

Forced migration, sexual and gender-based violence and the UK asylum and immigration systems: findings from the SEREDA project

Introduction

Around half of forced migrants are women and girls.¹ Females face gender-specific vulnerabilities in displacement, including heightened vulnerability to sexual and gender-based violence (SGBV).² These include heightened vulnerability to sexual and gender-based violence (SGBV). The Women's Refugee Commission³ have highlighted extraordinary levels of SGBV experienced by refugees during recent conflicts, throughout flight, in camps and in immigration detention.⁴ The scale of such experiences remains unknown although generally exceeding 50% of all women and with under-reporting the norm.^{5,6} SGBV includes rape and sexual assault, as well as physical, psychological or emotional violence; forced marriage; forced sex work; and denial of resources, opportunities, services and freedom of movement on the basis of socially ascribed gender roles and norms.

The SEREDA project aims to understand the nature of SGBV experienced by refugees who have fled conflict and are residing in countries of refuge. Funded by Riksbankens Jubileumsfond as part of the Europe and Global Challenges programme, with additional support from Lansons, the project runs from 2018 to 2021. SEREDA is led by the University of Birmingham with the University of Melbourne, and Bilkent and Uppsala Universities and NGO partners. The purpose of this brief is to outline the findings from the UK interviews with victims and service providers, focusing on the interactions between SGBV and the UK's immigration and asylum systems. We begin by outlining data collection methods before summarising findings around the nature and impact of SGBV. We then

outline three ways in which UK systems interacted with SGBV before setting out recommendations.

Methods

Interviews were undertaken in England with 68 forced migrant⁷ SGBV victims, and 26 service providers working with victims between 2018 and 2020. All interviews were undertaken in English or the chosen language of victims. Victim respondents came from 20 countries and were identified through contacting organisations working with forced migrants and asking victims to identify other potential interviewees. Fifty-four respondents were women, 30 from the Middle East or North African region (MENA) and the remainder from Sub-Saharan Africa, 20 were currently



partnered, 26 were asylum seekers, eight failed asylum seekers, 22 refugees, 10 spouses of refugees and one was undocumented. Respondents self-identified as experiencing SGBV after broad screening questions. Interviews asked about experiences of SGBV, perpetrators, support received, factors shaping vulnerability and resilience, help needed and the effects of SGBV on resettlement. Respondents were asked whether they discussed SGBV during their asylum claim, who asked about their experiences and whether they were asked in the right way. Although these questions constituted a small part of the interview, victims gave expansive responses regardless of their current immigration status. Service provider respondents included six organisations working across the UK, two globally and 18 locally or regionally. They included individuals working in charities, health services, and local authorities. Respondents were asked to give an overview of victims' experiences, vulnerabilities and resilience factors, services provided, data and monitoring, and treatment and intervention approaches. No questions specific to immigration and asylum systems were asked of service providers but interviewees nonetheless spoke extensively about the ways in which these systems increased victims' vulnerability to SGBV. Full ethical approval was received from the University of Birmingham Ethical Review Committee.

Findings

Experiences of SGBV

Forced migrants were asked about their experiences of SGBV with the vast majority experiencing repeated incidents that occurred at the hands of different perpetrators over time and place. Some researchers have used the term continuum of violence to describe the ongoing violence experienced by women before, during and after conflict.^{8,9} This term could be applied to the majority of respondents. LGBTQIA+ respondents gave accounts of violence committed by family, officials, smugglers, and co-ethnics including conversion/corrective rape. Different kinds of violence were evident at different stages in the continuum. Some types of violence were more specific to victims from particular regions although this does not mean that other respondents had not had similar experiences. Types of violence experienced included:

Violence pre-displacement

- Forced marriage (women and LGBTQIA+) 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 African respondents)
- Normalisation of violence and impunity for abusers (Sub-Saharan African respondents)
- IPV by husband and his family (MENA respondents)
- Stigma associated with divorce and expectation of remaining married (MENA respondents).

