learning, because of PTSD or concerns about everyday survival, impeded learning. In addition, mutual learning about cultures between immigrant and host communities was important, with locals' attempts to learn about refugees' cultures, making newcomers feel valued, supporting a sense of belonging. However, the impacts of culture shock on arrival in the UK, Sweden and Australia were also reported, with cultural and linguistic differences hindering help-seeking. Finally, the cultural insensitivity of some service providers and stigmatization of non-Western migrant communities as inherently violent discouraged some victims from seeking help.





This graphic introduces what works in effective service provision for survivors of SGBV in Australia. It presents both recommendations and existing good practices provided by some services working with survivors. Many of these approaches could work in other countries.



## Conclusions and recommendations

This report summarised the SEREDA Project findings from the UK, Sweden, Australia, Turkey and Tunisia. We have outlined the continued nature of SGBV across forced displacement, indicating that SGBV experiences are complex and extend over time and place, including into contexts of refuge. We identified a continuum of violence, *beyond conflict*, accumulating at different stages of forced migration, that requires urgent attention by governments, funders and humanitarian organisations. Given the upward trajectory and feminisation of forced displacement, ongoing conflicts and the displacement potential of climate change, urgent policy and practical actions are needed to reduce SGBV risks and meet the needs of forcibly displaced victims. Further research needs to examine the situations of victims in other emergencies in the Americas and Asia where forced migrants may also experience high levels of SGBV.

We have identified protection gaps across forced migration pathways at the immigration, humanitarian and asylum nexus. In particular, perilous journeys without access to mobile support services and asylum and immigration policies that do harm, rather than protect, were shown to exacerbate risks, reproduce inequalities, and re-traumatise victims. To address *violence beyond conflict – during forced migration experience and across borders* - the asylum, humanitarian and human rights systems need to develop trauma and gender-sensitive responses together with data collection mechanisms that can capture the complexity of SGBV experiences and provide the information needed to develop appropriate needs-based interventions.

We outline below recommendations to humanitarian, asylum and immigration stakeholders suggested by research respondents and participants from consultations held with around 90 individuals from 11 humanitarian agencies. Victims tended to prioritise measures that would prevent the necessity of fleeing, improve the situation in their countries, challenge patriarchal norms and end impunity for abusers. They also raised the importance of providing safe escape routes for people facing persecution to remove the necessity of lengthy journeys wherein they faced multiple forms and incidents of violence. We begin with key guiding principles followed by priority actions.

### Key guiding principles:

1. **Forced migrant-sensitive SGBV prevention and responses:** Mainstream forced migrant-sensitive SGBV approaches into humanitarian and asylum systems.
2. **An integrated asylum and humanitarian approach:** Protect forced migrant victims of SGBV from further harm and ensure gender and trauma-sensitive asylum systems.
3. **SGBV, trauma and cultural sensitisation:** Implement SGBV training and trauma awareness across actors who have contact with forced migrant SGBV survivors to improve the protection and safeguarding of victims.
4. **Inclusive and non-discriminatory approach:** Forced migrant victims of SGBV to be treated with the same levels of care as any other SGBV victim. Humane and non-discriminatory treatment is needed, prioritising the safety and recovery of victims regardless of their immigration status.

## Recommendations

### Humanitarian and aid organisations should:

- Develop forced migrant-sensitive programmes with appropriate actions to address SGBV *along forced migration routes*, recognising that violence extends *beyond conflict* into flight and refuge.
- Improve and develop data recording mechanisms that capture complex experiences of SGBV at each stage of the forced migrant journey (including in countries of transit and refuge).
- Build staff capacity to integrate sensitivity to legal status of SGBV victims into organisational policies and programmes.

### On the move, in transit, there is an urgent need to:

- Increase provision of mobile SGBV and health services to people on the move and in migrant hotspots, reception centres, cross-border settings and across forced migration routes.
- Ensure humanitarian remote and mobile response teams and services are trained and sensitised to SGBV needs among survivors and can offer appropriate first aid.
- Provide pre-exposure protection and access to post-exposure services (healthcare, contraception, prophylaxis) for forced migrants on the move.

### In asylum and refuge countries:

- Inform forced migrant victims about legal support, rights and entitlements in appropriate languages.
- Raise awareness of forced migrants' entitlements among professionals working with forced migrants in medical and social services.
- Develop culturally-sensitive and integrated intersectoral responses to domestic and interpersonal violence in specialist and non-violence-related services.
- Increase investment in and capacity of trauma-informed mental health and psycho-social support, and develop resilience programmes based on strengths and coping mechanisms of victims.
- Strengthen social networks and access to support structures which can help facilitate recovery, such as faith, places of worship, community and peer support networks.

