

The interests and vulnerabilities of female forced migrants need to be recognised and integrated within the national strategy for tackling violence against women and girls

Over 82 million people were forcibly displaced in 2020, around half being female. Women and girls face specific vulnerabilities in forced migration including sexual and gender-based violence (SGBV). The exact proportion of forced migrants experiencing SGBV is unknown but thought to exceed 50%. Men, boys and LGBTQIA+ people can also be victims. [Jenny Phillimore](#) and [Sandra Pertek](#) shed light upon forced migrants' experiences of SGBV based on interviews with 68 forced migrant SGBV victims, and 26 service providers working with victims, between 2018 and 2020.

Attention is focused once again on the migrants crossing the channel as a mild November has seen record numbers making the hazardous crossing. The government claim the majority are male economic migrants, despite evidence [recently published](#) in the *Guardian* indicating that the majority are from war-torn countries and meet criteria for refugee protection. With the numbers of displaced people reaching an all-time high of 82 million in 2020, and increasingly feminised with around 48% women or girls, those arriving from across the Channel reflect patterns of displacement across the globe, albeit at a tiny scale.

Yet the image of the male 'bogus' asylum seeker, invading our shores is pervasive. The asylum system, too, works on the premise that asylum seekers are predominantly male, portraying them as a threat to culture, security, and society. [New research by the SEREDA project](#) at the University of Birmingham shows the harm occasioned by the asylum system to forced migrants survivors of sexual and gender based violence (SGBV), the majority of whom are women. The SEREDA team has interviewed 68 SGBV survivors and 26 service providers working with survivors, and has run workshops and consultations with a wide range of policymakers and practitioners to develop a detailed picture of what happens to SGBV survivors when they arrive in the UK. The evidence collected lifts the lid on the appalling treatment of forced migrant SGBV victims.

The vast majority of forced migrant victims experienced repeated incidents that occurred at the hands of different perpetrators over time and place. Many survivors experienced both family or intimate partner violence, and other forms of SGBV at the hands of strangers. Violence occurred pre-conflict, in conflict as a form of torture, physical violence or being forced to marry, in flight in camps, at the hands of authorities, being enslaved by traffickers and witnessing extreme acts of violence and then after arrival in the UK. LGBTQIA+ respondents gave detailed accounts of violence committed by family, officials, smugglers, other forced migrants and co-ethnics including conversion/corrective rape. For many their journey to an imagined safety took years and involved abuse occurring in many countries at the hands of many people. Crossing the Channel in a small boat is one of many hazards deemed worthwhile to reach safety, which until that point has proved elusive.

Many are suffering from the combined and untreated psychological and physical effects of repeated SGBV. These include suicide ideation, sleep disorders, extreme anxiety, depression and PTSD alongside broken bones, pain, urinary difficulties, HIV and more. Some bring with them the children of rape. Once in the UK, survivors are placed in detention or in asylum hostels. The presence of male staff and/or male forced migrants and absence of safe spaces, including toilets and bathrooms with locks, places them at risk with several reporting attempted rapes and everyday sexual harassment. Many women spend their lives hiding in their bedroom trying to keep their children safe and with nothing to do except reflect on past experiences and worry about the future. Some described medication and medical treatment being denied, with survivors' medical problems treated as a bureaucratic rather than humanitarian concern.

After being processed, many are dispersed around the UK to poor quality housing provided by the Home Office's contractors. Once in this housing, survivors get little support to find help. Identifying a GP and gaining registration is difficult. Women must try to get their children into education and feed and clothe their family on under £80 per week. During the pandemic, they had to choose between food, hygiene products, and mobile phone data to enable their children to access online education. Often, having made connections locally, women had to move when their accommodation provider decided to re-disperse them. No explanation is required and some are asked to move in less than 24 hours. Making friends and accessing a support network, access to healthcare and education are thus constantly interrupted, leaving survivors isolated and alone. There is no access to counselling, or any activity that might enable distraction. Asylum seekers are not allowed to work or study.

In order to gain some kind of leave to remain in the UK, asylum seekers must convince assessors that they were persecuted, or were at risk of persecution. Many asylum seekers have never disclosed SGBV to anyone, feeling a strong sense of shame but also fear of being stigmatised. We know from the #MeToo movement that women living in their home country, surrounded by friends and family, speaking in their mother tongue often take years to disclose. Asylum seekers are given neither time nor support. Many are interviewed by men and male interpreters for hours, often without any break. We heard stories of women being ridiculed, being shouted at, being told that they were lying about SGBV experiences, being questioned for over 10 hours and asked over 500 questions some of them around topics that are completely taboo in applicants' cultures. After the interview(s), applicants are sent away without any counselling or support.

Respondents reported feeling broken after the interview. They could not believe that after finding the courage to disclose, their experiences were denied. Some could not eat for days, others reported post-interview PTSD emerging years after the event, once they had gained status. Women are less likely than men to be given asylum status although are more likely to be successful on appeal. Survivors often waited many years for a decision, all the time living in extreme poverty and in terror of being returned to persecution.

Upon receipt of a negative decision and before they can appeal, they are evicted from their asylum accommodation, their meagre support is stopped and they cannot work. Some are lucky and find charities like the Baobab Project and Women Refugee Connect to support them. Others end up sofa surfing or on the streets, entering abusive relationships just to keep a roof over their heads or engaging in transactional sex to pay for food. Survivors can go through cycles of being in and out of the support system over more than a decade before getting status. Living in extreme poverty and uncertainty can cause so much damage that women give up all hope for a life for themselves and instead focus on their children. They write themselves off.

The SEREDA project team and the NGOs they work with are using their findings to call for a more humane asylum system that protects women and SGBV survivors and treats them the way we expect all victims of SGBV to be treated. We call for single gender housing staffed by women. We call for the expansion of counselling services, referral for all women, and pre-and post-asylum interview counselling. We ask that women are interviewed by women caseworkers, using anonymous female interpreters, and for a maximum interview time and with regular breaks. We ask that SGBV survivors are not re-dispersed and that all asylum seekers are connected with medical services on arrival in the UK. We ask for investment into specialist NGO services and for healthcare providers to be trained to be able to support disclosure and offer care. Finally, we ask that asylum seekers are allowed to work and study and that no victim of SGBV is made homeless and destitute.

Note: For more see the [SEREDA report](#). SEREDA is funded by Riksbankens Jubileumsfond through the Europe and Global Challenges Initiative and with philanthropic support from Lansons.

About the Authors

[Jenny Phillimore](#) is Professor in the Institute for Research into Superdiversity at the University of Birmingham.

[Sandra Pertek](#) is a PhD candidate and researcher in the Institute for Research into Superdiversity at the University of Birmingham.

Photo by [Julie Ricard](#) on [Unsplash](#).