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Forced migration and SGBV: Service provider perspectives from the UK

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Abstract

This working paper sets out findings from semi-structured interviews with 26 stakeholders working with forced migrant survivors of sexual and gender-based violence (SGBV) in the UK, as part of the SEREDA project. The paper first sets the context for the research, outlines the background to the project and describes the methodology adopted for this paper. It then outlines the preliminary findings from the interviews, exploring definitions of SGBV, the experiences and needs of forced migrant survivors, and the support provided by participants' organisations to meet these needs. The paper then highlights the challenges for support provision at the individual, organisational and structural levels, and sets out participants' recommendations for policy and practice.

Keywords

Sexual and gender-based violence (SGBV); migration; support services

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Introduction

Experiences of sexual and gender-based violence (SGBV) are increasingly reported throughout the refugee journey and can have significant and enduring effects on forced migrants' sense of wellbeing, recovery and security (Freedman, 2016). Research conducted by Dorling, Girma and Walter (2012) with 72 women who had sought asylum in the UK found that 66 percent had experienced gender-related persecution in some form, including rape, sexual violence, forced prostitution and forced marriage, perpetrated by partners, family members, soldiers, police and prison guards. Dudhia's (2020) study highlighted the cumulative impact of multiple experiences of violence, with 32 of the 103 participants having been raped or sexually abused in both their country of origin and in the UK, and 10 having been victimised in countries of origin, in the UK and in transit. SGBV both reflects and reinforces gender inequality at all stages of displacement and resettlement. The long-term impact of SGBV is exacerbated by gendered experiences of integration, with women generally facing poorer outcomes and greater inequalities in relation to health, social networks, and access to employment, education and housing (Cheung and Phillimore, 2017).

There is not currently a statutory definition of SGBV in the UK, though the government strategy for ending violence against women and girls adopts the form of words used in the 1993 United Nations Declaration on the Elimination of Violence against Women:

Any act of gender-based violence that results in, or is likely to result in physical, sexual, psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. (UNGA, 1993, cited in HM Government, 2019)

While the UK Government strategy is specifically focused on violence against women and girls, who are disproportionately affected by these acts, there is recognition that men and boys can also experience SGBV (HM Government 2019). However, the specific needs and experiences of forced migrants are not referenced in the current strategy, despite the prevalence of SGBV among people seeking asylum in the UK. Instead, forced migrant survivors are met with a range of responses within the asylum system which exacerbate rather than mitigate the impacts of SGBV. Baillot and Connelly (2018) set out the limitations in welfare support, barriers to disclosure and restricted access to services facing forced migrants who have experienced SGBV. The hostile environment policies implemented by recent governments have heightened barriers to accessing health, welfare and housing for migrants with irregular status and those

who have been refused asylum (Kilner, 2014; Lewis, Waite and Hodkinson, 2018). Women in immigration detention are particularly isolated from support and less likely to have the opportunity to speak out about their experiences in a safe environment (Manjoo, 2015). Canning (2019) employs the concept of ‘degradation by design’ to describe the increased use of detention and control measures within the asylum system, alongside a decrease in the rights, welfare funding and procedural safeguards available to forced migrant survivors of SGBV.

Context of asylum in UK

The Home Office is the UK’s lead government department for immigration, and includes UK Visas and Immigration (UKVI), which is responsible for immigration and asylum processes, and Immigration Enforcement, which aims to prevent irregular migration and encourage the return of migrants without leave to remain. In 2019, there were 35,366 applications for asylum in the UK, with Iran, Iraq, Albania, Eritrea and Pakistan the most common countries of origin (Walsh, 2019). The asylum process can be lengthy and many of those seeking protection may have to go through multiple appeals, which leads to prolonged uncertainty for people seeking sanctuary in the UK. Walsh (2019) found that, in 2018, only 25 percent of asylum applicants received an initial decision within six months, while Sturge (2020) notes that 48 percent of those who applied for asylum in 2019 received a refusal at the initial decision stage.

Dudhia (2020) highlights the potential for destitution at three different points: during the asylum process; after receiving a positive decision; and after receiving a negative decision. People seeking asylum are entitled to support, including accommodation and financial assistance, during the course of their claim (HM Government, 2020a). However, the amount of financial support is set at only £37.75 per person per week, and for some there are significant delays in getting this support in place (Dudhia, 2020). Accommodation is also provided to people seeking asylum, but this is on a no-choice basis, and is often low quality and/or shared accommodation, which can be particularly difficult for survivors of SGBV (Baillot and Connelly, 2018). Dispersal to different parts of the country, where specialist support services may be limited, can also be particularly challenging for survivors of SGBV.

For those who receive a positive decision on their asylum claim, they have a period of 28 days during which they must apply for mainstream benefits, which requires them to navigate a new system and can result in further gaps in support while this is put in place (Dudhia, 2020). For the majority of those who become destitute, this is as a result of a negative asylum decision and the ending of Asylum Support. While

there is potential to apply for weekly subsistence and accommodation support, the criteria for support cover only a narrow range of circumstances. Dudhia's (2020) research with 106 women who had been destitute in England or Wales after claiming asylum highlighted the increased risk of SGBV among those who are destitute. Of the 106 women who took part in the study, 25 percent had been raped or experienced other forms of sexual violence while sleeping rough or in temporary accommodation, and 35 percent had felt forced to stay in a relationship due to destitution (Dudhia, 2020).

SGBV survivors who have experienced trafficking can seek support under the National Referral Mechanism (NRM). The NRM is the UK's framework for identifying and supporting victims of trafficking and modern slavery, and gives potential victims access to specialist support, including accommodation, legal advice and therapeutic support, for at least 45 days while their case is considered (Home Office, 2020). Both the asylum system and the NRM require survivors to give a full account of their experiences in order to receive protection.

Integration in the UK

The longer-term impacts of SGBV can be seen in relation to integration. Broadhead and Spencer (2020) note that refugees are the only migrant group for whom the UK government has taken a national approach to integration. However, refugee integration policy in this area has generally been aimed specifically at those who have been granted refugee status, rather than those seeking asylum, which leaves the latter in limbo, for months or even years, while their claim is decided (Broadhead and Spencer, 2020). Further, Mulvey (2015) suggests that the political and social discourse around people seeking asylum has been a barrier to meaningful integration and participation in society for both asylum seekers and those with refugee status.

The Home Office Indicators of Integration, updated in 2019, set out a number of principles underpinning integration as a process, as well as the indicators through which we can see this process taking place (Ndofor-Tah et al., 2019). Integration is understood as a multi-dimensional, multi-directional and multi-stakeholder process which must be responsive to a particular local context (Ndofor-Tah et al, 2019). Within this framework, employment, housing, education, leisure, and access to health and social care are markers of integration, facilitated by language, culture, digital skills, safety and stability. For survivors of SGBV, as will be seen in the findings below, there are a number of barriers to accessing these factors. As such, a gender-sensitive approach to integration policy and practice is vital, particularly in enabling

women to participate more fully in social and economic activities and challenging gendered inequalities (Coley et al., 2019). Ndofor-Tah et al. (2019) also highlight the importance of different social connections – with those with whom there is a shared identity, with institutions and services, and with those from different backgrounds. Forging these connections between individuals, and across services and communities, is a key feature of support services for many providers, as outlined in the findings below.