### Advocacy needs:

- Advocate for governments to develop safe and legal escape routes for individuals and groups subjected to persecution.
- Advocate ending impunity for perpetrators of cross-border SGBV focusing on border guards, police and traffickers.
- Encourage states to end immigration regulations that generate dependency of victims on perpetrators.
- Advocate for asylum systems that are gender and trauma sensitive and offer protection to survivors.
- Raise public awareness about the nature and incidence of SGBV in forced migration to garner support for forced migrant sensitive policies.

**Institutional funders should:**

- Fund mobile service delivery of essential services for forced migrants on the move (e.g. post-rape prophylaxis and contraception) and ensure the continuum of care for survivors along forced migration routes.
- Provide specific funds for SGBV responses across borders and on the move along forced migration routes ensuring gender inclusion.

**Standards regulating bodies should:**

- Adapt SGBV protection standards to include forced migrants on the move across forced migration routes, hot spots and high-risk areas.

**Governments should:****Development work in countries of origin**

- Extend women's empowerment programmes and initiatives promoting the prevention of violence against women and girls.
- Increase pressure for global initiatives to prevent SGBV, beyond conflict, on the move and refuge.
- Fund education and employment generation for women and girls to enable their financial independence.

**Protecting and assisting forced migrant (forced migrant SGBV survivors and victims) SGBV victims**

- Support survivors of SGBV in cross border settings, migrant hotspots, reception centres and militarised border zones.
- Facilitate legal routes to safety to negate the need for hazardous journeys.

**Gender protection**

- Provide protection measures and women only spaces and LGBTQIA+ specific spaces in countries of transit and refuge.
- Enable the right to work to forced migrant survivors to reduce financial dependence on abusers and risks of exploitation.
- Maintain a firewall between service providers and immigration enforcement to enable survivors to seek help without fear of deportation.

**Criminal justice system**

- Enable access to justice to all victims of SGBV regardless of immigration status and the place of victimisation (whether SGBV occurred in the country of refuge and overseas).

**Border, immigration and asylum agencies should:**

- Develop gender-sensitive reception and asylum procedures.
- Recognise the potential for asylum systems to generate trauma and expose survivors to further harms and introduce gender-sensitive systems which protect survivors.
- Develop a gender-sensitive approach to integration policy to enable victims' social and economic participation, and address immigration-related gender-disparities.
- Implement guidance on how to introduce a trauma-informed approach into asylum systems to help mitigate pre-arrival SGBV impacts and further SGBV risks.
- Provide safe environments to facilitate disclosure, build resilience and recovery.
- Fund specialist support for SGBV survivors in countries of refuge.
- Ensure access to safe and secure housing for forced migrant SGBV survivors.
- Support integration initiatives to enable SGBV survivors to move on with their lives.
- Ensure interventions and staff receive training in gender and trauma sensitivity.



## Useful links:

SEREDA website and publications: Sexual and gender-based violence in the refugee crisis: from displacement to arrival (SEREDA) (University of Birmingham) <https://www.birmingham.ac.uk/research/superdiversity-institute/sereda/index.aspx>

Inclusive Holistic Care for Migrant victims of sexual violence (INHeRE) <https://www.icrhhb.org/en/projects/inclusive-holistic-care-for-migrant-victims-of-sexual-violence-inhere>

Manual on Community-Based MHPSS in Emergencies and Displacement (IOM)

Operational guidance - Responding to the health and protection needs of people selling or exchanging sex in humanitarian settings (UNFPA) <https://www.unfpa.org/publications/operational-guidance-responding-health-and-protection-needs-people-selling-sex>

Practical guidance for cross border continuity of care and safety for child survivors (Social Development Direct) <https://www.sddirect.org.uk/media/1956/practical-guidance-for-cross-border-continuity-of-care-and-safety-for-child-survivors.pdf>

PROTECT - Preventing sexual and gender-based violence against migrants and strengthening support to victims (IOM) <https://eea.iom.int/PROTECT-project>

Safe Women in Migration Toolkit. Building Capacity of Front Line Staff to Prevent and Respond to GBV (l'Albero della Vita) [https://swim-project.alberodellavita.org/wp-content/uploads/2019/06/Toolkit\\_Swim\\_DEF.pdf](https://swim-project.alberodellavita.org/wp-content/uploads/2019/06/Toolkit_Swim_DEF.pdf)

The reception methodology of D.i.Re anti-violence centres. Notes and suggestions about working with migrant, asylum-seeking and refugee women (D.i.Re) [https://www.leavingviolence.it/wp-content/uploads/2021/03/LVLS\\_Metodologia\\_Manuale-ENG\\_singole\\_DEF.pdf](https://www.leavingviolence.it/wp-content/uploads/2021/03/LVLS_Metodologia_Manuale-ENG_singole_DEF.pdf)

