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

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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 are 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 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 Wales focusing on the Welsh policy context and how SGBV survivors might be better protected and supported within this context.

### Forced migration and SGBV in Wales

Wales has made a political commitment to the protection of the rights of migrants and those impacted by SGBV. There are multiple frameworks in place to support good practice when working with forced migrant SGBV survivors including the Right to be Safe Strategy, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, the Race Equality Action Plan, the Gender Equality Plan, the LGBTQIA+ Action Plan and the Action on Disability. Immigration policy is reserved to the UK Government which can also legislate in matters that are devolved so there are tensions around the actions that can be taken in Wales to mitigate the impacts of UK policy.

In 2019, the Welsh Government announced that Wales would become the world's first "Nation of Sanctuary". It follows the Welsh Government's recommendation to the Senedd not to consent to the UK Nationality and Borders Bill in its current form because it will increase vulnerability especially for migrant women. The Plan includes a series of actions intended to improve the lives of sanctuary seekers in Wales. It includes a commitment to support survivors of SGBV and stresses the importance of meeting the needs of asylum seekers and refugees. The Uncharted Territory report (2013), offered a starting point to understand how Wales deals with violence against migrant, refugee and asylum seeking women and girls. The follow-up Report Review (2021) provided an overview of the most relevant UK and Welsh Government legislation and policy, reviewing the extent to which the recommendations of 2013 report had been actioned. It identifies that while progress has been made actions are necessary to meet the needs of those with No Recourse to Public Funds (NRPF) legislation, build the capacity of public bodies to support forced migrant victims of gender-based violence, and address the isolation experienced by migrant, refugee and asylum seeking women in Wales.

Political commitment and the strategies outlined mean that there is scope for partnership with

public authorities, local government and the Welsh Government. However, fulfilling commitments can be undermined by immigration being reserved to the UK government.

### Methods

Semi-structured interviews were undertaken between February and March 2022 with 13 forced migrant SGBV survivors, and 13 service provider stakeholders who worked with SGBV survivors in seven different organisations. All forced migrant SGBV survivors and service providers were based in Wales. Survivors interviewed were all women from eleven different countries in the Asia, Africa, and South America. 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. The survivors experiences included forced and child marriage, FGM or threats of FGM directed at female children, rape within country of origin by individuals or groups, witnessing sexual assault, SGBV in transit, pregnancy by rape, death threats associated with sexual identity, sex trafficking and abuse directed at a woman who gave birth to a disabled child. Two men recounted stories of trafficking and modern slavery. One man had to flee his country of origin because he had refused to allow his daughters to be cut. Victims of human trafficking and modern slavery and survivors fleeing interpersonal violence remained at risk of exploitation or abuse within Wales.

Several respondents experienced racist harassment. Asylum seekers and rejected asylum seekers were subject to structural violence, living in poverty, in very poor housing conditions with very restricted access to work or study. Many lived in a prolonged state of uncertainty while they waited lengthy periods for a decision on their asylum claim and lived in fear of being deported.

Within Wales providers had no common

language to talk about SGBV using a variety of different terms dependent on the remit of their work. Some organisations were not sure what terminology to use. Survivors reported a normalisation of violence within their country of origin with some unsure what constituted violence.

Disclosure was facilitated when survivors felt safe and that they could trust services. It could take months and ability to offer gender and trauma sensitive services to enable people to build enough trust to share their experiences. Co-location of services and training staff to have sensitive conversations were also helpful. LGBTQIA+ survivors needed to disclose gender identity or sexuality as soon as possible to facilitate housing in safe accommodation.

Survivors were placed at risk of SGBV by long waiting times and difficult asylum processes, precarious visa status; unsafe or inappropriate housing; negative experiences of authorities and mistrust of authorities; power imbalances with perpetrators and lack of understanding or awareness of violence, rights, and law. The means and route by which individuals travelled to the UK shaped vulnerability to SGBV en route with lengthy journeys along informal pathways particularly dangerous. Uncertainty around asylum claims and being criminalised rather than protected after trafficking exacerbated trauma. Visa conditions and immigration status could produce vulnerability by making survivors dependent on perpetrators. Lack of awareness of rights and entitlements meant survivors could spend lengthy periods being abused or exploited with no knowledge that there were mechanisms to support their protection.

Survivors were enabled to be safer or to recover when they had choice in their lives, the power to leave abusive relationships, and could access trauma-informed services. Survivors highlighted the importance of keeping busy and of making friends. Being part of an organisation as a volunteer or member of the congregation offered routes to distraction from lengthy wait periods. Some survivors did not feel they were resilient and felt alone and desperate.

The Welsh Government was said to operate a governance model which facilitated partnership working and cross-referrals. These include governance groups around human trafficking and modern slavery in which multiple stakeholders are made aware of any such situations and sometimes engaged in cross-agency working. The majority of service providers stressed that collaboration works well in Wales. However, there was agreement that there was a dearth of services that could address the needs of minoritised individuals experiencing SGBV. BAWSO were the only organisation seen as offering a holistic service for such individuals.

They were said to be hugely under-funded and thus unable to address the scale of need within Wales. Providers said that their services were so underfunded that they were unable to meet the all urgent needs of clients who were referred to them and could do little to help individuals in the long-term. Survivors in less diverse areas felt isolated and experienced racist harassment. Several survivor and service provider respondents noted the absence of appropriate mental health services for forced migrant survivors. In particular there was only one service able to work with PTSD and this was so oversubscribed that survivors had to wait at least 18 months. Survivors struggled to identify clear pathways into mental health support. Also, they struggled to know about eligibility to services, what services were available and how services work.

A lack of skills and training and meaningful engagement with communities about forced migration and SGBV meant most organisations could not meet the needs of specific populations. Translation of materials was rare and staff were not supported to develop cultural competency. No people with lived experience of forced migration were represented on local health boards leading to a lack of awareness of needs. Further, there was little understanding among providers about the stigma associated with talking about violence in some communities. Organisations lacked knowledge of how to identify, support and refer around modern slavery with referral pathways unclear. The overall lack of capacity and expertise around forced migration and SGBV in Wales exacerbated the over-reliance on BAWSO. In terms of monitoring and recording of SGBV, service providers argued there need to be better systems around monitoring access and determining need. Currently, need is assessed only on the basis of how many people access services, with little data available on unmet needs.

In Wales policy deviates from the UK in that integration is understood to begin on arrival. Nonetheless those without leave to remain talked about the impossibility of integration when not allowed to choose where to live, and very limited opportunities to work, study or learn the language because of the way the Home Office manages the asylum accommodation and dispersal arrangements. Regardless of status, experiences of violence make integration particularly challenging. Physical and psychological trauma can make engaging in work or study difficult with survivors sometimes struggling to build social connections for fear of being stigmatised as a survivor of SGBV. Most spoke of the debilitating effect on their health and wellbeing of being made to be dependent on the asylum system when they wanted to be independent. As noted above experiences of

racist harassment left survivors feeling that it would not be possible to feel that they belonged in Wales.

