

Conceptualising experiences of sexual and gender based violence across the refugee journey: the experiences of forced migrants from the MENA region in the UK

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

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Abstract

This paper discusses the experiences of forced migrant SGBV survivors originating in the MENA region who have sought refuge in the UK. Based on the analysis of data from interviews with survivors of SGBV in the UK, the findings identify types of violence experienced, sources of resilience and support and the impacts of SGBV experience on integration prospects and outcomes. The main findings of the paper are threefold. First, SGBV survivors experience (inter)personal, structural and symbolic violence throughout the forced migration journey, from the country of origin to settlement. Second, SGBV survivors suffer from multiple vulnerabilities and therefore strengthening their resilience needs to be multifaceted including social assistance as well as properly designed comprehensive policy support covering the needs of access to a safe shelter. Third, SGBV securing their status in the UK is pivotal for survivors' integration prospects and for overcoming their personal and social trauma, caused both by the forced migration experience and experiences of violence and discrimination. The paper concludes with recommendations on the ways that vulnerability to SGBV can be addressed at three stages, in the pre-migration condition, during the asylum process and in the long-term integration.

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Key words: Sexual and gender-based violence; forced migration; MENA region; integration; structural violence; (inter)personal violence; symbolic violence

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Introduction

Political unrest, global recession, and climate change will inevitably mean that many more people will be forced to flee their homelands and embark on treacherous journeys in search of refuge. Understanding the experiences forced migrants face across the refugee journey enables us to identify particular circumstances and settings where individuals may be at greater risk of SGBV. In this working paper we examine how forced migrants' experiences of SGBV are cumulative, multi-layered and overlapping with survivors often experiencing multiple types of violence. Experiences of SGBV were also found to be spatially and temporally fluid with survivors recounting incidents of SGBV across the refugee journey, from displacement, during transit and upon resettlement. In this paper SGBV is defined as sexual, emotional, psychological, physical and socio-economic violence and includes harmful cultural practices that are gender-specific (Simon-Butler and McSherry 2019). Examples of different kinds of SGBV perpetrated against adults include: rape, sexual assault, other forms of sexual violence, transactional sex, solicitation of transactional sex, exploitative relationships and trafficking for sexual exploitation and abuse. SGBV against children can include: child rape, sexual assault, solicitation of child prostitution, trafficking for sexual exploitation and abuse and other forms of sexual violence against children (United Nations 2017).

The intersection of gender-based inequalities and other markers of oppression underpin the different types of violence experienced by forced migrants across the refugee journey. This working paper considers the experiences of women, men, and LGBTQI survivors from the Middle East and North Africa (MENA), a large and culturally diverse region that is strategically positioned between Africa and Asia. The MENA countries were largely assessed as having good economic growth potential and until the Arab Spring had seen a threefold increase in per capita income and a fall in extreme poverty of 50% since 1990 (OECD 2019). However, a decade after the Arab Spring uprising the populations of these countries, many young and increasingly well educated, await further improvements in living conditions and greater governmental transparency. In Syria, Iraq, Libya and Yemen war has greatly impacted the wellbeing and prosperity of people and has placed pressure on neighbouring countries that provide essential support by hosting refugees escaping conflict. Over 2 million refugees remain in the MENA region, the majority of whom (1.7 million) live in Jordan and Lebanon - making these two countries the largest refugee-hosting countries in the world on a per capita basis (UNHCR 2019).

This working paper reports the findings from interviews with forced migrant survivors of SGBV in the UK as part of the SEREDA project and explores several significant points in survivors' journeys. It first describes the methods used to collect data, then it outlines some key findings from the interviews. Findings are organised in two categories, one focusing on the different manifestations of SGBV and the other highlighting the determinants of vulnerability. Then, the paper explores the physical and psychological impact of SGBV on forced migrants. Having set out the experiences of forced migrants, the paper then examines the need for, the availability and the limitations of interventions and available support for survivors. The paper explores the ways in which survivors try to build their resilience and how SGBV impacts on the survivors' ability to integrate into the host country. Finally, the paper presents recommendations, as expressed by the participants, for actions in countries of origin, and on arrival in the UK that could reduce vulnerability to SGBV and other forms of violence.

Conceptualising violence

For analytical purposes we categorised SGBV into three violence domains: (inter) personal, structural (Galtung 1969), and symbolic violence (Bourdieu 1998). These domains refer to violence that takes different forms and has different manifestations, in turn leading to a complex set of consequences for survivors of SGBV. Within these domains, acts of violence were reported to manifest through physical (e.g. beating, torture and honour killings, and restriction of movement), emotional, (e.g. rejection, gaslighting) verbal (e.g. threats, name calling, prejudice) and economic abuse.

The first domain, the *(inter)personal*, refers to violence between individuals, and is subdivided into family and intimate partner violence (IPV) and community violence, including violence in the workplace (WHO 2004). Violence in this domain is typically seen to be intended, direct, physical, sardonic and or psychological (Galtung 1969). In the context of this study we see how interpersonal violence is socially and culturally embedded, affecting survivors' (particularly women) agency and decision-making power over their own lives.

The second violence domain, *structural* violence, is inextricably linked to social inequalities and harms that occur due to injustices embedded in the social, legal and political systems that could be prevented or eliminated. Galtung (1969) first defined the notion of structural violence in the 1960's as *'the cause of the difference between the potential and the actual, between what could have been and what is'* (1969: 168). A person's position in the social structure can indeed increase vulnerability to structural violence when rules or policies systematically discriminate against or degrade specific groups within a community (Simon-Butler and McSherry 2019). For example, in the context of asylum policy, structural violence involves harm caused by the state through inaction or poor decision-making and the lack of political will to alleviate suffering (Canning, 2019). Therefore, structural violence significantly impacts on forced migrants' ability to integrate.

The third domain, the *symbolic*, refers to non-physical violence that is often an expression of power differentials between social groups and manifests along the lines of gender, sexual orientation or ethnic identity. Bourdieu (1998) was the first to coin the term symbolic violence as *"the violence which is exercised upon a social agent with his or her complicity"* (in Bourdieu and Wacquant 2002). Bourdieu (1998) puts the emphasis on intent in order to highlight that symbolic violence is not always a deliberate action but rather an unconscious reinforcement of the status quo. Body language and demeanour as well as the way people speak can serve to sustain subordination over certain social groups according to social markers such as gender (cf. Krias 1993), race (cf. Gast 2018), class, religion and sexuality. The use of symbolic violence as an analytical framework requires the close examination of the meta-behaviours that form relations of power according to the social capital and habitus possessed by individuals (Bourdieu 1998). The present study demonstrates how women that have been subjected to IPV experience types of symbolic violence in relation to self-presentation, including the clothes they wear. Additionally, it shows how restrictionist immigration regimes, compounded by the UK's policies of hostile environment, perpetuate symbolic violence in the UK. Furthermore, the study establishes a direct relation between patriarchy and racism, and vulnerability to SGBV, and shows how symbolic violence acts as a catalyst for interpersonal and structural violence.

Methodology

Semi-structured interviews were conducted with 30 participants between January and December 2019 either in English or in the respondent's native language. In those cases, the interviews were undertaken by our Arabic speaking researcher or in conjunction with a Kurdish speaking interpreter familiar with SGBV. The participants were selected with the aid of NGO partners and personal networks using a snowballing technique. Participants included refugees, asylum seekers, undocumented migrants, or spouses of the aforementioned. Participants originated from various geopolitical locations (Syria, Iraq, Algeria, Palestine, Jordan, Egypt and Iran), the majority age groups (ranging from 20s to 40s), gender identity and sexual orientation (15 female, 5 men, 1 transgender and 1 homosexual, and marital status (see table I). Although the vast majority were Muslims by birth, participants had different stands and proximity to religious doctrine. The participants were asked to reflect on their past and current experiences of SGBV. More specifically, they were invited to share their thoughts on the factors contributing to their vulnerabilities and resilience, on support provided and its sufficiency, and on the impact of such experiences on their lives and integration in the UK.