Access to services

Access and eligibility requirements for statutory services for forced migrant survivors of SGBV can be complex. The no recourse to public funds (NRPF) condition can restrict access to support for people who are subject to immigration control, which can include those with no leave to remain in the UK, including those refused asylum. Some people on spouse or student visas may also be subject to the NRPF condition, as well as those with limited leave under private or family life rules (NRPF Network, 2017b). This condition excludes people from access to housing and welfare benefits, though they can still be supported by social services if this is necessary to prevent a breach of their human rights (NRPF Network, 2017a). However, survivors of domestic violence with NRPF can find themselves excluded from refuge accommodation which is funded through Housing Benefit.

Access to treatment under the National Health Service (NHS) can also be restricted for those who have been refused asylum and do not have leave to remain in the UK. Primary healthcare services, such as GP support, can be provided regardless of migration status, and initial accident and emergency healthcare and family planning services must also be provided free of charge. However, some forced migrants will face charges for treatment, including maternity care and termination of pregnancy (Houlcroft, 2018). There are exemptions from charges which are relevant to SGBV survivors, particularly for services to treat the physical or psychological consequences of torture, female genital mutilation (FGM), and sexual or domestic violence (HM Government, 2020b). People with refugee status and those seeking asylum are also exempt from charges, as are victims of trafficking under the NRM system.

Another barrier to service access is fear of immigration enforcement among those who do not have leave to remain. Dudhia (2020) found that only a small proportion of destitute women who experienced SGBV reported their experiences of violence to the police. For those with a precarious immigration status, fear of deportation or of not being believed were key factors in not feeling able to report, particularly if survivors are on spousal visas or are undocumented (McIlwaine, Granada and Valenzuela-Oblitas, 2019).

This fear was reflected in a 2017 case in which a pregnant woman was arrested on immigration charges while reporting her kidnap and rape at a London police station (Siddique and Rawlinson, 2017). According to the civil rights organisation Liberty (2019), as of 2018 over half of UK police forces had referred undocumented victims of crime to the Home Office.

The policy of austerity adopted in the UK by the coalition government in 2010 has had a far-reaching impact on service provision in the public and voluntary sectors, with women particularly affected (Annesley, 2014). Between 2010/11 and 2011/12, frontline services responding to domestic violence and sexual abuse faced funding cuts from local authorities of 31 percent (Towers and Walby, 2012). According to the special rapporteur on violence against women in her 2015 report on the UK, refugee survivors of SGBV have been disproportionately affected by cutbacks, which have in turn heightened their vulnerability to further violence (Manjoo, 2015). As a result, services working with forced migrant survivors of SGBV face an ongoing battle to provide timely and responsive support within a climate of limited funding, lack of political will, and increasing need.

This working paper sets out findings from interviews with a range of stakeholders working with forced migrant survivors of SGBV in the UK as part of the SEREDA project. The paper first sets out the background to the project and the methodology adopted for this paper. It then outlines the preliminary findings from the interviews, exploring definitions of SGBV, the experiences and needs of forced migrant survivors, and the support provided by participants' organisations to meet these needs. The paper then highlights the challenges for support provision at the individual, organisational and structural levels, and sets out participants' recommendations for policy and practice.

The SEREDA project

The SEREDA project is a multi-country research initiative which aims to understand the nature and incidence of SGBV experienced by forced migrants throughout the journey from displacement to settlement in countries of refuge. The project is being undertaken across the UK, Australia, Sweden and Turkey by an interdisciplinary team of academics from the University of Birmingham, University of Melbourne, Uppsala University and Bilkent University, and is being conducted in partnership with national and international NGOs based in each country. The study adopts a constructivist framework to understand experiences of SGBV among forced migrants, particularly from the Middle East and North Africa (MENA)

region but extended to include forced migrants fleeing from other parts of Africa across the Mediterranean in the UK project, and to strengthen mechanisms for recognising, recording and responding to SGBV. The project aims to examine how health and social consequences are identified and treated and how they shape experiences of integration and inequality in countries of refuge. Data for the project is being gathered from interviews with stakeholders and forced migrants in each of the four countries.

Methodology

The data in this paper comes from interviews with professionals working with forced migrant survivors of SGBV in the UK. Twenty-six interviews were conducted with stakeholders from a range of organisations, including clinicians, project workers and managers from public sector bodies and local, national and international non-governmental organisations (see Table 1). Interviews were semi-structured, using a topic guide covering areas such as forced migrant experiences of SGBV, vulnerability and resilience, service provision, data and monitoring, and integration. Participants were identified with the support of the UK NGO partner, Doctors of the World, and via a scoping exercise to identify key organisations working in some capacity with forced migrant survivors of SGBV, drawing on existing research and practice networks, and using snowball sampling to identify further key stakeholders.

Participants included practitioners working in the fields of health, including mental health and maternity care, refugee and migrant support organisations, and specialist services focusing on specific forms of violence and abuse, such as domestic violence, trafficking and sexual exploitation, and torture, or particular areas of practice, such as women's organisations, LGBTQ support services, legal advice or detention support. While the focus of the SEREDA project is on experiences of forced migrants, stakeholder participants worked with people with a range of migration statuses and experiences. The term forced migrant is understood broadly in this paper, to include people who have been granted refugee status, people currently seeking asylum, spouses of people who have or are seeking refugee status, and people who have been refused asylum who may now be undocumented and those who have not yet claimed asylum but are likely to at some point in the future. Participants' organisations were predominantly based in London or the West Midlands and provided services either within their region, nationally across the UK, or internationally in one or more countries outside the UK. The breakdown of

organisation types is set out in Table 1. Non-government organisations (NGOs) includes charities, community interest groups and faith-based organisations.

Table 1: Stakeholder interview participants

Stakeholders	Number of participants
Number of interviews	26
Organisation type:	
Regional NGO	11
<i>West Midlands</i>	7
<i>London</i>	3
<i>Yorkshire</i>	1
National NGO	5
International NGO	4
NHS	5
Local government	1

Codes were developed for use with stakeholder data across the four sites of the project, but with flexibility to allow for additional themes specific to each context to emerge. The codes were tested and refined using initial data from the UK and Turkey. Transcripts were then coded using NVivo and each transcript was summarised to provide an outline of findings against each theme. The data within each theme was then reviewed and subthemes were identified inductively.

Preliminary findings

The initial findings from stakeholder interviews are presented below in six key sections: 1) how SGBV is defined and understood among participants and forced migrants; 2) the experiences and impact of SGBV reported by survivors at different stages of the refugee journey; 3) the impact of SGBV on settlement and integration; 4) the scope, methods and effectiveness of support provision; 5) the challenges and barriers facing survivors of SGBV and the organisations supporting them; and 6) recommendations for policy and practice to improve outcomes for survivors and to promote resilience and recovery.

Defining SGBV

Sexual and gender-based violence is a broad term covering a wide range of actions perpetrated against people on the basis of their gender, as well as on the basis of their gender identity and sexual orientation. As outlined above, there is currently no formally agreed definition for sexual and gender-based violence in the UK or globally (Simon-Butler and McSherry, 2018), and some stakeholders and organisations tend to refer to SGBV interchangeably with other terms such as gender-based violence or violence against women and girls. For the purposes of service provision, definitions are a key aspect of eligibility criteria for gaining access to support. Sharing a common definition of SGBV and its constituent experiences can also assist with understanding and comparing the prevalence of violent experiences across client groups in different services.

