

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

## Background

Forced migration is gendered with men and women experiencing displacement in different ways despite nearly half of the world's forced migrants being female. All forced migrants are vulnerable to sexual and gender-based violence (SGBV) which includes any form of violence whether physical, emotional, sexual, structural or symbolic which is inflicted on the basis of socially ascribed gender roles. However, women and children are most vulnerable. The SEREDA project sheds light on the nature and incidence of SGBV experienced by forced migrants residing in countries of refuge. This briefing outlines the findings of SEREDA interviews in Scotland focusing on the Scottish policy context and how SGBV survivors might be better protected and supported within Scotland.

## Policy recommendations

The Scottish Government's devolved policies on integration and trafficking presents opportunities for specific provision for forced migrant survivors of SGBV. Survivors and service providers alongside the SEREDA research team have identified a series of recommendations to help support the protection and recovery of SGBV survivors in Scotland:

### Information and training

- Offer information about survivors' rights and entitlements on arrival into the UK including the range of services available to them.
- Provide training for statutory services to improve awareness of the complexities of SGBV across health, housing, social services and welfare.

- Raise awareness about ways of reporting harassment and encourage housing providers, Police and other authorities to take effective actions against perpetrators.

### Service provision

- Offer a one door entry system with clear pathways to appropriate support, enabling ease of navigation of the services available with one point of disclosure to reduce the need to repeatedly recount traumatic experiences.
- Provide more services in different geographical areas (particularly outside of Glasgow).
- Provide integration opportunities for all including easier access to work and English classes.
- Funding to provide continuity in support as



survivors move through the immigration/asylum system.

- Work in partnership with NHS providers to offer appropriate and timely access to psychological support to survivors
- Reduce reliance on interpreters by training and employing staff and volunteers from diverse backgrounds.

### Strategy and co-ordination

- Include specific provision for SGBV survivor needs in the New Scots Refugee Integration Strategy.
- Include lived-experience representatives in policy and practice development.
- Increase awareness around the parameters of the current constitutional settlement in Scotland. Harness the opportunities these provide to develop and improve service provision.
- Strengthen collaboration around NRPF in Scotland, building on existing partnerships, and collaboratively identifying opportunities and mitigations.
- Introduce multi-agency partnerships across Scotland, like the Glasgow Violence against Women Partnership, to enable proactive working and the identification of needs. The main activities required across Scotland include:
  - Improving access to information about rights and services
  - Addressing worker training and support issues
  - Improving operational and strategic co-ordination of service responses
  - Collation of good quality data for monitoring as a cross cutting objective.

## Forced migration and SGBV in Scotland

Scotland has made a clear political commitment to the protection of the rights of migrants and those impacted by SGBV. There are multiple strategic frameworks in place to support good practice when working with forced migrant SGBV survivors. Immigration policy is reserved to the UK Government which can also legislate in matters that are devolved so there are tensions and uncertainty around the actions that can be taken in Scotland to mitigate the impacts of UK policy. In particular, No Recourse to Public Funds (NRPF) conditions and the provisions of the Nationality and Borders Act have implications for increasing the vulnerability of forced migrants to SGBV in Scotland. The Scottish

response is increasingly about raising awareness and understanding of the parameters government and civil society can operate within in order to mitigate the worst impacts of the UK immigration system. Specific measures can be observed around FGM, forced marriage and human trafficking, migrant integration, access to healthcare and access to legal aid. Specific healthcare services are provided for asylum seekers and victims of human trafficking. There are legal projects to provide specialist free legal information and advice to forced migrants impacted by SGBV at JustRight Scotland and via funding of the Scottish Women's Rights Centre. The Roof Coalition works to uphold the housing rights of asylum seekers and makes legal aid available for asylum support work. Political commitment in the area of human rights mean that civil society can work in partnership with public authorities, local government and Scottish Government. Difficulties persist in understanding the parameters that Scotland can fulfil these commitments due to immigration being a matter dictated by the UK Government.

## Findings

### Experiences of SGBV

The forced migrants interviewed were asked about their experiences of SGBV. Survivors described diverse experiences of SGBV along multiple stages of their journeys. Some respondents experienced both interpersonal violence (IPV) and other forms of SGBV. Respondents made suggestions about how provision might be improved in Scotland. These include:

- **Violence pre-displacement** – including forced marriage, SGBV within families, FGM, rape by individuals and modern slavery including trafficking.
- **Violence in conflict and flight** – including physical violence and SGBV by multiple perpetrators, transactional sex and sexual coercion, enslavement and pregnancy due to SGBV
- **Violence in Scotland** – including IPV and use of immigration status to control, modern slavery and sex trafficking, abuse of power, aggressive and traumatising asylum interviews, unsafe housing, abuse by services staff and insufficient specialist care.