Following the interviews, the research team assessed that 22 respondents had experienced some form of SGBV and only those interviews were transcribed and coded.

The analytical framework was based on the codes developed by the SEREDA team across the four countries of the study. The codes were tested and refined using initial data from the UK, Sweden and Turkey. The process of analysis combined deductive and inductive techniques to identify emerging themes which corresponded with pre-determined codes. The ones that did not correspond with pre-existing codes were used to create additional codes or sub-themes. Transcripts were coded using NVivo, which facilitated the use of pre-existing codes, allowing the flexibility to add new codes or sub-themes where appropriate. The findings are set out in the following sections.

Table 1: Migrants interview participants

	Gender			Age						Sexuality			Marital Status			Immigration Status			
	Female	Male	Trans	20s	30s	40s	50s	70s	Not stated	Heterosexual	Homosexual	Trans	Married	Divorced	Single	AS	Refugee	Spouse	Undocumented
Migrants	15	6	1	1	16	2	1	1	1	20	1	1	7	8	7	8	8	5	1

A note on ethics

The methodological approach adopted by the SEREDA project was approved by the University of Birmingham Ethics Committee as well as the ethical review committees in each participating University. All data were anonymised and stored in an encrypted data storage facility. Informed consent was obtained from the participants with the use of consent forms, upon explaining the project and its aims and thematic content and answering questions regarding the study.

This working paper first considers the manifestation of SGBV across the refugee journey, from displacement, during transit and upon resettlement in the UK, before moving on in section three to discuss the short and long term impacts of SGBV. In section four we move on to consider coping mechanisms, resilience and integration followed by a discussion drawing together the evidence in the working paper to identify the key issues concerning welfare support for SGBV survivors.

Manifestations and impact of SGBV

Survivors faced various experiences of interpersonal, symbolic and structural violence, in pre-displacement, in transit and during resettlement in the UK. The experiences of SGBV across the refugee journey are so pervasive that can have an enduring impact on the lives of forced migrants. In the following section we discuss survivors' experiences of SGBV documenting the different types of violence at different stages of the refugee journey.

SGBV in country of origin (*pre-displacement*)

In countries of origin experiences of SGBV often occurred simultaneously in the domestic sphere (inter-personal), within the community (symbolic) and at a political level. Survivors experienced violence in all three domains described above: (a) personal violence that was socially and culturally embedded in the domestic sphere; (b) symbolic violence at the community level; and (c) structural violence induced by one or a combination of factors such as conflict, religion, socio-cultural norms, and /or legal frameworks which in countries of the MENA region prohibits non-heterosexual

relationships. These factors seem to perpetuate and be used as a means to justify violence against women, children and members of LGBTQI communities in particular. The cross-generational violence and the involvement of third parties was also a concern raised by survivors, as it is evidenced in the following discussion. First, we consider the domestic sphere and then the public sphere at the community and political level.

Domestic (private) sphere

Women, children and members of the LGBTQI community were all reportedly victims of SGBV in the domestic sphere, often involving intimate partner violence. A divorced Iraqi woman from Kurdistan, shared accounts of SGBV that highlighted the multiplicity of abuse she routinely encountered by her ex-husband. She describes physical, emotional, verbal, financial and sexual violence. The husband also controlled her movement, decided the amount of time she could spend outside the house, and with whom she was to socialise. Moreover, he subjected her to mental abuse in different ways and threatened to murder her if she filed for divorce. She believed her husband had no respect for women, viewing all women, including his mother, as 'bad creatures'. His views were apparently strongly based on interpretations from the story of creation; indeed, from the story of Eve being made from Adam's rib, he concluded that women were not full people.

"He was abusive with me, he hit me, he insulted me, exactly he treated me like a slave. He told me you are not allowed to go outside the door without my permission, otherwise you go Jahanam, to hell. [...] I didn't like to do sex with him, but every week he asked me one or twice, and I didn't like it, I was not happy. I never liked to do sex, never liked." (Kurdistan Iraq, female, 40s, spousal migrant)

An Iraqi woman explained how the lack of control over her own life had left her unable to choose which clothes to wear, where to go, or when to have sex with her 'then' husband. Her ex-husband held strong beliefs about modesty based on his Islamic values. She described the way he used religion to incite other forms of abuse and control over 'his wife'. One day, looking after her six-month-old crying baby, while suffering from a strong headache, she expressed frustration with God. In response, her husband hit her and threatened to kill her with a knife for doubting God and for her blasphemous outcry ('Kufur').

Further narratives of (inter)personal violence, and in particular the denial of their agency, was shared amongst female survivors. A married women from Iraqi Kurdistan spoke of how the violence she experienced because her family disapproved of her relationship with her now husband led them both to run away to get married. An Egyptian woman described the restrictions imposed by her family in Egypt, who were affiliated with the Muslim brotherhood. She feared that the acts of abuse would normalise and she worried about the consequences of such values being transferred to her sons. She felt the only way to 'be' was to leave them and everything else behind:

"It was not accepted for me to say no even for the simplest things. I couldn't go out shopping without their permission, it wasn't only by one man; it was by my father, my three brothers and my husband. I have two sons, and I was afraid that they'd grow up to be like them. It's very tough if your own sons oppress you." (Egypt, female, 30s, asylum seeker)

A divorced woman from Iraqi Kurdistan explained that being divorced and having a child with another man was considered a stigma. It was the reason why her new in-laws bullied her, thinking she should be grateful to have a young man willing to be with her in her 40s. She explained:

"...Obviously, because I am separated and I'm not a virgin anymore, they value me less." (Kurdistan Iraq, female, 40s, Swedish refugee, UK citizen).

The level of domestic abuse experienced by this woman led to her decision to flee. She experienced controlling behaviour from her uncle that eventually became physical.

A female survivor from Algeria, raped by an 'animal like man' and left pregnant, fled her family for the UK. She explains that, when her family found out they blamed her for the rape and for bringing shame on the family:

"He raped me but when I told my mom, her first reaction was to slap me saying that I brought disgrace to the family" (Algeria, female, 30s, asylum seeker).

She went on to say that her brother had talked to her rapist who agreed to marry her and when she refused, her brother locked her up in her bedroom. She travelled to the UK via France, where she felt unable to settle because there were many family friends and relatives there, treating her as dishonourable for being pregnant and single:

"There are lots of Algerians in France, and I have many relatives there, and their mentality . . . I don't know how to describe it to you." (Algeria, female, 30s, asylum seeker)

Leaving was not always an option for everyone and, as a result, many women in the MENA region remained in abusive relationships. A Jordanian woman in her 50s endured domestic violence for many years as she feared stigmatisation by her community if she divorced her abusive husband. Many women spoke of 'stigma' as at the same time a fixed and permanent state and as transcending time and space. A female survivor, like other divorced women from the MENA region, explained how the stigma associated with divorce prevented them from returning to their home countries:

"it wouldn't be easy for me to go back as a divorcee, it would be so bad in front of the family. [...] I just couldn't face everyone's reaction in Jordan. You know how it is so bad to be a divorced woman in our culture". (Jordan, female, 50s, asylum seeker)

Survivors also reported how men used their own children as a means to achieve further control over their wives. A Jordanian woman explained and said:

"..his daughter and sons used to be so rude to me in front of him, and I used to ask him to do something about that. But he used to get so angry if I said anything. (Jordan, female, 50s, asylum seeker)

Our findings highlight that in households where women experience domestic violence, children were also reported to experience abusive behaviour. For example, a Kurdistan woman said that her husband had thrown her two-month-old son on the sofa many times and hit her daughter and other son. A refugee from Kurdistan also explained that her children experienced violence by her husband, who imposed the headscarf on her 11-year-old-daughter and frequently beat their 15-years-old son, *"...he thinks that is how to raise a child!"* (Kurdistan Iraq, female, 30s, UK citizen).