Wales does not have devolved responsibility for immigration and asylum policy, nonetheless the devolved nature of health and housing policy means there is potential to develop policy and fund practice for forced migrant SGBV survivors regardless of their immigration status. While the Welsh Government has acknowledged that current responses to human trafficking and modern slavery need improvement, there is also potential to improve services for other survivors of SGBV. These include using the Violence Against Women, Domestic Violence and Sexual Violence (VAWDASV) (Wales) Act, 2016, as a legislative instrument that can be used to advocate for more support for survivors, and continuing the measures introduced for people with no recourse to public funds under the “Everyone In” Covid-19 arrangements. It was also suggested that the Welsh Strategic Migration Partnership be given a remit to coordinate cross-sector working to better meet the needs of SGBV survivors. Welsh service providers, reflecting the responses of those in the rest of the UK, expressed concerns about the likely effect of the Nationality and Borders Bill on SGBV survivors, in particular the likelihood that it will increase levels of destitution and associated unsafe work and sexual and labour exploitations.

## Conclusions and recommendations

In conclusion there is clear evidence that forced migrant SGBV survivors in Wales need additional support. There is only one organisation with the expertise to work with forced migrant survivors and this organisation is under-funded and over-capacity. Yet the Welsh policy environment and the devolved nature of health, social care, education and housing policy lend themselves to the development and cross-sector implementation of initiatives for survivors. By building on the existing work funding public services within its devolved powers, the Welsh Government could ensure all services can sufficiently support victims and survivors regardless of their immigration status, for example, by making funding available for those with NRPF.

Providers and survivors made suggestions about how provision might be improved in Wales. These include:

- Funding - long-term and core funding and funding that is specific to forced migrant SGBV service provision, for mental health services and to increase capacity within Wales.

- Additional services – survivors wanted to see safe and trusted services that they can approach without referral. Women’s groups are also needed, especially in rural areas.
- Extending Covid support – several respondents said that “Everyone In” had led to some useful developments in Wales that had reduced the vulnerability of survivors and so should be continued.
- Information sharing – better sharing between Welsh Government departments to enable working together across portfolios and lobbying for services for SGBV survivors.
- Training – Although the National Training Framework (under the VAWDASV Act) provides training on VAWDASV, all service providers called for more training about modern slavery, human trafficking and other forms of SGBV to be offered to all organisations that may have contact with forced migrants.
- Education and professional learning opportunities for new arrivals – language classes empower survivors to speak for themselves, education and training provide a distraction from distressing trauma and the uncertainty of waiting on an asylum claim.
- Better safeguards for children - more safeguards for children who have been trafficked into the country and to identify individuals trafficked as children.
- Housing – more joined-up working between Welsh local authorities and Home Office accommodation providers to support ‘matching’ people for housing that is appropriate for them, especially single mothers and LGBTQIA+ people.
- Asylum system - more transparency and efficiency is needed around asylum processes to minimise waiting times, case workers need to be more empathetic, and the nature of evidence needed (i.e. to prove SGBV or sexuality) should be clarified.
- The right to work and study – those in the asylum system should have easy access to work and study so that they can be distracted from trauma and uncertainty
- LGBTQIA+ and Older people – Further work with organisations leading the way in Wales on understanding the needs of these groups.
- Race Equality – look for opportunities to strengthen the Race Equality Action Plan and VAWDASV strategy refresh to focus on forced migrants and in particular those who are struggling to access services as a result of their immigration status and racial discrimination.

## Introduction

Forced migration is gendered – women and men experience displacement in different ways (Freedman 2010). Over 82 million people were forcibly displaced in 2020, around half of whom are female (UNHCR 2021). The recent conflict in Ukraine has added around 10 million people to those numbers with displacement predominantly affecting women and children (UNHCR, 2022). Although women and girls face specific vulnerabilities when forced to migrate (Rohwerder 2016; Ozcurumez et al 2018), men and sexual minorities are also vulnerable (WRC 2020). Risks include heightened vulnerability to sexual and gender-based violence (SGBV). 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 as they migrate (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 of forced migrants 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). Sexual and gender-based violence (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 refugees fleeing conflict and residing in countries

of refuge. The purpose of this report is to outline the findings from interviews with Welsh survivors and service providers and to identify current needs and provision in Wales. We begin by outlining 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 identifying 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 Wales.

## SGBV in Wales

While Nationality, Immigration and Asylum policy is reserved to the UK government and therefore has little scope for adaptation by the devolved administrations, some policy areas in Wales offer potential for specific actions or interventions around SGBV and forced migration because they are areas of devolved competence within the Wales Act 2017, or because there is specific Welsh legislation that enables this as part of the functions that support people in Wales, regardless of immigration status. In the remainder of this section we outline some key Welsh policies and legislation that may be useful in this regard.

### Policies on Sexual and Gender-Based Violence and Forced Migration in Wales

The Welsh Government recognises through the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, that violence against women is a violation of human rights and both a cause and consequence of inequality, that violence happens because individuals are women, and that women are disproportionately impacted by all forms of violence. The Welsh Government has legislative competence for the Violence Against Women, Domestic Abuse and Sexual Violence through the Act and also has devolved responsibility for health, social care and education of migrants, refugees and asylum seekers as members of Welsh society<sup>1</sup>. Local authorities in Wales have duties under a range of legislation to support those who live in Wales, including housing and homelessness and the duties placed on them by the Social Services and Well-being (Wales) Act 2014. For example, the UK government retains responsibility for the accommodation of asylum seekers who are destitute and in initial accommodation or are then dispersed under the arrangements made for destitute under the Immigration and Asylum Act 1999. However, refugees, asylum seekers and significantly, rejected asylum seekers in Wales, are entitled to receive free NHS treatment under the National Health Service (Wales) Act 2006, which is different from England.

Refuge provision funding for forced migrants who are victims of domestic, sexual and gender-based violence is a contentious issue outlined in a briefing by Welsh Women’s Aid (WWA). Currently, the UK Government Destitute and Domestic Violence Concession (DDVC) is available only for those survivors experiencing violence and abuse who are eligible to apply for the Domestic Violence Rule, i.e. those who entered on a spousal/partner visa. Home Office guidance is clear that anyone experiencing domestic abuse must be found safe, alternative accommodation by the accommodation provider

if they are supported in the asylum process, which does include consideration of refuge accommodation. Yet, barriers to accessing refuges include the need to complete paperwork to ensure Home Office funding for the refuge space. Such actions take time, as well as requiring the appropriate specialist provider to support language and cultural considerations necessary to meet women’s needs when they are forced migrants. If they are failed asylum seekers, funding provision for refuge places is even more difficult to obtain, leading to women who have experienced abuse, but have no recourse to public funds (NRPF), being unable to access support.

The report *Uncharted Territory* (2013), offered a starting point to understand how Wales deals with violence against migrant, refugee and asylum seeking women and girls. The follow-up *Report Review* (2021) provided an overview of the most relevant UK and Welsh Government legislation and policy, reviewing the extent to which the recommendations of 2013 report had been actioned. It also considers the impact of the pandemic which disproportionately affected diverse and marginalised subjects. The report finds that Wales has made substantial progress in developing practices and designing solutions to end violence against women. Nonetheless, most disadvantaged women and girls struggle to access services and protection. *Uncharted Territory* identifies problems and issues which, as highlighted in the *Report Review*, still need addressing. These include:

1. Meeting the needs of those with No Recourse to Public Funds legislation (NRPF).
2. Building the capacity of public bodies to have knowledge about and offer provision for, forced migrant victims of gender-based violence.
3. Addressing the isolation experienced by migrant, refugee and asylum seeking women in Wales by supporting the development of more migrant-led services.

<sup>2</sup> Only as far as the power confers. For example initial accommodation and financial support for destitute asylum seekers are matters for the UK government

There are several Welsh policies which have relevance for forced migration and SGBV. These are discussed below.

