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"Nobody helped me" Forced migration and sexual and gender-based violence: findings from the SEREDA project

Forced displacement has doubled in the past decade, with over 82 million people forcibly displaced in 2020, around half of whom were women and girls.[1] Experiences of forced migration are complex and gendered - women and men experience displacement differently.[2] Risks include heightened exposure to sexual and gender-based violence (SGBV), including structural and interpersonal violence.[3] Experiences of SGBV can be conceptualised as ongoing and multifaceted experiences of trauma. The exact numbers of forced migrants experiencing SGBV are unknown and vary dependent on context but can constitute up to 70% of women[4 5], with under-reporting the norm because victims can be reluctant to report as they face social and cultural barriers, and fear punishment, stigma and shame. 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 often lack protection or treatment.

About SEREDA: The SEREDA Project is a multi-country research initiative that examines the nature and extent of SGBV experienced by forced migrants throughout the journey from displacement to settlement in countries of refuge. Data was gathered from interviews with 166 forced migrant survivors and 107 stakeholders between 2018-2021 in five countries: the UK, Sweden, Turkey, Australia and Tunisia, by an interdisciplinary team of academics from the University of Birmingham, University of Melbourne, Uppsala University and Bilkent University, in partnership with national and international non-governmental organisations (NGOs and INGOs) based in each country. Ethical approval was received from the University of Birmingham Ethical Review Committee and the appropriate bodies in each case study country.

The continuum of violence in forced migration: Most respondents talked about a continuum of SGBV occurring across their forced migration journeys - from before displacement, in conflict, and transit, as well as sometimes after arrival in their current country of residence. Experiences included sexual violence, physical violence, psychological and emotional violence, verbal, economic and structural violence. Many experienced multiple SGBV incidents, violations of human rights and fundamental freedoms inflicted by different perpetrators across time and place.

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

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. Humanitarian or medical support services were absent on lengthy and dangerous journeys, leaving victims with the untreated consequences of SGBV. Multiple incidents of violence resulted in multiple traumas with compounding effects, including physical, reproductive and psychological harms.

The interaction between SGBV, migration, humanitarian and asylum systems

Migration, asylum and humanitarian systems interacted with SGBV in ways that sometimes offered protection but on the whole exposed survivors to further victimisation and harm. There were four main ways in which asylum and immigration systems interacted with SGBV.

1. Lack of services for forced migrants on the move: 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. Many were also frightened of males in authority, with several reporting sexual assaults by police. Most survivors received no medical screening upon arrival to countries of refuge. Some struggled to access healthcare without required documentation.

2. Encouraging violent dependency: Restrictive asylum and immigration policies enforced dependency on perpetrators and consequently increased their vulnerability to SGBV. Some women on spousal visas in the UK, Sweden and Australia reported being trapped in abusive relationships. Similarly, in trafficking situations, men could exploit trafficked women for financial gain taking their earnings in exchange for not reporting them to authorities. Survivors dependent on spousal visas had little awareness of their rights and entitlements. In Australia, welfare benefits were paid directly to the citizen partner, in some cases, even after an individual had left the abuser. Some female spousal migrants or asylum seekers who gained leave to remain or citizenship felt empowered to leave controlling husbands with the support of state agencies. Across countries, survivors endured abuse because they feared losing custody of their children if they reported family conflict or ended the relationship. In Turkey, migrants under International Protection were not entitled to public services, housing support and official assistance. Reliance on informal charity enabled the grooming of refugee women with expectations of sexual favours in exchange for material assistance. In Tunisia, most vulnerable migrant survivors were provided shelter and given vouchers, which were insufficient to cover their needs. With irregular legal status they were not permitted to work and were effectively destitute, relying on insecure and informal work, and facing discrimination and exploitation.

3. Traumatic asylum processes: Prolonged and inhumane asylum procedures affected the mental health of forced migrants, intensifying the impacts of pre-arrival SGBV. Asylum processes exacerbated existing trauma, sometimes generating new trauma, making respondents relive their experiences, and could increase vulnerability to SGBV. Prolonged open-ended waiting and fear of detention and deportation generated a sense of uncertainty about the future and left victims fearful of return to persecution, undermining their healing. Disclosing SGBV experiences in an asylum interview was difficult; many respondents were unable to provide documentary evidence of SGBV experiences and were asked the same questions in multiple ways and on several occasions to "check" the veracity of their stories. Without pre-interview legal support, some victims were unaware of the specialist terminologies used to describe their situation, such as domestic violence, trafficking and torture. Lengthy procedures put the lives of refugee applicants on hold. In Tunisia, even those granted refugee status waited years to be resettled, leaving them to live in extreme poverty. Some gave up waiting to be resettled and migrated onwards toward Europe via risky sea crossings.

