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The SEREDA project: Highlighting the continuum of SGBV in forced migration

Introduction

Over 82 million people were forcibly displaced in 2020, around half of whom were female.[1] Female forced migrants face specific vulnerabilities[2], but men, boys, gender and sexual minorities are also vulnerable.[3] Risks include heightened exposure to sexual and gender-based violence (SGBV) including structural and interpersonal violence.[4] Violence occurs on a continuum from conflict to refuge.[5] The exact numbers of forced migrants experiencing SGBV is unknown but is thought to constitute up to 70.5% of women, with under-reporting the norm.[6,7]

The SEREDA project examined the nature of SGBV experienced by forced migrants and mechanisms needed to improve protection and support from SGBV-related trauma. Funded by Riksbankens Jubileumsfond, with additional support from Lansons, the project is led by the University of Birmingham with the University of Melbourne, Bilkent University and Uppsala University, Women's Refugee Commission and other NGO partners. Between 2018-2021 in-depth interviews were undertaken in the UK, Turkey, Tunisia, Sweden and Australia with 107 service providers and 168 survivors from the MENA and Sub-Saharan African regions. This brief outlines findings from the interviews, focusing on interactions between SGBV, mobility and immigration and asylum systems.

The continuum of SGBV experiences

The majority of respondents experienced repeated SGBV incidents inflicted by different perpetrators over time and place. Survivors outlined a continuum of violence running from pre-displacement, through conflict, transit and refuge wherein different forms of violence intertwined. An intensification of interpersonal violence was reported post-conflict, in flight and in countries of refuge with an increased vulnerability to harm resulting from immigration and asylum policies. Some types of violence were more commonly recounted in particular contexts and in relation to survivors from particular regions (see Table 1).

Table 1: Experiences of violence at different stages of migration reported by respondents[8]

Violence pre-displacement

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

Violence in conflict

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

Violence in flight

- Camps loci for rape of young men, LGBTQI, women and girls
- Physical violence and SGBV by authorities, local people and employers (MENA)
- Transactional sex and rape by traffickers, smugglers and while detained
- Women and girls separated from families and attacked by border guards and militia (MENA)
- Enslavement, sex trafficking and kidnapping (Sub-Saharan Africa)

Violence in refuge

- Aggressive, lengthy and re-traumatising asylum interviews
- Relationship between waiting, destitution and psychological disorders
- PTSD from experiences in asylum interviews, detention and shared housing
- SGBV in asylum/refugee housing and when homeless
- Prostitution and trafficking (Sub-Saharan Africa)
- Intensification of IPV and use of immigration status to control (MENA)
- Economic abuse and deprivation of resources
- Lack of safe spaces for IPV and LGBTQI survivors
- Discrimination and racist attack (MENA)
- Insufficient specialist services to enable recovery

Gendered harms along the continuum of violence

Despite heightened risks of violence and prevalence of SGBV while mobile, survivors lacked access to protection and healthcare services post-exposure to violence across forced migration pathways in both transit and detention. They reported the absence of support services while mobile and barriers to access post-exposure contraception or prophylaxis. Most survivors received no medical screening upon arrival to countries of refuge and continued suffering from SGBV-related health problems. Violence resulted in trauma including physical and psychological harms, as described in Table 2. Organisations in refuge countries lacked a formal definition capable of capturing experiences across the continuum of violence which limited systematic data to enable development of evidence-based interventions.

Table 2: Health impacts of SGBV reported by forced migrants

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

Service providers and survivors reported that risk and violence continued in countries of refuge, albeit in different forms. Gender insensitive asylum systems often perpetuated, reinforced or even introduced new harms. Asylum processes were said to re-traumatise or exacerbate existing traumas, making respondents relive their experiences during lengthy, sometimes aggressive, asylum interviews. Restricted access to welfare services reduced access to health, housing and other support services. Failed asylum seekers and migrants with irregular status experienced destitution, and homelessness compounding trauma and increasing risks of victimisation. Heightened psychological distress in refuge affected survivors' ability to trust, build social connections and develop language skills. Four interactions between SGBV, asylum and immigration systems were identified and are outlined herein.

