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



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

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Executive Summary

Introduction

Forced migration is gendered with men and women experiencing displacement in different ways and nearly half of the world's forced migrants being women and children. 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 to SGBV. The SEREDA project sought to understand the nature and incidence of SGBV experienced by forced migrants residing in countries of refuge. This report 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 this context.

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 Bill have implications for increasing the vulnerability of forced migrants to SGBV in Scotland. The Ending Destitution Together strategy sets out plans to assist those with NRPF, while Scotland is seeking to take actions to mitigate the effect of the Nationality and Borders Bill.

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 and the strategies outlined mean that there is a better resourced civil society which works in partnership with public authorities, local government and Scottish Government. Difficulties persist in understanding the parameters that Scotland can fulfil commitments due to immigration being a matter reserved to the UK Government.

Methods

Semi-structured interviews were undertaken in Spring 2022 with eight forced migrant survivors, and eight service provider stakeholders who worked with SGBV survivors in seven 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.

Findings

Experiences of SGBV were extremely varied occurring across time and place at the hands of different perpetrators. Service providers identified a common factor that women were in vulnerable positions, and perpetrators were males with some form of power. Several organisations worked with FGM survivors, others with those subject to SGBV on extended journeys or with women who were coerced or tricked into sexual activity. Some organisations worked with young women forced into marriage and migration subject to domestic violence. Often abuse intensified on arrival to the UK. Some respondents reported experiencing the asylum system as a form of violence. They experienced trauma-insensitive interviews, unsafe housing and extended periods of uncertainty.

Service providers argued that it is difficult to say where or when survivors are vulnerable to SGBV as violence is common and normalised in women's lives. Women experienced varied and diverse vulnerabilities, but service providers said many are most vulnerable to SGBV in their country of origin particularly where they have to rely on smugglers or agents. Once in Scotland vulnerability could intensify unless they were able to access the appropriate interventions.

Service providers used different terminologies to discuss SGBV sometimes focused on the nature of the services they provided. Survivors said that SGBV was rarely discussed in their communities

and was often normalised. The lack of a common understanding can undermine the development of a unified response across Scotland.

Disclosure of SGBV experiences is often necessary in order to access services but women needed to build trusting relationships within services before they felt able to disclose. Some experienced high levels of shame and would not disclose and preferred rather talking about the experiences of “others”. Men were also reluctant to disclose and some women would not ask for help fearing that disclosure would lead to the racial stereotyping of males from ethnic minorities. They also recognised that men were in need of mental health support which was not available. The normalisation of violence in some countries meant that women did not recognise their experiences as violence.

Most services were available in cities, predominantly Glasgow which was problematic for survivors living in other areas. Collaboration was said to be strong across the whole of Scotland as the system is relatively straightforward to navigate and cross-referral is common. Services described diverse and creative modes of working. These included services around issues such as mental health, destitution and risk of domestic abuse, basic skills, group work, signposting to statutory services, offers of crisis accommodation, capacity building, awareness raising and legal interventions. Women felt generally positive about the nature of services received, especially access to counselling, financial support and case working. However, services often ended before women were ready to move on with their lives as funding only covered limited periods of treatment.

Across Scotland the lack of awareness of the diverse needs was problematic within mainstream organisations. Further the absence of stable and safe housing and inadequate supply of mental health services was said to undermine safety and recovery. Organisations used different approaches to monitor and evaluate their services with many lacking sufficient resources to measure the effectiveness of their work.

Experiences of SGBV could undermine integration processes leaving women anxious, isolated and alone. Access to integration activities such as work and study were very limited for asylum seekers meaning they lacked opportunity to engage with activities that would distract them from trauma and offer hope for the future.

The Scottish Government was seen as committed

to, and invested in, asylum seeker and refugee issues. On the whole the presence of the New Scots Refugee Integration Policy was believed to ensure that funding was available for housing and integration activity, although it does not include any specific provision for forced migrant SGBV survivors. Trafficking support offered more flexibility around the length of time that someone can be supported compared to England. Given the relatively small size of the policy ecosystem in Scotland respondents said it was possible for small organisations to influence strategy. Yet it was impossible to influence key areas such as the arrival and accommodation systems run by nationally appointed sub-contractors. Respondents felt decisions around asylum should be made in Scotland to enable policy and service delivery to be tailored to local needs.

In conclusion forced migrant women living in Scotland have wide-ranging experiences of SGBV and need targeted and personalised support to enable their protection and recovery. The ecosystem of service provision and the devolved nature of much policy means that there is great potential to meet the needs of survivors regardless of their immigration status. More funding is needed to provide services across the whole of Scotland and to ensure services are provided for the duration needed to enable women to recover and then engage in integration processes.

Recommendations

Service providers and survivors were asked how services for survivors could be improved in Scotland. Recommendations include:

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.

Introduction

Forced migration is gendered – women and men experience displacement in different ways (Freedman 2010). Over 89 million people were forcibly displaced in 2021, around half of whom are female (UNHCR 2022). The ongoing displacement of millions of women and children from Ukraine highlights once again the feminised nature of such flows and the need for gender sensitive policy. Women and girls face specific vulnerabilities to sexual and gender- based violence (SGBV) when forced to migrate (Rohwerder 2016; Ozcurumez et al. 2018), however there is increasing evidence suggesting that men and sexual minorities are also vulnerable (WRC 2020). The Women’s Refugee Commission (WRC 2019) have highlighted extraordinary levels of SGBV experienced by refugees during recent conflicts, throughout refugees’ flight, in temporary camps and in immigration detention centres (Schlecht 2016). There is clear evidence that forced migrants experience high levels of structural and interpersonal violence across their migration pathways (Friedman 1992; Freedman 2016; Ozcurumez et al 2018). Hourani et al. (2021) highlighted the ways in which structural violence exacerbates the risks and consequences of inter-personal violence across migration pathways and refugee contexts.