Growing up during the Iran-Iraq war, another woman respondent also shared the experiences of her mother, the sole breadwinner and parent after her husband had died in the war. She forced her daughters, aged 14 and 16 at the time, to marry with older men. She herself ended up being forced into a marriage with an abusive man who constantly emotionally manipulated her:

"At home I am just a 'frame', I don't exist. I am only there to cook and clean. There is no 'me time' [...] He is jealous. He restricts my life; everything should be approved by him [...] It has been a slavery not a marriage. I am always scared, he says he loves me, but he always beats me, insults me, and controls me. I live in fear all the time. He says he loves me, but the truth is he loves owning me, that is not love." (Kurdistan Iraq, female, 30s, UK citizen).

While victims of domestic violence were mainly female participants and their children, respondents also spoke of the abuse that members of the LGBTQI community experienced in their countries of origin. Violence in these cases was mainly physical, perpetrated by male members of the close and extended family, against gay and transgender participants. Abuse was believed to be used in an effort to enforce a culturally constructed masculine identity, and a punishment for bringing shame to the family. LGBTQI respondents, like female respondents, experienced multiple forms of violence. While women survivors experienced violence predominantly in the domestic sphere, the two LGBTQI respondents were subjected to structural violence in the public sphere. As the following section documents, LGBTQI individuals were criminalised and imprisoned in their countries of origin, Syria and Kuwait, where systematic abuse against LGBTQI people is structurally embedded within the legal system.

Violence against LGBTQI people in the public sphere

In countries of the MENA region, members of the LGBTQI community were reported to be particularly at risk of being subjected to SGBV not only in the domestic but also in the public sphere. A gay man from Syria reported:

"We definitely faced problem regarding people's attitude. When we walked in some bad neighbourhoods, we were verbally abused. Some people even beat me." (Syria, man, 30s, asylum seeker)

A transgender survivor from Kuwait also described SGBV in the public sphere. She explained how she was imprisoned there for attending a party with 10 other transgender friends. Over 100 police officers raided the party:

"I was taken to what you call 'intelligence services'-- Criminal Investigation Department. They tortured me; they beat me. Yes. They beat me for two weeks. The reason was, "Why did you go to a secret party?"(Kuwait, transgender, 30s, refugee)

Survivors spoke of how discriminatory LGBTQI legislation in countries of the MENA region enabled and facilitated (indirect) state induced physical violence. Being a transgender woman in Kuwait, she was detained at a house party for wearing feminine clothes. She was then taken to a psychiatrist who advised treatment with electric shocks to the brain. She spoke of her country with huge hostility and animosity:

"...it feels like I lived with murderers, not humans. I lived with criminals." (Kuwait, transgender, 30s, refugee)

Then, she was eventually rescued by her mother at which point she decided to leave Kuwait fearing further violence.

Conflict induced sexual violence (CISV)

A male survivor from Syria, explained that he was arrested by the regime along with his brother-in-law and his cousin, both of whom later died in prison as a result of torture. He remained in prison for two years, where he was repeatedly tortured. On top of physical torture, he described the psychological torture he was subjected to when he was forced to remain for several hours in his cell with the dead bodies of his relatives and when he overheard women and other prisoners screaming as they were tortured by the prison guards:

"In prison, all prisoners are blindfolded. [...] During questioning, they'd force us to strip naked, and they'd hang us from our hands, using chains, while the rest of our body is left dangling. Then they'd start different ways of torture; burning you with flame and torture with electricity."

[...] Words fail to describe the torture there. They used more than 100 torture methods. [...] They'd insert stakes in males and there were rapes. They'd sometimes force prisoners to rape each other. It happened many times." (Syria, male, 20s, refugee)

Survivors also reported ways gender is deployed as a 'weapon' by the authorities in order to spread fear, silence any resistance and assert their dominance. Women and children were said to be tortured and humiliated as a way to inflict indirectly violence to and control over their husbands and fathers. An Egyptian woman endured direct third party violence by the Egyptian authorities who had targeted her repeatedly because they wanted to find and imprison her husband:

"They then captured and released me several times. Every time I was in jail, they would hit me with electricity, and tell me to divorce him [husband] or make him come back to Egypt. Electricity in very intimate areas, it was sexual abuse, every time I remember (pause). They broke my leg, they used to let me off a running car on the motorway. People would collect me and help me to get home. In jail, they shaved my head and burnt my hair in front of me" (Egypt, female, 30s, refugee).

Another example of conflict-induced violence perpetrated directly by the state is the case of an asylum seeker from occupied Palestine who is married to an Egyptian man. She was denied the right to register her newly born child in Palestine, Egypt or Qatar, where they resided because of her husband's work. Instead they were pushed to seek asylum in the UK as they "*need[ed] a country that accepts the three of us together*" (Palestine, female, 30s, asylum seeker).

Violence during the Journey:

The journey from country of origin to the country of resettlement exposed survivors to a range of vulnerabilities increasing the exposure to SGBV. Factors compounding their vulnerability included poverty, lack of legal protection and dependency on smugglers and aid workers during the journey and in formal camps.

In transit, experiences of and exposure to violence were more prevalent among those travelling over land and sea and spending time in encampments. Half of our sample belonged to that category. Both men and women survivors in our study had been subjected to SGBV in refugee camps. The respondents that managed to travel to the UK on counterfeit travel documents tended to avoid the risk of that type of violence.

Being smuggled (over land) exposed forced migrants to a number of junctures (hotspots) of SGBV, that is, places and circumstances in which vulnerability to SGBV increases. at the start of the journey, smugglers would often sexually exploit the survivors as part the travel agreement. In some case, this involved further acts of transactional sex along the way.

Access to humanitarian camps varied across different groups of asylum seekers. A male from Kurdistan, for example, reported that Syrian and Iraqi asylum seekers had easier access to the camps in North Macedonia compared to the Kurdish community. The perceived inequality and prejudice regarding allocation of shelter was not however observed to extend to resources once inside the camps. According to the same respondent, everyone found it difficult to keep themselves warm and parents [Syrian and Iraqi] "*took out their clothes and burned them to warm up their children*" (Syria, male, 30s, refugee).

The conditions in the camps, described as '*dirty, inhumane and ruled by smugglers with knives and guns*' (Kurdistan Iraq, male, 30s, Refugee), did not meet even the basic needs of forced migrants.

Survivors reported that transactional sex in return for basic necessities, money, or onward travel occurred routinely in camps. Women spoke of how they believed they were more vulnerable to sexual violence in camps. Acts of SGBV targeted at men, particularly young single heterosexual men, gay and non-binary survivors were also reported.

