

# Forced Migration and Sexual and Gender-based Violence: the experiences of forced migrants from Sub-Saharan Africa in the UK

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**SEREDA: Sexual & Gender Based Violence** against **Refugees** from **Displacement to Arrival**

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## Abstract

This paper discusses the experiences of forced migrant SGBV survivors originating in sub-Saharan Africa who have sought refuge in the UK. Based on the analysis of data from interviews with survivors of SGBV in the UK, the findings identify types of violence experienced, sources of resilience and support, and the impacts of SGBV experiences on integration prospects. The main findings of the paper are threefold. First, the SGBV survivors experience both structural and interpersonal violence throughout the forced migration journey – from country of origin to settlement. Second, SGBV survivors suffer from multiple vulnerabilities; therefore, strengthening their resilience needs to be multifaceted and to include social assistance and properly designed comprehensive policy support covering the needs of access to a safe shelter. Third, SGBV survivors' integration prospects remain conditional upon their capacity to gain secure status and to overcome their social trauma induced both by the forced migration experience and experiences of discrimination.

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## Introduction

This paper focuses on the experiences of SGBV of forced Sub-Saharan migrants coming into the UK. Browne (2006) argues that since the early 1990s a number of countries in Africa have been in conflict, forcing many people to flee their countries and seek refuge from violence in Europe. Significant challenges and struggles were faced on the journey to Europe, with many reliant on smugglers, or “leaders” as they are often referred to, in order to reach safety. Many people’s journeys took months or years and were perilous, sometimes resulting in death and injury. Those that reached Europe successfully then wait for months or even years for their asylum claim to be processed, often going through periods of destitution in the case of refusal of their claim before re-entering the asylum system to make new claims.

Forced migrants faced several types of violence before their departure, with SGBV highlighted as a gendered issue. Women reported unequal access to resources including education and employment, which in turn reduce their potential to live independent lives. Women and young girls face different kinds of SGBV, ranging from FGM, forced marriage and rape not only by strangers but sometimes by family members. Men also reported being forced into conscription by the government and were not permitted to express their political beliefs. During their journeys to an imagined refuge, people of all genders reported that they had been vulnerable to SGBV, sometimes facing deadly threats. Some of those who had reached their destinations reported having experienced domestic abuse, sexual violence, discrimination and racism or having witnessed such acts and/or the death of other migrants, events which affected their ability to integrate in the longer term.

This working paper reports the findings from interviews with forced migrant survivors of SGBV in the UK as part of the SEREDA project and explores several significant points in survivors’ journeys. It first describes the methods used to collect data, then it outlines some key findings from the interviews. Findings are organised in two categories, one focusing on the different manifestations of SGBV and the other highlighting the determinants of vulnerability. Then, the paper explores the physical and psychological impact of SGBV on forced migrants. Having set out the experiences of forced migrants, the paper then examines the need for, the availability and the limitations of interventions and support for survivors. The paper explores the ways in which survivors try to build their resilience and how SGBV impacts on the survivors’ ability to integrate into the host country. Finally, the paper presents recommendations, as expressed by the participants, for actions in countries of origin, during the journey and on arrival in the UK that could reduce vulnerability to SGBV and other forms of violence.

## Methods

The data in this paper is drawn from interviews with asylum seekers and refugees from Sub-Saharan Africa. The majority of the interviews were conducted face to face with five conducted online because of the restrictions associated with COVID-19. Thirty-six interviews were carried out with respondents from various countries in Sub-Saharan Africa, of differing ages, sexual identity, gender, level of education, marital status, and ways of arriving to the UK (see Table 1 and Table 2). Interviews were semi-structured, covering key issues, including experiences of SGBV and its impacts on respondents; factors influencing vulnerability; the response of communities to SGBV; types of interventions, support and gaps in, and barriers to, accessing support. Respondents came from 12 different countries, many coming from Eritrea (16), Nigeria (5) and Ethiopia (4). The majority of respondents were women (31) with three individuals identifying as homosexual. Ten respondents

were married and nine were divorced. The majority of respondents had arrived spontaneously in the UK, mostly smuggled across the English Channel, while others had arrived with a valid visa and then claimed asylum. At the time of the interview, thirteen had gained some form of refugee status, while the rest were either waiting for the outcome of their asylum claim or were rejected asylum seekers, meaning that they were effectively destitute.

Table 1: Countries of origin

NUMBER OF INTERVIEWS	36
<b>COUNTRY OF ORIGIN:</b>	
ERITREA	16
ETHIOPIA	4
NIGERIA	5
GUINEA	2
MALAWI	1
ZIMBABWE	1
SIERRA LEONE	1
SUDAN	3
GHANA	1
SENEGAL	1
CAMEROON	1

Table 2: Gender, status, arrival routes and sexual identity

<b>Gender</b>	<b>Male</b>	<b>5</b>
	Female	31
<i>Marital Status</i>	Married or has partner	11
	Single	16
	Divorced/Separated	9
<i>Immigration Status</i>	Refugee	14
	Asylum Seeker	11
	Failed Asylum Seeker	11
<i>Arrival route</i>	Spontaneous	27
	Visa (student /spouse/ invitation)	10
<i>Level of education</i>	Tertiary	9
	Primary	2
	Not stated	25
<i>Sexual identity</i>	Heterosexual	11
	LGBT	3 (2 female and 1 male)
	Not stated	22

## Findings

### Manifestations of SGBV

Respondents reported having experienced and/or witnessed a wide range of human rights violations, including restriction of movement, physical and verbal abuse, humiliation, torture,

starvation, human organ trafficking and slavery, sexual violence, labour exploitation, blackmailing, being thrown into the sea (or threat of), deprivation of possessions including medicines and official papers, or being left in the desert. Incidents of SGBV were reported to have taken place either in the country of origin, the transit countries and/or the country of refuge. The majority of perpetrators reported were men, although in some cases women were involved, such as the abuse of domestic workers in Lebanon. Most perpetrators were connected to the state security apparatus or smuggling gangs. The reasons for migration varied, as did the types of abuse to which survivors were subject, but the violence which they experienced is categorised into four types below.