The exact proportion reporting experiences of SGBV remains unknown although it generally exceeds 50% of all women and with under-reporting the norm (Dorling et al. 2012; Dudhia 2020). SGBV includes rape and sexual assault, as well as physical, psychological or emotional violence; forced marriage; forced sex work; and denial of resources, opportunities, services and freedom of movement on the basis of socially ascribed gender roles and norms (UNHCR 2011).

The SEREDA project sought to understand the nature and incidence of SGBV experienced by forced migrants who have fled conflict and are residing in countries of refuge. The purpose

of this report is to outline the findings from interviews with Scottish survivors and service providers and to identify current need and provision in Scotland. We begin by outlining the policy context specific to Scotland. We then describe the methods used to collect data before summarising key findings around the nature and impact of SGBV. We continue by outlining the barriers to disclosure and accessing services and identify three main ways in which UK immigration systems interacted with SGBV. We then share findings around resilience and integration of SGBV survivors before setting out recommendations for improving provision in Scotland.

¹ <https://www.gov.scot/news/next-step-towards-scottish-human-rights-bill/>

² <https://www.gov.scot/policies/violence-against-women-and-girls/equally-safe-strategy/>

Forced migration and SGBV in Scotland

The protection and promotion of human rights for forced migrants who have experienced SGBV requires political will. A key differential within the Scottish policy context is the clear political commitment to the protection of the rights of migrants and those impacted by SGBV and the resultant civil society partnerships and multi-agency interventions that are enabled within a rights-based, facilitative and supportive policy environment. The Scottish Government has set out an ambition to be a world leader in using its devolved powers to protect human rights and to implement core international human rights treaties by 2026 including the Committee on the Elimination of Discrimination against Women (CEDAW) ¹.

The Scottish Government underpins its commitment to the promotion and advancement of human rights through cornerstone national strategies such as the implementation of good practice when working with forced migrant SGBV survivors.

Constitutional Framework

The ability to fully implement the aforementioned commitments, however, in relation to individuals subject to immigration control can be constrained by the operation of the Scottish constitutional framework which is a “reserved powers” model of devolution rather than a federal model.

JustRight Scotland and the Scottish Refugee Council recently obtained a legal opinion in relation to the operation of the Nationality and Borders Bill in Scotland. As part of this opinion, a cover note was prepared explaining the system of devolution². In summary, immigration policy is reserved to the UK Government and thus the immigration framework and policies apply in Scotland as they do elsewhere in the UK.

All other areas in relation to the protection and integration needs of forced migrant survivors in Scotland are devolved. This includes policing and justice, victim support and protection, local authority support, health, housing, education and access to legal assistance.

However, the UK Parliament can, and does, continue to legislate in matters that are devolved. The legislative consent convention – in terms of which the UK Parliament does not normally legislate in devolved areas without the consent of the Scottish Parliament – is not legally enforceable. Furthermore, as a political convention it has come under strain in recent years post the withdrawal of the UK from the

European Union, when Scotland voted to remain, and a hardening of the UK Government’s position in areas of immigration law and a regression in terms of human rights protection at odds with that of the Scottish Government position³.

However, the operation of immigration law and devolved areas of policy has become increasingly blurred and complex with the advent of the UK Government policy around a hostile immigration climate. This is because, measures in pursuance of this aim reach into devolved areas around policing and access to support, and limit the implementation of the Scottish Government’s commitments in this area.

This is resulting in increasing tensions and uncertainty around the parameters in which the Scottish Government, public authorities and civil society can operate in order to mitigate the impacts and meet their objectives under national strategies.

Devolved Policy-Tensions within the Migration Sphere

A key example of where this policy tension manifests is in the area of No Recourse to Public Funds (NRPF) and the implementation of the new Nationality and Borders legislation. NRPF condition is applicable in Scotland and has limited the Scottish Government and local Governments from responding in the way they would like to situations of destitution and homelessness amongst migrants and preventing associated risks of SGBV.

As a result, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) came together in 2021 to make a clear commitment to mitigating these risks to the extent possible. In March 2021, they published a

¹ <https://www.gov.scot/news/next-step-towards-scottish-human-rights-bill/>

² <https://www.justrightscotland.org.uk/wp-content/uploads/2021/11/Legal-Opinion-Cover-Note-FINAL.pdf>

³ This can be seen in recent consultations on Human Rights Act reform and judicial review reform. <https://www.gov.scot/publications/human-rights-act-reform-consultation-scottish-government-response/>

new strategy Ending Destitution Together⁴ which is the first of its kind and sets out a three year work plan to assist people with NRPF centring around three action areas: i) access to essential needs (food, shelter, healthcare); ii) specialist information, advice and advocacy (to navigate systems to access rights); and iii) inclusion to enable people to find pathways out of destitution, wherever they are in Scotland.

The provisions of the Nationality and Borders legislation being enacted in 2022 have been widely condemned at an international and national level as being against international and national legal standards in human rights and humanitarian law. As forced migrants are pushed further to the margins of society, the risks of SGBV increase and the “economic and social costs of their immiseration will ultimately be borne by local authorities, communities, and the National Health Service”⁵ and thus on areas of devolved competency within Scotland.

In response, Scottish and local government actors alongside civil society mobilised to increase awareness of this impact and to ensure a co-ordinated response. As stated above, a legal opinion was obtained by JustRight Scotland and Scottish Refugee Council around the impacts of this legislation in Scotland and steps that can be taken to mitigate its harms⁶ together with a joint briefing calling on various actors within Scotland to take concrete action⁷. Civil society put out a statement noting that the provisions of the bill are not being implemented “in our name” and calling on Scotland to act to the maximum extent of devolved powers to counteract the impact of its provisions⁸.