4. Unstable and unsafe accomodation: Respondents raised concerns about unstable, unsafe, unfit and unsanitary accomodation and argued that appropriate provision was core to ensuring victims' safety. Housing support was often short-term, and longer-term solutions were needed to enable victims to escape abuse. Unpartnered women were sometimes placed in mixed-gender housing. Some survivors were repeatedly harassed by other residents and staff, with some reporting attempted rapes in the UK. Gender-sensitive infrastructures such as single-sex facilities or security measures to keep victims safe were not provided. Transgender and gay asylum seekers reported being unsafe when housed with homophobic co-nationals or refugees. Forced migrants were often dispersed on a no-choice basis to deprived areas, often with high levels of crime and racism. Dispersed refugees often did not know anyone in new areas, leaving them without support and disrupting their children's schooling. Homelessness was common, and

new refugees relied heavily on friends and family for weeks or months facing increased risks of exploitation. Rejected asylum seekers and spousal migrants whose marriages failed were also evicted. Without recourse to public funds and not allowed to work, survivors sometimes had to rely on transactional sex to survive. Anti-migrant discrimination was common in the housing sector. In Turkey, Syrian refugees receiving no aid occupied rundown areas in insecure, unsafe and poor-quality housing. Similarly, in Tunisia, living conditions were poor. Shelters were overcrowded, with many people living in a single room. After their entitlement to stay in shelters ended, victims rented privately, often relying on the charity of neighbours to eat or pay their rent.

5. Limited SGBV sensitivities and capacities: There was a short supply of services to address the specialist needs of women, men, and LGBTQIA+ forced migrant SGBV victims that could support their recovery and integration. Migrant and refugee organisations possessed cultural knowledge but were not equipped to respond to SGBV. Conversely, mainstream and NGO SGBV and domestic violence services lacked the expertise needed to work with forced migrants. Restricted availability of trained interpreters was problematic across countries, with some interpreters unable to speak survivors' dialects. The widespread use of male interpreters left victims unwilling to disclose SGBV experiences or associated physical and mental health concerns. The needs of men, adolescent boys and LGBTQIA+ who were often victimised in conflict and transit were rarely considered by mainstream providers. Data were not routinely collected about SGBV incidence and, where it took place, failed to capture the complex nature of SGBV experiences. In Turkey and Tunisia, NGOs recognised women and girls as victims of SGBV and operated with varying levels of gender sensitivity, often overlooking men and boys. Across countries, the capacity and funding of mental health services to support forced migrants were limited. Most organisations were funded to address a particular SGBV experience and were constrained by their funding criteria when deciding who was eligible for their services, excluding victims not covered by funding.

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. Most victims relied on personal 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.

Emergency hostels and follow-on accommodation 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, individuals 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.

In countries of refuge, essential support was provided by NGOs reaching out to forced migrants. Material assistance, such as food, clothes and cash, enabled victims to meet basic needs. The lack of finance and income-generating activities meant survivors often lived in extreme poverty. Donations, cash assistance programmes and in-kind support from charities and individuals helped survivors meet basic needs. Empowerment, counselling, network building and training initiatives aided recovery from trauma. Not all victims were able to access mental health and psycho-social support (MHPSS).

Key recommendations

The continuum of violence, *beyond conflict*, accumulating at different stages of forced migration, requires urgent attention by governments, funders and humanitarian organisations. Perilous journeys without access to mobile support services and asylum and immigration policies, that harm rather than protect, exacerbate risks, reproduce inequalities, and re-traumatise victims. Therefore, the **SEREDA Project advocates to mainstream forced migrant, gender and trauma-sensitive SGBV approaches in the humanitarian and asylum systems.**

Humanitarian and aid organisations should:

- Develop forced migrant-sensitive programmes with appropriate actions to address *SGBV along forced migration pathways*, 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 SBGV in programmes and policies.
- Increase provision of mobile SGBV and health services to people on the move in migrant hotspots, cross-border settings and across forced migration pathways.
- 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 to forced migrants on the move (e.g. post-rape prophylaxis and contraception) to ensure the continuum of care for survivors along forced migration routes.

Governments should:

- Support victims of SGBV in cross border settings, migrant hotspots 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 victims 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 refugee journeys).

Border, immigration management 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 and training staff in gender and trauma sensitivity.
- Ensure access to safe and secure housing for SGBV survivors.

Endnotes

1 UNHCR (2021) *Global Trends: Forced Displacement in 2020*. Available at: https://www.unhcr.org/60b638e37/unhcr-global-trends-2020 (Accessed 20 July 2021).
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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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