### Socially embedded violence

Women from across the study talked about the gendered sexual and physical violence they had experienced from an early age, stating that girls had no value in their culture and were expected to unquestioningly obey the men. Sexual abuse was said to be a commonplace experience in young girls, who were blamed if they were raped or expected to marry their abusers. Domestic violence was reported to be the norm in many communities. Female respondents recalled having no rights to make decisions about their education, marriage, and life. An Ethiopian woman stated that it was common to be beaten at home and within the family, and she said:

*“Yeah there’s a lot of memories of violence, hitting, the most one I see is hitting, the one I see is my dad hitting his wife, things like that, its normal.”* (Ethiopia, female, failed asylum seeker)

A woman from Malawi reported that young girls commonly experienced sexual abuse during the different stages of their education. Male teachers often took advantage of young girls while at school, and university students were pressured to engage in sexual relations with lecturers to achieve their grades. Everyday harassment was the norm rather than the exception:

*“There’s no consent and things like that, you went to their office to ask about this paper which I have failed, and how can I improve, then they offer sex and then they will change it.”* (Malawi, female, asylum seeker)

Survivors said that FGM was common in their communities and they were expected to undergo FGM as girls so they could please their husbands when they grew up. An Eritrean woman recalled what happened when she was living in Saudi Arabia, in her aunt’s house as a child. She faced violence from a male relative and witnessed the abuse of her cousin:

*“I think the same thing, the FGM thing, I actually have the memory of seeing that with one of the child of my aunt. I do have this ... Just someone coming in and doing, you’re not allowed to see it, but you can see there’s something happen there. And, you’re not allowed to be in the room where they are doing, whatever they were doing, because we were young, we just have to listen, if we were told not to be there, that’s it, you’re not there ... I think I was 9.”* (Eritrea, female, refugee)

Respondents said that women faced significant problems if their family discovered they were pregnant and unmarried. In these cases, women were subject to violence and expelled from their family home even if the pregnancy resulted from sexual assault:

*“You know in Guinea, it’s like you are nobody, even if you go to school, you have to submit to your husband. Women don’t have any say. Like you have to. Even when I was pregnant, it is completely taboo, you are pregnant and you’re not married, it’s a big taboo. So, when they*

*chased me out the house, they said I couldn't stay in the house because I was pregnant, they told me to leave the house."* (Guinea, female, asylum seeker)

LGBTQI respondents recalled sexual, domestic, and emotional violence from their families, community, and the state apparatus. A lesbian woman from Nigeria reported that her uncle raped her at the age of ten. She did not disclose it because she was afraid that her parents would blame her as was often the case in sexual assaults. She experienced violence and abuse from her parents at the age of 14 when they discovered her sexuality. After being caught engaging in a sexual relationship with a girlfriend, she was forced to undergo FGM. A gay man from Nigeria reported the threat of forced marriage, physical abuse, verbal and emotional violence. He added that his family rejected his sexuality and said:

*"I think some of the most hurtful was from my family, and my mother. She and her friends had decided that I was just, I don't even know, she accused me of everything, from. Everything from being in a cult, gang type thing to being a prostitute, to, you know, she said a lot of things. She one-time told me that she wouldn't care if I, if I died."* (Nigeria, male, refugee)

He was forced to engage in a religious "cure" during which time the prophet attempted to sexually assault him. Rape by strangers and family members was not uncommon, yet gay men were unable to take any action because homosexuality is criminalised. Thus, individuals identifying as gay were extremely vulnerable.

### The role of the state

Structural violence began in the country of origin and continued in the country of refuge. Survivors expressed a lack of trust for governments and associated officials, and high levels of fear of authority. Respondents faced many struggles in their country of origin at the hands of hostile leaders. In some countries such as Eritrea, men were forced to join the military without pay, and many were violently abused. In addition, some governments were said to be intolerant to certain religious beliefs imprisoning people practising them.

The violence experienced in migrants' country of origin was often characterised as political, exercised by the state apparatus (mostly police or security-affiliated persons) and in prison - as a punishment for opposing the state or being politically active. An Ethiopian asylum seeker in the UK had fled her country after being sexually assaulted in detention in relation to political activism. She said:

*"There is some meeting and they catch us, the police, and we go to the police station ... after three days, in the prison there is one man and two men and I went outside with them and it is dark, night-time. [...] they leave me there and all my body is bleeding. This man he left me there, but I can't walk, I can't walk to go inside."* (Ethiopia, female, Failed asylum seeker)

Male respondents fled their country of origin to escape the consequences of avoiding conscription. Refusal to serve had disastrous implications for both the individuals concerned and their families wherein all could be imprisoned. Children as young as the eighth grade were forced to join the army. A 23-year-old respondent from Eritrea, the only remaining relative of his sister, told us how school students were taken against their will to join the army.

Another respondent reported how social superstitions were utilised by the state to justify violence. An Eritrean woman told us that her father disappeared, killed by the state, as he was accused of having "evil eyes". She was sent away to Sudan, as her family feared she faced the same fate. On

the journey, she experienced exploitation in Sudan and Libya; she was imprisoned by self-identified police officers (or members of the military) and then sold to a third party to work unpaid for six months.

Some respondents reported threats and violence during conflicts. A single mother from Zimbabwe was threatened by the government because they wanted to find her husband, who had been working in army intelligence and had fled to the UK. She had a good job but had to leave everything behind to avoid persecution. A woman from Guinea who lived in Sierra Leone described the multiple horrors and traumas which led people like her to flee:

*“During the war in Sierra Leone the woman we were raped, they cut their arm, they cut their feet, because when I was coming from there, when I took the bus, nearly everybody was killed there.....You cannot, there is something in, the anger is there, even this war that happen in Sierra Leone, it is the diamonds that, it’s all about money. Money and corruption, and evil spirit that enter people, killing people for nothing. But [the] people [who] were enjoying the money they didn’t even touch them. It’s only the innocent people who died unnecessarily. The people they are supposed to attack, they didn’t attack them, it’s the innocent people that die. I’ve lost most of my friends during this war, I’ve lost most of them, most of my friends.”*  
(Guinea, female, asylum seeker)

For many individuals experiences of violence accumulated over many years, generating the need to flee and then continuing in different countries. Respondents talked of the fear they felt of being discovered by authorities while escaping. They worried about being returned to their country of origin. Many crossed several borders, every time experiencing acute fear and anxiety mixed with the hope of eventually reaching their destination. Respondents emphasized that international border policies were the main reason that they and others had undergone such harrowing experiences. They felt that European governments did not understand the seriousness of the situations faced by migrants escaping Sub-Saharan Africa and denied them basic human rights.

Many respondents complained about inhumane asylum processes and detention. A Nigerian asylum seeker recalled an experience while she was in detention where a fellow detainee was bleeding and asking for help. The woman was denied medication and, as we were told, eventually died. She felt asylum seekers were treated like criminals. One woman from Sierra Leone recalled a very stressful interview with an asylum assessor:

*“It was stressful ... I think at the end of the interview she was shouting that you’re lying that you’re this. I think they need to listen to people and do their investigation, not just shout when somebody is talking to you, ‘oh you’re lying you’re lying’. Because you were not there, you don’t know, so I think they need to improve on that, they need to listen properly and before passing their judgement ... I was so scared, I was so nervous, I was everything scary to be honest. I was so scared I was just crying, crying; stressed, everything was on my head at that time. I don’t even know what to do with that.”* (Sierra Leone, female, refugee)

Several respondents were traumatised by Home Office interviews having thought they would finally feel safe in the UK. Respondents found decision making on asylum cases to be opaque and unfair, saying they did not know the reasons why their cases had been rejected or why they had to wait for so long to get a decision. Some respondents expressed the need for legal support following the rejection of their case and how prolonged waiting affected their mental health. They were often frightened, alone, and depressed. Without legal status, they could not work or apply for family reunion and lived life in a state of limbo. Several respondents said that the Home Office paid little or no attention to their experiences of SGBV and would not take these into account in decision-



making. Various respondents had had their cases rejected on multiple occasions and had gone through cycles of hope and fear, and support and destitution many times.