In February 2022, the Scottish Parliament opposed the Nationality and Borders bill and refused to give legislative consent⁹. The Welsh Government similarly refused legislative consent¹⁰. The UK Government, has, however stated that legislative consent is not required.

Mitigating the Impacts in Scotland

Thus, 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. In this regard, it has a number of tools at its disposal.

Incidences of SGBV are human rights violations and criminal offences in their own right. The identification, prosecution and protection of these are devolved to Scotland. It has its own legislation, strategies and action plans in relation to FGM¹¹, Forced Marriage¹² and Human Trafficking¹³.

Within this, we can see significant differences. For instance, in relation to human trafficking, the Human Trafficking and Exploitation (Scotland) Act 2015 provides a broader definition of human trafficking in line with international human rights law and provides wider reaching support for a period of 90 days (rather than the 45 days available in England and Wales). Calls have been made for Scotland to have its own identification and support framework for victims of human trafficking¹⁴.

Following the commitment to migrants’ integration from day one enshrined in the New Scots Refugee Integration Strategy, and in contrast to England, Scotland enables broader access to health services. Many NHS services are provided free of charge to people in Scotland regardless of their nationality or immigration status, but some people may be required to pay for certain types of treatment. Free services include services delivered by a GP, prescriptions, dental and optical examinations, community services, such as mental health and drug and alcohol services, accident and emergency (A&E) services up until the point that the person is accepted as an in-patient. A person may be charged for hospital treatment if they are an ‘overseas visitor’ or a person without leave to remain who has not claimed asylum. The Scottish Government deems maternity services

⁴ <https://www.gov.scot/publications/ending-destitution-together/>

⁵ UNHCR Updated Observations on the Nationality and Borders Bill, as amended and updated at January 2022. <https://www.refworld.org/pdfid/61e529af4.pdf>

⁶ <https://www.justrightscotland.org.uk/wp-content/uploads/2021/11/Legal-Opinion-FINAL.pdf>

⁷ <https://www.justrightscotland.org.uk/wp-content/uploads/2021/11/Joint-advocacy-briefing-to-Legal-opinion-and-Cover-note-on-the-devolved-impacts-of-the-Nationality-and-Borders-Bill-Final-18-1.pdf>

⁸ <https://www.rapecrisisScotland.org.uk/news/news/not-in-our-name---joint-statement/>

⁹ https://publications.parliament.uk/pa/bills/cbill/58-02/0187/Nationality_and_Borders_Legislative_Consent_Motion_220222.pdf

¹⁰ <https://bills.parliament.uk/publications/45262/documents/1422>

¹¹ <https://www.gov.scot/policies/violence-against-women-and-girls/female-genital-mutilation-fgm/>

¹² <https://www.gov.scot/policies/violence-against-women-and-girls/forced-marriage/>

¹³ <https://www.gov.scot/policies/human-trafficking/>

¹⁴ <https://www.justrightscotland.org.uk/wp-content/uploads/2021/11/Joint-advocacy-briefing-to-Legal-opinion-and-Cover-note-on-the-devolved-impacts-of-the-Nationality-and-Borders-Bill-Final-18-1.pdf>

as immediate and necessary treatment that should never be denied or delayed because of an inability to pay for these services. There are also specific funded health interventions for asylum seekers and mental health support for victims of human trafficking although largely based in Glasgow¹⁵.

Scotland has a more accessible and better funded legal assistance programme with legal aid more widely available than in England. In addition, the Scottish Government funds various legal projects to provide targeted and specialist free legal information and advice to forced migrants impacted by SGBV at JustRight Scotland and through its funding of the Scottish Women's Rights Centre. This funding enables wider provision of free legal outreach across Scotland as well as targeted early legal interventions and interventions designed to improve medium to longer term outcomes across a number of inter-related legal issues (immigration, family law, compensation, civil protection orders, access to material assistance including support and housing etc.).

The Scottish Government funding allowed a strategic legal case to be undertaken in Scotland which extended the ability of the spouses of refugees to apply for a domestic violence concession under the immigration rules¹⁶ which had an impact for the whole of the UK. The Scottish Women's Rights Centre was also involved in one of the first reported cases in Scotland of an adult migrant women successfully applying for a Forced Marriage Protection Order¹⁷.

Access to specialist legal advice can be a key tool in challenging and holding to account some of the problems faced by victims of SGBV. For instance, the Roof Coalition, a coalition of third sector and legal organisations working to uphold the housing rights of asylum seekers has been established in Scotland. It has undertaken various strategic legal challenges and has managed to get legal aid available for asylum support work which is a key difference from the rest of the UK. For separated children, whose experiences of violence may mirror those of women regardless of children's gender, the Scottish Guardianship Service offers a holistic support throughout the asylum process. Partnership with specialist legal providers, including JustRight Scotland and Latta & Co, is fundamental to the service model,

and interventions are built around the Scottish Government's GIRFEC models. The service receives funding and political support from Scottish Government as well as AMIF, Comic Relief and other national funding bodies.

The political commitment in Scotland, in the area of human rights and the strategies outlined, mean that there is a better resourced civil society which works in partnership with public authorities, local government and Scottish Government. This is a key tool in leveraging opportunities to mobilise and mitigate the worsening impacts of the UK immigration policy. There are various multi-agency working and action groups in areas working with forced migrants and SGBV which can result in enhanced services.

A particular example is the Women, Asylum, Immigrants & Refugee (WAIR) Working Group of the Glasgow Violence Against Women Partnership. This strategic group brings together representatives from local authorities and civil society to ensure that the needs of women, who were subject to immigration barriers and experienced any form of male violence (against women and girls), were included in recovery and strategic planning in Glasgow City Council. It has used funding to develop a Destitution Fund which will be operated by Glasgow Women's Aid and British Red Cross to provide short term accommodation, financial support and legal advice to women who are destitute and have NRPF.