Violence in conflict

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

Violence in flight

- Camps loci for rape of young men, LGBTQIA+, women and girls
- Physical violence and SGBV by authorities, local people and employers (MENA respondents)
- Transactional sex and rape by traffickers
- Women and girls separated from families and attacked (MENA respondents)
- Enslavement and kidnapping (Sub-Saharan African respondents).

Violence in the UK

- Intensification of IPV and use of immigration status to control (MENA respondents)
- Discrimination and racist attack (MENA respondents)
- Aggressive and lengthy asylum interviews
- Relationship between waiting, destitution and psychological disorders
- PTSD from asylum interviews, detention and shared housing
- SGBV in Home Office housing and when homeless
- Prostitution and trafficking (Sub-Saharan African respondents)
- Economic abuse
- Lack of safe spaces for IPV and LGBTQIA+ victims
- Insufficient specialist services for victims – lack of treatment exacerbates conditions.

The combined effects of the above violence were reported to result in high levels of trauma resulting in physical and psychological harms. The harms reported were:

Psychological	Physical
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Broken bones, burns and scarring • Pain • Reproductive and gynaecological problems • Urinary difficulties • Permanent physical disability • Forced pregnancy with no access to terminations • Sexually transmitted diseases, e.g. HIV

Service providers reported that the process of disclosing could take years. Reasons for non-disclosure included self-blame, stigma, shame, guilt, not knowing that experiences “counted” as violence, the normalisation of violence, fear of authority, and experiences of impunity. Some women were told by their communities to remain in abusive relationships and/or keep quiet about abuse. Individuals were told that if they reported abuse they would be deported, their children could be taken into care, or they would lose custody. Some victims had not realised their experiences were classified as violence. Some felt disclosure would make their lives harder especially if co-ethnic people found out about their experiences. Some did not disclose because of their immigration status (spousal visas or undocumented). Most were unaware of counselling services with service providers highlighting how difficult it was to build sufficient trust to enable disclosure and access to healthcare.

The UK asylum and immigration systems

Service providers and victims generally referred to immigration and asylum policies and practices as harmful. Systems were said to exacerbate existing trauma, generate new trauma or increase victims’ likelihood of experiencing SGBV. There were three main ways in which systems interacted with SGBV.

1. Encouraging violent dependency

Forced migrant women joining refugee husbands on a spousal visa had no recourse to public funds (NRPF) and lived with the threat of deportation if the marriage broke down. They feared return to a dangerous country of origin, being shamed because of marital failure and the possibility of retributive family violence. We encountered stories of marital breakdown followed by return resulting in family violence. Women would not report IPV and if they escaped having NRPF meant they had few housing and support options (i.e. hostel places were dependent

on access to welfare) leaving them open to further exploitation. Some Sub-Saharan African respondents were lured to the UK with promises of a new life by husbands who turned out to be pimps or who enslaved them. They were told they would be arrested for breaking the law if they reported the abuse. Failed asylum seekers were often destitute and entered exploitative relationships for survival or engaged in “survival”/“transactional” sex. LGBTQIA+ victims relied heavily on transactional sex. Some husbands controlled dependent wives taking their earnings and reporting them to the Home Office if they were not obedient.

2. Traumatic asylum processes

The length of time awaiting a decision and not being permitted to work or study (and thus be distracted from traumatic memories) was described as highly problematic exacerbating psychological distress with some respondents living in terror of return to persecution. Many respondents had experienced periods of destitution associated with bureaucratic errors or failed claims (later going to, and sometimes overturned, in appeal) which increased vulnerability. Failed asylum seekers and undocumented migrants were too fearful to seek medical assistance or report abuse to the police.