Male survivors reported having experienced or witnessed (Kurdistan, Syria) transactional sex involving a wide-range of parties involved in or associated with the camp, including smugglers. Prostitution and exploitation of men, gay, and non-binary men was said to be routine with some individuals preying on refugees' vulnerability and need for assistance which left them in precarious predicaments. Both LGBTQI survivors in our study experienced life inside a refugee camp wherein they were subject to repeated acts of SGBV. A self-identified gay man from Syria claimed that transactional sex was simply a *'matter of survival'*. He explained how he resorted to sex work in the absence of other ways to earn money to survive in the camps in Greece. He told us that young men, including those who were not gay, were prostituted. He states:

"Gay refugees were exploited and being traded there [...]. Many people tried to contact me asking for my rate per day, hour or week. They exploited us because we are refugees and have no rights in this country. Sometimes I had to accept because I had no money. In Greece, we went through many days with no money at all. We could only get food if we get involved in prostitution. [...] The UN and the government don't really care about refugees. There were no schools, no jobs, no decent accommodation and no language teaching centres." (Syria, male, 30s, asylum seeker)

Experiences of police brutality, lack of state protection and third party (physical) violence were also reported by survivors during transit. On occasions where fellow forced migrants attempted to make a stance against abuse they had witnessed they too were subject to violence. Symbolic violence describes a type of non-physical violence manifested in the power differential between social groups. A Kurdish male asylum-seeker, described an incident of police brutality he had witnessed in a camp in North Macedonia, when an asylum seeker, frustrated by the inhumane conditions there, sought high ground and shouted *'you talk about human rightsyou have no human rights'* (Syria, male, 30s, refugee). The police brought him down and beat him causing severe injuries to his head and body. *"No one could have helped him in that situation"* (Syria, male, 30s, refugee). Survivors had little faith in the state authorities and their willingness or ability to safeguard forced migrants in transit. Survivors felt that this lack of protection rendered them more vulnerable to SGBV and racial discrimination in transit countries. A young male survivor from Syria described his horrific experience in Bulgaria when a group of angry local people protesting against the presence of Syrian refugees burned down parts of the camp. One male respondent believed that the lack of protection and intervention by the authorities was a testament to the state's attitude towards refugees. .

"In Germany, they refused to give me a residence permit. I stayed there for around one year. They didn't provide any support, not even accommodation because I had an entry passport stamp to Bulgaria. They said I must go back to Bulgaria. But how come? The situation was horrible there. It is full of mafias and the situation, in general, is too bad. I was wanted by police in Germany, so I escaped from Germany to the UK" (Syria, male, 20s, refugee)

During the journey, survivors reported that sometimes employers would take advantage of their precarious situation. An Egyptian woman explained that in Turkey she was vulnerable to prostitution and was asked to engage in sexual relations just to get a job. When she refused she slept in the street:

"I took my certificates as any normal person would do and prepared my CV and for the interview to apply for a job. But everywhere I go, they don't care about your certificates; they

only care about your looks. If you want to get a job, you have to become the boss's girlfriend, give everything, whatever, let's say you give yourself. Because they think that your life there could only be like that; let's say an undercover prostitute. There is no way to earn clean money in Turkey. If you refuse, many others will agree. As they say, "One leaves, a hundred come."" (Egypt, female, 30s, asylum seeker)

Furthermore, a male refugee from Syria narrated how smugglers tried to separate partners during the journey, in order to increase women's vulnerability:

"the smugglers either intentionally or actually they do it just because they do it. So, they separate the couple or the marriage. So, we don't know exactly what happened to those women" (Syria, male, 30s, refugee)

An Egyptian woman reported that, although women are the main victims of sexual violence in camps, men and boys were also sexually abused. She explained how women would make offers of help to lure boys and men out of the camp and then prostitute them in local hotels:

"in the camps in France, there was European women coming there to the camps and abusing young boys sexually..... sometimes these women who were close to the camps would come, take a few boys or men saying you can have a shower for example in the hotel. But that was never the true intention." (Egypt, female, 30s, refugee)

Resettlement in the UK

The violence survivors experienced in the UK was for many as traumatic as that experienced on the move. Our findings show the fluid nature of gender-based violence and how such violence transcends borders in ways that continue to particularly affect the lives of women after their arrival in the UK. Much of the violence survivors were subjected to in the UK was ongoing intimate partner violence (including verbal, emotional and economic abuse). Systematic structural and symbolic violence by the state and its institutions was also experienced. Finally, socially and culturally embedded violence (symbolic) influenced by gender, religious and racial stereotypes in some cases led to physical violence by strangers in the street.

Intimate partner violence (IPV)

Survivors reported a range of IPV perpetration in the domestic sphere since their arrival in the UK - emotional (verbal abuse), physical, economic, and psychological abuse as well as a lack of support and encouragement. Some women reported that the physical and sexual violence they suffered in the domestic sphere intensified during resettlement. Survivors spoke of how they feared or were discouraged from reporting SGBV incidents. A divorced woman from Kurdistan was warned by her family that it was not good to involve the police in domestic matters:

"He hit me and brought a knife and said I will kill you..... he pulled my hair and he said I will kill you because you have said a phrase that's against Islam, i told my family and my mum said no don't complain with police, we'll tell him to be nice with you" (Kurdistan Iraq, female, 40s, spousal migrant)

She regretted accepting her family's offer to mediate as she endured further SGBV before finally leaving her husband. Other Kurdish women spoke about the practice and fear of 'honour killings' that took place in their communities. One survivor, who works as a support worker, testified that one of her clients was stabbed to death by her husband when she filed for divorce:

"I'm sure that you have heard of the case that there was a lady who actually was a client in ours, unfortunately, it was last year, it was the end of last year, but she was murdered by her husband because she wanted to separate from her husband, but the husband wouldn't have that, and one day, even after he moved out, and they were going to get a divorce, he went back to the house and stabbed her to death. Because, most of those they are so aggressive that they can't have, and they believe that the women is their honour, and you know honour-based crimes and those kind of things, they are still being carried here in the UK." (Kurdistan Iraq, female, 30s, asylum seeker)

Another Kurdish survivor described her experience of emotional violence from her partner who continuously belittled her and expected her to only focus on serving him and ignore her own ambitions. In addition to physical abuse, IPV was reported to extend to other areas of survivors' lives in the UK and led to a closing down of opportunities essential to integration. Expectations around the traditional role of women as 'home-makers' meant that women were not permitted to pursue education and employment opportunities, which rendered them more dependent on and at risk of abuse by their husbands. A woman from Jordan in her 50s (asylum seeker following divorce), spoke of how she stopped going to English language classes following her husband's emotional abuse, *"he used to make fun of my English in front of people"*. She was made to work as a cleaner but the payments went directly to her husband. Such controlling behaviour was common. For example an Iranian woman spoke of her situation as being imprisoned. She added:

"at the beginning he never let me to go out at all, then he was working at a factory, he go to work,and then I was locked at home all day, even I couldn't open the curtains" (Iran, female, 30s, spousal migrant)

Institutions - immigration, education, housing and workplace

Other women reported feeling discriminated against when they had dealings with the UK institutions. Survivors who had experienced the UK governments' asylum system and those still awaiting a decision on their asylum case narrated the suffering they encountered as a direct result of the process. They reported being routinely treated as 'liars' and 'criminals':

"Then, the Home Office is criminalising me too since 2012! They keep searching my clothes, I used to be taken to the court with police all around me with handcuffs!" (Jordan, female, 50s, asylum seeker)

The need to recount distressing experiences of SGBV to evidence their immigration case often left survivors feeling re-traumatised but without the support that is generally offered to victims of SGBV during and after disclosure. The fear of detention and deportation along with the anxieties of the lengthy asylum determination process contributed to survivors' poor mental health. Many reported episodes of depression, anxiety, flashbacks and insomnia directly related to their engagement with asylum determination processes. One participant, a survivor of domestic violence and exploitation, explained how monitoring systems made her feel:

"I go to sign at the Home Office every two weeks, then every month." (Egypt, female, 30s, refugee)

A Kurdish survivor who had volunteered with Legal Aid described the abusive treatment that some survivors she worked with had experienced when allocated asylum housing. She explained:

“Some of them would open up to me and for example talked about harassment that a very first point of call for example when they were in a hostel still to be assigned to their accommodations they were being approached and being for example demanded or offered so many things for example those who are, if i dare say, prettier or younger for example they were being subjected to this harassment and sometimes it was quite hard on them to get out of it and to say no” (Iran, female, 30s, spousal migrant)

An Egyptian asylum seeker reported being housed in inappropriate hostel accommodation. She described how the toilets were unisex with no locks on the doors. She and other women would wait until the toilets were empty before going in, and then they would have to push their hand against the door to keep it shut. She explained her frustration stating *“Why aren’t there locks?! Why aren’t there separate toilets for men and others for women?!”* (Egypt, female, 30s, asylum seeker)

An Iranian woman reported how when she and her daughter ran away from an abusive household to a police station, and they were later relocated to a new area away from any of her former social networks. She reported how she was told by a social worker that she would be moved to a new town and was promised a better house where hers and her daughter’s safety and independence would be guaranteed. In reality, however, the house was in poor condition and infested with rats and a long way from her daughter’s school and her own support networks leaving her feeling isolated and depressed. A transgender survivor also reported that she was allocated inappropriate housing, as she as housed in a neighbourhood where she experienced prejudice:

“The council or the municipality are like, ‘this is your only chance, you have to move to this house’. [...] they just want to send me to any place; it doesn’t matter which. But in this way, they’re the ones that’s cause my death. [...] They sent me to a Muslim neighbourhood. If you go there, even you will get scared. It feels like you’re in Pakistan (Kuwait, transgender, 30s, refugee)

Education and employment were reported as additional policy areas in which survivors felt institutional discrimination. A Kurdish Iraqi MA graduate reported how she felt discriminated against on the basis of her gender, race and religion, during the University admissions process. She claimed that she had been denied admission based on the personal assumption of the admissions officer, who believed that she would not be able to handle the demands of the course. The experience knocked her confidence and left her upset and contemplating the reasons for such treatment: *“I don’t know, because I was different? Because I was wearing a scarf? Or maybe my skin was different?”* (Kurdistan Iraq, female, 30s, spousal migrant).

Other survivors reported feeling stigmatised and discriminated against for wearing religious attire. An asylum seeker who fled state oppression in Egypt paralleled her experience of wearing the niqab in the UK to her husband’s experience of being mistreated by the state (in Egypt) because of his long beard. She explained:

“people in the streets and on the bus bully me. I was physically attacked on the bus twice. [...] I applied at a college at the city centre, but the man there was straightforward with me and told me I am not allowed in the class if I keep my niqab on. I can’t do that, there are male students in the class. [...] At the cashier [in IKEA], I was asked for my ID. They told me they needed to see my ID before selling me a pair of scissors” (Egypt, female, 30s, refugee).

The transgender survivor from Kuwait also reported how she felt like an outcast in the UK because of her transgender identity:

“You are coming here thinking that the whole society is open-minded, only to realize that they expect you to be in a particular place. You feel that you're an outcast. They make you feel that you aren't valuable to society and that your only value is [being] at nightclubs.” (Kuwait, transgender, 30s, refugee)

Impact of SGBV

This paper has discussed the wide range of ways in which SGBV can manifest itself during the migratory journey. In the following section, we discuss how the different acts of violence and abuse can have an enduring physical and psychological impact on the survivors. Vulnerability to incidents of SGBV is compounded by factors that perpetuate the abuse trapping survivors in a cycle of SGBV.

Physical (Physiological) Impacts

Survivors reported physical impacts of SGBV, some of which were clearly visible by the scars displayed on their bodies, while others related to psychological and other health problems. Several participants showed pictures of the physical marks caused by SGBV:

“[shows another picture]: These are the marks on my body, and this in Kuwait when I was young, 24. And that's when I was tortured with electricity by the police, and in [this picture] he dragged me on the floor ripping my skin off” (Kuwait, transgender, 30s, refugee).

Both female and male survivors of torture suffered from long-term health issues such as loss of hearing and loss of sexual desire (female from Egypt), torture marks, and neurological damage (male from Syria).

“And til now, I'm under treatment for nerves damage. This is all because of what happened to me years ago. Today, I went to doctor and was prescribed five drugs for my headaches and pain” (Syria, male, 20s, refugee).

“Then they'd start different ways of torture; burning you with flame and torture with electricity. I can't hear well because the electricity they used in my ear. I don't have any sexual desire anymore. I don't feel like being with my husband anymore. Even when a man sits next to me in the bus, my body gets numb” (Egypt, female, 30s, refugee).

While some of the physical injuries sustained by survivors were healed in time, others persisted. A female asylum seeker, who came to the UK first on a spouse visa, described how her ex-husband intensified his abuse when she fell pregnant and refused to have an abortion. Following sustained abuse she lost both her unborn baby and any chance of being able to conceive again. She described the lasting impacts of SGBV which she endured on a daily basis:

“I am so tired, psychologically, and physically. I see nightmares every night. I get panic attacks I can't stop shivering every time I think I might be deported to be killed back home. I am not eating well, but still I am gaining weight” (Jordan, female, 50s, asylum seeker).

Survivors discussed the psychosomatic impacts of SGBV and recognised that one type of impact can act as a driver for the other. The physical impact of SGBV for some led to psychological problems, culminating, as we see in the following section, at worst in suicide ideation. Others reported that anxiety, stress and insomnia affected their physical health.

Survivors who had been detained both in the UK and overseas also reported the impact on their mental health. As a male refugee explains: *“Here I feel protected from fear and problems. But when I got arrested again for 16 days, my mental health deteriorated, and I told them that such places remind me of my past and the painful experience”* (Syria, male, 20s, refugee).

In the next section, we discuss in detail the psychological impact of SGBV and the way in which, combined with the physical effects, it has significant implications for resilience building and integration.

Psychological Impact

Survivors reported experiencing a range of psychological effects including episodes of anxiety, depression, flash backs, panic attacks, sleep disruption and eating disorders. They explained that these enduring consequences often exacerbated by the UK asylum system during resettlement. The need to provide detailed accounts of torture and other distressing acts of SGBV as part of the asylum procedure was reported as re-traumatising, as a refugee from Egypt explained:

“I talked about the torture I faced in Egypt to the Home Office, and I was asked so many times, it really hurts to go into details do you want me to tell you?” (Egypt, female, 30s, refugee)

Women survivors, in particular, reported that experiences of SGBV had undermined their confidence and had impacted on their self-image, self-esteem and self-worth, in some cases perpetuating incidents of SGBV.