Gaining leave to remain was not always the end of trauma. One Eritrean woman granted leave to remain, was evicted from her asylum accommodation just three days after she was discharged from hospital with her new born son. With no local connections, unable to speak English and no money she was left totally destitute.

*“Only one after I gave birth to my son and after three days from being discharged from the hospital, some people came and said you must evict. I didn't know English. I didn't know anybody here. I have recently moved to a new city so it was so foreign for me. It was so difficult..... I was so confused that I forgot to get the allowance from the post office. So, I didn't know what to do. I gave birth but I had nobody here. My son was in the hospital and nobody helped me.”* (Eritrea, female, refugee)

### Violence in flight

Human trafficking and slavery were experienced by a number of forced migrants, regardless of gender. This violence was typically inflicted for financial gain. Some survivors reported being kidnapped and only released when a ransom had been paid, an asylum seeker in her twenties explained:

*“I was sold three times, for my family they had to go to mosque, to church, to beg for money to pay for me to be released.”* (Eritrea, female, asylum seeker)

The majority of women respondents spoke of experiencing SGBV when in flight. This was particularly the case when they passed through Libya, where women and girls were routinely tortured and abused. Respondents struggled to find words to describe the horror and inhumane treatment they had experienced. A woman from Eritrea who had been living in Sudan and had to escape after the country descended into conflict described feeling valueless, like a ‘tissue’, saying that she would advise friends and family in Sudan not to take the same route. Another female respondent was locked in a farm, with no food or clothes before she was raped.

*“We were hungry and dirty” she said, “when I was there, they raped me.”* (Eritrea, female, failed asylum seeker)

Both men and women talked about routine experiences of violent attack. However, for women sexual assault and rape were commonplace experiences and were thought of as inevitable in an environment where smugglers had all the power. A woman from Ethiopia explained:

*“It used to happen a lot there. They'd come to the place where they kept us and then people from different places, Nigeria, Eritrea, Ethiopia, the smugglers came with guns and then they'd pick the one lady that he or they liked. They'd just take her somewhere and they'd do whatever they want to with her.”* (Ethiopia, female, asylum seeker)

An Eritrean woman told us that sexual abuse was followed, in some cases, by cyber abuse involving smugglers posting pictures of women they raped on social media. Male asylum seekers crossing Libya were said to experience labour exploitation, blackmailing and physical violence, whilst women were more likely to be sexually assaulted.

A Guinean woman who had lived in Sierra Leone highlighted the mortal dangers forced migrant faced in countries of transit with several respondents recalling how they had seen people getting killed:

*“You know sometimes this Arab country they are very wicked; you get raped. I remember one of my friends, my best friend when we are coming, because she got killed there. Because they wanted to have sex with her, she refused, and they cut her throat with knife. Nobody say anything..... A lot of women didn’t make it. In our own group we were like nine of us, but only three of us that make it. All the rest they die, they kill them there.”* (Guinea, female, asylum seeker)

No respondents believed that reporting the abuse would lead to any action being taken. This, in turn, left them feeling like they were on their own, with no one there to help them escape or improve their lives. A male respondent from Eritrea highlighted this isolation:

*“In Libya [...] No one can assist you to escape the situation. So, there’s no point talking about it if you’re not going to get any help from the people that you talk to. So, when I was there, never.”* (Eritrea, male, asylum seeker)

During the journey, local families would take advantage of the precarious situation of forced migrants. They would force them to undertake domestic work without pay, abuse them, take their passports, and prevent them from accessing information about local support services. In de facto domestic servitude, they were subject to harassment including rape by members of the family.

Some respondents passed through Lebanon where they were “employed” as domestic workers resulting in their movement being restricted as well as in experiences of physical abuse. Two female Eritrean women described being locked in the house every time the woman they worked for left, and being burned as a punishment for trying to escape. A Sudanese described common forms of violence experienced in Lebanon:

*“The way they treated us was very bad; they wouldn't give us food, and especially when I was in Lebanon, not all Lebanese, but some of them the way they treated us wasn't nice because they were insulting us verbally. It was a normal thing to happen. Yes, it was very common. They're beating up, yeah”* (Sudan, male, refugee)

The Jungle refugee camp in Calais, France, was described as “very dangerous”. A rejected asylum seeker from Eritrea who had been sexually assaulted on the journey to Europe and witnessed many horrific acts reported being raped again in Calais on her way to the UK, resulting in a pregnancy. Nonetheless, she maintained that Calais was safer than Libya, in that:

*“Calais is in the euro, so no one take your kidney.”* (Eritrea, female, asylum seeker)

Women talked of the risk of being coerced into sex with smugglers, in exchange for a safe crossing into the UK. A male respondent from Sudan claimed that everyone would know when such transactions took place, as the smuggler would occupy the kitchen with the woman he desired, prohibiting anyone from entering.

After such journeys, experiences of violence appeared to continue. Accounts were given of violence experienced in local communities, by relatives/friends of other asylum seekers in shared

accommodation. A Sudanese woman described a woman she knew who experienced SGBV in shared accommodation by visitors of another woman in the same house. She reported the incident to the Home Office, but no further action was taken due to a lack of evidence with the Home Office saying she should have taken a photo of her attacker. Forced migrants were also subject to racist abuse in dispersal locations with an Eritrean woman reporting verbal and physical violence which compounded her feelings of worthlessness

*“They’d beat you, and they may shout at you, and sometimes they’d throw eggs at your window. They are racist.” (Eritrea, female, refugee)*

### Intimate partner violence

Several respondents reported experiencing intimate partner violence which could be physical, sexual, emotional, or take multiple forms. One woman survivor from Nigeria experienced reporting emotional exploitation by her boyfriend. He convinced her to accompany him to the UK, taking advantage of her lack of protection in Nigeria where, as a single woman whose father was dead, she said she was unprotected and faced harassment and abuse. She described the offer made by her “boyfriend” as a dream, coming to the UK, to get married and start a new life. On arrival she was sold to work as a prostitute in a brothel in London. Her “boyfriend” forced her to undertake this work to get money for her papers and their marriage but he suddenly disappeared. She described what happened:

*“That was when he took me to a brothel. Getting there I didn’t even expect it was a brothel, my mind was that, because the woman was an advanced lady, but she wasn’t Nigerian, with her accent I consider the amount of time I spent in the UK I can say she’s from Eastern Africa, Kenya, Rwanda, ... so I thought it was cleaning or restaurant or whatever she knew people that she could connect me to and all that, she was asking me if I have moves, if I know how to fix condom, I was really you know kind of confused, but I didn’t really say anything to her at the end of the day, and we went back home with my boyfriend, I was like fix condom to do what and all that, he was like you see all those girls there, and all that, that’s the only thing you can do at the moment. It’s not that I’m going to leave you there, but just to raise some money!” (Nigeria, female, refugee)*

Other women explained how they were tricked by partners into coming to the UK to engage in sex work. Once arrived they learned that they were not in the UK legally and had no choice but to work as they had no way of supporting themselves financially and lacked knowledge about laws and regulations. Their precarious immigration status and lack of knowledge meant men were able to exploit them for financial gain but also used emotional blackmail with the threat of ending relations if they did not comply.