Summary

Thus, opportunities within Scotland in the area of forced migration and SGBV arise through a strong political commitment and comparatively well-funded third sector which can lead to strong multi agency collaborations. Difficulties persist in understanding the parameters that Scotland can fulfil these commitments in a different way due to immigration being a matter reserved to the UK Government especially as a result of more interventions in devolved areas of policy for those subject to immigration control. There is, however, a strong multi-agency commitment to working out how to best mitigate the impacts of these interventions and to preserving the commitment to promote and protect the rights of forced migrants subject to SGBV.

¹⁵ <http://www.migrationscotland.org.uk/migrants-rights-entitlements/eligibility-other-publicly-funded-services/4-10-nhs-treatment>

¹⁶ <https://www.equalityhumanrights.com/en/our-work/news/commission-welcomes-court-ruling-domestic-violence-case>

¹⁷ <https://www.scottishlegal.com/articles/glasgow-sheriff-makes-forced-marriage-protection-order-in-respect-of-indian-student-who-fled-to-scotland>

Methods

Semi-structured interviews were undertaken in Spring 2022 with eight forced migrant¹⁸ SGBV survivors, and eight service provider stakeholders who worked with SGBV 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 (see Table 1). Interviewees were aged 25-40.

Table 1 Survivor interviewees

| Category | | Number of interviews (8 in total) |
|--------------------|----------------------|--------------------------------------|
| | Female | 8 |
| Region of origin | Middle East | 2 |
| | Africa | 5 |
| | Europe | 1 |
| | | |
| Marital status | Single | 1 |
| | Married | 2 |
| | Divorced / separated | 4 |
| | Widowed | 1 |
| Immigration status | Asylum seeker | 1 |
| | Refugee | 7 |
| Sexual identity | Heterosexual | 8 |

The service provider respondents were all employed by charities working with forced migrants or with women survivors of SGBV. Organisations interviewed included Saheliya, TARA (Trafficking Awareness Alliance), Freedom from Torture, Women's Support Project, Community Info Source, JustRight Scotland, Scottish Refugee Council, and HSTAR. Some organisations, including LGBTQIA+ organisations were too busy to participate in the research with some individuals saying they already worked in excess of 60 hours a week.

All interviews were carried out in English. Survivor respondents were identified via JustRight Scotland and HSTAR. Respondents self-identified as experiencing SGBV when answering broad screening questions. Interviews explored experiences of SGBV, identity of perpetrators, support received, factors shaping vulnerability and resilience, help needed and the effects of SGBV on resettlement. Service provider interviewees were identified

in conjunction with the Queen Margaret University's Institute for Global Health and Development and via snowballing from provider interviewees. Service providers were asked to give an overview of survivors' experiences, vulnerabilities and resilience factors, the services they provided, data and monitoring, and treatments and interventions as well as to reflect on the impact of SGBV on survivors' integration processes.

Ethical approval was received from the University of Birmingham Ethical Review Committee for the SEREDA project. All interviews were undertaken with full informed consent with interviewees assured of anonymity in subsequent reports, discussions and publications. Interviews were recorded and transcribed. Steps were taken to reduce the potential for re-traumatisation, and respondents in need of support were referred to the appropriate agencies.

¹⁸ We use the term forced migrant to denote individuals who have experienced some form of involuntary displacement. It is used to shift attention away from legal definitions to individual experiences.

Findings

Experiences of SGBV

Service providers report that the people who access their services in Scotland experience a wide range of different forms of violence. The common factor is that women were in vulnerable positions, and perpetrators were males with some form of power whether this meant being in positions of authority, having greater language competency or determining women's access to food. Some survivors experienced multiple forms of violence across different contexts.

Several service providers work with FGM survivors with one stating that 90% of their clients are survivors¹⁹. Service provider 1 (SP1) often worked with very young women who had already been subject to FGM and when fleeing violence were raped on their journey. Some experienced multiple incidents of SGBV and arrived in Europe pregnant. Others were coerced into sexual activity under threat of being abandoned in the desert or deprived of food. Often the police in countries of transit were complicit. Women survivors were generally extremely traumatised on arrival and found it very difficult to disclose the multiple harms they have experienced. Service providers also reported working with onward migrants from Europe which included women coming from the Netherlands to avoid medical services wherein FGM would be identified and reported, or from Italy where they are at risk of FGM and not protected by the police or social services. Service providers said that within Scotland there is a lack of capacity to recognise FGM which meant that survivors were unable to access the services they need and may experience medical complications when giving birth.

Other service providers work with victims of sex trafficking who are forced into prostitution on arrival in the UK. One organisation described encountering many underage young women arriving on spousal visas with small children. They had been forced into marriage, often as a third or fourth wife and had not consented to marriage or migration. These individuals are extremely vulnerable to abuse. Their residence in Scotland is dependent on maintaining their relationship, they are not permitted to leave the house without their husband and many are subject to domestic violence. Unable to speak English and not knowing how to seek help, they are stuck in abusive relationships.

One provider also described abuse by males masquerading as interpreters. These interpreters told forced migrant women that they are the only person who could speak a woman's language making women believe they have no choice but to use them. These interpreters offer to "help" in exchange for "favours". This abuse has apparently been raised with the organisations who employ such interpreters, but they continue to be employed.

Survivors described diverse experiences of SGBV along multiple stages of their journeys. For example, Amina was tricked into leaving Nigeria and raped in Libya several times before arriving in Italy where she was forced to work as a prostitute. After leaving Italy, she was trafficked to Denmark and then eventually to the UK where she managed to escape. Salma was also trafficked to Italy with her son from Nigeria by her uncle. She was beaten every time she tried to ask for help and was eventually trafficked again to London and then Scotland where she escaped.

