

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

Short summary

Forced migration has doubled in the past decade and become increasingly feminised. Experiences of forced migration are complex and gendered - women and men experience displacement differently. Risks include heightened exposure to sexual and gender-based violence (SGBV). The exact numbers of forced migrants experiencing SGBV are unknown and vary dependent on context but can constitute up to 70% of women, with under-reporting the norm. Men and boys are also vulnerable to SGBV in forced migration. The scale of recent emergencies has not been matched with the appropriate resources, capacity, political will, or governance to enable gender-sensitive services. 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 migrants and 107 stakeholders between 2018-2021 in the UK, Sweden, Turkey, Australia and Tunisia.

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 after arrival in their current country of residence. Many experienced repeated and manifold SGBV incidents across time and place and at the hands of multiple perpetrators. The dual experiences of being forcibly displaced and a victim of SGBV generated multiple gendered harms and traumas. Humanitarian or medical support services were absent on lengthy and dangerous journeys, leaving survivors with the untreated consequences of SGBV.

Migration, asylum and humanitarian systems interacted with SGBV sometimes in ways that offered protection but on the whole exposed survivors to victimisation and harm. There were five main ways in which governance 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 and feared imprisonment or deportation. 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 policies enforced dependency on perpetrators (abusive partners and traffickers) and consequently increased victims’ vulnerability to SGBV. Without access to public funds and not allowed to work and threatened with deportation, survivors remained in abusive relationships.
- 3. Traumatic asylum processes:** Prolonged asylum procedures put forced migrants’ lives on hold and intensified the psychological harms of pre-arrival SGBV. Asylum processes demanded repeated retelling of SGBV experiences, exacerbating existing trauma, and generating new trauma sometimes increasing SGBV vulnerability.

- 4. Unstable and unsafe accommodation:** Accommodation was unstable, unsafe, unfit and unsanitary, gender-insensitive and sometimes mixed genders. Appropriate provision is core to ensuring victims’ safety. Shelters were available for restricted periods and sometimes overcrowded. Homelessness was common, generating risks of exploitation.
- 5. Limited SGBV sensitivities and capacities:** There was a dearth of services addressing the specialist needs of women, men, and LGBTQIA+ forced migrant SGBV survivors. Restricted availability of competent and female interpreters was problematic. The needs of men, adolescent boys and LGBTQIA+ were rarely considered.

Resilience and integration: Survivors developed various coping strategies involving active, behavioural and emotional techniques. Many relied on personal religious practices. They 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 recovery from trauma and protect against exposure to further SGBV. Key to facilitating integration were: gaining secure legal status, safe and stable housing, access to healthcare and education, social connections, local language skills and cultural knowledge.

Key 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: to develop forced migrant-sensitive programmes with appropriate actions to address SGBV along forced migration pathways; funding mobile delivery of essential services to forced migrants in transit; and developing gender-sensitive reception and asylum procedures to protect survivors from further harm and traumatisation.

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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