When asked how they would define SGBV, participants discussed both their own understanding and their knowledge of the forms of violence experienced by the people using their services. For many participants, lack of consent or choice was a key feature that characterised what they saw as SGBV:

It is about being violent, and about sexual abuse, or rape, or generally speaking, it could be any sort of intimate contact with a person without their consent. Punching someone would be violence, or you know, verbal abuse, like insulting somebody, that would be violence (Manager/practitioner, regional NGO).

However, while all participants had a clear idea of what they saw as SGBV, the majority of organisations did not have a formal definition encapsulating the range of experiences that come within the concept of SGBV:

We don't have a formal definition. Violence is violence really. I suppose if I had to start plucking definitions out of the air, one would be violence against people because of their sexual orientation or suspected sexual orientation. That would be one aspect. The other would be marriages where there is a power imbalance, because I'm thinking of fairly patriarchal societies where women are still regarded as second best or have a particular role that they must fit into. Then I suppose I would call the exploitation of people as they're seeking asylum, as they're possibly liable to be trafficked.

People who are exploited sexually, financially or any other way because they're desperate to get over here. Those are three aspects of the complicated phenomenon really, and we've not felt any need to put a definition around it (Manager, regional NGO).

While the majority of organisations did not formally define SGBV, some participants referred to national or international definitions of specific forms of violence that were used within their services, such as the United Nations Convention against Torture, the European Convention against Trafficking and the UK government definition of domestic abuse. However, for several of the services, the lack of a definition was viewed as an asset as it gave greater scope for inclusivity within the service and enabled survivors to self-define their experiences of violence:

We avoid overthinking, or over-academicisation – I don't know if that's a word. If a woman presents feeling that she is experiencing something she's not comfortable with, we support women with that, and we avoid creating any kind of hierarchy of experiences. We don't do that – life is subjective, isn't it? (Director/practitioner, regional NGO).

The use of broad definitions in order to enable a wider level of access to services was also seen in participants' discussions of migration status. While several organisations had a specific focus on, for example, asylum seekers or refugees, they used these terms in practice to apply to all those who have at any point been in the asylum system, including those who have been refused asylum, and also to other migrants more broadly:

Formally we work with women and children, refugees and asylum seekers, but we don't check the paperwork. Women under immigration control as a wider group (Director/practitioner, regional NGO).

I think as soon as you put any limitation on who can access the service, then that means that those people can't access the service, so they try to keep it open to anybody (Practitioner, international NGO).

For services that were funded to support a particular group, organisations had to abide by more restrictive criteria for support. In these circumstances, several sought funding from elsewhere or used internal funds

in order to top up support or to provide access to a broader group, for example to include those without access to public funds, or those who were not currently in the asylum system or the National Referral Mechanism (NRM) for identifying victims of trafficking, but nonetheless were judged to fit within the criteria due to level and type of need.

The lack of a shared definition and the narrower focus of some organisations on a specific form of violence posed challenges for comparative data collection across services. Many of the services did not explicitly ask about experiences of violence, and where these were disclosed, they were generally recorded in narrative form in case notes rather than in an extractable form. Similarly, where an organisation's client group did not focus solely on forced migrants, it was not always possible to pull out the relevant data by migration status. Where data on violence was collected more systematically, it tended to be focused on specific experiences – for example rape, trafficking or female genital mutilation, in line with the focus of the service or reporting requirements of funders.

SGBV across the refugee journey

Participants presented a complex picture of the range of experiences of SGBV affecting forced migrants at different stages of their journey from displacement to settlement. While some types of violence were more common in particular contexts, SGBV was a common thread running throughout the refugee journey. Stakeholder participants identified the factors which increase vulnerability to violence, and the ways in which these factors are exacerbated by the context of forced migration, as well as the impact survivors' experiences have on their wellbeing, sense of safety and opportunities for integration.

Participants highlighted the cumulative and multifaceted forms of violence experienced by forced migrants, and how these are reinforced by the structural forces which impact on daily life, access to services and long-term security. While some forms of violence tend to be more specific to particular contexts or stages of migration, others are seen throughout the refugee journey due to the different vulnerabilities at different stages, as discussed in the following sections.

Pre-flight experiences

Experiences of SGBV in countries of origin were commonly reported by forced migrants accessing participants' service provision in the UK. For some, SGBV was a key reason for having to leave the country,

either because of state-perpetrated violence such as sexual abuse in detention or rape by armed forces, or due to a lack of state protection from violence perpetrated by family members or within local communities. Based on disclosures from survivors within their services, several participants stated that perpetrators of violence, particularly against women, were most commonly members of the family. Family violence commonly included domestic abuse within intimate partner relationships, as well as violence from parents and other family members. There were several examples given of SGBV perpetrated by families who were unhappy with a woman's choice of partner:

Another story I heard was about 18 months ago, a young woman from Iraq who had a relationship with someone she wanted to marry. Her family absolutely did not want that to happen and wanted to receive money for her to be married to some other family. To stop her seeing this person, they kept her in the cellar of the house and for two weeks every day, her brothers and her father would pour boiling water on to her breasts, for two weeks (Clinician, regional NHS service).

SGBV was also used as a way of enforcing community norms in other contexts, notably in the case of corrective rape, perpetrated by members of the local community against people who were believed to be gay or lesbian:

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 to stay with some family friends, so she came here on her own, pregnant, staying with people who really are strangers, and that she didn't know (Clinician, international NGO).

Transit and temporary settlement

The context of transit, refugee camps and informal urban settlements creates additional vulnerabilities for those forced to flee their countries of origin. Participants referred to frequent instances of trafficking and exploitation, and forced transactional sex in return for money, accommodation or onward travel:

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 (Clinician, regional NHS service).

Participants highlighted the particular risk to those who transited through Libya, Turkey, Greece and Italy. Once they were in the UK, they feared not just being returned to their country of origin if their asylum claim was unsuccessful, but potentially being returned to a third country they had transited for their claim to be considered. For those who had faced SGBV in countries en route to the UK, this double fear of return was heightened:

This lady was being returned back to Italy. [...] the client did not want to return as she'd experienced rape and abuse. And after, she said, officials and officers within the refugee camp had just shut the doors, and left men and women inside. From the way she had described it, I think it was just one large room with beds. She also said that she was assaulted when she was living in the streets in Italy and she could not return because of her experiences (Manager/practitioner, regional NGO).

Experiences in the UK

In the UK, forced migrants are living with the impact of their experiences of displacement and transit, and at the same time are at risk of further victimisation. Transactional sex, either selling or exchanging sex in return for housing or food for children, was commonly reported, particularly where destitution and refusal of local authority support had left survivors with no other options:

There are also people who have gone to the social services to get support but in the course of it, it became too stressful for them to continue with it or they've been denied support because they haven't been able to provide a bank statement from six months ago or something and 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, so yeah these are the kind of things we have that I would consider to be SGBV (Practitioner, regional NGO).