1. Encouraging violent dependency - Asylum systems encouraged dependency on perpetrators:

- Forced migrant women joining husbands with refugee status on a spousal visa were threatened with deportation if their marriage failed, with such dependency used to control victims.
- Undocumented survivors and those on spousal visas were told by abusers they would be deported and lose custody of their children if they reported abuse.
- Stigma, shame, family pressure, and the normalisation of violence, fear of authority, and experiences of impunity prevented disclosure.
- Some victims were told by their communities to remain in abusive relationships.
- Women without recourse to public funds would not report IPV and had limited housing and support options increasing vulnerability to exploitation.
- Destitute failed asylum seekers and irregular migrants engaged in transactional sex in order to access food and housing.
- Some respondents were promised a new life by husbands who prostituted or enslaved them. Victims were told they would be arrested for breaking the law if they reported the abuse.

2. Traumatic asylum processes – Asylum procedures exacerbated the impacts of pre-arrival SGBV:

- Asylum applicants were not supported to disclose experiences of SGBV in interviews with stigma and shame or the presence of male interviewers or interpreters precluding against disclosure.
- Safeguarding gaps, inhumane treatment and a culture of disbelief were default positions, with experiences of SGBV and trafficking frequently denied.
- Delays in disclosure, lack of tangible evidence and inconsistency in accounts were assumed to indicate dishonesty.
- Caseworkers lacked gender sensitivity. Survivors were expected to engage in lengthy interviews with minimal breaks, aggressive interviewing techniques (e.g. shouting, laughing), and insensitive handling of disclosure (i.e. questioning sexuality of LGBTQI survivors).
- Survivors were expected to repeatedly revisit their accounts of SGBV experiences generating further trauma.
- Absence of after-care/post-interview counselling left survivors struggling to deal with trauma.
- The length of time awaiting a decision and inability to work or study (and thus be distracted from traumatic memories) was reported to exacerbate psychological distress.
- Bureaucratic errors or failed asylum claims resulted in periods of destitution which increased vulnerability to SGBV.
- Asylum seeking survivors lived in fear of being returned to persecution or abuse which exacerbated psychological distress.

3. Unstable and unsafe housing – Lack of, and inappropriate, shelter increased risks of SGBV:

- Mixed gender, insecure, accommodation was problematic for women, girls and LGBTQI survivors so many remained isolated in their rooms.
- LGBTQI survivors were housed in areas or accommodation where they were attacked by homophobic individuals.
- Respondents encountered abusive staff and sexual harassment in asylum housing which was difficult to report and not investigated independently.
- During the Covid-19 pandemic social distancing and hygiene measures were not observed in asylum accommodation.
- Women without recourse to public funds returned to abusive relationships when they were denied access to housing or hostels or had to resort to transactional sex in exchange for housing.
- Dispersal and re-dispersal away from support networks undermined psychological wellbeing and connections with support services and healthcare.

4. Limited SGBV sensitivities and capacities - Lack of SGBV and migrant-health knowledge among service providers was a common theme:

- Mainstream and sexual violence services lacked expertise to work with forced migrants, while specialist migrant organisations lacked capacity to address all survivors' needs.
- Survivors often struggled to communicate with service providers because of a lack of good quality, gender appropriate, interpretation.
- Disclosure of SGBV could take years and required the development of trusting relationships yet many interactions between survivors and providers took place over a limited period.
- Survivors were not informed of the availability or scope of counselling services.
- Survivors reported distrust and fear of authorities following negative experiences in their earlier life and/or being misinformed about the role of statutory services.
- Some survivors refrained from reporting abuse to avoid prosecution and possible deportation of their family members.
- Practices aiming to protect vulnerable people from violence were poorly designed with culturally insensitive interventions undermining individual and family wellbeing.

Recommendations

- Recognise that violence extends beyond conflict into flight and refuge with survivors often encountering multiple experiences and introduce appropriate actions in SGBV programming.
- Introduce measures to enhance pre-exposure protection and access to post-exposure services (healthcare, contraception, prophylaxis) for forced migrants on the move.
- Adapt a survivor-centred approach to case management for survivors in transit and immigration settings.
- Encourage states to end immigration regulations that enable violent dependency.
- Recognise the potential for asylum systems to generate trauma and expose survivors to further harms working with them to introduce gender-sensitive systems which protect survivors.
- Provide guidance on how to introduce a trauma-informed approach into asylum systems.
- Fund specialist support for SGBV survivors in countries of refuge.
- Ensure interventions and staff are culturally competent and do no harm to survivors.

Endnotes

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8 In brackets regions of respondents' origin.

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