Such abuse could be financial. For example, a respondent from Zimbabwe was invited to join her husband in the UK but on arrival she was rejected by him as he explained that he had started a new life with another woman. In order to remain she had to meet the conditions of her spouse’s visa and was dependent on him saying they were still married. To maintain this position, she had to pay her whole salary directly in to his bank account leaving her destitute.

*“A woman married to a British man, so her salary enters his account! And he is always reminding her: ‘I signed your papers; without me, you would not have papers, and I can ring the Home office right now, and they will send you back home.’ which is painful.” (Zimbabwe, female, refugee)*

## Determinants of Vulnerability

### Gender, Culture and Identity Politics

The majority of respondents perceived the violence they had experienced to be because of their gender. Respondents observed that in their societies, women were viewed as possessions to be used for sex whether or not they consented. Being dependent on men could place women in exploitative situations, in which men used women for financial gain through prostitution or other forms of forced labour. Women talked of the need to be under the protection of a man, especially if they were young and uneducated, as without such protection men sought to “take advantage” of them. The experience of being brought up in a highly patriarchal culture that undervalues women, and confines them only to private spaces, discouraging them from engaging in the public sphere, left women vulnerable in the host countries too, as they lacked skills to navigate public spaces.

*“Most of the people when they leave their country they don’t have any experience about the outsiders, especially for women, well for man, you know, he can go outside and he can, you know, interact with people. But for ladies I think that’s what makes them vulnerable, not being able to interact with people from outside. By culture they don’t, they’re not given a chance to go, you know, and meet other people, so they don’t have any idea about what’s happening outside their places.”* (Eritrea, female, refugee)

Women described how gender was a key factor in vulnerability as they escaped, as many of the men they met, including smugglers, did not value women and saw them as commodities rather than as human. This attitude is illustrated by an experience recalled below:

*“There is this guy that came to me when we were in the jungle between Tunisia to come to the boat. He told me he say look, women are just, even woman goes to school, you are just like cow. Even if you are educated you have to be under a man, you have to be slave under your man, man is master of the house.”* (Guinea, female, asylum seeker)

Some male respondents denied that gender played a role in SGBV, saying abuse is carried out against both women and men equally. However, our findings indicated prevalence of sexual violence against women especially if they were alone on the journey, which, as we were told, inevitably meant attracting unwanted attention throughout the journey. Women respondents identified men in general as perpetrators, they stated *“men are the danger. Not men no but women get hurt”*. One respondent from Guinea said that young men were at risk of sexual assault and recalled the experience of someone he had met and helped on his journey who was badly injured by an assault. As we noted above, identifying as homosexuals made both men and women vulnerable to multiple kinds of violence, both as a catalyst for fleeing but also during the journey.

Gender continued to be a factor in experiences of SGBV for women after arrival in the UK. As asylum seekers, spouses or failed asylum seekers, women were not permitted to work and were vulnerable to exploitation and violence. They were either coerced into prostitution or transactional sex in order to survive or had to remain in abusive relationships in order to keep a roof over their head.

Some intersectionality was observed by respondents in terms of vulnerabilities, raising particularly the factors of race and religion. We were told that in Libya those with darker skin and non-Arabic

speakers were vulnerable to abuse from the local community. Similarly, in Lebanon, a refugee from Sudan described how Black African refugees were treated particularly poorly:

*“I don’t know, maybe because of my name, or what I was carrying in my pockets; it was a Quran book, little one. [...] Just because of the colour, and the gender sometimes, but mostly because of the colour. [...] Africans get worse treatment because of their colour. I mean, Syrians and Egyptians were treated well, but if you look at Africans like us, or Ethiopians and people from West Africa, they are all treated the same. Sometimes, when we are walking down the street in Lebanon, they pour dirty water on our heads. Why? Because we're black.”*  
(Sudan, male, refugee)

Religion was also said to be a trigger for persecution with Eritrean respondents telling us they had been imprisoned and tortured because of their faith. As Christians in Islamic countries, some respondents were particularly vulnerable. Respondents also talked about powerlessness and poverty generating vulnerabilities describing how they were forced to work without pay and beaten if they did not follow orders.

### Immigration status as a source of vulnerability

While our respondents told of us that SGBV experienced in their country of origin was sometimes the catalyst for fleeing, a distinct feature of the experience of Sub-Saharan African migrants was extreme levels of vulnerability during their journey. Not all journeys were the same or were experienced in the same way. Not all respondents had known just how terrible the journey would be, but some were aware of the dangers that they would face and said they had no choice because they would have been killed if they remained.

The lack of a legal route away from danger was said to be a key factor exacerbating vulnerability. Fleeing via an irregular route exposed forced migrants to multiple threats and violations of human rights. As a refugee in their forties from Eritrea explains: *“Because you are illegal anyone can take advantage of that.”* Therefore, forced migrants, because of their “illegal” presence in various countries, were unable to report human rights violations to law enforcement agencies, believing that they would be punished for being in the country. We heard examples of migrants being captured by authorities, beaten and/or raped. In addition, respondents described high levels of lawlessness in Libya, which meant that the country was dangerous for everyone.

The longer the journey, the more risky it was for the forced migrant. Individuals who had some financial resources were able to take faster routes or to move swiftly between countries. Those with less money, which often included women, had to spend more time en route trying to earn money and save for the next stage of the journey. For women, this sometimes meant staying longer at the smugglers’ house, where they were repeatedly abused. Without citizenship they had no rights to a safe working environment and fair treatment. Individuals said they would not seek help out of fear of being caught and were, therefore, harassed and blackmailed by both locals and smugglers. A young male from Sudan explained:

*“The main reason that makes people vulnerable is money. Smugglers just want money, they ask for money and if you don’t give them the money they ask for then they detain you, they don’t give you food, they beat you up and they can even kill you. Not being able to pay them the money they request makes people vulnerable.”* (Sudan, male, refugee)

Closed borders in Europe were said to drive vulnerable forced migrants to use smugglers. There was apparently no other way to leave Libya. Once in the hands of smugglers, respondents had to do as they were told or risk violence or even death. One Eritrean man explained how he was forced to cross borders via smugglers in Libya and in so doing ended up in a situation like imprisonment, deprived of basic necessities, exposed to maltreatment and confined to a cell with no sunlight. A woman from Eritrea described how the smugglers frequently abused women and were constantly under the influence of drugs:

*“Yeah, I survived. In Libya, while we were going to Libya, on the way they take a lot of cigarettes and drugs and they don't listen to you, what you're doing. So if we say ‘Help us’ or something, they just hit you”* (Eritrea, female, failed asylum seeker)

Respondents also told us how the asylum system in the UK exacerbated vulnerability. Firstly, as asylum seekers were unable to work or study, they are forced to survive with very low levels of income. Secondly, when their asylum claim failed, they were evicted from their housing and became dependent on the generosity of others for housing and sustenance. A woman from Sudan described one asylum seeker she knew who, having had her application rejected, had no choice but to rely on acquaintances who initially offered help but rapidly became abusive. Thereon, she was “treated as a slave” and sexually abused resulting in an unwanted pregnancy. Living on “the margins of society”, aware of the low status of asylum seekers and experiencing harassment increased the psychological vulnerability of respondents.