Some women reported feelings of guilt and self-hatred, others anger, sadness and loss. Many reported changes in their attitudes toward men, including a loss of sexual desire. A female survivor from Egypt explained how she felt despair to the point where it was *‘impossible to even hope’*. Other women questioned their faith, as one Iranian women explained:

“now I’m always thinking, God what have I done? Is this a punishment? I always pray God, and then I say I have done nothing to you, and I told myself be patient....” (Iran, female, 30s, spousal migrant)

Lack of self-confidence also meant women tended to avoid socialising due to fears of how they would be judged by others if they found out about their experiences. Women who had survived abusive and controlling relationships spoke of isolation and loneliness sometimes associated with being kept away from others over extended periods:

“I used to go out with my friends, but he won’t allow it and put fears in me.” (Jordan, female, 50s, asylum seeker)

Feelings of despair, exacerbated by isolation and loneliness, often manifested in depression and for some– in suicidal ideation. A transgender woman asylum seeker spoke of wanting to end her life as her existence in the UK felt unbearable and the ongoing trauma insurmountable. Like many others who had been disowned by their family and now lived alone, the psychological impact of SGBV endured, generating disabling depression and flashbacks, severely affecting her everyday life. Her past traumatic experiences impacted on the present. She explained that, after attacks by the police in Turkey and Kuwait, she still feels anxious and scared whenever she sees the police. Her anxiety has left her in a permanent state of fear:

"...I was going to slit my wrists. But I suppressed those thoughts and I went to a doctor. It was severe depression [...] I couldn't move, I felt scared. I was even scared of past things that happened. I mean, although the things are no longer there, you're still scared." (Kuwait, transgender, 30s, refugee)

An Egyptian asylum seeker confessed to self-harming and spoke about her self-loathing:

"You know, everyone loves themselves a bit, right? I don't even have this. My family led me to hate myself. I hate myself. I hate everything about me, even my clothes. When I look at myself in the mirror, I hate my reflection....Have you ever tried to hurt yourself? When you feel that even a prostitute is better than you, then you must hate yourself. But what made me reach-- What could be worse than my life? At least, if I commit suicide it would be only one time, not every day I am committing suicide." (Egypt, female, 30s, asylum seeker)

Male survivors also reported feeling immense psychological pain when they were unable to protect fellow refugees, especially women and children. A Syrian man who experienced SGBV in his country recounted the long-term effect of the abuse he suffered and stated:

"...right now, while telling you, I can even hear the sounds....women screaming from pain in an underground military branch in Syria...in my ear, just right now" (Syria, male, 20s, refugee).

He spoke of how he had contemplated suicide whilst struggling to come to terms with the violation he had experienced and witnessed. The psychological trauma caused was compounded by his experience of detention in the UK:

"the guards were really horrible to me once and they put me in solitary confinement for 24 hours. I even tried to commit suicide once as well there, I mean why would I continue living, I didn't see any hope. But they rescued me and here I am" (Syria, male, 20s, refugee).

Several respondents talked of having attempted suicide on several occasions. An Egyptian asylum seeker explained that on her second suicide attempt she had been saved *"....unfortunately, someone would see you on the way and save you at the last moment and rush you to the hospital"* (Egypt, female, 30s, asylum seeker). She spoke of how the oppression she grew up with affected her ability to express her feelings. Instead, she remained silent: *"I might harm myself because of something bothering me but I wouldn't speak about it"* (Egypt, female, 30s, asylum seeker). Similarly, an Iraqi woman spoke about how she became depressed and internalised the psychological impact of SGBV as she was unable to discuss her experiences with others:

"I am depressed. I work, but nothing makes me happy anymore. I cannot talk about this to anyone, not even to my sisters and definitely not to my mother" (Kurdistan Iraq, female, 30s, refugee- UK citizen).

This section documented the way in which the physical and psychological impact of past traumas can stay with the survivors during resettlement. At times, the SGBV impact is compounded by ongoing stress associated with their uncertain status or the procedure of their asylum application in the UK. In the following section, we discuss the alleviating effect of being granted refugee status. Survivors could better manage their health conditions, while their faith and having children were key in helping survivors to recover. Finally, the decision to 'break the silence' was an important 'resilient step' that enabled some women to escape abusive relationships.

Coping strategies, 'resilient steps' and integration

In this section we discuss the daily coping strategies survivors adopted to manage the impact of SGBV and their resettlement in the UK. We document the type of circumstances that support survivors to make 'resilient steps', which refer to actions taken that help maintain or advance their resilience. We then move on to consider how the impacts of SGBV (discussed in the previous section) affect survivors' ability to integrate.

Coping mechanisms and 'resilient steps'

Despite the harrowing experiences and impacts of SGBV, depression and feelings of loneliness and isolation, survivors employed various strategies to cope with the impacts of SGBV as best they could to 'help continue life as normal as possible'. Whilst some survivors held the attitude that 'life must go on' and were determined to take further resilient steps to help themselves and others in the UK (i.e. by setting up an NGO), others struggled to make sense of their experience, which eroded their resilience and ability to cope.

Many respondents attributed their ability to survive to their faith, religious beliefs and to their desire to ensure a better life for their children. Finding comfort in praying and talking to God was commonly reported as was the importance of faith communities that provided support networks, integral to building their resilience and ability to integrate. An Egyptian refugee for example believed that her life experiences were "all God's plan; I know he has a wisdom in that. He helped me, he saved me, and facilitate it for me to leave Egypt and end up here." (Egypt, female, 30s, refugee)

Praying for help was a common strategy. For example, an undocumented woman from Algeria mentioned that she and her mother used to ask and pray to God all the time for help to secure her immigration status:

"if you see her, she's praying all the time. She's asking God to hopefully, Allah will help. We are believers regardless of anything; If something good happens, we thank him, and if it doesn't happen, we say maybe it's for the best. So, we pray and fast because it brings us relief, you know, not because Allah would . . . because if Allah pleases, he will give you even if you were a non-believer, even if you believed in another religion, even if you disobey him. So, whatever is written will happen before you die, and whatever is destined not to happen will not happen even if you try a thousand ways" (Algeria, female, 70s, undocumented).

Another woman was invited by a group of Jehovah's Witnesses to attend church and explained how she felt comforted by visiting the church and by the help she received from the congregation who seemed to accept her when she had been rejected by her own community. Eventually she converted to Christianity and spoke of how her new faith had helped her to make progress psychologically:

"She invited me to the church. I went there and I liked the way they approached difficulties, and the way they pray. It makes you feel calm, make you feel I'm not alone, why should I be depressed, there are lots of reasons to be happy" (Iran, female, 30s, spousal migrant).

A Syrian man told us how he prayed for God's help when Daesh were imposing their version of Islam and although terrified managed to retain his faith:

"it didn't affect my practices. I mean, I pray regularly, but I don't think that the experience made me pray less or more. And maybe in praying, I'd make Dua'a that things get better for my family, and it ends peacefully for everyone in the city in general, and my family in particular."

But when Daesh was there, I actually disliked it because they weren't applying the true Islam. Instead, they were terrifying people” (Syria, male, 30s, refugee).

Other survivors highlighted the role their children and child orientated social networks played in helping them to cope with their experiences. Those with child dependents described how striving to create a safe, successful and happy future for their children provided them with impetus to break away from violence and the strength to carry on. The Egyptian asylum seeker we have discussed above explained how she would remember her son at times of despair which stopped her from hurting herself.

Establishing new friendships also helped survivors become optimistic about their future. As an Iranian woman highlighted *“most of them [women] they don't have family here, they don't have other people that they can trust and open up to and talk to”* (Iran, female, 30s, spousal migrant). Many women were reported to struggle with disclosure and tended to ‘suffer in silence’:

“I am dying inside but nobody feels me. People see you walking, eating, drinking, and they think you're living, but no, I am not living.” (Egypt, female, 30s, asylum seeker).