For survivors of intimate partner violence who have either come to the UK on a spousal visa, or who have submitted a joint immigration application with their partner, migration status can be used as another

facet of control within the relationship, preventing their partner from integrating and building an independent life in the UK:

For some individuals, the fact that their status in the UK is dependent on their husbands, again, that makes it more difficult for women to seek help and support. [...] If you are a refugee or an asylum seeker or an undocumented migrant, your hands are tied. You are not able to ask for anything and have no recourse to public funds. You are not going to get help from anywhere. So, that will keep you either in an abusive relationship, or you know, modern day slavery, because you won't have other options. Because nobody else will be able to give you help (Manager/practitioner, regional NGO).

Where forced migrants are not yet recognised as refugees, or have been refused refugee status, survivors can be afraid to report violence that has taken place in the UK for fear of drawing the attention of the authorities, which can heighten the possibility of revictimisation:

Remember, when you haven't got a status it's like you haven't got a name. You're really – you're invisible. You're there but you're not there. So you're sort of in a world where you're not really noted as a citizen here. You're not a person. You're just a number that's been pulled in and pulled out and so that opens the door to so many vulnerabilities for these women (Practitioner, regional NGO).

Vulnerabilities

Despite the different ways in which SGBV was manifested at different stages of the journey, there were commonalities underlying these experiences of violence, in terms of both the perpetrators who were responsible and the gendered inequalities which led to heightened vulnerability:

Sometimes family members, sometimes the state or the agents of the state in other countries [were responsible], traffickers or people who are related to the traffickers... So it depends, sometimes they are people they know, sometimes people they don't know, but almost always people who are in some way seen as in authority over them, be it a family relationship, someone who is a senior in the family or a husband feels himself to be senior to the wife, or someone officially in authority be it military or any situation like that (Clinician, regional NHS service).

Poverty, precarity of status, previous experiences of abuse, lack of support networks and lack of understanding of what constitutes SGBV were all factors which participants felt made forced migrants more vulnerable to all forms of abuse:

I guess people become vulnerable, women become vulnerable when they're alone, when they are in danger and they are trying to flee or leave somewhere. There's a certain vulnerability that comes with that sort of – being at a point where you've kind of lost everything already. There's a vulnerability that comes with that, that I think some people may prey on (Practitioner, regional NGO).

Accommodation was a significant vulnerability factor mentioned by participants. During the journey, in camps and in initial asylum accommodation, women were often forced to live in mixed sex facilities, often with males who were not known to them:

Home Office housing is quite often really inappropriate, so they would be housed in houses [...] where there are men and women together, where there are groups of men hanging around on the stairs, you're talking about a young lady who has been exploited by a group of men, you know it is just inappropriate (Manager/practitioner, regional NGO).

Impact on settlement and integration

Participants discussed the impact of SGBV on forced migrant survivors, and how the effects of violence can continue over the longer term. Trauma was commonly reported, and was compounded by fear of being returned to a country of origin or to a country they had transited en route to the UK:

[The impact] is massive. All our clients have severe mental health issues – anxiety, depression, insomnia – and some have severe mental health cases like schizophrenia. [...] Most our clients have very poor physical health, some have sexual illnesses as a result of their exploitation, some have had children who have been born after their exploitation or trauma so they're having flash backs; they are having anxiety, panic attacks, very low self-confidence, they're very isolated, there's a language barrier... (Manager/practitioner, regional NGO).

Participants also referred to the 'double issues' facing women fleeing conflict, and the disconnection between survivors and their families as well as their countries in some cases:

I've definitely seen many of those women in my service, and they are hugely damaged. They cannot go back to their family because of tradition and belief systems about being less than perfect. So many young women are living here because they are abandoned by their country but also their family. Women who come from where there is crisis or war or unrest, have double issues in a sense, because they are seeking safety but they've been through a really long and dangerous system to get here (Clinician, regional NHS service).

Participants acknowledged the depth of resilience demonstrated by the people they were working with, but highlighted the structural barriers that undermined this resilience:

I feel like women tend to be extremely resilient up until to the time they get to the UK, and they get to this safe place and then they lose that resilience. [...] I often see women when they first meet me and they are new to the country, they still have that resilience, but 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 is really upsetting, because you would think you, you know, you survive ISIS, 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 (Clinician, regional NHS service).

There was a tension noted by participants between the need for survivors to focus on short-term survival as their most urgent issue, and the potential for longer-term integration. Several participants associated integration with the right to work, which is denied to those going through the asylum system. Other aspects of integration, such as building support networks, engaging with local communities and taking part in education or training, are difficult to negotiate for those living with the impact of enduring trauma:

[Survivors would benefit from some kind of] occupation, or passing the time of day with each other, learning some skills such as cooking. Something that doesn't tax their head too much, because if you've ever been traumatised, you can't concentrate. So, something creative for these young women is really good, cooking, sewing, painting, anything like that, where they can be – their mind

can switch off but they can create something for themselves, in a place of safety without worrying because they worry hugely about being moved, being not valued, not having a voice, and they hear it all the time. You have no leave to remain therefore you have no rights (Clinician, regional NHS service).

For those who have experienced multiple forms of SGBV at different stages, particularly where the violence or risk of violence is ongoing, then safety is likely to be the priority before there can be meaningful engagement with support for recovery and integration:

[They want to know] are we safe now? Do we have access to justice? And are they going to be able to put a plan in place for the future? And unless you have those in place, then counselling is not going to be that effective anyway, because the person is still going to be unsafe (Practitioner, international NGO).

Successful recovery, independence-building and integration take place over the longer-term. Where survivors take steps towards recovery, these are often tentative, and are subject to setbacks in response to external events:

It takes 18 months, a year, sometimes it takes longer, sometimes a client we would have helped them to become really independent and then they get their asylum decision or they get the father of their child contesting parental rights, or they will have a family member who is ill or killed and that triggers trauma again, and that sends them again down the spiral, some just re-engaged with addictions. So although you might see somebody quite stable for number of months, it is very quick to, erm, for something to trigger and they back to down the spiral and need someone to help them (Manager/practitioner, regional NGO).

Support provision

Participants came from organisations working with forced migrant survivors of SGBV in different ways. While some services were specifically focused on working with forced migrants and/or SGBV survivors, others had a broader remit in terms of client group, which had an impact on the way they worked with

survivors. Similarly, some services focused on a particular kind of support, such as legal advice, healthcare, therapeutic support or casework. However, all participants recognised the importance of holistic support, and where they did not provide a specific type of intervention themselves, were able to identify and refer on to other support organisations to ensure these needs were met. This section focuses on some of the key principles underlying the provision of support which were common across participants' organisations: dealing with disclosure, holistic support, multi-agency collaboration, and volunteer engagement.

Dealing with disclosure

Managing disclosure is a fundamental aspect of SGBV service delivery, and participants discussed the ways they sought to create a safe environment for survivors to speak about their experiences. Participants recognised the emotional impact of disclosure on survivors, and the potential for retraumatisation, particularly when having to tell their story multiple times to different authorities:

It's something they've buried that they're going to have to now relive; relive and recount. Time and time again – and provide evidence (Manager/practitioner, regional NGO).

Having to retell the story in order to access the appropriate services can be quite damaging and retraumatising for the person. So if I need to access a service but I know that I have to retell the story, I might not access the service because I don't have the strength to tell my story again (Manager/practitioner, national NGO).