“ I was actually trafficked by my uncle, and when they were bringing me here, I was asking questions... nobody's telling me anything. I was told not to ask questions... So, you just do as they say, you know... By then, I was subjected to so much violence, so many abuses, you know. I had been raped, you know, and stuff like that, but I couldn't talk. ”

Mara, Calla and Arsema were subject to abuse in their countries of origin which intensified on arrival to the UK. Mara was forced to marry a man who forced her into sex work, beating her if she refused to have sex with a client. Calla was abused by an uncle in her country of origin and was unable to find anyone who could help her. She fled the country as the only route away from the abuse. Arsema was subjected to physical, emotional, financial and sexual violence in her country of origin, including being kept hostage where she was raped several times. She was trafficked into Scotland where the migration agent, who knew her story, attempted to rape her.

¹⁹ For further information on FGM in Scotland see <https://www.tandfonline.com/doi/full/10.1080/1369183X.2021.1943337>

Two survivors spoke of institutional violence perpetrated against them by the Home Office during their asylum interviews. Arsema was told not to assume she would get papers because she had a baby. Before even listening to her story, the caseworker told her that there were services she could use to return home making her feel that her case was being rejected without being heard. Salma reported that she was treated in a manner completely insensitive to her gender and trauma, the only place where she was treated so inhumanely. She explained:

“ At the Home Office, when I was doing my interview there, you know, they were just throwing questions at me and asking me: Okay, describe how you were raped. Describe how you were abused. They should’ve asked me “okay, can you tell me what happened?” I don’t know if I’m making sense. It should be like a conversation, not a forced conversation. But they were forcing things, saying no, you need to tell me, you need to tell, you need to describe it to me, tell me what happened, tell me, you tell me, you must tell me. ”

She was placed in asylum accommodation in a high crime area where her house was broken into twice. The intruders stole her daughter’s underwear, and the few items she owned, including all her food. After these experiences, Salma was unable to sleep but was told by the accommodation providers that there was nothing they could do: she either stayed or she became homeless. Such experiences compounded existing trauma leaving her extremely anxious.

Two survivors were subject to racist abuse, one both in Egypt, where abuse was physical and verbal, and Scotland, because of her dark skin colour. The other was abused in Scotland because she wears a hijab. Ngozi who was in poor health, talked of extensive mental and physical abuse by her husband which intensified in the UK. Despite separation from her husband, he continued to stalk her and spread rumours about her which led her to be ostracised from her community both in Scotland and overseas. She lived in fear of what he might do:

“ I used to think ‘no, he won’t do this to me...’, if I am coming home at night, either the health visitor would drop us off or I would book a taxi... I’m cautious all of the time. ”

Vulnerability to SGBV

Service providers argued that it is difficult to say where or when survivors are vulnerable to SGBV as violence is common and normalised in women’s lives. Women experienced varied and diverse vulnerabilities, but service providers said many are most vulnerable to SGBV in their country of origin particularly where they have to rely on smugglers or agents when mobile. FGM mostly occurs in the country of origin and sexual abuse, domestic abuse, forced and early marriage and the harmful cultural practices often also occurred before they flee. SP4 pointed to links between early / child marriage and abusive relationships. They gave examples in countries of origin where women were sexually abused within their family, and women, whose husbands had died, were expected to marry their husband’s brother against their will. Others spoke of being targeted by Government forces at their homes or checkpoints as a way to inflict terror on the male relatives who were culturally responsible for their protection. Klea explained

“ The patriarchal system back in my country is very protective for women... During the war, violence against wives, daughters and mothers became common in my neighbourhood in order to force men to confess. ”

Survivors had varied experiences of where and at what stage of their journey they felt the most vulnerable. Arsema described how women in her country of origin were always vulnerable because women were not valued.

“ Women are always more vulnerable in the sense that back home when we were abused and battered, no one really cared because we were women. They were beating us with everything: cutlasses, big sticks and all and where we

were kept in the holding, the women were more vulnerable because they were sexually abused. I, for one, from time to time

This vulnerability continued on arrival in Scotland because she was dependent on an “agent” and did not know her rights. Others reported the vulnerability they experienced on the journey to the UK. Lack of protection and violence at the hands of traffickers operating with impunity meant there was no escape from violence. Women simply did not know where to turn for help. Not being able to speak local languages exacerbated vulnerability.

The asylum system was seen as a major source of trauma with the lengthy waits for a decision, placing women in a state of uncertainty which exacerbated vulnerability to psychological distress. Mara spoke of waiting three years without any news from the Home Office whatsoever. While she waited, she worried about the future. Further, the expectation that individuals should repeat accounts of the abuse they had experienced over and over again re-traumatised individuals causing them further harm. Some women asylum seekers were vulnerable within Scotland having entered a relationship with a Scottish man who abused them. Others were vulnerable in their asylum accommodation. SP1 pointed to young women housed together in groups coming to the attention of sexual predators or interpreters and solicitors seeking to exploit them financially. Women in these situations were often coerced into sexual activity because men threatened to tell their family back home that the woman had a baby. Finally, financial dependence on a partner, whether a lead sponsor in an asylum claim or because they had NRP status, placed women at risk of abuse.

Talking about SGBV

Different organisations use different terminology when discussing SGBV which to some extent reflect the experiences of their client group. SP1 defines gendered abuse as “anything that harms women from the patriarchal system” whereas SP2 talked about trafficking. SP3 works with victims of torture (including sexual violence) and uses the UN definition of torture which is sufficiently broad to include fear of FGM and any kind of unwanted sexual touching and behaviour.

SPs 4, 6, 7 and 8 defined SGBV as any form of sexual violence, sexual abuse, rape and sexual assault, sexual harassment, stalking, domestic abuse (including controlling behaviour and financial abuse and sexual abuse within relationships), harmful practices in honour-

based violence, FGM, forced marriage, child marriage. SP7 also talked about sexual violence used as a military tactic in conflict and intended to harm individual women and their families. Respondents recognised that SGBV was perpetrated by both known and unknown males.