### Right to be Safe Strategy

'The Right to be Safe' Strategy was published by the 2011-2016 Welsh Government. It was aimed at tackling all forms of violence against women. The six-year strategy identified four key priority areas: 1) prevention and raising awareness of violence against women and domestic abuse; 2) providing support for victims and children; 3) improving the response of criminal justice agencies; and 4) improving the response of health services and other agencies. To support the Strategy, a three-year implementation plan with 89 actions for delivery was devised. Eighty actions were reported to be completed by the 4<sup>th</sup> Report published in 2014. The Strategy is being refreshed following a public consultation by the Welsh Government.

### Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

This Act seeks to bring about an improved public sector response to violence against women, gender-based violence, domestic abuse and sexual violence (VAWDASV). Section 3 of the Act requires Welsh Ministers to prepare, publish, and review a National Strategy following the General Election. The "Consultation on the refresh of the violence against women, domestic abuse and sexual violence National Strategy for 2022 to 2026", published on 7 December 2021, has six objectives. The proposed sixth objective outlines the importance of providing all victims with equal access to services. It also highlights the importance of looking at VAWDASV through an intersectional perspective.

### Nation of Sanctuary Plan

In 2019, the Welsh Government announced that Wales would become the world's first "Nation of Sanctuary". This plan is endorsed by the United Nations. It follows the Welsh Government's recommendation to the Senedd not to consent to the UK Nationality and Borders Bill in its current form because it will increase vulnerability, especially for migrant women. The Plan sets out a series of actions intended to improve the lives of sanctuary seekers in Wales, including a commitment to support survivors of VAWDASV, which stresses the importance of meeting the needs of asylum seekers and refugees.

### Well-being of Future Generations (Wales) Act 2015

In 2015 the National Assembly for Wales passed the Well-being of Future Generations (Wales) Act 2015. It reflects Welsh society's commitment to a better quality of life for both current and future generations. The Act lays out seven goals addressing the four dimensions of sustainable development in Wales (environmental, economic, social and cultural). The goals are relevant to VAWDASV. They include: *A Healthier Wales*; *A More Equal Wales*; and *A Wales of Cohesive Communities*. VAWDASV support services for all are to be provided by incorporating them in the implementation plans of other key legislations: the Race Equality Action Plan, the Gender Equality Plan, the LGBTQIA+ Action Plan and the Action on Disability. Other relevant legislation include the 2015 Modern Slavery Act and the FGM Protection Orders which apply to both England and Wales. The Destitute Domestic Violence Concession (DDVC) enables partners/spouses of British citizens or those with indefinite leave to remain to access services.

The Social Services and Well-being (Wales) Act 2014 was taken forward from April 2016 as the basis of a transformation of social services in Wales and provides the legal framework for improving the well-being of people who need care and support, and carers who need support. The Act is important in the context of forced migration because it imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support; and at the local level authorities, health boards and NHS trusts must work closely to ensure better integration of health and social care through partnership boards. Later in this report we set out stakeholders' views on how the Welsh policy landscape could be used to help improve support for forced migrant SGBV survivors.

## Methods

Semi-structured interviews were undertaken between February and March 2022 with 13 forced migrant<sup>2</sup> SGBV survivors, and 13 service provider stakeholders who work with SGBV survivors in seven different organisations. All forced migrant SGBV survivors and service providers were based in Wales. Survivors interviewed included men, women and LGBTQIA+ forced migrants from 11 different countries in Africa, South America and South-East Asia (see Table 1). The service provider respondents included clinicians, project workers and managers from public sector bodies and local, non-governmental organisations.

**Table 1** Survivor interviewees

Category	Number of interviews (13 in total)	
Gender	Male	4
	Female	9
Country of origin	Africa	9
	South-East Asia	2
	South America	2
Marital status	Single	6
	Married	4
	Divorced / separated	3
Immigration status	Asylum seeker	1
	Refused asylum seeker	12
Level of education	Primary	2
	Secondary	1
	Tertiary	4
	Not disclosed	6
Sexual identity	Straight	8
	Gay	1
	Not disclosed	4

All interviews were carried out in English. Survivor respondents were identified via BAWSO. 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 BAWSO, the Welsh Strategic Migration Partnership and Public Health Wales. 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.

<sup>2</sup> 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 described the experiences of SGBV that they encountered as being varied across services and with some having much more contact with survivors than others. Many services received disclosures of SGBV but BAWSO was identified as the only organisation working extensively with forced-migrant survivors of SGBV. All services who received disclosures of SGBV stressed that every experience of SGBV was different. These included SGBV which occurred at the hands of multiple perpetrators along the continuum of violence from pre-departure, through conflict, flight and refuge.

Often SGBV was not disclosed or addressed until survivors were referred to BAWSO. Service providers also mentioned family violence or highlighted that the intensity of violence increased with the length of the journey. One organisation had written a report highlighting how unsafe LGBTQIA+ people were in asylum housing where many have been subject to physical and verbal abuse, with trans women being at particular risk.

The survivors interviewed had experienced wide ranging forms of violence. These included forced and child marriage, FGM or threats of FGM directed at female children, rape within country of origin by individuals or groups, witnessing sexual assault, SGBV in transit, pregnancy by rape, death threats associated with sexual identity, sex trafficking and abuse directed at a woman who gave birth to a disabled child. Two men recounted stories of trafficking and modern slavery and one had been subject to a forced marriage to an older woman when he was a child. One man had to flee his country of origin because he had refused to allow his daughters to be cut. Also, he contravened gender norms wherein he was expected to ensure the women in his family obey him.

*“ In my community or in my tribe, there is a belief and is saying, and a tradition that the husband is the head of the family. They believe that whatever decision that has to take place in the family, it is the responsibility of a man. We believe that no woman can take an action or take a decision about whether a child*

*should be circumcised or not, but that the father’s consent or the father’s direction or order that’s needed. So, they believe that if my wife has escaped, they believe that definitely it must have been based on my own order or our mutual agreement. And as a result of that, they believe that whatever punishment or consequence she deserves for doing so, I also deserve the same.* ”

Busuyi

Risks of violence do not necessarily end after individuals have claimed asylum. Victims of human trafficking and modern slavery remain at risk of exploitation. In addition, survivors who have fled interpersonal violence in their country of origin or within Wales can remain at risk if located by perpetrators. One respondent faced an ongoing risk that their children would be kidnapped and returned to her country of origin for FGM. Although incidents were reported to the Police, it was difficult to predict whether future kidnap attempts might occur.

*“ Someone hinted me that some of my family were planning on coming to the UK, maybe to come and kidnap my child, I don’t know. So, we called the police and social services. So now they can’t take the children out of the UK because they’ve been registered with the courts by social care.* ”

Bass

In addition to SGBV, many respondents experienced racist harassment which was particularly common in less diverse settlement areas. Several respondents discussed the structural violence they were subject to living in poverty, with highly restricted access to work or study and unable to make even basic choices in their life, i.e. about where and with whom to live. Regardless of their situation Social Services were said to only be interested in the living conditions of forced migrant children, sometimes leaving vulnerable adults living in extremely poor conditions. As reported elsewhere in the

SEREDA project, uncertainty was experienced as a kind of violence leaving survivors unable to plan for the future and live in fear of return to persecution.

