

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

## Introduction

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). Women and girls face specific vulnerabilities when forced to migrate. These include heightened vulnerability to sexual and gender based violence (SGBV). The Women's Refugee Commission (2019) have highlighted extraordinary levels of SGBV experienced by refugees during recent conflicts, throughout flight, in camps and in immigration detention. The scale of such experiences remains unknown although generally exceeding 50% of all women and with under-reporting the norm. LGBTQIA+, men and boys are also targeted. 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.

The SEREDA project aims to understand the nature of SGBV experienced by refugees who have fled conflict and are residing in countries of refuge. Funded by ACE Support Hub and UKRI Quality-Research funding in Wales, the Welsh project was undertaken in early 2022 and led by the University of Birmingham with support from Cardiff University. This brief outlines the findings from interviews with survivors and service providers, exploring the current state of provision in Wales and how it might be improved. We begin by outlining methods utilised before summarising

findings around the nature and impact of SGBV. We then outline the ways in which services are provided in Wales before setting out recommendations.

## Methods

Interviews were undertaken in Wales with 13 forced migrant<sup>1</sup> SGBV survivors, and 13 service providers who worked with SGBV survivors, during February and March 2022. Survivor respondents came from 11 different countries in Africa, South America and South East Asia and were identified through contacting

<sup>1</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.



NGOs working with forced migrants. Respondents self-identified as experiencing SGBV after broad screening questions. Interview questions asked about experiences of SGBV, perpetrators, support to aid, factors shaping vulnerability and resilience, help needed and received and the effects of SGBV on resettlement.

Service providers from across Wales were approached having been identified as having contact with forced migrant SGBV survivors. They included individuals working with, or with responsibility for, forced migrants in charities, health services, and the public sector who were asked to give an overview of survivors' experiences, vulnerabilities and resilience factors, the services they provided, data and monitoring, and treatment and intervention approaches, as well as to reflect on the impact of SGBV on integration. Ethical approval was received from the University of Birmingham Ethical Review Committee for the SEREDA project. Interviews were undertaken with full informed consent with interviewees assured of anonymity in subsequent reports, discussions and publications. Steps were taken to reduce the potential for re-traumatisation, and respondents in need of support were referred to the appropriate agencies.

## Findings

### Experiences of SGBV

The forced migrants interviewed for the SEREDA project were asked about their experiences of SGBV. Some had experienced one discrete incident, while others experienced repeated incidents that occurred at the hands of different perpetrators over time and place. Researchers have used the term continuum of violence to describe the ongoing violence experienced by women before, during and after conflict. Some respondents experienced both interpersonal violence (IPV) and other forms of SGBV. A LGBTQIA+ respondent explained how their life was at risk in their country of origin because of their sexual identity. Some forms of violence were structural. Incidents included:

#### Violence pre-displacement

- Forced marriage (women and men) and child marriage
- Violence and SGBV within families
- Imprisonment and control
- Female genital mutilation (FGM) and threat of FGM
- Rape by individuals or groups
- IPV by husband and his family

- Normalisation of violence and impunity for abusers
- Death threats because of sexual identity
- Modern slavery

#### Violence in Conflict and Flight

- Physical violence and SGBV by multiple perpetrators
- Transactional sex and rape by traffickers
- Being forced to witness sexual assault
- Enslavement and kidnapping

#### Violence in Wales

- Intensification of IPV and use of immigration status to control
- Discrimination and racist attack
- Modern slavery and sex trafficking
- Aggressive and lengthy asylum interviews
- Relationship between waiting, destitution and psychological disorders
- Harassment in asylum housing of LGBTQIA+ forced migrants
- Children at risk of abduction for FGM
- Detention and criminalisation of victims of modern slavery
- Insufficient specialist services for survivors – lack of treatment exacerbates conditions.

The combined effects of the above violence were reported to result in high levels of trauma resulting in physical and psychological harms. Respondents talked of pain relating to earlier SGBV experiences, feeling suicidal, sleep disorders, depression and anxiety. Women SGBV survivors kept away from their wider community because they feared stigmatisation if others found out they had been victimised.

In asking about disclosure we learned from service providers that the process of disclosing could take years. Reasons for non-disclosure included self-blame, stigma, shame, guilt, not knowing that experiences "counted" as violence, the normalisation of violence, and fear of authority. Only one provider was said to offer a culturally safe service to build trust and eventually support disclosure. BAWSO was thought to be the only organisation in Wales capable of dealing with gender, forced migration and violence issues simultaneously. A LGBTQIA+ organisation argued that waiting for a disclosure was problematic stating that survivors should be encouraged to disclose 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, relies on such disclosure.

## Factors increasing vulnerability to SGBV in Wales

Service providers and survivors outlined a range of factors which shaped vulnerability. The asylum and immigration systems were cited as problematic by both service providers and survivors as these tied survivors to abusive relationships, generated precarious status, impoverished survivors and undermined survivors' mental health. Factors discussed included:

- Lengthy and informal forced migration pathways to the UK
- Long asylum processes with periods of destitution
- Lengthy asylum interviews which re-traumatise applicants
- Unsafe, poor and inappropriate housing
- Poverty, restricted access to work and periods without financial support
- Precarious visa status or dependence on abusers in spousal visas or as a dependent of a lead asylum applicant
- Inadequate or poor access to legal support
- Inability to speak English or Welsh
- Lack of access to information about rights and entitlements
- Inability to access psychological support
- Having no recourse to public funds status
- Living in a rural area

While modern slavery invariably involves vulnerability to SGBV we noted the particular vulnerability of those who were trafficked into the UK as children but came to the attention of authorities in adulthood. It was impossible for them to provide evidence of arrival timings to the Home Office and they had missed out on schooling and had not developed basic literacy and numeracy skills.