While it is necessary that definitions incorporate differences in modes of working and the remits of different organisations, it is important to ensure there is a common understanding of SGBV which will support the development of a unified response across services in Scotland.

Survivors said that SGBV was rarely discussed in their communities. It was always talked of as being something that happened to other people. In addition, family violence was normalised. Women grew up seeing their female relatives beaten and felt there was little point in disclosing, as women were seen as the cause of violence and as Ngozi explains having insufficient value to demand protection.

“ Women are cheaper than the shoe you are wearing. ”

Disclosing SGBV

Where women disclose that they have experienced SGBV, referrals can be made to specialist organisations in order that their accounts be more fully explored and appropriate support be provided. On other occasions, organisations worked with existing clients to build trusting relationships wherein they may eventually disclose.

There are however multiple barriers to disclosure which include lack of trust in authorities and the stigma and shame that exists around sexual assault. Some women fear that disclosure will not be treated confidentially. This is a particular concern where interpreters are used. In some cases, women are very reluctant to disclose. For example, young Eritrean women who visited a service provider in Glasgow explained to staff that all women are raped on the journey except her. An Eritrean staff member stated:

“ We can never say that we’ve been raped. We say everybody else was raped because it brings shame to our families. ”

Two organisations talked about additional difficulties that men face around disclosing SGBV experiences because of cultural norms and stigma. In addition, they noted that some women will not report domestic violence because they do not want to fuel racial stereotypes about already minoritised men. Women survivors

also realised that men in their communities have been tortured, and have been trained and participated in combat, and thus experienced or witnessed horrific violence themselves. Women living with male survivors said that men will not acknowledge the need for mental health support, and even if they did, there is no help available. During lockdown, mental health problems and access to services were said to have deteriorated. Finally, some survivors were not aware that the violence they have experienced was seen as violence in the UK because such actions are normalised in their country of origin and they did not know it constitutes a criminal offence. Violence was not discussed and poor women in particular were not able to seek any recourse. Such experiences made it difficult for survivors to disclose and discuss violence once in Scotland.

Models of working

Much of the work undertaken on SGBV in Scotland is focused in cities and particularly Glasgow but also Edinburgh. One organisation which worked on a face-to-face basis in Glasgow, and occasionally received clients from across Scotland, moved to online provision during COVID-19 and was now able to provide their services to people from a wider geographical area. Collaboration was said to be strong across the whole of Scotland as the system is relatively straightforward to navigate and cross-referral is common. One organisation has a referral form on its website, another has devised a pathway wherein clients are assessed and a care plan is produced. Most clients are referred into organisations with self-referral less common. Referring organisations include solicitors, housing providers, the Home Office and other NGOs. One organisation engages in outreach activities to try and promote their services to those in need.

Interventions and services received

Services described diverse and creative modes of working. SP1 provides services around issues such as mental health, destitution and risk of domestic abuse. From conducting risk assessments for women and children subject to domestic violence, they facilitate access to statutory and other services such as healthcare, housing, money, emotional support and use group work to introduce clients to knowledge about women and child protection rights. SP1 also offered basic skills, childcare qualifications, and mental health qualifications through working with local colleges. Featuring Champions for Change group, they engage former service users who can be part of a project to ensure women's voices are heard by service providers and policy makers. For example, when the Scottish

Parliament was strengthening legislation around FGM and the Champions for Change worked with the Scottish Parliament's Human Rights committee on the framing of this legislation. This organisation largely employs staff who are survivors and thus have an insider perspective on their clients' experiences. Their staff speak 34 different languages which enables them to support women from over 60 different countries without the need for interpretation.

SP2, who largely work with trafficked women uses a 3-stage trauma model: the initial stage is about establishing safety, the second stage is about stabilization and the final stage is about integration where transition workers offer longer-term support. They provide care and financial support for a period of 90 days if a client is entitled to a "reasonable grounds decision" to establish whether they are a victim of trafficking. They have six bed spaces offering Crisis Accommodation until clients make a decision about what they would like to do next. They link women with legal services as soon as possible (before a National Referral Mechanism (NRM) is made) to ensure they receive information from the solicitor about the NRM and pre-asylum advice, to help them decide the route they wish to take. Support is usually provided for between a year to 18 months, and then the woman is referred to a transition's worker to be supported for the longer term, depending on her needs. The organisation implements a robust risk and needs assessment which is regularly reviewed and revised. They also provide women with the materials and tools they need to help address trauma. Finally, they work with women, when they enter a new relationship, to help them identify when things are not right.

Other providers offer psychological services. One organisation focuses on survivors of torture while another offers eight hours of therapy to SGBV survivors in their preferred language plus secondary support in the form of family social work. SP3 has a strong focus on working to prevent violence against women and to improve service responses through empowering women and increasing their awareness of risks and services. SP5 focuses on Black and Minoritised groups and offer wellbeing, capacity building, and awareness raising services. SP6 and SP8 provide legal advice across Scotland through different centres including the Scottish Refugee & Migrant Centre, and Scottish Anti-Trafficking & Exploitation Centre at JustRight Scotland, and they have a legal collaborative partnership with Scottish Women's Rights Centre that works with survivors of SGBV.

Survivors spoke positively of the support and services they received, which in some instances represented the first acts of care and protection they had ever encountered. Migrant Help often

referred women on to services such as TARA and JustRight Scotland. TARA provides women who had been trafficked with accommodation, facilitated access to healthcare, and legal services through JustRight Scotland. The support one survivor received from TARA lasted for eight months. After this time, she was told that she needed to move on as services were needed for others with more urgent needs. She was referred by TARA to JustRight Scotland for legal advice and received counselling and healthcare for her and her baby. Salma was also helped by TARA who arranged daily one-to-one sessions with a psychologist which she found helpful in supporting her recover. Additionally, TARA helped her register in English classes and topped up the Home Office asylum support with an extra £20 per week. Calla was given temporary accommodation until she gained refugee status. TARA, arranged psychological support and took her out on a weekly basis. She attended sessions organized by TARA such as cooking classes and even after getting status, TARA continued to check up on her.