### Talking about SGBV

While it is important that definitions incorporate differences in modes of working and the remit of different organisations, there needs to be a unified understanding of SGBV which can help strengthen responses across services. We found that there was no common language used by organisations in Wales to discuss SGBV. The terminology used depended on the nature of the organisation and the role of the individual we interviewed. BAWSO viewed SGBV as embedded within the social indicators of health, so considered lack of housing or legal support also as SGBV. They also referred to specific types of experience i.e. forced marriage or domestic violence. Those working for the Welsh Government in some capacity tended to utilise the expression violence against women, domestic abuse, and sexual violence (VAWDASV) which was said to act as an umbrella term encompassing specific harms. Organisations focussing on modern slavery and human trafficking used those expressions to fit the remit of their work. One organisation used domestic violence and coercive control, believing all violence fits under this umbrella as all violence, as an abuse of power, is a form of coercion. Some organisations said they were unsure what expressions to use and tended to interchange terminology. These organisations tended to refer all cases on to BAWSO.

Amongst survivors, many expressed that there was a normalisation of violence in their communities or country of origin. This acceptance of violence as normal made seeking protection difficult. For example, respondents who had experienced or escaped FGM said that laws against FGM were not implemented because society at large was in favour of cutting. Many said they would not discuss SGBV within their communities because of the stigma around sexual assault. Another survivor excused the perpetrator who enslaved him, arguing that he was grateful for having clothes, food and somewhere to stay in the UK. Some survivors did not perceive experiences of violence as violence, even when discussing incidents during the interview.

*“ I have been assaulted. Like, they stole things from me in public areas. I’ve been robbed. Is that violence? ”*

Lisa

### Disclosing SGBV

Disclosure was facilitated when survivors felt safe and that they could trust services. Trust was built through meeting cultural and religious needs, using a trauma-informed approach, and giving people the time they need both in terms of length of appointment but also the duration they are supported by an organisation. BAWSO talked about ensuring that service delivery is embedded in a culturally safe and relevant way, for example by ensuring religious needs are met to build trust and eventually support disclosure. Some other respondents thought that BAWSO was the only organisation in Wales capable of dealing with gender, forced migration and violence issues simultaneously. Most respondents recognised that survivors’ needs changed over time. In the period after arrival, most were focused on meeting basic needs such as housing. One Welsh Government respondent felt that meeting those needs and then “leaving the door open” might encourage people to disclose at a later stage. A NHS respondent said that repeated contact with individuals i.e. through vaccinations and consultations combined with trauma-informed practice builds trust with forced migrants and thus supports those who may have experienced SGBV to disclose when they are ready.

Co-locating services was said to be an effective mechanism to encourage disclosure as survivors build familiarity with a setting and the people within it. There was a consensus that service providers needed training to be able to have “sensitive conversations” and to know how to respond to disclosure. We were told that some individuals did disclose to organisations shortly after arrival in Wales but no referral was made, leaving them without specialised support. One organisation referred women who had not disclosed after “having a feeling” that something was not right.

*“ We give people a bit more time (longer appointments) and we have co-located Red Cross support workers in our department and two of those are women, and one of them speak Somali and one of them speaks Arabic and two of them also have lived experience of seeking asylum as well, and now have refugee status, and so I think just the fact that we employ individuals like that, with lived experience in our department to show sort of*

*an understanding and that we want to hear the service user voice basically, that has really helped build massive trust.*

NHS Service Provider

While there was an agreement amongst all service providers that disclosures of violence should happen at the survivors' pace, this was not the case for disclosure of sexuality or gender-identity. The LGBTQIA+ organisation argued that waiting for a disclosure was problematic and that survivors should be encouraged to disclose their gender identity and sexuality as early as possible so that they could be placed in safe housing away from potentially homophobic co-residents. This is because basic support needed for LGBTQIA+ individuals, such as housing and healthcare, rely on such disclosure.

### Factors increasing vulnerability to SGBV

There are a number of factors that make individuals more at-risk to being subjected to SGBV or exacerbating of SGBV traumas. These include long waiting times and difficult asylum processes, precarious visa status; unsafe or inappropriate housing; negative experiences of authorities and mistrust of authorities; power imbalances with perpetrators and lack of understanding or awareness of violence, rights, and law.

The means and route by which individuals travelled to the UK shaped vulnerability to SGBV en route with lengthy journeys along informal pathways particularly dangerous.

Survivors described extremely long asylum claim waiting times, lack of transparency of asylum claim assessment processes, having to reapply multiple times, and lack of appropriate legal or psychological support. The uncertainty around the outcome of asylum claims and possibility of return to persecution left individuals living in fear of return for months and years which severely impacted on their mental health. One individual had been waiting three years for an initial asylum interview while others had been interviewed several times and were still awaiting a decision. Many had their initial claim rejected and were in the process of appeal. One respondent's asylum claim was rejected several times because she had not provided enough 'evidence' that she is gay. She shared photos and videos but this was still considered inadequate, leaving her frustrated and unable to know what might constitute appropriate evidence.

*The thing is, because my case has been exhausted so most of*

*the lawyers, they don't really want to work with me – they feel like it's a waste of time and all that... Like, because I've been refused two times, I went to court one time for an appeal, it has been refused and I applied for a fresh claim and it was also refused so they feel like I'm just another failed asylum seeker... They just don't believe that I'm gay. I gave them lots of evidence, but they still say that they don't believe I'm gay. Maybe, probably because I have a child or something, I don't know.*

Tum

Another survivor described being caught in two systems: the National Referral Mechanism and asylum systems both requiring lots of evidence which was not shared across the systems. Others described lengthy interviews during which time they received no support despite the expectation that they disclose SGBV.

The age at which an individual was trafficked into the UK impacted on their ability to access knowledge and resources. For example, two respondents were trafficked when less than twelve years of age. They described situations in which they had slipped through the cracks of child protection services. Neither were aware that they were undocumented and once known to immigration services, rather than receiving support, they were criminalised, struggled to access appropriate legal support and then spent many years in immigration systems without receiving medical or psychological care. One respondent, who was trafficked into the UK as a child, described being imprisoned within the criminal justice system. Both victims of child trafficking were expected to provide evidence of entry into the UK and of being trafficked that was not available to individuals arriving as children. Experiences of those in the asylum and immigration systems compounded existing harms, leaving them traumatised and suicidal. One survivor who had been dispersed to a rural area and had no friends explained:

*I told my husband that sometimes I just can't control myself. You know when I'm sleeping in the room, sometimes I'll be thinking that*

*I'm talking to God and I think that maybe God just wants me to end everything but I don't know how to commit suicide – I'm just not that brave. But I'm also not brave enough to face the Home Office.*

Pushpa

This woman leaves her house once a week to access food and clothes from BAWSO.

A number of respondents pointed to vulnerability being generated by an individual's visa or immigration status. These included:

- Residence in Wales being dependent on remaining married when on a spousal visa. Individuals were subject to intimate partner violence and labour exploitation but would not report abuse for fear of detention and deportation. In addition, the stigma associated with divorce in their country of origin meant they were unable to escape abuse by returning.
- Victims bound to abusive partners who are lead applicants in an asylum claim.
- Undocumented or rejected asylum seekers without recourse to public funds were vulnerable to modern slavery.

The nature of asylum accommodation was seen as particularly problematic for LGBTQIA+ individuals who risked homophobic attacks if their sexual identity was disclosed. In addition, the low levels of asylum support, widely acknowledged to be below the poverty line, or not having access to any cash on Section 4 support, sometimes drove individuals into informal work where they were subject to exploitation and abuse.