Friends fostered a sense of togetherness and for some described them as their ‘new family’. They also helped women to understand that they were not alone in their experience of SGBV and they were not to blame. A Kurdish spousal migrant discussed the significance of friendship:

“... I've got friends here in college, in UNCLEAR project, yeah they give me how can I explain, they give me lots of strength you know my friends.” (Kurdistan Iraq, female, 40s, spousal migrant)

A Syrian refugee also added the value of spending time with old friends:

“Of course, when you have friends from the same city, and you've been friends since you were in Syria, it creates affection between you two. You care about them, and they care about you.” (Syria, male, 30s, refugee)

Wider support networks and acts of kindness that came from relationships with local residents were also a source of support. The Egyptian asylum seeker for example explained how her support network included her GP and a charity worker that she regarded as a mother figure. *“Last Saturday, she [Carol] came to the hostel, and we spent the whole day together. [...] I take care of myself because they love me”*. An asylum seeker from Algeria also spoke about the generosity she received when she was taken in by an Algerian family who helped her get in touch with Doctors of the World and access treatment. The family also put her in touch with a lawyer who offered free legal help with her immigration case: *“That lady took care of me even more than my mother, my own mother who brought me to this world”* (Algeria, female, 30s, asylum seeker)

Establishing new friends and social networks represented distinct ‘resilient moves’ that in the short term enabled survivors to foster a sense of hope and made them feel less alone, whilst in the medium to longer term provided the stepping stones that enabled them to take further resilient steps by developing the knowledge about, and the confidence to, access support. Survivors reported having help to access a range of services and resources including legal aid, housing, financial support, trauma counselling, access to education, including ESOL, health care, employment advice, wellbeing support and organised social events and trips which helped survivors cope with their experiences, particularly in moments of crisis. An asylum seeker from Jordan also identified the significant role NGOs had played in her life in the UK and how her engagement with organised activities had helped her regain her confidence:

“The Hope Project, they take us on trips, they organise workshops. That helps me gaining back my confidence..... I am lucky with the counselling sessions, it helps me a lot.” (Jordan, female, 50s, asylum seeker)

Survivors who remained largely out of mainstream support, either because their status excluded them or they faced barriers such as difficulty speaking English, lack of knowledge about services or of confidence to seek support, were less able to take resilient steps. Individuals who managed to connect with specialist projects, working with individuals with irregular immigration status and/or no recourse to public funds (NRPF), such as Baobab and Hope reported the critical importance to their material and psychological survival. Without appropriate support recovery was more difficult. Survivors with lower levels of social capital and those living in situations which prevented them developing social relationships often struggled to manage the impact of SGBV. Being able to take resilient steps in one area of life could act as a catalyst for positive outcomes in another. Also, individuals who encountered setbacks in one aspect of their life found that progress in another could also be offset. For a Palestinian asylum seeker, being housed in inappropriate hostel accommodation where she felt unsafe with her daughter and husband meant she struggled to feel at home in the UK. She added that the environment in the hostel, where some people engaged in drug taking, was not suitable for a woman wearing hijab because it affects her privacy, and she said:

“Our room in the first hostel in Birmingham was really small and not suitable for a child with disability.... We asked them to take one bed out, so my daughter could move around... But, they didn’t believe us. They said the child doesn’t look like she has Downs syndrome as we told them. Then one night she got seriously ill, and they had to call the ambulance. That was the point when the staff at the hostel started to believe us.” (Palestine, female, 30s, asylum seeker)

She added that sometimes she heard one lady who was separated from her husband on the borders crying all night because she was afraid of leaving her room, and another woman hid her daughters from the young men in the hostel to protect them, so she said:

“They are always in groups and some of them even smoke weed! I don’t feel safe to go near them, unless my husband and daughter are with me.... Do you know there are women who are afraid to leave their rooms?! The other day I found out there are a mother and four teenager girls in the room near ours... She told me ‘the mother’ she had to protect her daughters, especially with all these men around the hostel.” (Palestine, female, 30s, asylum seeker)

Survivors’ resettlement narratives highlighted the relationship between strong social connections, a higher level of resilience, the ability to cope and integrate. Indeed, the resilient steps some survivors took led them to use their SGBV experiences as a motive to advocate for women’s rights and better protection against SGBV. Having read about feminism at the university and from working with women’s rights organisation, a Kurdish refugee wrote a piece in a Kurdish newspaper, encouraging women to step back and reflect on the injustices they had endured:

“You are getting killed because you’re a woman. You’re not allowed education because you’re a woman. You are not allowed to work in, for example, some places because you are female. You’re not allowed to achieve your goals because they will put something for you that – an obstacle. I know there are many things that are happening around us, not because we’re different, not because we don’t have passion, not because we don’t have talent or ability, simply because we are females. That’s not only from other people around us. It’s from the system, agencies, institutional racism against women and females. [...] it’s something to think

about. It's not only from daily life. It's much broader than that." (Kurdistan Iraq, female, 40s, Refugee Sweden, UK citizen).

Creating the conditions for integration

Hart *et al.*'s (2007) resilience framework provides a useful tool enabling us to reflect on survivors' experiences of SGBV and to identify the conditions that enable resilient moves and integration. Without the right conditions, integration can be hampered. The five cornerstones of the resilience framework refer to "*Basics*": ensuring the necessities for life are in place: like food, sleep, exercise, money, housing, a safe space, and the right to be free from prejudice and discrimination. *'Belonging'*: encouraging good relationships: concentrating on positive times and places, remaining hopeful about new connections, and having people in your life you can count on. *'Learning'*: having opportunities inside and outside education or work to develop interests, talents and life skills, including mapping out or having a view of the future. *'Coping'*: embedding the skills needed to manage the challenges of everyday living, such as problem solving, staying calm and leaning on others if needed. *Core self*: developing those things that help children, young people and families to develop a strong sense of themselves, including ways to build and nurture their confidence, self-esteem and character' (Hart *et al.* 2007).

In some cases, the negative impacts of SGBV experiences left many survivors with trust issues that made some of them refrain from socialising. Social isolation was also enforced by perpetrators and such acts of control reduced survivors' access to conditions that would enable resilient steps to be taken. Survivors' narratives clearly demonstrated the pivotal role that NGOs play in creating favourable conditions for building resilience. Interventions that created safe spaces, both physical and psychological, for survivors to come together provided the *'basics'* for encouraging new relationships and a place where positive experiences, memories and where a sense of *'belonging'* can be created and nurtured. Survivors who had managed to tap into *'learning'* opportunities, especially language learning, were better equipped to pursue their interests and foster new skills. Indeed the type of social networks that encourage social capital, which in this context refers to the "*connections among individuals and the norms of reciprocity and trustworthiness that arise from them*" (Putman 2001:19) were instrumental in survivors being able to take resilient steps as has been widely demonstrated by refugee women (Cheung and Phillimore 2017). Survivors reported opportunities for *'bonding'* social capital, whereby horizontal ties between individuals within the same social group were formed, and *'bridging'* social capital, whereby vertical ties between individuals that cross social divides or between different social groups were formed. Accounts of *'linking'* social capital, whereby relationships with institutions and opportunity for ties between individuals interacting across authority gradients, were more seldom.

Survivors reported how relationships with others who shared a mutual understanding of their experiences and pain helped them to cope. An asylum seeker from Algeria mentioned the significance of friendships as "*they give me how can I explain, they give me lots of strength you know my friends.*" (Algeria, female, 30s, asylum seeker). Also, a Syrian refugee explains the importance of friendships, especially with old friends from Syria that they meet again in the UK "*when you have friends from the same city, and you've been friends since you were in Syria, it creates affection between you two. You care about them, and they care about you.*" (Syria, 30s, male, refugee).