Survivors reported high levels of trauma and anxiety resulting from repeated incidents of violence and re-traumatisation. Feelings of vulnerability due to gender inequalities, poor understanding of systems and processes, long waits for Home Office decisions and unsafe housing further compounded the psychological impact of SGBV. Service providers reported that

SGBV risks were exacerbated where women were in vulnerable situations, and male perpetrators were in positions of relative power. Examples given included men in authority having greater language competency or determining women's access to food.

## Factors increasing vulnerability to SGBV in Scotland

- Pinpointing touchpoints of vulnerability can be difficult when violence is common and normalised in the lives of survivors.
- Survivors were vulnerable in their country of origin where women lacked power to resist cultural practices such as FGM and forced marriage.
- Reliance on smugglers or agents to help escape persecution created additional vulnerability in flight and on arrival in Scotland.
- At the mercy of handlers, women had no protection, understanding of rights and entitlements or knowledge of where to find help enabling handlers to act with impunity.
- Not being able to speak the language increased women's vulnerability to violence.
- Conditions in the asylum system such as poor housing in dangerous areas created additional risk.
- Psychological distress increased with long waits for asylum claim decisions and being forced to repeat accounts of traumatic experiences.
- Women in the asylum system were targeted for sexual and financial exploitation and faced additional risk of IPV due to their precarious status.

## Disclosing SGBV

Service providers and survivors reported multiple barriers to disclosure of SGBV including:

- Mistrust of authorities and interpreters
- Fear that disclosure won't be treated confidentially
- Stigma and shame associated with cultural norms
- Normalisation of violence and not recognising violence as a criminal offence
- Poverty generating dependence on perpetrators of violence.

## Approaches to service provision for survivors in Scotland

The Scottish Government were regarded as committed to asylum seeker and refugee issues.

Some policy areas such as integration strategy and trafficking support are devolved with some organisations successful in influencing strategy and enabling lived-experience involvement.

Support services for SGBV are largely concentrated in Glasgow and Edinburgh although online models of provision introduced during COVID-19 have enabled organisations to offer support to a wider geographical area. Collaboration between support organisations was regarded as strong across Scotland.

Services described diverse and creative modes of working with many combining therapy or mental health support with signposting (e.g. to legal and statutory services), rights and entitlements information (including domestic abuse prevention), advocacy, and skills training.

Services were well received by survivors which in some cases represented the first acts of care and protection they had encountered. Support workers were likened to family who made survivors feel important and seen. Survivors described such treatment as being essential to their recovery.

## Barriers to service provision

Survivors' experiences are extremely diverse but service provision is limited and it is difficult for them to know where to get help. In trying to find the right provider to meet their needs, survivors had to recount their histories multiple times, compounding trauma.

Mainstream services struggled to respond to the needs of survivors often lacking cultural and gender sensitivity. Heavy reliance on interpreters eroded trust among survivors and a move towards online telephone appointments for asylum applications created additional levels of difficulty.

Survivors spoke of the lack of consistency and short-term nature of services received, especially when their status changed and they no longer met the funding criteria. Many faced long waiting times for psychological support. Without access to support they reported struggling with their mental health.

## SGBV and Integration

Asylum seekers and rejected asylum seekers are not supported to integrate in England. The Scottish Government is seen as more welcoming in its approach and offers integration support for asylum seekers as well as refugees, as outlined in the New Scots Refugee Integration policy. The policy does not include specific provision for SGBV survivors who face additional barriers to integration due to trauma, mistrust, and isolation. Some services sought

to address social isolation through activities aimed at building social networks. Participation in education, employment and volunteering activity was reported to provide distraction and hope. Yet Home Office policy means asylum seekers are not permitted to work and study and have no say in where they live, preventing survivors from moving forward with their lives and overcoming trauma.

## About the research

Semi-structured interviews were undertaken in Spring 2022 with eight forced migrant SGBV survivors, and eight service provider stakeholders who worked with survivors in eight different organisations. All forced migrant SGBV survivors and service providers were based in Scotland. Survivors interviewed were all women from six different countries in the Middle East, Africa, and Europe. Interviewees were aged 25-40. Ethical approval was received from the University of Birmingham Ethical Review Committee for the SEREDA project.

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**Full report available at:** <https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/iris/2022/sereda-scotland-report.pdf>

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