Inability to speak English or Welsh and lack of knowledge about rights and entitlements were identified as further factors preventing individuals from reporting SGBV. These included:

- The normalisation of violence in some cultures meaning victims were unaware that domestic violence (including coercive control) is illegal.
- Lack of awareness that racist abuse is a crime or where to report such abuse.
- Lack of knowledge of how and where to report violence.
- Fear that reporting violence would undermine an asylum claim.
- Lack of knowledge about support services.
- Inability to trust authorities, with statutory services in particular mistrusted.

Finally, several respondents highlighted that the absence of mental health support for survivors undermined their resilience and ability to engage with services placing them at risk of further exploitation and violence.

*I've been experiencing a lot of problems, and one of them is mental health. I think one of the principal things that we can improve is mental health because when you come here, for example, when I was leaving in my homeland, I used to have, you know my career, my friends, my family, also, my culture, my food, my language, my form of expression... I mean when you come here it's like you don't have any goal and you just focus on survival. You're so intent on surviving, you have a least to have good mental health.*

Kingsley

### Factors enabling resilience

Service provider respondents reported that resilience comes when survivors have choice and agency in their lives, often through encountering client-centred or trauma-informed approaches within support. Survivors highlighted the importance of keeping busy and trying to develop skills. Volunteering gave survivors waiting on their asylum claims, and thus with limited opportunities to work or study, a purpose. They hoped the experience gained would help them get a job once they gained status. Some respondents talked of investing particular effort to make friends, recognising the importance of social networks to their resilience. Volunteering meant they would meet people, feel part of an organisation and make friends. Others attended events organised by migrant organisations, churches and local communities. One individual used the 'BFF mode' on Bumble and made friendships through the application. Another stressed the importance of women's support groups. Having friends and "a community" made survivors feel that they belonged when their experiences of the asylum system meant they were outside of mainstream society. Friends could provide succour in difficult times and made respondents feel less isolated.

Some survivors described being 'resilient' because it's the only 'option' they have. Many

survivors described that their families keep them going. Children provided both a distraction, in that individuals could focus their energies on keeping them busy, and ensuring they had the best possible lives within the constraints of the asylum system. Others described continuing to endure current deprivations in the hope that they would be reunited with family again. Some respondents talked of the emotional support received from partners. Finally survivors referred to the importance of faith and how praying and attending church enabled them to cope with their current situation.

## Models of working

The Welsh Government was said to operate a governance model which facilitated partnership working and cross-referrals. These include governance groups around human trafficking and modern slavery in which multiple stakeholders are made aware of any such situations and sometimes engaged in cross-agency working, for example BAWSO and the Red Cross accompanied the Police on suspected modern slavery or human trafficking raids. There are also a range of groups within the VAWDASV regional structure and local strategies that are established to work a range on VAWDASV issues. They adopt a localised approach in terms of funding wherein assessments are undertaken at local level, and delivery plans prepared setting out local needs. However, the approach relies on buy-in from local authorities, which may not be forthcoming. The Welsh Government also funds training to help organisations recognise VAWDASV under their National Training Framework.

The majority of service providers stressed that collaboration works well in Wales both in terms of working together and cross-referring. We were given many examples of effective collaboration.

“ *Partnership work I would say is really quite tight, so we will work with both statutory and voluntary (organisations) and some areas we've got really good working relationships with probation* ”

Welsh Refugee Council Service Provider

BAWSO received referrals from the police, from other organisations who are not experienced in working with minoritised victims and also received self-referrals. Each new person is assessed and then triaged based on needs. Some will be offered emergency services. They refer out for counselling, primary medical care, language lessons and housing. NHS2 is funded

to undertake health screenings with newly arrived asylum seekers and receives referrals directly from the Home Office. They are co-located with the Red Cross and frequently make referrals across and also out to BAWSO. Other organisations described diverse referral pathways with BAWSO appearing to be the only destination that caters to both forced migrants and SGBV victims, with all other services in Wales either specialising in violence support (without a BAME or forced migrant lens) or settlement and forced migrant social support services (without an SGBV lens).

## Funding

Funding for services for SGBV survivors appeared to be extremely limited. BAWSO are funded under the National Referral Mechanism (NRM) but much of their work is spent supporting women before and after survivors go down the NRM route. BAWSO also receives Welsh Government funding to support VAWDASV victims, this includes those experiencing SGBV as well as early intervention, preventative and educational support, perpetrator intervention programmes, and therapeutic recovery interventions for the ongoing support of those impacted by VAWDASV. Despite this, BAWSO described multiple other activities that they undertake without funding and argued they receive many referrals and do much more for their funds than most other organisations. They sometimes apply for, and receive, funds for specific projects, but these are time limited and action specific, and do not offer the flexibility they need to be agile and person-centred. Two of the NHS respondents described receiving funding from the NHS for specific activities, one of which was time-limited. Another NHS respondent reported that County Voluntary Councils worked with registered community groups to enable access to funds but was concerned that informal groups do not get support despite offering important links into new communities.

The devolved nature of the Welsh Government was seen to present opportunities for investment in SGBV services for forced migrants, including those who were undocumented. Interviewees felt that devolved health and housing policy offered an opportunity to help individuals with no recourse to public funds, as has been the case during the Welsh Government's 'Everyone In' initiative during the Covid-19 pandemic. The Uncharted Territory Review also identified possible avenues to explore further in terms of availability of support that could be provided to people with NRPF using the Social Services and Wellbeing Act 2014.

## Interventions and Service Provision

Organisations provide a range of different services, both collectively and as individual organisations but we were told that only BAWSO's services were able to support forced migrant SGBV survivors. SGBV survivors were able to call the Wales National Helpline, Live Fear Free, managed by Welsh Women's Aid, but specialist support in terms of forced migration are referred on to BAWSO. Support such as casework, material aid, settlement support, health and other wrap around services are provided by a range of providers. Service providers offered health screening and support (NHS) and referrals to other services as needed. One respondent provides settlement support for new arrivals plus those who are transitioning to mainstream services after positive decision but work most intensively with individuals in the first three months after arrival. This organisation sought to offer services that are client focussed based on the needs of individuals or families and included social support services, housing and help with the asylum system. Another provider build capacity around voice for advocacy and people including training on violence and how to work with traumatised SGBV survivors but they were not able to routinely offer training on cultural competency or on working with individuals without recourse to public funds.

Survivors listed a range of organisations they used to gain different kinds of support. Most were housed by the Home Office in one of the five established dispersal areas in Wales. Material interventions such as access to food was available in some areas i.e. via the Red Cross, Migrant Help and the Salvation Army. One survivor also accessed help from an African Community Association. Few survivors had been able to access the mental health services they need although James and Marie had eventually found mental health interventions had helped them to begin to recover from trafficking experiences. Another respondent mentioned the help she had received from her church with several highlighting the importance of social support received from their wider community. Marie said the most useful support received was the sense of community and belonging that she has felt when engaging with LGBTQIA+ organisations Hoops & Loops and Glitter Cymru. Imam, who had been persecuted in her country of origin after giving birth to a disabled child, found the activities and days out arranged by organisations enabled her to be occupied. The parents' group, at the special needs school her child attended, made her feel supported and that she is not alone. Several respondents mentioned the importance of having friends who had been through similar experiences and could offer support. Fran pointed to the importance

of local language classes which had helped her to learn English while making new friends. Two respondents mentioned the importance of access to the NHS. In one instance, the GP connected Bab to a number of local organisations who offered support despite their having limited knowledge of forced migration.