Due to the risk of retraumatisation, not all participants sought to encourage disclosure; some were aware that survivors would already have had to share their experiences in other settings, such as within the asylum process, and did not want them to have to tell their story multiple times without good reason. In the event that SGBV was disclosed by clients in these services, they would be referred on for more specialist support:

If anybody disclosed about having been raped, having [experienced] sexual violence, then I don't tend to think too much about what to do with it because I refer them to [organisation] or somebody who is a specialist in trafficking or sex work to go into the NRM. We tend to read more about gender-based violence in people's paperwork (Director/practitioner, regional NGO).

The factors prompting client disclosure varied between participants' organisations. Some participants used types of screening tools which prompted them to ask specifically about particular forms of SGBV in a systematic way. For others, the focus was on building trust with service users so that they would feel safe to share their experiences. One issue was that service providers can be seen as authority figures, which can create distance between clients and staff, and serve as a barrier to disclosure:

They've been tricked by their trafficker or their exploiter, don't tell your story because don't trust the authority, they see us as an authority sometimes. Don't trust them because they're only going to either send you back to your country or they will do something else to you, and therefore they could be reticent to tell. But it depends, very often we're able to manage that so that we can instil the trust in them to tell us and then they're taken to somewhere safe (Manager, international NGO).

The importance of confidentiality, informed consent and enabling a survivor to disclose in their own time were emphasised by participants. However, for survivors of SGBV, disclosure is in many cases a gateway to support and protection, and as such there is an externally imposed timetable within which survivors have to share their account. For example, in order to access specialist service provision, survivors are likely to need to share their experiences in order to be considered eligible for support. Similarly, within the asylum system and NRM process, survivors are required to share detailed information on traumatic experiences in order to gain protection. Sharing their stories in this context can be particularly difficult due to the culture of disbelief among Home Office officials:

So people come on the vulnerable migrants programme where they have already got asylum, but anybody else who is coming hits a hostile environment, and the Home Office's attitude of disbelief. The standards of proof you have to have that you've been tortured or abused is incredibly high, rape and physical scars generally; unless it's been horrifically violent, the attitude of disbelief that people face within that standard of proof that they have to have in order to gain asylum, that's very traumatising in a lot of ways (Clinician, regional NHS service).

In addition, some survivors, particularly those with children, were concerned about the attention they could bring to themselves by reporting SGBV, due to the stigma attached to some forms of violence:

I think as a female worker in the work I do, people tend to speak to me more about that. I think that either people are concerned about what it will mean in terms of social services if they disclose, particularly in case of what I would call sex violence, which is sex work, that might be a risk for them and their children, the risk of their children being removed, even if they were forced into that position, they had no choice, they have no means to feed their children, because social services refused to support (Practitioner, regional NGO).

For some parents, it was the impact or potential impact of SGBV on their children which prompted them to disclose, particularly where they were pregnant as a result of sexual assault, or had experienced violence in the home which was witnessed by their children.

Holistic support

The needs of forced migrant survivors of SGBV are diverse and intersecting, as they navigate the asylum system alongside managing the significant impact of SGBV on their wellbeing, daily functioning and relationships. For survivors who try to cope with their experiences through distraction or avoidance, going through the asylum process forces them to confront these experiences and relive them in detail as a pathway to protection. For others who may feel ready to talk about their experiences in a therapeutic environment, concerns about how they will meet their basic needs can prevent them from being fully able to focus on psychological recovery. Just as these needs and experiences are interrelated, so participants described the need for a holistic response that recognises how different areas of need impact on each other:

Sometimes we are so distracted by [the idea of offering therapeutic support] and it seems to be almost like a reflex by organisations. That's not to say that people shouldn't be offered the opportunity to access counselling – obviously for some people it's going to be appropriate – but that actually, looking at what it is that causes people distress after a high stress situation, it is often around access to justice. Are we safe now, do we have access to justice, and are we going to be able to put a plan in place for the future? And unless you have those in place, then the counselling is not going to be that effective anyway, because the person is still going to be unsafe (Practitioner, international NGO).

Safety was a priority for all services, both of survivors of SGBV and any family members who were also

impacted by the experience of violence. The nature of risk management work varied between organisations, with some engaged in multi-agency forums to assess the risk of family violence, and others working alongside children's services to identify children, young people and their parents who are in need of support.

Supporting survivors of SGBV to understand that they should not have to tolerate violence was another key aspect of service provision which took place within one-to-one sessions but also in social spaces and support groups set up by the services. Being able to hear from other people from similar backgrounds and culture was significant for many survivors as a way of making sense of their own experiences and having the strength to challenge abusive situations:

So one of the ladies at the end [of a domestic violence workshop] came to us and said, I am happy I came here today because if I knew and if I had come to your services from the beginning, then I wouldn't have put up with my husband's behaviour for so long and thought it was normal. Another lady has said, inside the classes, imagine if our husbands knew we were coming to this class; they would stop us from attending the project all together (Manager/practitioner, regional NGO).

Collaboration

Collaboration emerged as a significant theme in interviews with stakeholders. The majority of participants discussed collaboration in terms of working with other organisations to draw on specialist skills, avoid duplication and increase the impact of advocacy work, including campaigning for legal and policy change. Several participants referred to networks and consortiums they were members of, based around common interests such as healthcare, asylum support and women's rights:

We're really aware that actually there's real power in – as a women's organisation, in grouping together with other women's organisations (Practitioner, regional NGO).

Participants recognised the value in combining efforts, resources and expertise to bring a collective voice to issues facing forced migrant survivors of SGBV, such as the effects of NRPF status on survivors of domestic violence, or the impact of charging for maternity care on the health and wellbeing of pregnant women and their children. One participant gave an example of successful advocacy efforts, though also recognised that policy change can only be meaningful if accompanied by raising awareness of any new

entitlements among professionals:

We are part of a working group which does lobbying with other healthcare organisations. [...] I think one of the advocacy successes we had two or three years ago was to have the exemptions added around refugee survivors of domestic violence, torture, so if you're accessing healthcare for one of those forms of violence, then you can't be charged for the healthcare, meaning you can't be charged for the hospital or whatever else you need hospital care for. So that is a success, but the challenge is that you obviously need a health organisation to know that you have that right; you need somebody to identify that you're entitled to that exemption, and that's one challenge (Practitioner, international NGO).

Volunteer engagement

Many participants spoke about the ways in which their organisations, particularly those in the charity sector, worked with volunteers. Volunteering took a range of forms, from local community members acting as mentors, to refugees guiding people who have more recently arrived through the asylum process, to specialist staff working on a voluntary basis alongside other paid work. One service operating a mentoring scheme highlighted its potential to rebalance the power dynamics between forced migrants and members of the host community, with each learning from the other:

It's quite a reciprocated dynamic. We like to say that it's equal partnership so that we try and keep the power dynamic between our mentoring participants and volunteers on an equal footing (Manager/practitioner, national NGO).

The use of volunteers increased the resources available to organisations, but also provided opportunities for greater engagement between forced migrant survivors and the wider community, and enabled more settled refugees to make a positive contribution to the lives of others, which many found valuable in terms of wellbeing, skills development and integration.

