

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

Over 82 million people were forcibly displaced in 2020, around half being female. Women and girls face specific vulnerabilities in forced migration including sexual and gender-based violence (SGBV). The exact proportion of forced migrants experiencing SGBV is unknown but thought to exceed 50%. Men, boys and LGBTQIA+ people can also be victims. The SEREDA project sheds light upon forced migrants' experiences of SGBV. The project interviewed in the UK 68 forced migrant SGBV victims, and 26 service providers working with victims, between 2018 and 2020. Three online workshops were organised with practitioners to co-produce recommendations focussing on improving the lives of SGBV victims in the UK.

Different kinds of violence were evident at different stages of forced migration along a continuum of violence. Some respondents experienced SGBV at all these stages, 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 took place in the country of origin, transit countries, during the journey and/or in the UK. The majority of perpetrators were men, often connected to state security apparatus or in smuggling gangs or as partners or family. Some respondents reported an intensification of intimate partner violence (IPV) post-conflict.

Asylum and immigration systems exacerbated existing trauma, generated new trauma or increased victims' vulnerability to further SGBV. Lengthy UK asylum determination processes and fear of detention and deportation intensified victims' mental health conditions. Immigration systems encouraged violent dependency of victims on perpetrators who threatened them with deportation if they were not obedient. Lengthy, gender-insensitive, asylum interviews compounded trauma associated with pre-arrival SGBV. Unstable and unsafe mixed-gender housing, and lack of, and inappropriate, shelter increased risks of SGBV.

The combined effects of the continuum of violence and interactions between SGBV, immigration and asylum generated high levels of trauma resulting in physical and psychological harms. The majority of victims received no health and psychological support. Failed asylum seekers and undocumented migrants, fearing detention or deportation, were too fearful to seek medical assistance or report experiences of violence to the police. Some GP practices rejected victims' registration if they lacked what was deemed appropriate identification. Victims often did not disclose experiences of SGBV because of self-blame, stigma, shame, guilt, not knowing that experiences "counted" as violence, the normalisation of violence, inadequate interpreters, fear of authority, and past experiences of impunity. Integration across social policy domains could provide opportunities for protection or recovery from SGBV. However, a complete lack of women and SGBV victim specific integration support was noted. Some victims found help from grassroots community organisations or neighbours while others found themselves isolated and alone without access to help or care.

The report sets out key guiding principles for way forward:

1. Mainstream SGBV responsibility - appoint an entity to oversee gender sensitivity in the UK immigration and asylum systems.
2. SGBV and trauma sensitisation - incorporate SGBV training and trauma awareness among professionals working with victims.
3. Victim-centred and inclusive service delivery - ensure services focus on the needs of forced migrant victims.
4. Non-discriminatory approach to forced migrant SGBV victims - ensure fair and humane treatment for all.

Key recommendations, among others, include to:

1. Recognise that violence extends beyond conflict into flight and refuge and introduce appropriate actions.
2. Integrate gender and trauma sensitivity into the asylum and health systems to strengthen intersectoral capacities to support SGBV victims.

Link to full report: <https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/iris/2021/sereda-full-report.pdf>

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