Several survivor and service provider respondents noted the absence of appropriate mental health services for forced migrant survivors. In particular, there was only one service able to work with PTSD and this was so oversubscribed that survivors had to wait at least 18 months. Survivors struggled to identify clear pathways into mental health support. Two NHS respondents were well aware of the paucity of mental health services for forced migrant survivors and argued that individuals in need of help were being medicated instead of receiving help. It was argued that investing in co-located mental health services would better meet the mental health needs of survivors. Ideal provision would include a service for psychoeducation and short-term coping mechanisms so people develop skills and strategies to cope on arrival.

“ *There's a massive gap in Cardiff so I end up generally not referring anybody anywhere with PTSD because there's nowhere to refer to... So, I have 3 places to refer people with mental health problems. Firstly, if someone's got anxiety or depression or OCD I can refer them to our primary mental health service, that's like a really low tier for psycho-education, a bit of group sessions and a bit of one-to-one counselling. They don't deal with PTSD – they say it's outside their remit because it's too specialist. So, I then could refer them to the CMHT (Community Mental Health Teams), the local CMHT and what they would then do is they have to refer them to a tertiary PTSD service which there is in Cardiff. The waiting list for that is 18 months* ”

NHS Service Provider

As well as wishing to receive more help with mental health survivors wanted better legal support with their asylum claims and awareness raising around legal rights. Survivors struggled to know about eligibility to services, what services were available and how services work. Reflecting the findings of research with survivors in the wider SEREDA project respondents said that a positive outcome to their asylum claim would put an end to the uncertainty in their lives and enable them to move on. Several survivors said that their low levels of English prevented them from accessing mainstream services and training and wanted to attend language classes. Two respondents lacked confidence to engage in any activity because they were concerned that they would be stigmatised as SGBV survivors.

### Challenges to meeting need

Low levels of funding constituted the major challenge to meeting the needs of survivors. Providers described being underfunded to deal with their current caseload, and having to be reactive to short-term emergencies rather than offer the long-term help that individuals needed. At the same time, project-based funding meant that providers were not able to be reactive to clients' changing needs, nor provided sufficient core funding for organisations to conduct critical work supporting survivors. Many service providers noted that demand exceeded supply of services highlighting that some individuals were receiving some of the help needed while others were unable to get any help at all. This situation was exacerbated during the pandemic. Short-term funding, sometimes for as little as a year, meant organisations spent precious time chasing grants rather than helping their clients. Others were bound by funding constraints that meant they could only offer services to certain groups of people.

One Welsh Government respondent described a lack of collaboration within Welsh Government and on the ground service providers. They outlined the need for Ministers to work across portfolios, for example, the issues of forced migration and violence against women and girls was not connected so refugees could be forgotten in the VAWDASV sector, while the refugee sector lacked the expertise to deal with SGBV and forced migrants. This respondent noted a push to join things up but given that Wales has a small population of forced migrants it was hard to make the case for more investment.

A lack of skills and training and meaningful engagement with communities about forced migration and SGBV meant most organisations could not meet the needs of specific populations. NHS respondents said there was a lack of understanding of the needs of diverse communities and how to respond in a culturally appropriate way. Translation of materials was

rare and staff were not supported to develop cultural competency. No people with lived experience of forced migration were represented on local health boards leading to a lack of awareness of needs. Further there was little understanding among providers about the stigma associated with talking about violence in some communities. Organisations lacked knowledge of how to identify, support and refer individuals subjected to modern slavery with referral pathways unclear. The overall lack of capacity and expertise around forced migration and SGBV in Wales exacerbated the over-reliance on BAWSO who felt they lacked any further capacity without receiving additional funds.

“ *Too many people are emailing (me) left, right and centre because they all want to tick a box saying they've reached out to BME people or ME people – whichever acronym you like, I hate them all. But there is a need for someone to reach out to communities because I keep saying to the health board, you won't get buy-in if you don't give them mutual respect by going out to them (but it can't be just me).* ”

Welsh Government Worker

### Monitoring and recording SGBV

Some feedback processes were in place for organisations to improve their services. For example debriefing sessions were run after trafficking or modern slavery raids to enable agencies to reflect on strengths and weaknesses of actions enabling improvements to be made. On the whole service providers argued there need to be better systems around monitoring access and determining need. Currently, need is assessed only on the basis of how many people access services, with little data available about barriers to access. In addition two respondents pointed to survivors not having sufficient knowledge about how to report issues such as harassment. Thus the extent of unmet need is unknown.

### SGBV and Integration

The vast majority of asylum seekers remain in the UK either having received refugee status, or leave to remain, or as rejected asylum seekers with no recourse to public funds. The Home Office stresses that integration only begins in the UK with a positive asylum decision and thus

asylum seekers and rejected asylum seekers are not supported to integrate. In Wales, attitudes towards the integration of those without a positive decision are different and the Welsh government policy position on integration is that integration begins from the point of arrival. Nonetheless those without leave to remain talked about the impossibility of integration when not allowed to choose where to live, and very limited opportunities to work, study or learn the language because of the way the Home Office manages the asylum accommodation and dispersal arrangements. Regardless of status, experiences of violence make integration particularly challenging.

Psychological trauma, especially when untreated, undermines integration processes. Survivors described feelings of hopelessness, high levels of anxiety, depression, shame, anxiety, insomnia, nightmares and bodily pain as well as having low levels of confidence.

“ *Many individuals are left with post-traumatic stress disorder and so one of the main symptoms of that is the inability to trust anybody, and so that heightened anxiety, the inability to relax, the inability to concentrate and short-term memory problems, all those issues making it extremely difficult to integrate.* ”

NHS Service Provider

Some survivors talked of physical problems such as back pain resulting from forced labour. Others discussed the desperate need for psychological support and the lack of such help meaning they were unable to progress in their lives. Living with psychological and physical problems made focusing on activities such as language learning, education and training extremely difficult with one respondent saying she did not see any point in life. In addition shame and stigma prevented individuals from making social connections leaving them isolated and unable to access the social support acknowledged to be an important route to integration. Other respondents, particularly those in small settlements without many diverse communities, talked of feeling desperately lonely and not knowing how they could make friends. Lack of social networks prevented them from moving forward with their lives. The two survivors of modern slavery who had arrived in the UK as children had not been permitted to attend school and thus were not literate which held them back from engaging in integration activities and accessing work. No

services were available to enable them to move forward.

Integration is a shared responsibility with local government and local populations having a key role. Five respondents outlined experiences of racism, often perpetrated by young people or children, which they and/or their children had faced in Wales. They did not know how to respond to these incidents with several saying local people needed to receive education about how to live around refugees as they had not encountered people from other countries previously. Clearly being subject to racism will undermine individuals' ability to feel at home.

“ *Sometimes I'm walking with my mum and kids throw things at us, or call us Indians... One day I was with my brother and we were walking down near the library, and there was a homeless man and he said 'fucking Indians, go back to your country'... I'm sorry I don't know if I can say that word... So yeah, he said that and we felt really awful. We were new in town, it was just 3 years ago.* ”

Lisa

Although the Welsh Government endorses supporting asylum seekers to integrate they are constrained by national legislation which limits opportunities for asylum seekers being able to work or study. Those individuals “stuck” in the asylum system spoke of “losing years” not being permitted to work or study. Individuals with skills and experience in careers such as nursing spoke of their fears they would be deskilled when they finally received a positive decision.

