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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] along forced migration routes, 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 pre-displacement, through conflict and transit, to refuge.[5] The exact proportion of forced migrants experiencing SGBV is unknown and varies dependent on context but can constitute up to 70% of women, with under-reporting the norm.[6,7] The scale of recent emergencies has not been matched with the appropriate resources, capacity, political will, or governance to enable the development of gender-sensitive services and facilities. Thus, those who have experienced SGBV during forced migration often lack protection or treatment.

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, Doctors of the World (UK), Victorian Foundation for the Survivors of Torture (Australia) and the Association for Solidarity with Asylum Seekers and Migrants (Turkey). Between 2018-2021 in-depth interviews were undertaken in the UK, Turkey, Tunisia, Sweden and Australia with 107 service providers and 166 survivors from the MENA and Sub-Saharan African regions. This brief outlines findings from the interviews, focusing on interactions between SGBV, mobility and immigration, humanitarian 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).

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

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

**Violence pre-displacement**

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

**Violence in conflict**

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

**Violence in flight**

- Camps as site for rape of young men, LGBTQIA+, women and girls
- Physical violence and SGBV by authorities, local people and employers
- Transactional sex and rape by traffickers, smugglers and while detained
- Women and girls separated from families and attacked by border guards and militia
- 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
- SGBV in asylum/refugee housing and when homeless
- Post-traumatic stress disorder (PTSD) from experiences in asylum interviews, detention and shared housing
- Prostitution and trafficking (Sub-Saharan Africa)
- Intensification of IPV and use of immigration status to control
- Economic abuse and deprivation of resources

## Gendered harms along the continuum of violence

The dual experience of being forcibly displaced and a victim of SGBV generated enduring gendered harms and traumas. Survivors lacked access to protection and healthcare services post-exposure to violence in 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 of SGBV capable of capturing experiences across the continuum of violence which limited their ability to collect systematic data and develop 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<br>• Post-traumatic stress<br>• Suicide ideation and attempts, self-harm<br>• Flashbacks<br>• Sleep disorders<br>• Depression with associated memory and concentration losses, hopelessness<br>• Eating disorders<br>• Self-isolation and agoraphobia<br>• Intense anxiety, panic attacks, feelings of loneliness and abandonment | • Broken bones, burns and scarring<br>• Chronic pain<br>• Reproductive and gynaecological problems<br>• Sexually transmitted infections, e.g. HIV<br>• Urinary difficulties<br>• Permanent physical disability<br>• 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. Five interactions between SGBV, immigration, humanitarian and asylum systems were identified and are outlined herein.

### 1. Lack of services for forced migrants on the move – Humanitarian systems in short supply of mobile services in forced migration routes:

- Most respondents had not been able to find any help while in transit.
- Victims did not report attacks because they believed they were "illegal" without rights to protection or justice and feared imprisonment or deportation.
- Some struggled to access healthcare without the required documentation.

### 2. Encouraging violent dependency - Asylum and immigration procedures encouraged dependency on perpetrators:

- Restrictive asylum and immigration policies enforced dependency on perpetrators and increased their vulnerability to SGBV.
- 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, 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 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.
- Reliance on informal help enabled the grooming of refugee women with expectations of sexual favours in exchange for material assistance.

### 3. Traumatic asylum processes – Asylum and immigration procedures exacerbated the impacts of pre-arrival SGBV:

- Gender-insensitive and prolonged asylum procedures affected the mental health of forced migrants, intensifying the impacts of pre-arrival SGBV, perpetuating, reinforcing or even introducing new harms.
- Recounting experiences of SGBV in asylum interviews in the presence of male interviewers or with male interviewers or interpreters prevented 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 victims' accounts were assumed to indicate dishonesty.
- In the UK, 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 (e.g. questioning sexuality of LGBTQIA+ survivors).
- Survivors were expected to repeatedly revisit their accounts of SGBV experiences, re-traumatising or 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) exacerbated 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.

### 4. Unstable and unsafe accommodation – Lack of, and inappropriate, shelter increased risks of SGBV:

- Unstable, unsafe, unfit and unsanitary accommodation.
- Mixed gender accommodation was unsafe for women, girls and LGBTQIA+ survivors with many remaining isolated in their rooms.
- Abusive staff and sexual harassment in asylum housing and difficulties reporting and getting independent investigations of alleged abuse.
- 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.
- Failed asylum seekers and migrants with irregular status experienced destitution, and homelessness compounding trauma and increasing risks of victimisation.
- Dispersal and re-dispersal away from support networks undermined psychological wellbeing and connections with support services and healthcare.
- LGBTQIA+ survivors were housed in areas or accommodation where they were attacked by homophobic individuals.