Victims and service providers reported that inhumane treatment and a culture of disbelief was the norm throughout the whole system. Asylum interviews were problematic with service providers highlighting the lack of caseworker knowledge about difficulties associated with SGBV disclosure, lack of awareness of gender sensitivities and vulnerabilities and the absence of after-care.

Experiences of asylum interviews were of particular note:

- Lengthy interviews without a break (several examples of over 5 hours)
- Aggressive interviewing techniques – shouting, laughing, accusations and threats of detention

- Insensitive handling of SGBV disclosure generating great distress
- Re-traumatising effect of being asked to repeat the same information about SGBV
- No post-interview counselling
- Interpreters “untrustworthy”, incompetent and sometimes critical, sometimes making threats
- Confidentiality concerns around disclosing to an interpreter who may share with co-ethnics
- Disclosure not supported with cultural sensitivities not understood
- Delays in disclosure assumed to be associated with dishonesty
- Use of male interviewers even when female requested
- Presumptions of criminality rather than victimhood for rape and trafficking victims
- Insistence on the production of evidence of historical SGBV that is impossible to access
- LGBTQIA+ sexuality questioned.

3. Unstable and risky housing

The issue of housing was raised frequently. Given that many victims had experienced SGBV at the hands of men, being housed in mixed gender accommodation was problematic. Many spoke of bathrooms and bedrooms without locks, abusive staff walking in unannounced, and sexual harassment. Women stayed in their rooms unless they had to use the bathroom. In COVID conditions women spoke of a complete absence of social distancing and hygiene measures. Other frequently cited issues included:

- Mixed housing and hostels unsafe for women, girls and LGBTQIA+
- Dispersal and re-dispersal away from support networks and healthcare
- Detention generated flashbacks to imprisonment and enslavement
- Enforced homelessness if claims fail or are successful, and sexual abuse when homeless
- LGBTQIA+ victims housed in areas with homophobic communities
- Sexual harassment in Home Office accommodation hard to report and not taken seriously
- Women returning to abusive relationships as homeless or placed in risky housing
- NRPF respondents unable to access housing and hostels.

Recommendations

Service providers and victims were asked to suggest recommendations for actions to be taken to reduce/prevent exposure to SGBV and to aid recovery. Victims tended to focus on the situation in their country of origin and the measures that might be taken to prevent the necessity of fleeing. Service providers focused more on funding and provision. In this final section we outline recommendations of relevance to the asylum and immigration systems suggested by respondents and generated by the research team in response to findings. These recommendations are largely aimed at the UK Government, and in particular, the Home Office.

Pre-flight

Many respondents hoped for a world where people were not persecuted or abused. They stressed that the best way forward would be to prevent violence and abuse so people could remain in their home countries. They wanted patriarchal gender norms challenged, the end of impunity for abusers and in-country safe havens. Suggestions for the Department for International Development included:

- Increase pressure globally to prevent SGBV and challenge the normalisation of violence
- Increase work with humanitarian organisations and global leaders to fund education and financial independence for women and girls, educate men and boys about SGBV, and raise women's and girls' awareness of SGBV, their rights and how to enact them
- Work to develop legal routes to asylum that negate the need for risky refugee journeys.

On arrival

- Undertake an initial screening to identify physical and psychological problems especially where women are arriving from high risk situations and refer to appropriate services
- Provide materials explaining IPV and SGBV to men and women in key languages, where to get help and consequences for perpetrators.

Asylum processes

- Resource pre-interview support with disclosure, commissioning NGOs to sensitively explain how the system works and the importance of disclosure during interviews
- Ensure asylum decision making processes are clear and undertaken in a timely manner
- Identify realistic ways in which victims can evidence SGBV
- Recognise that PTSD (post-traumatic stress disorder) impacts memory and inconsistency can be an indicator of trauma

- Throughout asylum processes review opportunities for identifying health problems and vulnerabilities and ensure correct referral processes are in place.