“ *Sometimes, there are things that, if I was in my home country, there are things that I could have achieved. I could have done better, I could've moved faster. You understand? There are so many things I could've achieved. By being here for five years with virtually no progress is something that is very painful.* ”

Busuyi

Most spoke of the debilitating effect on their health and wellbeing of being made to be dependent on the asylum system when they wanted to be independent.

### Scope for supporting SGBV survivors in Wales

Wales does not have devolved responsibility for immigration and asylum policy nonetheless the devolved nature of health and housing policy mean there is potential to develop policy and fund practice for forced migrant SGBV survivors regardless of their immigration status. While the Welsh Government have acknowledged that current responses to human trafficking and modern slavery are in need of improvement, there is also potential to improve services for other survivors of SGBV. The Welsh Government can build on the UK's Modern Slavery Strategy and design interventions specific to the Welsh context ensuring that responses to modern slavery and human trafficking are more joined up and offer clear pathways to support and protection. It can also continue to develop the areas in which Wales has led the way in the UK in terms of developing first responder pathways and as one of the three initial adopter sites for testing child trafficking guardian initiative with Barnado's. The VAWDASV (Wales) Act, 2016 was also mentioned as a legislative instrument that can be used to advocate for more support for survivors.

There are a number of structures nationally and locally which could provide additional leadership and governance around a cross sector, integrated approach to jointly commissioning services for survivors of SGBV. These include the ministerial taskforce for refugees and asylum seekers, Public Service Boards and their duties under the Wellbeing of Future Generations' (Wales) Act 2015 and local partnership arrangements mandated to work together by the Social Services and Well-being (Wales) Act 2014. In Wales, the VAWDASV strategy recently underwent a refresh which involved a consultation with key players in the sector. As part of this, a Blueprint approach was proposed for Wales, inspired by similar approaches that have been taken for social policy issues that require a collaborative and inter-governmental approach that brings together devolved and non-devolved policy areas. This Blueprint approach subsequently provides an opportunity to adopt a public health approach to VAWDASV in Wales. While this could see better support and outcomes for forced migrant survivors of VAWDASV in Wales, there must also be consideration of the legal complexities of the devolved nature of the Welsh Government, and associated risks of support being provided that is within the British Governments remit.

The refresh of the Welsh government VAWDASV policy can be used to advocate for more support, using the VAWDASV (Wales) Act 2015 as the underpinning legislation. An adoption of a public health approach to VAWDASV can also feed into devolved Government opportunities; and there may also be opportunities for better bridging of devolved and non-devolved responsibilities across Wales in the Criminal Justice system if the Blueprint approach to VAWDASV is adopted. Such an approach would enable closer, integrated partnership working between policy, Welsh government and wider public service in Wales, in a similar way to the approach being taken to youth justice and female offending. The Wellbeing of Future Generations and Social Services and Wellbeing Acts encourage policymakers to work together and develop a strategic vision and could be invoked to develop initiatives around forced migration and SGBV, but there is more potential for change using Welsh policy instruments. The Welsh Government LGBTQIA+ Action Plan places all responsibility for LGBTQIA+ asylum seekers on the UK Government but there may be opportunities to work more closely with Home Office contracted accommodation providers who look to local authorities to help them source suitable housing for asylum seekers, and this could bring about safer housing for LGBTQIA+ asylum seekers.

Once refugee status is granted, the Welsh Government has the responsibility for ensuring that housing, where provided by the local authority, meets the needs of the individual. Similarly, the Race Equality Action Plan consultation sets out an ambition to deliver an anti-racist Wales and recognises the particular inequality faced by refugee and asylum-seeking communities around education, fair work and the experience of trauma and access to mental health services. The experience of SGBV survivors is currently not referenced by the plan.

Respondents pointed to the ways in which Welsh Covid-19 policy had made services more accessible in the pandemic. The 'Everyone In' Initiative improved the lives of forced migrants without recourse to public funds because everyone had access to governments support and services. They argued that there is an opportunity in Wales to advocate for maintenance of these new social services for groups and with the Welsh Government having committed services it may be possible to incorporate SGBV work in a way that is legal and within the bounds of their immigration remit. It was also suggested that the Welsh Strategic Migration Partnership be given a remit to coordinate cross-sector working to better meet the needs of SGBV survivors.

Welsh service providers, reflecting the responses of those in the rest of the UK, expressed concerns about the likely effect of the Nationality and

Borders Bill on SGBV survivors in particular the likelihood that it will increase levels of destitution and associated unsafe work and sexual and labour exploitations. Three service provider respondents called for Welsh Ministers to continue to push back on this Bill but also to advocate for SGBV survivors. Service providers argued the Government should resist aspects of the Bill's implementation in Wales the way it had previously refused to allow accommodation and detention centres in Wales.

## Conclusions and recommendations

There is clear evidence that forced migrant SGBV survivors in Wales need additional support. There is only one organisation with the expertise to work with forced migrant survivors and this organisation is under-funded and over-capacity. Migrant individuals and families who are victims of domestic abuse, “honour-based” violence and those who have NRPF often struggle to access services. For them achieving sanctuary even in its most basic form – a safe place to live – is fraught with obstacles. Lack of entitlement and associated funding means many survivors of domestic abuse are systematically deprived of basic safety and support. Currently there is a lack of referral pathways, an almost complete absence of mental health services, and in some areas few activities that can help isolated survivors. Yet the Welsh policy environment and the devolved nature of health, social care, education and housing policy lend themselves to the development and cross-sector implementation of initiatives for survivors. For Wales to fulfil its aspiration to become a Nation of Sanctuary it should ensure equal access to basic safety and support for all individuals and families who experience violence and abuse. By building on the existing work funding public (education, health, social care and housing) services which are within its devolved powers, the Welsh Government could ensure all VAWDASV services can sufficiently support victims and survivors regardless of their immigration status, for example, by making funding available for those with NRPF.

In the following section we outline service provider and survivors’ suggestions about how provision might be improved in Wales. These recommendations are outlined below:

- **Funding** - long-term and core funding and funding that is dedicated to forced migrant SGBV service provision is needed. Funds are needed for mental health services ideally co-located around existing provision. BAWSO undertake the majority of the forced migrant SGBV work in Wales but are only funded for a proportion of this work. Funding is needed for additional capacity within Wales and for grassroots organisations to act as community ambassadors supporting community access to services.
- **Additional services** – survivors wanted to see more services that they can approach without referral and where there is a safe and trusted space to enable disclosure. Women’s groups are also needed, especially in rural or less-diverse areas, for new arrivals to be able to meet people and build social networks.
- **Extending Covid support** – “Everyone In” had led to some useful developments that reduced the vulnerability of survivors and thus should be continued.
- **Information sharing** – better data sharing between Welsh Government departments is needed to enable working together across portfolios. Organisations could also come together to lobby for services for SGBV survivors.
- **Training** – although the National Training Framework (under the VAWDASV Act) provides training on VAWDASV, service providers called for more training on modern slavery, human trafficking and other forms of SGBV to be offered to all organisations in contact with forced migrants. Training might help take some of the pressure off BAWSO but only if coupled with greater investment in specialist services. Training should enable organisations to identify violence, to respond sensitively, and to ensure they are aware of referral pathways. Organisations not familiar with working with minoritised groups should be offered cultural competency training.
- **Education and professional learning opportunities for new arrivals** – language classes empower survivors to speak for themselves, education and training provide a distraction from trauma and the uncertainty of waiting. Such opportunities are needed to help individuals to be occupied while waiting. Basic skills training is needed for individuals who have missed out on education to enable them to catch up.