Challenges and barriers

The individual, organisational and policy contexts of service provision lead to a range of challenges and barriers for forced migrant survivors of SGBV and the practitioners working to support them.

Individual

At the individual level, participants identified both practical and psychological barriers for forced migrant survivors seeking support. In practical terms, survivors can be prevented from accessing services by language barriers and travel costs, as well as lack of knowledge of what services are available and how to access them. The volume of services forced migrants may need to engage with over a short period of time can also serve as a barrier, with essential support such as finances, housing and legal status given greater priority than specialist SGBV support:

I've known a lot of women who want to get their legal status sorted out first, before thinking about counselling etcetera, because it is too much at the moment; they need this to be sorted out first, then they can start thinking about processing all the difficulties, so it is often due to priority and understanding (Practitioner, regional NGO).

From a psychological perspective, the impact of trauma can prevent survivors from engaging with support. Past experiences of sexual assault can mean that accessing gynaecological or maternity care is retraumatising, particularly intimate medical examinations. Some people may not recognise their experiences as SGBV, or will see the issue of previous SGBV as secondary to their other, more immediate concerns, which will prevent them from seeking support:

The person in that situation might not be in the position where they recognise [their experiences as SGBV], or they would describe it to us as that, because maybe it's the situation they have been for a very long time, or because of how their life is in the UK, and how this is one of many things which is going very badly. Even though for us it might be a stand out thing that we want to support them with, actually for them, considering their life in the UK, considering the lack of food on the table, considering how they would happen to stay on the street otherwise, it might be difficult for us, and we respect that, we let people approach it in their own way (Practitioner, international NGO).

For example, people will describe when they become homeless and have no place to stay they end up staying with ex-partner who forced them to have sex for somewhere to stay. [They are] having to have survival sex basically, which they might not call rape but when they would describe it to

me, I would call that rape because they haven't been free to make a choice about whether they do that (Practitioner, regional NGO).

Organisational

While participants highlighted a number of policies which create or exacerbate difficulties for forced migrant survivors of SGBV, they also noted other cases where survivors are entitled to support but are not receiving it, due to either a lack of will or lack of awareness among professionals. Lack of awareness among professionals in health and social care was identified as a key issue by several participants, in terms of both the needs of forced migrant survivors of SGBV and their rights and entitlements within the UK:

We often had to provide emergency accommodation, for some days because social services were refusing. Once we had a woman with a 3-month-old baby who was sent away by social services. Basically she was on the street, hungry and wandering; the police and everyone just sent her away and said we can't do anything for you, and during the night she wandered with her 3 month old baby and didn't know where to go. That's not uncommon to be honest (Practitioner, regional NGO).

Lack of knowledge among staff in statutory services was a common theme within interviews. While some services were specialists in supporting either SGBV survivors or forced migrants, this did not mean they had a detailed understanding of both areas of support. Participants referred to staff in maternity services, who can be unprepared to support women with these backgrounds and needs, and social workers unaware of their legal duties to people subject to immigration control. While collaboration between organisations was an important part of service provision as set out above, participants also discussed the challenges in how voluntary and statutory sector services worked together, particularly in relation to children's social care:

Cooperation definitely would be nice. Unfortunately, we do find it hard with children's services and social services that they are building a wall, they don't want to be disturbed. They don't want to take responsibility for our clients, and as I said, they will find any reason to refuse it (Manager/practitioner, regional NGO).

Sometimes the local authority are harsh and say, okay, we will take the children into care because

we are fulfilling our obligation [...], and we will deport you because you have no status. Or you can do what you like but we'll take your children into care. So, obviously a woman in that situation is going to just take her child and go underground. She's not going to give up her child. Which makes her more vulnerable. And the children as well (Former manager, national NGO).

Participants reported similar experiences with adult services, where refusal of support appeared to be the default response, and the process of applying for support could have a significant impact on wellbeing:

When they go to the assessment with the No Recourse to Public Funds team of social services, people are terrified, and someone who had an assessment a few years ago lived near where the social services were, she said every time she passes by there she would shake, she would physically shake because of the experience she had with them, and that is the authority that is supposed to be looking after people rather than terrifying them and traumatising them (Practitioner, regional NGO).

In contrast, some health providers focused on meeting patient needs over enforcing healthcare changes:

We don't focus on the money because I don't think that's important in these issues. I'm guessing the managers would but actually, if we're running this service here and my midwives ask me, or my doctors ask me to see a woman, then I see that woman and we sort the money out another time. So, that's how it works, whether they have official status or not. We don't discriminate against them (Manager/practitioner, regional NHS service).

Lack of funding and resources was recognised as an issue across the sector. Some organisations had had to cut down on the services they provide due to funding cuts, while others referred to the impact on support available due to cuts in the wider sector and within local authorities, which led to longer waiting lists for support and higher thresholds for service access. Participants also highlighted the ways that restricted funding can make it more difficult to meet the needs of forced migrant survivors. While organisations generally tried to make their services as accessible as possible, where they were funded by government or other donors for a specific client group or purpose, eligibility criteria had to be applied more rigorously:

Some of the criteria, unfortunately, is set by funders, so obviously any public funds we receive from

the local authority, we cannot spend on people who have insecure immigration status in terms of providing them accommodation (Former manager, national NGO).

Several participants referred to the emotional impact of working with survivors of SGBV and the need for support for practitioners and interpreters who are regularly hearing accounts of traumatic experiences. For volunteers who are themselves from forced migrant backgrounds, the resonance of clients' stories can be particularly emotionally challenging. One participant described the value of training received in helping them to cope with the demands of disclosures:

Some of our participants have endured extreme, harrowing trauma. So I think as volunteers and as a project coordinator it can be difficult to have a reference point for that level of trauma. So it's good to have some techniques to deal with it as individuals. So this idea of vicarious trauma and how we deal with it when we're hearing these really, really awful situations and things, like how we cope with that as individuals, and also as a service, but also how we don't retraumatise our participants if we don't have to (Manager/practitioner, national NGO).

For another participant, the tension between her different roles as a professional in some circumstances and a volunteer in others was also difficult to manage:

I've certainly struggled to deal with some of the things I've heard, and that's maybe because I've not been wearing my professional skin when it's come out. Also the other thing is that when I'm doing it in my volunteering, I'm not doing it [as a professional], I'm doing it as a woman in solidarity who's working because I think it's important to have an answer to the horrors of the world so it's quite, it's difficult to process in that setting (Clinician, regional NHS service).

Policy

At the policy level, participants set out a number of issues which had an adverse impact on forced migrant survivors of SGBV or prevented them from accessing support. The nature of the asylum system was primary among these issues, particularly in relation to the lack of certainty while waiting for a decision, and the adversarial nature of the process, which runs counter to the safe and enabling environment necessary for survivors to feel comfortable to disclose:

For many people it kind of feels like stuck in limbo, while they're waiting they can't move anywhere forward really until they get a decision on their application (Practitioner, regional NGO).

Within the decision-making process, participants reported issues with Home Office staff, lawyers and judges who were not adequately informed on the particular needs and experiences of survivors of SGBV, including homophobic violence. Even where eventual asylum outcomes were positive, the impact of waiting for the decision had already made it harder for people to integrate into their local communities, build a support network, and access services. For those who were unsuccessful in their asylum claim, the prospect of detention or destitution potentially awaited.