Asylum interviews

- Provide training for case workers in gender sensitivity
- Train case workers to support disclosure and discuss experiences of SGBV
- Train case workers to recognise the impact of SGBV and trauma on disclosure, and ensure delayed disclosure do not negatively affect an individual's protection claim
- Ensure regular breaks in, and maximum lengths of, interviews
- Women applicants should be matched with women caseworkers and interpreters
- After interview introduce a checking mechanism to ask if applicants were able to share all information relevant to their case
- Provide debriefing and access to counselling after interviews (possibly including above check)
- Regularly check compliance to the guidelines set out in *Gender issues in the asylum claim*¹⁰ by undertaking audits with measurable outcomes
- Implement an advocacy system wherein independent advocates are permitted to sit in on interviews with potential SGBV victims (subject to victims' consent.).

Housing

- Ensure that accommodation and service contracts mandate the delivery of gender-sensitive services

and that there are mechanisms to ensure these are implemented

- Ensure single sex housing for uncoupled women at all stages
- Ensure that all individuals working in asylum accommodation and detention centres have received gender sensitivity training and employ women to work in female only housing
- Minimise re-dispersal of SGBV victims enabling them to maintain vital connections
- Identify safe accommodation solutions for LGBTQIA+ forced migrants.

Abusive relationships

- Establish a firewall between police and immigration control so women reporting abuse cannot be detained (and that this is known by women and perpetrators)
- Recognise that using immigration status as a mechanism of control is coercive behaviour
- Identify clear, safe, routes out of abusive relationships with access to support and without the threat of deportation.

NRPF

- Ensure there are safety nets for women who have survived SGBV, breaking the relationship between NRPF, and Section 4 support, and exploitation.

Integration

- Help for SGBV victims to move on through provision of counselling and language support
- Provide special gender specific provision for SGBV victims within integration initiatives.

Endnotes

- ¹ UNHCR (2020) Global Trends: Forced Displacement in 2019. Available at: <https://www.unhcr.org/search?comid=56b079c44&cid=49aea93aba&tags=globaltrends>.
- ² Rohwerder, B. (2016) Women and girls in forced and protracted displacement. Helpdesk Research Report. Governance and Social Development Resource Center. Available at: <http://www.gsdrc.org/wp-content/uploads/2016/06/HDQ1364.pdf>.
- ³ Women's Refugee Commission (2019) More than one million pains. Sexual violence against men and boys on the central Mediterranean route to Italy. Available at: <https://reliefweb.int/report/italy/more-one-million-pains-sexual-violence-against-men-and-boys-central-mediterranean-route>.
- ⁴ Schlecht, J. (2016) Women's Refugee Commission: A Girl No More: The Changing Norms of Child Marriage in Conflict.
- ⁵ Dorling, K., Girma, M. and Walter, N. (2012) Refused: The experiences of women denied asylum in the UK. London: Women for Refugee Women.
- ⁶ Dudhia, P. (2020) Will I ever be safe? Asylum-seeking women made destitute in the UK. London: Women for Refugee Women. Available at: <https://www.refugeewomen.co.uk/wp-content/uploads/2020/02/WRW-Will-I-ever-be-safe-web.pdf>.
- ⁷ We use the term forced migrant to denote individuals who have experienced some form of involuntary displacement. It is used to shift attention away from legal definitions to individual experiences.
- ⁸ Cockburn, C. (2004) "The Continuum of Violence: A Gender Perspective on War and Peace" in Gile, W. (ed) *Sites of Violence: Gender and Conflict Zones*. California: California University Press.
- ⁹ Kostovicova, D., Bojicic-Dzelilovic, V. and Henry, M. (2020) "Drawing on the continuum: a war and post-war political economy of gender-based violence in Bosnia and Herzegovina". *International Feminist Journal of Politics*, 22(2), pp. 250-272.
- ¹⁰ Home Office (2018) Gender issues in the asylum claim. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/699703/gender-issues-in-the-asylum-claim-v3.pdf.

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