*“So it's a lot of stress, so it's much more than, you know, being physically abused, or being treated bad when you don't do what you want to do, and you don't have the opportunity to work and you don't find it, so those things made me really stressed. It was emotional stress”.* (Sudan, female, asylum seeker)

## Impact of SGBV

### Physical and psychological impacts

Experiences of SGBV resulted in physical injury, with some injuries sustained leading to permanent health problems. Women talked of bruising and bleeding following attacks, while some were hospitalised. In the longer run, women talked of scarring, gynaecological and urinary problems. Other respondents talked about injuries sustained during their journeys, with one woman in her forties describing pains in her legs that were so bad she was unable to leave her home. Abusers rarely used contraception, resulting in several women becoming pregnant with variable access to abortion. Some of our respondents were caring for the children of rape. Others caught sexually transmitted diseases. One woman originating from Guinea was raped during her journey, sexually abused in the UK, and then abused by her husband. She tested positive for HIV whereupon her husband became angry and informed the community of her status:

*“In 2013 I find out that that I'm HIV positive, he kicked me out, he said if I go to the hospital, he will kick me out of the house. So, when we went to the hospital, he became so aggressive, and said I not supposed to take the medicine or anything like that, I not allowed to go to the hospital ... So, I didn't go. He started being so abusive, beating me up, telling me to leave the house. ....So, he told me to leave his house, and he tell all my friends, not me, he told them about my medical condition. You know in Africa, it have stigma, people don't even want to*

*associate with people that have. I lose all my friends because of him.” (Guinea, female, asylum seeker)*

The psychological impact of SGBV on respondents was recounted extensively. Even when attacks had happened many years ago women described living with flashbacks and feelings of unease, unhappiness and depression. For example, a woman from Eritrea stated *“I can’t actually forget about what really happens in Libya, no matter what I do. [...] when I think about it, I’m so upset”*. Respondents found themselves preoccupied with thoughts about the past and concerns about others left behind often triggering distress. She explained:

*“I always think of the people that were left behind in Libya. I think about the women and men there; “How are they doing?”, “How will they survive?” I think of that every day. When I see something on the internet, I instantly start thinking of them and sometimes I feel depressed because I’ve been there, and I know how it is like. I don’t like remembering.” (Eritrea, female, asylum seeker)*

Distress not only affected those who went through the experience, but also extended to family members. An Eritrean woman recalled her terrified seven-year-old son, who spoke to her on the phone, asking her not to come to him, as he feared doing so would result in her being killed. She said:

*“So now, it’s not for us, even the children, seven years old, you know, they are thinking about it and they were scared. It’s very difficult, very difficult.” (Eritrea, female, asylum seeker)*

Some of the commonly reported consequences of experiences were anxiety, depression, sleep disturbances and loss of appetite. A female refugee told us about a recurring nightmare in which she was trying to escape the police that went on for three years after arriving in the UK and how her past experiences impinged on her life:

*“[...] remembering and thinking about it, and that doesn’t let me sleep. I don’t eat properly. I don’t eat food. I don’t have an appetite to eat.” (Sudan, female, refugee)*

Fortunately, this woman was able to consult her GP, who in turn referred her to a psychiatrist enabling her to manage some of her psychological problems. However, individuals without status were unable to access secondary care and therefore counselling. Another respondent, despite having had physical symptoms for years after a sexual assault, did not seek medical care for fear of being examined by a male doctor. She was unaware that she could have requested a female doctor until she was informed by our interviewer, and rarely left her home.

Many respondents said they found socialising difficult. One woman described how she struggled to leave her house and have everyday encounters, such as those at church:

*“I want to go to church, I want to go really I want to but ... even this Saturday I went to go to the celebration, I wear my dress, I go outside but then come back inside again, I cry, I pray and I sit, that’s it. I don’t like too much outside.” (Ethiopia, female, failed asylum seeker)*

Disclosure of SGBV experiences was difficult as women feared being ostracised by their community or abandoned by their partners, which, as they noted, was the norm “back home”. It was common practice to remain quiet about sexual abuse, as on the whole women were blamed if they were

assaulted. An Eritrean respondent acknowledged her partner's positive reaction but said this was not very common:

*"[...] he was a bit understanding, some of the men didn't, they don't accept this, instead of just supporting their wives, or girlfriends, they just keep on insulting them or, you know, as if what happened was the wife's fault." (Eritrea, female, refugee)*

The majority of women found it difficult to talk about their experiences. This was either due to the distress caused by remembering, the worry it stirred about loved ones, or concerns about cultural norms. Those who shared their experiences made a conscious decision to raise awareness about the challenges they went through, hoping to inspire action and support for others. As an Eritrean refugee stated:

*"Because we made it, alive, but some of the people who are there they suffer, and some died. Yeah, so I'm just telling the truth, I have been telling you about what happened to me, so I'm not telling any lies [...] Yeah, no all people talk about it, but they talk, they do talk because and willingly, they, you know, they feel the pain and they want people to know what has been happening there. Yeah, so that's, like me, I'm talking about it because I want people to know." (Eritrea, male, refugee)*

SGBV experiences appeared to have a long-lasting impact on the way the survivors viewed themselves and approached life. Some reported losing self-confidence and not liking (some using the word "hate") themselves because of what had happened. Others claimed they had lost the hope and energy they used to have, or the ability to persevere and keep trying.

*"To be honest I'm not, I don't have any confidence. The confidence is not there. Because I don't have confidence because I can't do the thing that I want to do. I'm not allowed to travel, 15 years in one place. It's hard life. I'm not allowed to do anything." (Guinea, female, asylum seeker)*

Women said they lost trust in all men, with one woman saying that she saw the face of her perpetrator in every man she met, which led her to remain isolated. Others broke off relationships because they could not face intimacy. On the whole, women tried to stay away from other people because they were either afraid of further attacks or worried that people may find out about their past, leaving them without the extended support networks which are so important for recovery and for integration into life in a new country. Women also talked about their psychological conditions, making them unsociable as they were "sensitive" or depressed and thus did not feel worthy of companion:

*"I think in terms of you know, somehow you become sensitive, that's how I'm, I don't know how to put it, but somehow you become sensitive when you shouldn't be sensitive." (Malawi, female, asylum seeker)*

For some, the process of seeking asylum in the UK caused further distress. Interviews in which case workers dismissed experiences which they struggled to disclose left women feeling helpless. Detention was particularly problematic as respondents had too much time to reflect on terrible experiences. Women needed to stay busy to take their minds off the past but this could be difficult when they spent months or years awaiting a decision and received no psychological support.