Where there are policies in place to protect vulnerable people from the impact of violence and detention, these are often inadequately implemented or not sufficiently wide ranging in scope. One example given by participants was Rule 35 of the Detention Centre Rules 2001, which aims to prevent vulnerable people, such as survivors of torture and those with mental health issues, from being held in immigration detention where this is avoidable. In practice, however, this is not always implemented, and some survivors are unaware it could apply to them:

You have the Rule 35 [...] that says, by detaining them, are we making them more unwell? Are they victims of torture? And, that in itself is a battle for them... I think they say when they come into detention that torture is asked somewhere on this assessment sheet, and rape is deemed as torture. So, that's when the woman is meant to say, [but] some don't even know what the word torture...they don't understand torture. They think, you know, 'Okay, my husband's raped me, this guy's raped me', but, they may know that much. But they won't understand, you know, all the terminology (Manager/practitioner, regional NGO).

Similarly, the Destitute Domestic Violence (DDV) concession should enable spouses who would otherwise be destitute to access support for a three-month period if their relationship has ended due to domestic violence. However, the concession only applies to those on spousal visas and specifically excludes the spouses of people seeking asylum and refugees. In addition, members of staff may be unaware that these entitlements exist and so advocacy is needed to enable survivors to access their rights:

The DDV concession is only for women on spousal visas. In actual fact, in that paper we advocate that it should be opened up to women with lots of other types of immigration status. And because immigration and benefit law keep changing - not law, policies, you know - we have to keep ensuring our staff are up to date. Quite often, statutory agencies' staff are not up to date, so they just say, no, you're not entitled. And we have to say, yes, they are, and we have to cite the law. And then they will say, oh, okay then. So, even though the law may be good, in fact the Modern Slavery Act is supposed to be one of the cutting edge pieces of legislation, the implementation of it leaves a lot to be desired (Former manager, national NGO).

Dispersal was frequently mentioned by participants as a policy that had a negative impact on survivors' ability to access appropriate services to support their recovery. Consistency of support was mentioned by several participants as a requirement for building a trusting relationship, which was undermined when service users were then moved out of the area. The same is true of the friendships formed and then disrupted when people have to move on. Moving to a new area generally means a loss of existing connections with social networks and services, which can be highly disruptive for people who have begun to settle within an area:

The policy of dispersing people, I can understand that in terms of local authority resources, but it does mean that sometimes, you've just got a whole network of people to support you and then you get moved (Manager, regional NGO).

Participants referred specifically to pregnant women and LGBTQ people as facing difficulties with service access as a result of dispersal. For pregnant women, dispersal could impact on consistency of service provision across the pregnancy, and the ability to identify potential difficulties at an earlier stage:

They're quite often living in really poor conditions. Quite often they're moved around from place to place which makes it difficult for us to engage with them because they may move to an area where it isn't covered by one of our [staff] (Manager/practitioner, regional NHS service).

For LGBTQ people, dispersal could mean moving to a less accepting area, or one where there is more limited access to specialist services aimed at LGBTQ communities:

The policy of dispersing people, I can understand that in terms of local authority resources, but it does mean that sometimes, you've just got a whole network of people to support you and then you get moved. [...] I suspect that in a lot of parts of the UK still, if you're a young gay man or lesbian woman, you probably need to be in London, Birmingham, Manchester or Brighton (Manager, regional NGO).

Recommendations

Based on their experiences of service delivery in the context of the challenges and barriers set out above, participants suggested recommendations, as set out below, at the international, national and organisational levels, as well as examples of good practice in service provision with forced migrants who have experienced SGBV.

International action

At the international level, participants highlighted the need for greater access to protection and safe passage for forced migrants at all stages of their journeys. However, participants also focused on the need to prevent situations which force people to flee, including tackling poverty, conflict and lack of opportunities in countries of origin. Awareness raising activities were recommended by some participants to reduce the risk of trafficking and enable access to greater opportunities for income, employment and education within countries of origin.

Participants emphasised the importance of governments of forced migrant-sending countries being held accountable for both their own perpetration of violence and the failure to protect victims from violence perpetrated within their territory. Examples given included state-perpetrated torture and persecution, conflict-related sexual violence, and criminalisation of same-sex relationships. While the focus was often on preventing people from needing to leave their countries of origin, there was recognition that in the immediate term, people were at risk and needed access to safe routes to safety and gender-responsive protection in times of conflict:

I think where you can make moves to protect children and women is where there is war, by being focused on the needs of women and children. So, instead of sorting out the civil unrest and trying to put negotiators in for just that, actually, if we were to provide support for those women and

children living in those environments, to make sure that they had access to safety, to rights, then we may be able to make some headway. Women and children are usually the second thing to think about, they're not the first thing. It's more often than not, men that make the rules, men that determine what women and children should do, where they are in the hierarchy of society and in some countries, even now, women can't drive, can't read, can't write, because that's the way that society chooses to control them. I don't know that we can understand this unless we start to do something in big ways. This is a global problem. I don't see the answers yet (Clinician, regional NHS service).

National policy change

At the policy level, key recommendations focused on structural reform to the immigration and asylum system, challenging hostile environment policies and the NRPF condition, and gearing the system more towards the needs of survivors of SGBV:

I think dismantling the hostile environment would be a start and working to support people psychologically through the asylum process, dismantling the atmosphere of disbelief. But as well, as a society we need to change the discourse of health tourists coming to use the NHS, so that we now have charging for secondary health care services for anybody who has been in the UK for X number of years, or have particular immigration status. We need to change the situation where the hostile environment kind of reaches down into schools, into rental accommodation, into the workplace, into healthcare, everywhere (Clinician, regional NHS service).

Maintaining a firewall between statutory services that survivors come into contact with and the Home Office was also recommended as a way to address the issue of migration status as a barrier to disclosure:

I think the issue isn't with the services, it is with legislation, so scrapping NRPF as condition of any leave would be the main thing and providing safe spaces, whether its police stations or GPs, where women know that they won't be reported to the Home Office, I think are the main two things (Practitioner, regional NGO).

Within the asylum system, participants called for changes including the right to work for those seeking asylum, higher standards in accommodation, and more efficient decision-making, as well as tackling the culture of disbelief which prevents people from feeling able to share their stories:

Statistically, when people are arriving and claiming asylum, just statistically, women and children will have experienced a huge amount of trauma. Anyone who's ever worked with rape and sexual violence, anybody who's experienced horrendous abuse will say it is a traumatic thing to disclose that experience, [...] and yet if you don't say it then you are likely to fail the asylum process or if you mention it later then they will say you're lying because you didn't mention it before (Director/practitioner, regional NGO).

Timing of support

The importance of intervening at the right time was highlighted by several participants, in terms of giving the right kind of support when it is most needed, responding to the timescales that work best for the individual, and intervening as early as possible to prevent crisis:

Ideally the perfect time would be as soon as they arrive in this country and claim asylum; they get support around their mental health as well as their practical situation. That would be the ideal. I think the reality of that is very different and what we find is that often women are at their most vulnerable at a point where their appeal's just been refused and they've been told they've got to leave their accommodation and they've got no money coming in and they've got kids and it's just that really stressful time. I think that's when women tend to come forward and say, 'I really need help' because they're at such a low point. I think if we could get to women earlier, and build up their skill sets, so that if that does happen, they've got more resilience and more tools available to them to deal with it, but unfortunately I think particularly with the asylum processing being as it is, that often that's a part that's not available to women, or to anyone, when they most need it (Practitioner, regional NGO).