“ So, in TARA, there was a lady called Jan. And that lady, she was so lovely. She is one of the best. In the past, I couldn't get love from my mom; only love from my grandmother. So, Jan, to me, she took the place of my biological mom. Like she was there for me. Seriously she was there for me. ”

The personalised treatment she received from TARA staff made her feel important, special and seen. She said such treatment was essential to enable people with SGBV to recover and overcome their experiences. S2 was referred to Migrant Help who, under the auspices of Section 98 support, gave her £5 a day for food and told her where to go to get free food and clothes. The asylum help bridging team assigned her a psychiatric nurse and arranged access to a midwife. The midwife was very supportive accompanying her to appointments so she did not have to repeat her story. The Red Cross, who have a specialist refugee unit in Glasgow, also gave her support while she was pregnant. At the Red Cross, she met people and made friends. All respondents described how the psychological support they received helped them to look forward and not back at their SGBV experiences.

Another survivor talked of the support she received from Forth Valley Welcome, a local voluntary organization, which provided food, visited regularly, took her to the supermarket

and helped her make sense of correspondence. Access to free healthcare was particularly valued by those who had sick children but delays accessing vital and sometimes urgent services generated stress. Some survivors gained assistance from HSTAR. They offered a range of support but their provision of mother tongue counselling support was, for Ngozi, life saving

“ I remember when the counsellor from HStar called me, I cried the first three calls...I would cry only. I opened up and started talking on the fourth call. She helped me a lot. ”

Survivors also spoke of support and interventions by strangers or community members along their journeys. Mara met a sex worker in Italy who helped her make contact with her ex-boyfriend back in Albania. He came to Italy and together they arranged her escape. She fell pregnant with him but they were separated as they moved on through Europe and he was deported to Albania. When Mara arrived in Scotland, a stranger advised her to go to Migrant Help. Amina met a group of Jehovah's witnesses on the bus from the airport. She told them her story and they took her to the Scottish Refugee Council.

Interventions and services needed

Survivors' experiences are extremely diverse but service provision is limited and it is difficult for survivors to know which organisations to turn to. SP3 argued there is a need for a one door entry system with clear pathways to support as it is difficult for survivors to navigate the institutional landscape. Survivors spoke of the need to repeat their stories multiple times until they found the right service provider, which as a lengthy process itself was retraumatising. They expressed the need for a point for disclosure and then referral on to appropriate services. For example, Mara had to tell her story to TARA, the Home Office, a psychologist, a health visitor, the GP and others when 7 months pregnant.

“ I will be well for two days and then I have to see someone and I have to live the trauma again... eventually, I stopped having tears to cry. I just felt like I was living in a movie. ”

Mainstream services were said to struggle to respond to the diverse range of needs they faced.

Some of their staff lacked cultural awareness and they were said to be unable to provide culturally sensitive practices. Often staff or volunteers did not reflect their client base in terms of language, ethnicity or religion. As we noted above, heavy reliance on interpreters can reduce levels of trust or even result in exploitation. SP2 pointed to the way that applications for Section 95 and Section 4 support have switched to telephone applications via a call center rather than face to face. Survivors found this system difficult to work with and needed assistance.

All survivors said the lack of good quality, stable housing was a major gap in services that impacted on their everyday lives. Respondents said that housing was of poor quality with doors and windows that did not shut properly. Mara told how the Home Office housing providers entered her home at any time, including when she was in the shower, without asking permission. Amina was placed in Home Office contracted accommodation shared with another woman when she was pregnant. The accommodation was extremely small and very dirty. She explained that the smell in the housing made her vomit constantly. The only time she felt well was when she went outside. She was told she would be there six months but after six months and heavily pregnant, she became desperate and cried all of the time. Eventually the house was inspected.

“ Eleven days to my due date, the guy in charge of accommodation came to check the house and said there is no way a pregnant woman would be in this kind of room and the staircase was also so bad. ”

Calla had a bad experience after gaining refugee status. She was evicted from her asylum accommodation and moved into a hostel. She was supposed to stay there temporarily but ended up staying for two months. The hostel was extremely unsafe. Other residents were openly taking drugs and drinking and her belongings, including her biometric ID, were stolen. She did not feel safe until she moved out.

Survivors spoke of the lack of consistency and short-term nature of the services they received. Those who TARA had helped to successfully apply for asylum had found their services extremely useful but, were disappointed that once they had refugee status, they were no longer entitled to help. They argued that assistance was needed to enable them to navigate new systems. Salma also relied heavily on psychological support received from TARA. Once she gained status, she no longer met the

funding criteria so the service ceased. Eventually JustRight Scotland arranged for support.

“ So, after I got my refugee status, it (TARA’s services) all stopped. And I think that was where the problem was because I needed more. I needed a lot of psychological help at that time. But because they (TARA) were being funded by the Government, so there’s little they could do. So, it was my solicitor in JustRight, at that time they were called LSE, who was arranging for me to get further psychological help... I had to wait for a long time, you know. I had to wait for almost seven, eight months. It took them a long time. But it’s not their fault anyway. But it is just the way the system was. ”

Many survivors spoke of the importance of mental health support to enable them to feel more positive about the future. Those who accessed mental health support spoke of positive outcomes. Amina struggled with feelings of guilt at having left her daughter behind when she fled. The psychologist enabled her to come to terms with the guilt and to focus on parenting her new baby.