- **Better safeguards for children** - more safeguards are needed for children who have been trafficked into the country and to identify individuals trafficked as children. Services are needed to address the complex trauma associated with being trafficked as a child.
- **Housing** – more joined up working is needed between Welsh local authorities and Home Office accommodation providers to support ‘matching’ people for housing that is appropriate for them, especially single mothers and LGBTQIA+ people. The Welsh Government should push the Home Office to ensure their providers take action on hate crimes occurring within asylum housing.
- **Asylum system** - more transparency and efficiency is needed around asylum processes to minimise waiting times, case workers need to be more empathetic, and the nature of evidence needed (i.e. to prove SGBV or sexuality) should be clarified.
- **The right to work and study** – those in the asylum system should have easier access to work and study so that they can be distracted from trauma and uncertainty and build their skills and knowledge to enable integration.
- **LGBTQIA+ and Older people** – Further work is needed with organisations leading the way in Wales such as Dewis Choice, on understanding the requirements of this group to ensure that it includes SGBV survivors of forced migration.
- **Race Equality** – seek opportunities to strengthen the Race Equality Action Plan and VAWDASV strategy refresh to focus on forced migrants and in particular those who are struggling to access services for SGBV and/or are subject to racial discrimination.
- **Trauma-informed practice** – work to developing trauma informed services in Wales must include the experience of SGBV survivors – further research is needed on the experiences of adversity and trauma in relation to SGBV and migrants, refugees and asylum seekers in Wales.

## Bibliography

Cockburn, C. (2004) 'The Continuum of Violence: A Gender Perspective on War and Peace', in Gile, W. (ed.) *Sites of Violence: Gender and Conflict Zones*. California: California University Press.

Domestic Abuse Commissioner for England and Wales (2021) *Safety Before Status*. Available at: <https://domesticabusecommissioner.uk/wp-content/uploads/2021/10/Safety-Before-Status-Report-2021.pdf>

Domestic Abuse Commissioner for England and Wales (2021) *Migrant victims forced to stay with abusers or face destitution because they can't access public funds*. Available at: <https://domesticabusecommissioner.uk/migrant-victims-forced-to-stay-with-abusers-or-face-destitution-because-they-cant-access-public-funds/>

Dorling, K., Girma, M. and Walter, N. (2012) *Refused: The experiences of women denied asylum in the UK*. London: Women for Refugee Women.

Dudhia, P. (2020) *Will I ever be safe? Asylum-seeking women made destitute in the UK*. London: Women for Refugee Women. Available at: <https://www.refugeewomen.co.uk/wp-content/uploads/2020/02/WRW-Will-I-ever-be-safe-web.pdf> (Accessed 20 July 2021).

Freedman, J. (2010) Mainstreaming gender in refugee protection, *Cambridge Review of International Affairs*, volume 23, issue 4, pages 589-607. [dx.doi.org/10.1080/09557571.2010.523820](https://doi.org/10.1080/09557571.2010.523820).

Friedman, A.R. (1992) Rape and Domestic Violence: The Experience of Refugee Women, *Women & Therapy Journal*, volume 13, issue 1-2, pages 65-78.

HM Government (2021) *Tackling violence against women and girls strategy*. National strategy. Available at: <https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy> (Accessed: 22 July 2021).

Hopkins, J.C. and Assami, A. (2021) *Uncharted Territory Review*. Available at: [https://phwwhocc.co.uk/wp-content/uploads/2021/08/Uncharted-Territory-Rapid-Review-19\\_08.pdf](https://phwwhocc.co.uk/wp-content/uploads/2021/08/Uncharted-Territory-Rapid-Review-19_08.pdf)

Hourani, J., Block, K., Phillimore, J., Bradby, H., Ozcurumez, S., Goodson, L., Vaughan, C. (2021) *Structural and Symbolic Violence Exacerbates the Risks and Consequences of Sexual and Gender-Based Violence for Forced Migrant Women*. *Frontiers in Human Dynamics*.

Hubbard, A., Payton, J. and Robinson, A. (2013) *Uncharted Territory: Violence Against Migrant, Refugee and Asylum-Seeking Women in Wales*. Available at: <https://orca.cardiff.ac.uk/64055/1/Hubbard%2C%20Payton%20and%20Robinson%20%282013%29%20Uncharted%20Territory.pdf>

Kostovicova, D., Bojicic-Dzelilovic, V. and Henry, M. (2020) Drawing on the continuum: a war and post-war political economy of gender-based violence in Bosnia and Herzegovina. *International Feminist Journal of Politics*, 22(2), pp. 250-272.

Ozcurumez, S., Bradby, H., and Akyuz, C. (2018). *What is the nature of SGBV?* IRIS Working Paper Series, No. 27/2019. Birmingham: Institute for Research into Superdiversity.

Rohwerder, B. (2016) *Women and girls in forced and protracted displacement*. Governance and Social Development Resource Center.

Schlecht, J. (2016) *Women's Refugee Commission: A Girl No More: The Changing Norms of Child Marriage in Conflict*. Available at: <https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/Changing-Norms-of-Child-Marriage-in-Conflict.pdf> (Accessed 15 June 2021).

UNHCR (2022) *A month since the start of the war, almost a quarter of Ukraine's population are displaced*. <https://www.unhcr.org/uk/news/briefing/2022/3/623da5894/month-since-start-war-quarter-ukraines-population-displaced.html>

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

UNHCR (2011) *Action against Sexual and Gender-Based Violence: An Updated Strategy*. UNHCR Division of International Protection. Available at: <https://www.unhcr.org/uk/protection/women/4e1d5aba9/unhcr-action-against-sexual-gender-based-violence-updated-strategy.html>. (Accessed 9 April 2021).

WRC (2019) *More than one million pains. Sexual violence against men and boys on the central Mediterranean route to Italy*. Women's Refugee Commission. Available at: <https://reliefweb.int/report/italy/more-one-million-pains-sexual-violence-against-men-and-boys-central-mediterranean-route> (Accessed 15 July 2021).

WRC (2020) *Sexual Violence against Men and Boys in Conflict and Displacement: Findings from a Qualitative Study in Bangladesh, Italy, and Kenya*. Women's Refugee Commission. Available at: <https://www.womensrefugeecommission.org/research-resources/sexual-violence-against-men-and-boys-in-conflict-and-displacement-findings-bangladesh-italy-kenya/> (Accessed: 21 July 2021).

Welsh Government (2010) *Right to be Safe Strategy 2011-2016*. Available at: <https://gov.wales/written-statement-right-be-safe-strategy-4th-annual-report>

Welsh Government (2015) *Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act*. Available at: <https://www.legislation.gov.uk/anaw/2015/3/contents>

Welsh Government (2015) *Well-being of Future Generations (Wales) Act*. Available at: <https://www.futuregenerations.wales/about-us/future-generations-act/>

Welsh Government (2019) *Nation of Sanctuary - Refugee and Asylum Seeker Plan*. Available at: [https://gov.wales/sites/default/files/publications/2019-03/nation-of-sanctuary-refugee-and-asylum-seeker-plan\\_0.pdf](https://gov.wales/sites/default/files/publications/2019-03/nation-of-sanctuary-refugee-and-asylum-seeker-plan_0.pdf)

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