*“When I came here, they took me to detention and I spent almost two months [there] and I kept on remembering what happened, what had happened to me in Libya. So, I couldn't forget completely about it because I went into detention.”* (Ethiopia, female, failed asylum seeker)

### Impacts on Integration

In this section, we look across the Indicator of Integration domains (Ndofor-Tah et al 2019) to understand how SGBV impacted upon integration or how the ability to integrate shaped individuals' recovery from SGBV. Experiences of SGBV in the past affected individuals' ability to integrate into a new life in the UK. Moving forward constructively and being able to study and work was a key priority for many respondents, which they saw as the main mechanism of recovery. However, asylum seekers and failed asylum seekers were unable to engage in these activities with many of them waiting years in a liminal state, unable to move forward with their lives. There was a notable difference in findings between those who had gained status and those still waiting, with refugees saying how they were gradually able to recover once they were given leave to remain. This is because, being able to study and work, enabled access to social networks and presented distractions from invasive thoughts. A Zimbabwean refugee explained:

*“I was prevented to make a new life in a sense where I feel so vulnerable you know. I was a victim of torture then a victim of that you're not being believed, homelessness and everything. I didn't feel included I feel excluded. And now what makes me feel, I've got a wonderful community wonderful great community, I'm in a, I work with, I liaise with charities that are there to empower me on a daily basis that there to give me information and support whenever I need it.”* (Zimbabwe, female, refugee)

Social networks are key to integration and the more networks people have the better they fare in terms of health and financial well-being (see Cheung and Phillimore 2014). The ability to integrate was affected by SGBV experiences with respondents avoiding other people because they did not have the confidence or energy to mix with others. A woman from Guinea described her inability to integrate socialise as follows:

*“If you are not happy how can you make friends? How can you socialise, sometimes if they invite me to like a party, how can I go there, I say oh my god even I don't have nice clothes to put on, I will be like oh, I see people well dressed and you are not I don't like that.”* (Guinea, female, asylum seeker)

Others however spoke of an overwhelming sense of relief on arriving in the UK and finally being safe from traffickers and other abusers. Even without a positive decision they said they felt ready to start their lives again and sought to mix widely with people from their own ethno-national background and beyond. Having connections with “people like me” could sometimes provide reassurance and enable a shared endeavour to recover. A woman from Zimbabwe explained:

*“For me it's not difficult, the experiences I have not made it difficult for me to continue my life here. I would say the experiences gave me energy to do what I do now. It was through my experiences that I have been able to come back and give to my community. Obviously if I had maybe focused on the experiences it would've been very, very difficult.”* (Zimbabwe, female, refugee)

Some respondents stated that missing their family was a significant challenge and barrier that prevented them from integrating. Several, especially women, reported missing their children, whilst others missed their partners. Long-term separation could prove problematic for relationships. A

woman from Eritrea explained that her marriage failed after all her attempts to get a spouse visa for her husband were rejected:

*“Yeah, it took him almost one year and some months to leave, to get from Eritrea to Sudan, but then afterwards when I got my status, I filled the application for him to come here, family reunion. So the first time they rejected him, and then I appeal, and after that when I started calling him I couldn’t find him, I don’t know what happened, but because of what happened, you know, our relationship just ended.”* (Eritrea, female, refugee)

Those respondents who had fled to the UK following persecution because of their sexuality struggled to socialise with their wider ethno-national communities, partly because they had lost trust in people. However, they found that LGBTQI support groups and charities were helpful for rebuilding confidence and social networks. Given the fears that many survivors had about socialising and wide ranging comments about feeling isolated and alone, many turned to charities and faith groups offering safe spaces where survivors could meet people like them and people from local communities. They found activities and workshops arranged by some organizations and charities beneficial, saying they had enabled them to meet new people and offered an excellent opportunity to be able to talk to, and listen to others.

Language and communication, cultural knowledge, possession of digital skills, and feeling safe and secure all had a role in helping respondents to settle. Respondents learned that they had the right to have a say over their own lives:

*“Ghana where I’m from, because you’re a child, or you’re vulnerable, you can’t say no to something. Whatever somebody say if somebody is helping you, you have to say yes, it was this country I learn to say no. If I don’t want something.”* (Ghana, female, failed asylum seeker)

Some struggled with British culture finding local people cold and reserved and not knowing how to interact with them. Many respondents stated that a lack of understanding of the English language was a significant barrier to integration because not being able to communicate with the host community left them feeling isolated. The delay in accessing language classes because of the years of waiting for an asylum decision could hold survivors back. This meant that, once they had secured their legal status, they were unable to work without being able to speak English well.

As mentioned above, many respondents had been repeatedly abused and exploited and had simply lost trust in other humans. Lack of trust could affect their ability to engage with others. Lack of stability was also said to be a concern. Without status respondents found it difficult to hope or plan for a future and steered away from relationships. Once status was received, their new found stability gave them a foundation on which to begin to build new relationships both with friends and with potential partners. Although some respondents had lost trust, others talked about the gradual realisation that they were safe in the UK. Having been fearful of the police and the Government back home, they learned that there were laws in place in the host country to protect people from violence. An Ethiopian failed asylum seeker explained:

*“In the UK, you have freedom – it is so different to my country. Here, if you don’t want it he won’t touch you, he won’t shout at you, he won’t beat you”* (Ethiopia, Female, failed asylum seeker)

Most respondents saw gaining citizenship as the key to integration. Those who were asylum seekers said they were not treated as equal and were mistreated by local people:

*“People are people, we are humans and when people get to know that we don’t have good immigration standing they start misbehaving towards you. So, I tend to just keep to myself. So if you don’t socialise there’s no way you can move on, to connect you to people.”* (Nigeria, female, asylum seeker)

Citizenship was equated with having rights and responsibilities which could make you feel that you belonged. Gaining leave to remain was the first step in achieving such a goal as it facilitated access to employment and education, thus increasing opportunities to meet new people and make friends.

Family reunion was also considered a significant factor for successful settlement and integration. While refugees could apply for family reunion and for marriage visas, getting permission for family reunion was both difficult and expensive. Being separated from their family was said to have a significant impact on respondents’ mental and psychological health. Some reported not being able to sleep, others did not feel able to engage with their community or frustrated and anxious. As a married Eritrean woman said:

*“They didn’t give me a passport, nothing. So they gave me status that I would do nothing about it, I can’t have a passport, I can’t apply for it, I can’t bring my son, family reunion. How can I live there without my child and without my husband?”* (Eritrea, female, refugee)

#### Intervention and Support

As noted above many respondents faced lengthy and extremely traumatic journeys. Very little support was available on these journeys and, as we have outlined above, being “illegal” meant most survivors sought no assistance. Respondents talked of the lack of resources to meet their basic needs including food, water, a roof to sleep under and medical attention for injuries. They also felt unsafe without any kind of protection from the many people who wanted to exploit or abuse them. During the journey, some respondents were assisted by friends, who for example gave them money, food or let them stay in their homes. One of the participants explained how during her trip from Eritrea to Sudan, two men guided them along the correct route, and that other people had helped them to cross the Sahara safely. Another respondent from Sudan mentioned the help of friends in Turkey:

*“They helped me with the train ticket. They gave me some food, and they gave me a ticket. I was asking if there is any Sudanese in this. They said there were two people who used to come to the mosque, but for a long time, they haven’t seen them. They advised me to go to Milano which has most Sudanese in that city. So, they gave me a train ticket to Milano.”* (Sudan, male, refugee)