“ At first, I thought my life is over. I think that nothing good is waiting for me, but these people let me know that this was just part of my life and now everything is new and that I will be okay. All those things that they used to tell me; I’m seeing them gradually. I don’t think about my past anymore. I’m happy. I’m a happy mother. ”

Those who did not access services (or accessed services which then ceased) struggled to improve their mental health. Lack of mental health provision was seen as a major gap with others expressing concern that counselling ended

after just a few sessions when women thought they were just beginning to make progress. In addition, several respondents were racially harassed by strangers but had no idea how to report these incidents. One respondent was harassed by a neighbour for two years before the local authority intervened and installed a security system. Finally, respondents wanted to be able to work both to enable access to sufficient money to live properly and to be distracted from their trauma and the uncertain outcome of their asylum claim.

Monitoring SGBV

Organisations have diverse ways of measuring and attempting to maximise their impact. SP1 mapped women against their country of origin across three key areas: removal or reduction of risk, changes in mental health, and access to services. SP2 undertakes exit surveys and has an advisory group made of service users who participate in the evaluation and development of services. They set specific objectives with outcomes recorded as part of their funding agreement with the Scottish Government. SP3 establishes each individual's baseline and then uses outcome and evidence-based measures to assess changes in trauma levels. They internally evaluate their community development project and are externally evaluated by Queen Margaret University as part of their funding agreement. The organisation also has regular service user forums and feedback meetings. SP6 and SP8 use client feedback forms and receive feedback from partner organisations. They engage in internal monitoring and informal quality improvement practices. Other organisations said that lack of resources prevented them from measuring the effectiveness of their work.

SGBV and integration

Trauma can be long-lasting and undermine integration processes with some service providers stating some women will never be able to fully recover from their experiences. Providers pointed to the potential of integration opportunities to enable resilience, reduce risks of further SGBV and support recovery from trauma. Survivors argued the biggest factor which shaped their ability to engage fully with integration was gaining leave to remain. Once this was received, they could finally make plans for the future and to feel they had the right to be safe.

“The only thing I'm thinking is how to work, how to be okay in the system. That is what I'm thinking of now... If I'm walking on the road now and I see those people that brought

me, they cannot come to me and ask me. The thing that I would do is that I will call the police. Before I didn't have that freedom. Now I have my freedom.”

Some respondents talked of how their experiences and associated trauma impacted on their ability to build relationships both with a partner and with their children. Triggers such as smelling aftershave could generate extreme anxiety which was in itself disabling. Two women spoke of their inability to trust other people which held them back from making friends. In particular, they were reluctant to connect with anyone from their country of origin, as they were fearful that information about them would be shared back home. They felt isolated and alone, a situation that was not helped by Mara's low levels of English. It took Salma three years to trust people enough to build some connections. Eventually, she joined activities at a local church and made some acquaintances. She avoided those relationships becoming friendships as she worried that they would ask her questions about her past that she would be unable to answer.

Asylum seekers have very limited access to work and study. Service providers said they were left “in limbo” unable to move forward with their lives which prevented integration and exacerbated trauma. Some organisations focused on providing social and other activities for women so they could develop a social network and be distracted from the long wait for a decision on their claim. To some extent, these networks supported integration into local, if not wider society. Two respondents noted that participating in education, employment and volunteering could provide distraction and hope. Arsema volunteered, had a part-time job and looked after her baby. She kept as busy as possible so she felt like she had a purpose in life and was distracted from thinking about the past. Salma trained as a nurse which helped her to gain a sense of normality. On the whole, Scotland was seen as being supportive of asylum seeker integration and more welcoming than the UK Government. The welcoming environment could provide some opportunities to develop a sense of belonging even if an individual's status was precarious.

Policy and governance

Respondents viewed the Scottish Government as generally committed to, and invested in, asylum seeker and refugee issues. The Scottish Government was described as more welcoming than UK Government which sometimes presented a tension between national, non-devolved, asylum, policy and service delivery.

On the whole, the presence of an integration strategy, the New Scots Refugee Integration Strategy, was believed to ensure that more support was available for housing and integration activity than in England, although it does not include any provision for forced migrant SGBV survivors. Trafficking support is devolved to the Scottish Government, meaning there is more flexibility around the length of time that someone can be supported compared to England. Given the relatively small size of the policy ecosystem in Scotland, respondents said it was possible for small organisations such as SP2 to influence strategy.

However, the control in Westminster of asylum and immigration policy stymied change in Scotland. Despite the Scottish Parliament's investment in resourcing services for asylum seekers and refugees, it was not possible to influence key areas such as the arrival and accommodation systems that are run by sub-contractors. Respondents felt decisions around asylum and asylum support should be made in Scotland to enable policy and service delivery to be more catered to local needs.

Conclusions

Forced migrant women living in Scotland have wide-ranging experiences of SGBV and need targeted and personalised support to enable their protection and recovery. The ecosystem of service provision and the devolved nature of much policy means that there is great potential to meet the needs of survivors regardless of their immigration status. It is evident that current levels of investment are inadequate to meet the extent of need. Funds should be provided in a way that enables flexible service delivery, and focuses on supporting survivors, regardless of their status, length of time in the UK or length of engagement with services. Service provision is currently overly focused in Glasgow with survivors speaking highly of services which, for them, have been life-changing. All survivors in Scotland need such access.

Preventing SGBV and supporting forced migrants' recovery need to be policy priorities, with dedicated funds provided by the Scottish Government. Given the nature of devolved Government in Scotland, it would make sense to establish a multi-agency working group, which includes survivors with lived experience, to identify risks and opportunities, to shape investment in appropriate services, and to monitor the effectiveness of services. This group

can also work to identify further opportunities within the devolved context to support forced migrants' survivors with NRPF to access safety. Finally, it is evident that work is needed to enable survivors to recover from their experiences and get on with their lives. Thus, the updated New Scots strategy should include provision for the integration of survivors with opportunities to learn English in safe spaces and opportunities to become financially independent, as priorities.

Recommendations

Service providers and survivors were asked how services for survivors could be improved in Scotland. Recommendations include:

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.

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