The impact of limited resources has meant an increase in waiting lists for services and higher thresholds which survivors have to meet to be eligible for support. Some participants proposed a more structured pathway of support for forced migrants who have experienced SGBV, so that preventative support can be put in at an early stage to prevent situations from escalating to crisis level:

At the moment, vulnerable women like that, with their children, they turn up in hospitals, in the police stations or whatever, and that is very costly when you're just dealing with individual incidents. [...] You know, if you intervene early and put in housing support, financial support, maybe they don't have to end up in the hospital, or at the police station, or in social care. [...] And so, if the whole system were to work properly, and you put the funding into NGOs, say, with minimal support then, or minimal recourse to those statutory agencies, for the same amount of money, or maybe even less, you could provide a better streamlined service to those vulnerable people (Former manager, national NGO).

Participants emphasised the need for good quality legal advice at an early stage as key to empowerment and a gateway to other resources which are dependent on immigration status, such as housing and welfare. Meeting basic needs was seen as essential in order for survivors to begin to recover from their experiences; several participants stated that engaging with psychological support was very difficult while practical needs are unmet and status is insecure:

I think it's got to be a system-wide approach really, but the basic steps are psychological support and support to restart life and to rebuild life because nobody can recover psychologically when they are insecure, and nobody can do the psychological work until they've got some sense of security (Clinician, regional NHS service).

Supporting integration

Participants called for a broader shift in social attitudes within the UK, among the public and within media and political discourses, to challenge dominant narratives and anti-migrant sentiment, and instead to promote meaningful integration, and connection within communities:

I often feel that the integration problem does not lie with the people who access our services, with the women and children. They have no problem integrating with anything because they're so grateful for having the life and being free of abuse. The problem with integration lies with people who are bigoted (Former manager, national NGO).

I think it just needs communities, groups where people can be themselves safely and begin to live their lives and explore whatever that is, whether that's a church group, or community group, or gay group or whatever it is. In society, it's just fairly fragmented. Our cultural life doesn't help people to integrate and find worthwhile activities, work or voluntary, or get the medical help (Manager, regional NGO).

Access to services which promote connection, reduce isolation, and provide access to educational and employment opportunities was seen as key to integration. One participant outlined the way their organisation tried to provide holistic support in these areas:

There's lots of services that we provide [to support integration]. So, in year one, they get support around accessing benefits, making sure that they can maintain their tenancy through the private homes that they're in. They get access to ESOL. They get access to employment opportunities. So, you look at all the integration factors, we probably provide some sort of support around it. They get cultural orientation. We commission a load of arts projects whilst refugees think – some of them think, we don't want to be doing art, but actually it's an opportunity to meet members of the host community. Things like the community day, whilst it's bringing that whole community together, there is a lot of access to services that will help with their integration as well (Manager, local government service).

Several participants referred to the importance of the local context in relation to integration, with some areas more able to provide specialist support and social connection than others due to histories of migration and presence of diaspora communities:

Some of the smaller areas, where they have 50 refugees over five years, they have very different ways of ensuring that integration journey, which would be different to ours. A lot of it is based on local environment. We have the big advantage that we're a large, multi-cultural, diverse city that already has a massive sector that supports refugees and asylum seekers. So, we've been able to use that for our advantage. Other areas don't really have that (Manager, local government service).

Promoting resilience and recovery

At the level of service delivery, participants connected good practice with support which promotes resilience and recovery, empowering service users rather than creating dependence. Building trust with survivors over time, creating safe environments for disclosure, and recognising survivors' strengths were elements identified as central to good practice:

I would say [good practice would include] access to specialist counselling and safe secure accommodation that is appropriate for the gender that is secure and safe. And the emotional support and friendship that comes from people who believe them and understand them and the client understand that support organisation is there for them on their side rather than being against them (Manager/practitioner, regional NGO).

For several organisations, the opportunity for survivors to come together in a shared space and to organise around common objectives was an important source of solidarity and mutual support. For those who were not yet ready to discuss their own experiences of violence, spending time with others at later stages of their journey has the potential to reduce the stigma of being a victim of violence and create a pathway to connection and recovery:

Developing community and finding strength and solidarity with other people and reducing people's isolation has a really big impact on their ability to cope, and being able to support others as well as receive support themselves gives people the sense of meaning and self-value that is often lacking when they first come to us. People having a sense of belonging and ownership over the organisation as well is really important (Practitioner, regional NGO).

In addition to collective spaces for forced migrants to come together and to engage with their local communities more widely, some participants also highlighted the value of specific spaces for women or LGBTQ groups as a way of resisting patriarchal structures that can further reproduce inequalities:

Everyone who comes here is encouraged to act and become part of the activities that are going on in the building, and the advocacy and support of women in the community, We pride ourselves on being radical feminist – you know, trying to think of all these words that make people uncomfortable and using them. We like to be radical, we like to be activists, we are proud to be

feminists – you know, inclusive, but we also acknowledge the need for separation within the whole and that’s how we live our day-to-day lives (Director/practitioner, regional NGO).

Conclusions

The findings from stakeholder participants in this paper have shown that SGBV is a pervasive issue across the refugee journey and impacts significantly on the lives of forced migrants in the UK. The cumulative experiences of violence in countries of origin, and during transit and arrival in the UK, have enduring physical and psychological consequences for survivors which can make it difficult to access support and integrate within a new society. These individual challenges are multiplied by the structural factors facing forced migrants within the UK. Navigating the asylum system and hostile immigration policy can exacerbate survivors’ vulnerabilities and reproduce inequalities, impacting on both their immediate quality of life and their prospects for longer-term wellbeing, recovery and integration. Service providers emphasised the need for a safe and supportive environment in which survivors can disclose their experiences, build resilience and begin to heal. However, they are operating within a context of limited funding and resources, and often trying to compensate for the lack of adequate statutory provision and the impact of harmful policies such as dispersal, destitution and detention.

Based on their experiences supporting forced migrant survivors of SGBV, service providers made a number of recommendations for change at the international, national and organisational levels. Greater access to international protection and safe routes for those seeking safety was a key recommendation for reducing vulnerability to SGBV during the journey. At the national level, participants called for the removal of policies which further reproduce the harms of SGBV among survivors, and the maintenance of a firewall between service providers and immigration enforcement, so that survivors can seek support without fear of repercussions. Opportunities for safe and secure housing, social connection, and meaningful activity such as employment or education were identified as key integration needs for forced migrants trying to move on from their experiences of SGBV. At the service level, participants highlighted the need for early and holistic support, which addresses practical, physical and psychological needs, seeks to empower rather than creating dependence, and recognises the strengths and resilience of survivors. Finally, participants identified the need for time and space to build relationships of trust with survivors, for a shift

in social attitudes and political discourse around migration and SGBV, and for both services and survivors to organise collectively for solidarity and mutual support.

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