During the journey, some individuals and charities came into the refugee encampments and attempted to give refugees food. On occasion, respondents mentioned serendipitous encounters in which complete strangers had intervened to save their lives. In one such instance, a woman attacked by the police was hidden by another forced migrant, a stranger, who saved enough money for both of them to escape Libya by boat. In other places strangers gave food, clothes and limited medical help. An Eritrean refugee tells a story of one man who offered her help in the camp in France:

*“He took me to his parents’ house he opened this shower, he gave me this clean towel this clean T-shirt that they give you for a charity, he also told me choose something if you want from here. Showed me the toilet showed me how to close it, went in, and as I was taking a shower I thought, oh, this is my last I’m not coming out of here I don’t know what’s*

*happening, I don't know how I end up here, but I did anyway I did anyway, wash, change the clothes you gave me, I was so clean and happy. I come out the shower he was there with a warm drink like tea or coffee or something, he said you can drink it or if you don't want to let me just take you back, and I was the luckiest one, I drink the warm thing and he took me back to where we were." (Eritrea, female, refugee)*

On arrival in the UK, most respondents were accommodated by UK Visas and Immigration (UKVI). Those who were detained had access to very few resources including medication or counselling and found detention exacerbated existing trauma. After leaving detention many were accommodated in shared housing, which some found a positive experience while others found living with strangers extremely stressful given that they did not trust other people.

Some explained that living with many people in the same place was difficult because of cultural and behavioural differences. Mixed gender housing could be particularly problematic. We were given multiple examples of unclean accommodation infested with mice, rats, and bedbugs, which was particularly worrying for respondents living with their children. Respondents also described being placed in accommodation that was not suitable for their disability or having insufficient space to accommodate their children:

*"It's just because the room is very small and there's no space to put a baby cot. Yeah. So there's just one double bed, so three of them sleep there." (Eritrea, female, Asylum seeker)*

Respondents stated that the temporary nature of their housing was destabilising after so many years of instability.

Financial support was of critical importance. Those in detention or living in hostels received no financial help but individuals in asylum housing received around £35 per week. The inadequacy of this sum to enable basic survival has been questioned both legally and in scholarly debates (see Mayblin 2019). Many respondents said they needed very little to survive on, especially after surviving on nothing during the journey, but the low levels of support, which are below the lowest level of welfare support available to the general population, meant that they could not afford to buy food, access the internet to stay in touch with friends and family and to communicate with solicitors about their case and cover the costs of public transport to attend appointments or worship. The study we undertook in April 2020 to explore how respondents' lives were affected by the pandemic showed they were having to choose between food and hygiene products and that individuals with children had to choose between buying data to enable home schooling and food (Pertek et al. 2020).

Those who received leave to remain were evicted from their asylum housing and needed to get a national insurance number and then claim welfare benefits to be able to access a tenancy. Long waits for welfare payments were reported, leaving individuals destitute and homeless, dependent on the generosity of others and once again vulnerable to exploitation. Once housed, respondents had nothing and often had to take out a loan to purchase basic furniture. Some respondents were too unwell to seek work experiencing a combination of physical and psychological conditions but they struggled to access Personal Independence Payments despite evidence from their GP. One individual was too ill to work and did not know how to access Universal Credit to cover the cost of his rent. He was evicted from his social housing and had no idea how to move forward with his life.

*“The only thing I’m just worried about is just my Council property. So, if someone can help me get back in to my accommodation that would be helpful. That’s the only thing I’m thinking about now.”* (Eritrea, male, refugee)

A number of civil society organisations helped survivors with different kinds of support including advice and guidance but also access to social networks and psychological support. A wide range of voluntary organisations in the UK helped with legal advice, accommodation and funding for failed asylum seekers who were destitute including, in some instances, rooms in shared housing. These included the Hope Project, Fatima's House, the Refugee and Migrants Centre (RMC), the Citizens' Advice Bureau, Mena Centre, Baobab, ASIRT, Isra Organisation, and the Helen Bamber Foundation. Two LGBTQI respondents told us about the extensive help they received from specialist charities and indeed the wider LGBTQI community who helped them to meet people, know their rights and to access psychological support.

*“The first LGBT group I met in detention they bring their flyers. I didn’t know there were groups for LGBT I didn’t know. I didn’t know I could express myself as I want to express myself in this country. There was nothing they could do while I was in detention, but when I got out of detention, I joined the group called RAB, Rainbows Across Borders. That’s the first LGBT community I joined, they were in XXXX. From there, meeting friends from their community, that one was LGBTQI community.”* (Nigeria, female, asylum seeker)

Respondents who gained the right to remain in the UK found their access to resources increased. They were able to attend English courses in college, which not only helped them to communicate but also to meet more people. They found it easier to join a religious congregation and had more resources and freedom to make and meet friends. They talked about being able to settle in one place as many had lived through cycles of destitution and dispersal. Once settled they could register with a GP and build a relationship wherein they felt able to disclose their experiences and access a referral to psychological support services. Their children could go to school without fear of being moved away from their friends. One respondent reported her experiences of racism in Middlesbrough to her local authority and was helped to move away to a place where she felt safer.

Although some respondents had been able to access the health and psychological treatments they needed either through GPs or civil society organisations, the majority received no support. They talked about wide ranging untreated problems including flashbacks, insomnia, anxiety and depression. Whilst it was evident to our interviewers that treatment was needed some respondents were reluctant to talk about their experiences. One respondent explained:

*“Sometimes when I go inside my room I sit and I cry so I can relax. Because I don’t want to tell anybody, I close my door and I cry and I drink coffee to try and relax myself as I don’t want to tell anybody you know”* (Ethiopia, female, failed asylum seeker)

Yet others said they found talking about and sharing their experiences with others helpful:

*“Yes really I want to relax a little bit – you keep everything inside and it is like a fire. Today I am happy, and I will sleep easier.”* (Eritrea, female, asylum seeker)

Our interviews with service providers (see Thomas et al. 2019) showed that many survivors were too frightened to disclose their experiences or found doing so too painful. Others had such a bad

experience during their asylum interviews that they were nervous when trying to discuss their experiences. Consequently, civil society organisations spent months building trust and confidence before survivors could even think about talking and thus many were a long way from being able to seek help. Those respondents who did not have access to a sympathetic civil society organisations were left alone with their problems and tended to isolate themselves. Some talked of suicide ideation or attempts.

Some respondents were able to access legal support with their asylum claim via civil society organisations but on the whole they received insufficient help with their claims. Those individuals who had experienced sexual assaults required specialised help to disclose their experiences to solicitors but also to find solicitors who knew how to work with them. Often individuals went through multiple rounds of refusals and destitution before engaging with a civil society organisation who knew how to work with them.

Several barriers prevented respondents from getting the support they needed to move forward with their lives. At all points in the journey they lacked information about their rights and entitlements, where to access safe help and basic resources. This led to heavy reliance on traffickers, who, as we describe above, exploited individuals' illegality and lack of knowledge.