## Factors shaping the resilience of survivors

The inability to have choice and agency in lives of forced migrant survivors was a core factor undermining their resilience. Gaining leave to remain meant regaining agency and having choices about where and with whom to live, and around employment and study options. Waiting for a decision on their asylum claim meant survivors were adrift for many years. Survivors used different mechanisms to try to survive this period including becoming volunteers, learning new skills, making friends, joining congregations and practicing their faith and attending events and activities organised by migrant

organisations. Reflecting findings across the whole SEREDA project a LGBTQIA+ respondent stressed the importance of finding community through LGBTQIA+ organisations. Some tried to remain strong for their children focusing on giving their children the best possible life. Others talked of surviving but not living while their lives were on hold and had lost all hope of having a decent life.

## Approaches to service provision for survivors in Wales

The Welsh Government governance model facilitates partnership approaches to working on SGBV. 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.

Many respondents noted that BAWSO was the only organisation within Wales that had the expertise needed to offer services to forced migrant SGBV survivors with other migrant and domestic violence organisations tending to refer to them. Some respondents had disclosed to other organisations but had not been offered any services or support. BAWSO operates an assessment and triage model where they identify an individual's needs and provide emergency and longer term support depending on what is needed. Welsh Women's Aid built capacity around voice for advocacy and offered training on violence and how to work with traumatised SGBV survivors but did not routinely offer training on cultural competency or on working with people without recourse to public funds.

A number of non-SGBV services were accessed by respondents. One service provided settlement support for new arrivals, plus those who are transitioning, to mainstream services after a positive decision. This organisation offered client focussed services based on the needs of individuals or families and included social support, housing and help with the asylum system. Other interventions included access to material resources, such as food were available in some areas via the Red Cross, Migrant Help and the Salvation Army. One survivor accessed help from an African Community Association and several were helped by faith organisations. Some survivors could not access mainstream services because they were unable to speak English or Welsh.

The lack of legal support services and especially psychological support services was widely noted. Particular concerns were expressed about there being only one service able to work with PTSD. This was so oversubscribed that survivors had to wait at least 18 months. Survivors struggled to identify clear pathways

into mental health support. Respondents argued that individuals were being medicated instead of receiving help. Investing in co-located mental health services would help meet the mental health needs of survivors. Provision could include a service for psychoeducation and short-term coping mechanisms to enable people develop skills and strategies to cope on arrival.

## Barriers to service provision

Funding for services for SGBV survivors is extremely limited. BAWSO are funded under the National Referral Mechanism (NRM) but much of their work is spent supporting women before and after survivors engage with the NRM route. BAWSO and other organisations were largely funded for short periods to undertake specific projects and spent much time seeking funds rather than delivering services. Across Wales demand for services was said to outstrip supply. Providers said they were only able to offer short-term help to those individuals in the greatest need leaving many others needing help without any support. Delivery models operated on a reactive rather than proactive basis.

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. Organisations lacked knowledge of how to identify, support and refer individuals affected by modern slavery with referral pathways unclear.

Although some organisations collected information about their clients, 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. Thus the extent of unmet need is unknown.

## SGBV and integration

The Home Office stresses that integration only begins with a positive asylum decision and thus asylum seekers and rejected asylum seekers are not supported to integrate. In Wales, attitudes are different and the Welsh government policy position is that integration begins from 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. Regardless of immigration status, experiences of violence make integration particularly challenging. Further, experiences of racism undermined individuals' ability to feel that they could belong in Wales.

## Scope for supporting SGBV survivors in Wales

The devolved nature of the Welsh Government presents opportunities for investment in SGBV services for forced migrants, including those who are undocumented. Devolved health and housing policy offers an opportunity to help individuals with NRPF, 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.

The refresh of the Welsh government Violence Against Women, Domestic Violence and Sexual Violence (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.

The Wellbeing of Future Generations and Social Services and Wellbeing Acts encourages policymakers to work together and develop a strategic vision and could be invoked to develop initiatives around forced migration and SGBV. 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 safer housing for asylum seekers.

Respondents were concerned about the effects of the Nationality and Borders Bill on SGBV survivors and the likelihood it would increase vulnerability to SGBV. There was support for the Welsh Government to resist aspects of the Bill's implementation in Wales in the way it had previously refused to allow accommodation and detention centres in Wales.



## 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 which are within its devolved powers, the Welsh Government could ensure all services can support victims and survivors regardless of their immigration status.

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

- **Funding** – long-term and core funding and funding is needed 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 should be continued.
- **Information sharing** – better sharing is needed 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, 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 are needed for all as they 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 are needed for children who have been trafficked into the country and to identify individuals trafficked as children.
- **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.
- **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 for applicants.
- **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 is needed.
- **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.

## References

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Link to full report: <https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/iris/2022/sereda-wales-report.pdf>

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