### 5. Limited SGBV sensitivities and capacities - Lack of SGBV and migrant-health knowledge among service providers:

- There was a short supply of services to address the specialist needs of women, men, and LGBTQIA+ forced migrant SGBV survivors.
- Mainstream and sexual violence services lacked expertise to work with forced migrants, while specialist migrant organisations lacked capacity to address the differential needs of survivors.
- Survivors often struggled to communicate with service providers because of a lack of good quality and gender appropriate interpretation.
- Disclosure of SGBV could take years and required the development of trusting relationships, yet many interactions between survivors and service 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 sometimes poorly designed, with culturally insensitive interventions undermining individual and family wellbeing.

## Resilience and integration

Service providers reported that victims developed various coping strategies involving active, behavioural and emotional techniques. Emotional coping meant reliance on inner strengths and socio-emotional resources, often including religious beliefs and religious practices. Many victims also drew strength from their desire to ensure a better future for their children.

SGBV experiences frequently undermined individuals' ability to integrate in the short term, although engaging in integration processes could support their recovery from trauma and protect against exposure to further SGBV. Secure legal status, safe and stable housing, access to healthcare and education were key in facilitating integration and accessing services. Victims without secure status were less likely to seek support or report ongoing abuse than those with the right to remain. Positive asylum decisions strengthened victims' resilience and enabled them to plan for the future. Learning about their right to be free from violence, including coercive control, empowered some women to act.

Restricted access to welfare services reduced access to health, housing and other support services. Where emergency hostels and follow-on accommodation were available, these enabled victims to escape from abusive relationships, although most had not known they could access emergency housing. Moving to shelters often meant ruptures in existing support networks. Where respondents were permitted to undertake paid work, they developed self-confidence to leave abusive relationships. Social connections and developing a sense of solidarity with other survivors and the ability to speak the local language and acquire cultural knowledge were also important enablers of integration. However, heightened psychological distress in refuge affected survivors' ability to trust, build social connections and develop language skills.

# Recommendations

The SEREDA Project advocates the mainstreaming of forced migrant, gender and trauma-sensitive SGBV approaches in the humanitarian, immigration and asylum systems. Specific recommendations include:

## Humanitarian and aid organisations should:

- Develop forced migrant-sensitive programmes with appropriate actions to address SGBV *along forced migration routes*, recognising that violence extends *beyond conflict* into flight and refuge.
- Improve and develop data recording mechanisms that capture complex experiences of SGBV at each stage of the forced migrant journey (including in countries of transit and refuge).
- Build staff capacity to account for forced migrant-related vulnerabilities to SGBV in programmes and policies.
- Increase provision of mobile SGBV and health services to people on the move in migrant hotspots, reception centres, cross-border settings and across forced migration routes.
- Provide pre-exposure protection and access to post-exposure services (healthcare, contraception, prophylaxis) for forced migrants on the move.
- Inform forced migrant victims about legal support, rights and entitlements in appropriate languages.

## Advocacy needs:

- Advocate for governments to develop safe and legal escape routes for individuals and groups subjected to persecution.
- Advocate for asylum systems that are gender and trauma-sensitive and offer protection to victims.

## Institutional funders should:

- Fund mobile service delivery of essential services for forced migrants on the move (e.g. post-rape prophylaxis and contraception) and ensure the continuum of care for survivors along forced migration routes.

## Governments should:

- Support survivors of SGBV in cross border settings, forced migration routes, migrant hotspots, reception centres and militarised border zones.
- Facilitate legal routes to safety to negate the need for hazardous journeys.
- Provide protection measures and women-only safe spaces and LGBTQIA+ specific spaces in countries of transit and refuge.
- Give forced migrant survivors the right to work to reduce financial dependence on abusers and risks of exploitation.
- Maintain a firewall between service providers and immigration enforcement to enable survivors to seek support without fear of deportation.
- Enable access to justice to all victims of SGBV regardless of immigration status and the place of victimisation (whether SGBV occurred in the country of refuge and overseas during forced migrant journeys).

## Border, immigration and asylum agencies should:

- Develop gender-sensitive reception and asylum procedures to protect survivors from further harm and traumatisation by developing a gender-sensitive approach in asylum systems and integration policy.
- Train staff in gender and trauma sensitivity.
- Ensure access to safe and secure housing for forced migrant SGBV survivors.

# Endnotes

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8 In brackets regions of respondents' origin.

**SEREDA Project Website:** https://www.birmingham.ac.uk/research/superdiversity-institute/sereda/index.aspx

**Link to the full report:** https://www.birmingham.ac.uk//Documents/college-social-sciences/social-policy/iris/2022/sereda-international-report.pdf

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