Once in the UK, lack of knowledge continued to be a problem with individuals dependent on others for information, which could be withheld or misrepresented in order to facilitate control. A woman from Guinea explained that, if she went to the police about domestic abuse back home, she would probably be arrested. Her husband told her that, if she called the police in the UK, they would "pick you up and throw you out"; so she did nothing. Another woman explained that she had no idea that her husband's treatment of her was classified as abuse:

*"And the perpetrators know, you know what they do, before they are doing the x, the people know they just don't report it, the information is not out there to say this cannot be happening. You know when I was going through abuse in my own marriage, I didn't even realise that there was something." (Zimbabwe, female, refugee)*

A significant barrier that prevented respondents from reporting abuse or moving on with their lives was lack of proficiency in English. A Sudanese refugee explained that he gave up attending medical appointments because of his inability to communicate. Others said that learning English was their priority but they were prevented from doing so by their status and thus attempts to interact with professionals around access to health and well-being were stymied because they felt unable to communicate. Unfortunately, spending years unable to attend lessons had a knock on effect for those who gained status as they could not access work quickly because of the need to learn English.

Perhaps the biggest barrier to moving forward and accessing services to aid recovery was the asylum system itself. As we already noted, being detained meant no access to treatment but dispersal prevented respondents from living near friends and exacerbated isolation. Spending years waiting for a decision left individuals in a permanent state of uncertainty unable to look forward. Long-term enforced unemployment made access to work difficult. Many felt that they could not recover until they gained status and begin to hope for a better future.

## Resilience

The interviews also explored the factors which helped survivors to develop resilience. Survivors reported many occasions experiencing high levels of fear or extreme violence on the journey. The

main factor they turned to for strength was their faith. Few could attend a congregation on the journey, although they prayed and, where possible, read holy texts. Once in the UK, respondents found attending Church or Mosque therapeutic because it offered both a chance to practice their faith and to meet like-minded people. Survivors also focused on their children, both on keeping them safe on the journey, dreaming about being reunited with their children, or focusing all of their energies in ensuring their children were happy and healthy and benefiting from education once in the UK.

Having hope for the future was a key factor in helping survivors through the present. Without hope, as was the case for some failed asylum seekers, and living in fear of being returned to persecution and abuse, some said they had no resources of any kind, whether financial, social or psychological, to support their resilience. Gaining status and knowing that they would not be made to return was, therefore, extremely important in enabling several survivors to be resilient – they were able to cope with the past knowing that they at least had the potential to rebuild their lives. Keeping busy was very important for respondents once they were in the UK. We found in our COVID-19 research project (Pertek et al. 2020) that self-isolation and the end of support groups and volunteering opportunities undermined resilience with survivors reporting the return of suicide ideation and high levels of anxiety. Respondents explained that patience was needed when trying to move past traumatic experiences and that knowing they were safe, going to college and taking part in activities helped this process. Finding safe spaces to talk about past experiences in which they did not feel judged was also said to build resilience by helping women to realise that they were not at fault and that what they experienced was a common phenomenon.

## Conclusion

Our data demonstrates that forced migrants experience SGBV across the refugee journey with experiences of violence differing by gender and sexuality but accumulating over time and place. Gender itself is a particular vulnerability exacerbated by the need to take ever more dangerous journeys across multiple borders relying on traffickers to escape danger back home. In so doing, forced migrants encounter huge risks and multiple abuses and witnessing horrific acts. Forced migrants generally embark on such journeys because there is no safe way to escape the violence and persecution they experience in their countries of origin. Their “illegality” or undocumented status is perhaps the major source of vulnerability. En route they receive almost no support with basic resources such as food and water and no access to medical care. Experiences of SGBV had long-lasting health impacts with psychological effects lasting years after traumatic journeys and exacerbated by detention, unsympathetic asylum interviews, lengthy waits for decisions and cycles of refusal and destitution. Extremely poor asylum housing and homelessness and enforced long-term poverty intensified under pandemic conditions also undermined survivors’ well-being. The majority of support came from civil society organisations although some survivors found themselves isolated and alone. Having experienced SGBV could impact onward integration once refugee status was received. There were, however, signs that hope for the future, the end of fear of removal and resumption of persecution, and the opportunity to access psychological care, gain access to stable housing and be busy with work and studies could provide the foundation for recovery. Knowledge about rights and entitlements were key including understanding what constitutes abuse and how to report it without fear of deportation.

Respondents were asked what they felt needed to be changed to improve the situation of forced migrants and address vulnerability to SGBV. The actions they propose cover addressing the reasons for flight, the danger of journeys and life once in refuge:

1. People do not want to leave their countries of origin. They flee because they fear for their lives or that of their family. Thus many respondents stressed the importance of addressing the drivers of flight:
  - a. Equality for women and girls in all countries ensuring they have access to education and protection from violence and abuse.
  - b. Equality for people who identify as homosexual, protection from abuse, decriminalisation of homosexuality.
  - c. Address uneven wealth and power dynamics in sending countries, penalties for corrupt and abusive governments, care to ensure that aid monies reach those most in need.
  
2. Making journeys safer for those who have no choice but to leave:
  - a. More information to be shared about safe routes out of sub-Saharan Africa
  - b. Share more information about the risks of refugee journeys including natural perils, SGBV and violence by smugglers and traffickers so that forced migrants can make informed decisions.
  - c. Charities should actively develop services for those on the move including perhaps mobile services offering water, food, clothes and medical care.
  - d. Charities and faith communities could provide small amounts of money to forced migrants who are stuck in dangerous places enabling them to move on and not engage in exploitative work or transactional sex.
  - e. Violence and lawlessness to be addressed in countries of transit, develop some mechanism to safely report experiences even if forced migrants are undocumented.
  - f. Provision of safe shelters in unsafe countries like Libya by the international community.
  - g. Address racism towards and domestic servitude of forced migrants in transit countries.
  - h. Open borders and close camps like the Calais "Jungle" offering proper shelter for forced migrants.
  - i. Provide legal escape routes for persecuted people.
  
3. Asylum systems:
  - a. Treat all forced migrants with compassion, don't treat them as criminals.
  - b. Do not detain victims of torture or SGBV or force traumatised people to live in overcrowded filthy housing.
  - c. Asylum interviews to be more empathetic and to take place over longer periods of time.
  - d. Access to decent legal help and support when in asylum interviews.
  - e. Allow asylum seekers to work and to study.
  - f. Offer psychological support to forced migrant survivors as a matter of course.
  - g. Place asylum seekers and refugees in diverse cities where they are less likely to experience racism and harassment.
  - h. Faster fairer decision making with clear explanations behind decisions.
  - i. Make sure that all migrants are aware of their rights on arrival, this includes explaining what constitutes abuse and how to report it without being deported.
  
4. Moving on:
  - a. Better access to psychological support.
  - b. Enable easier access to family reunion, survivors cannot move on with their lives if they are separated from their close family.
  - c. Provide financial support to enable new refugees to set up a home.
  - d. Encourage employers to offer work placements and training schemes for forced migrants.



- e. Specific support to be made available for sexual minorities.

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