Working with Adolescent Girl GBV Survivors On The Move (UNICEF) <https://www.unicef.org/lac/media/30266/file/Working%20With%20Adolescent%20Girl%20GBV%20Survivors%20On%20The%20Move.pdf>

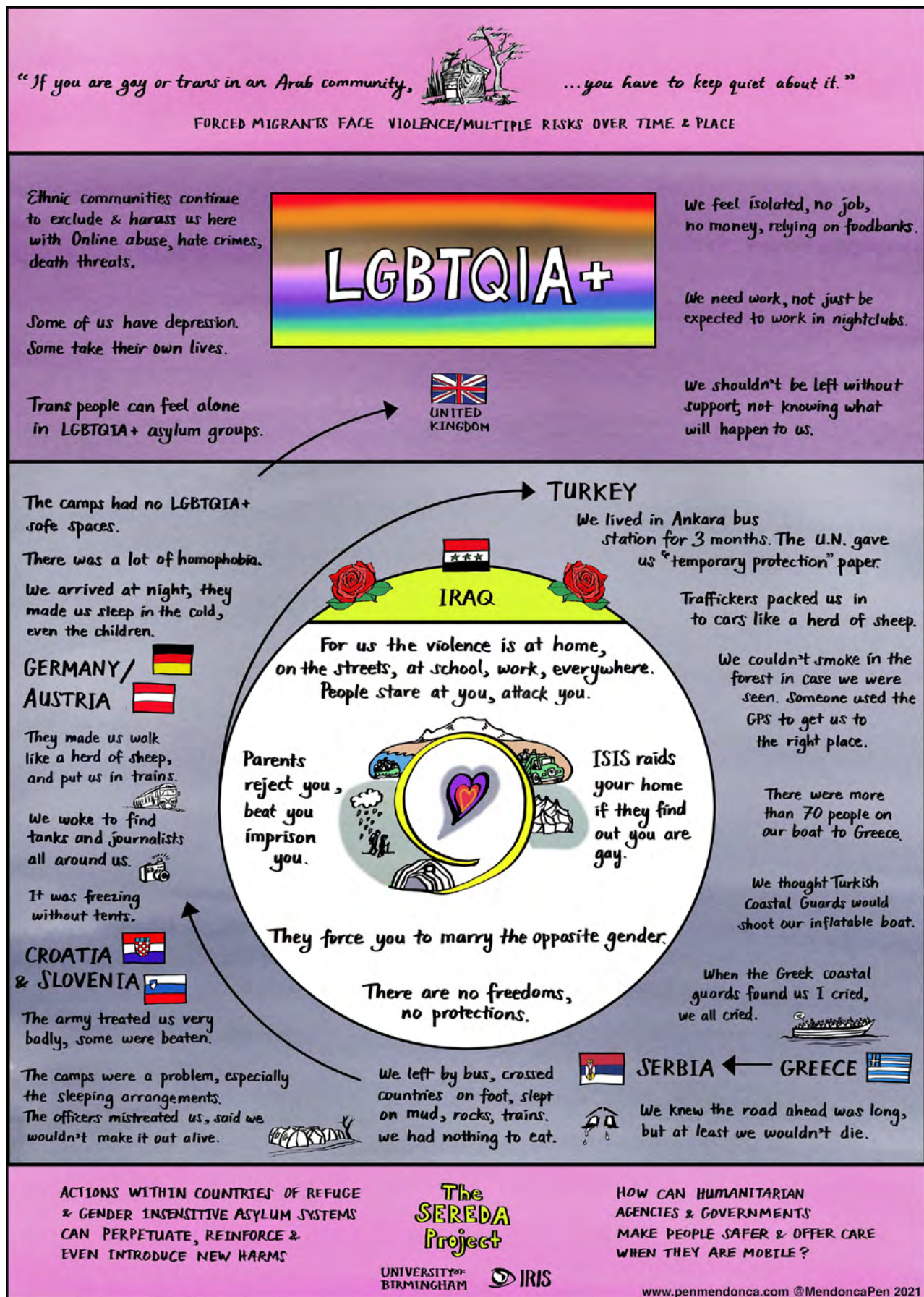
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This graphic presents a refugee journey of LGBTQIA+ survivor from Iraq to the UK. It details the conditions and harms experienced at different stages of migration, including experiences of trafficking, a dangerous sea-crossing from Turkey to Greece and inhumane treatment along the Balkan routes to Austria and Germany, with the survivor eventually reaching the UK.

Back page photograph: An asylum seeking woman entering her temporary house in North West England.