An Egyptian refugee added:

"It makes me happy to know that there are people, who care to know about what we go through. So many people go through similar situations and even worse. I always tell myself I am just one case. I remind myself there are so many others, who experience even worse situations." (Egypt, female, 30s, refugee)

Additionally, a gay asylum seeker also added to the significance of being with people like him and said *"I only feel comfortable with LGBT people. We can talk and understand each other."* (Syria, male, 30s, asylum seeker). Also, he added *"I draw my strength from my friends who have better experience than me. We share our thoughts, have fun and hang out. She understands me more than my housemates do."* (Syria, male, 30s, asylum seeker).

Social networks that extended beyond opportunities to develop *'bonding'* social capital, created by mixing with other forced migrants, to relationships with local residents where *'bridging'* social capital (Putnam 2001) was developed were much appreciated by survivors. These relationships fostered feelings of being valued outside of the refugee community and provided the support that helped survivors *'coping'* abilities when setbacks, such as those faced when in the UK asylum system. An asylum seeker from Palestine expressed the satisfaction she felt when she was able to help others outside of her community and how this gave her hope for the future:

"I teach Arabic to a Pakistani family, I teach them how to read Koran. I like that I can help. Reading Koran is really helpful, and helping others is great. It helps me a lot... I love doing this. When we settle, I want to do something, some work with refugees. I have my PhD to use, I hope to find something related, but I definitely I will be working with refugees." (Palestine, female, 30s, asylum seeker)

Spaces for different forms of mutual self-help also offered fertile ground for women to regain confidence and agency. A Kurdish woman survivor reported her experience of setting up a Kurdish women's group to help women understand their rights and entitlements in the UK. She spoke of how over time the coming together of the group through art had evoked a sense of solidarity and a stronger sense of self, their *'core self'* and their identity as Kurdish women; as refugees, as survivors of SGBV, as mothers, as artists and as activists. The mutual willingness to help one another, otherwise referred to as the *'norms of reciprocity'* (Sanders 2015) developed by the group created value for those who were connected to the network and assisted with their integration experiences (cf. Goodson and Phillimore; Phillimore et al. 2018).

Integration: barriers and enablers

The UK was described by one survivor as a good place to start a new life. In this section we will reflect on the four key spheres of the Home Office Indicators of Integration (IoI) framework (Ndofor-Tah et al. 2019): *'means and markers'*, *'social connections'*, *'facilitators'* and *'foundation'* and their associated domains to highlight the key issues. Whilst each person's integration experience is unique, it is important to understand some of the generic conditions that can provide the stepping stones on survivors' pathway to integration and recovery.

As discussed in the previous section, social connections were the most commonly reported and effective enablers of integration amongst survivors. Building bonding relationships, social ties and links with people and organisations, in particular NGOs, was pivotal in creating a sense of security, stability and in turn the conditions required for resilience and integration. Survivors' narratives outlined how social capital building helped create networks of trust and reciprocity that were instrumental in being able to access a wider range of resources, such as practical, legal, welfare, emotional and therapeutic support. Whilst building different types of social connections is a fundamental aspect of creating the conditions favourable for integration, progress in these domains alone will not enable smooth integration pathways to be developed. The complex nature of integration requires consideration of other integration domains and characteristics, including recognition that integration is a multi-dimensional, multi-directional, context specific matter that is

the shared responsibility of migrants, receiving communities, employers and welfare providers alike (Ndofor-Tah et al, 2019; Phillimore and Goodson 2008).

When we consider wider integration indicators and domains, the most commonly reported obstacles related to national asylum policies and processes. Indeed, the process for seeking asylum in the UK was described as tough, slow, and unfair.

The '*peculiarity*' of awaiting asylum served as a constant reminder of survivors' *foreignness*'. Survivors described how the process of '*othering*', at community and institutional levels, overtime led survivors to embody an '*outsider*' identity that prevented them from feeling a part of UK society. A transgender woman from Kuwait, dispersed to an area where her gender identity was not accepted, explained how societal prejudice and bias, experienced as direct or subversive discrimination (in her case experienced through transphobia), deeply affected her sense of belonging to her local community. She also went on to problematise the shortcomings of integration policies for being dismissive of the needs of SGBV survivors.

Other survivors also reported concerns regarding their perceived level of safety and its impact on well-being. A Syrian man explained how the associations frequently made between illegality and migration left him living in constant fear of detention and deportation, which in turn caused a great deal of anxiety, post-traumatic stress and a general sense of insecurity. His fears stemmed from his initial encounters with the UK immigration system:

"Here I feel protected from fear and problems. But when I got arrested and detained again for 16 days, my mental health deteriorated, and I told them that such places remind me of my past and the painful experience". (Syria, male, 20s, refugee)

Prejudice and discrimination were not only considered to limit opportunities for genuine and meaningful social interaction but were also thought to impact on labour market outcomes. Education and employment were recognised as further key drivers of integration but many survivors' immigration status deprived them of any right to education or work, leaving them without a sense of purpose. Gaining leave to remain was the biggest boost to survivors' resilience and overall wellbeing. Survivors reported how, with a stable status, opportunities to work and study would give them much more hope for the future and thus facilitate integration. An asylum seeker from Palestine mentioned that the lack of status prevented them from settling and working, and said:

"When we settle, I want to do something, some work with refugees. I have my PhD to use..... My husband is a lawyer, he will find a job. Our English is very good. But we need to have our status sorted so we can work." (Palestine, female, 30s, asylum seeker)

Survivors agreed that English language proficiency was essential in being able to interact with people in their local community, form relationships, adapt to the UK way of life and pursue employment opportunities. As an asylum seeker from Syria asserted: *"...studying English and having [a] job. This will definitely help me the most. I am not going to stay unemployed"*. (Syria, male, 30s, asylum seeker)

In this section we have seen how the conditions survivors find themselves in are far from conducive to being able to build their resilience. We have seen how very small resilient steps can help survivors regain confidence. Social space and connections along with the solidarity that emerges from new relationships were key to creating the conditions for integration as a result of new found agency. We saw this with the spousal migrant from Kurdistan Iraq who worked to spread awareness of SGBV and advocate for a better system capable of upholding human rights and providing protection for SGBV survivors.

Being able to draw on resources that enable survivors to remain on a resilient pathway was key to enhancing their integration opportunities and experiences, which in turn assisted their recovery. Past and present experiences of SGBV undermined survivors' resilience and as a consequence also their integration experiences. When we apply the Iol framework (Home Office 2019) as a lens to examine the key issues raised by SGBV survivors in relation to their integration experience, we see that survivors faced constraints at all levels and across a wide range of integration domains, which obstructed, in the vast majority of survivors cases, the ability to integrate. At the 'foundation' level, structural barriers (structural violence) imposed by the UK immigration system precluded progress being made in relation to 'means and markers' i.e. access to employment, education and suitable housing. Those that made progress in relation to 'social connections' also found advancement at the 'facilitator' level, with greater feelings of safety and security, due to community bonds and ties as well as links made with local organisations and wider UK authorities. Language was described as a key 'facilitator' of 'social connections' and was also integral to making progress in domains in the 'means and marker' sphere. Without proficiency in English language the ability to connect either vertically to the 'means and markers' of integration e.g. to housing, health, employment services, or horizontally to other 'facilitators' such as acquiring a sense of safety and security, becomes increasingly challenging. The ability to build positive and meaningful social relationships is undermined when survivors are housed in areas where "outsiders" experience discrimination. In the case of one transgender survivor, the hostility experienced in her local community led to feelings of alienation and concerns about personal safety and security as well as concerns about her ability to secure employment, become independent and feel accepted in the UK. Furthermore, feelings of alienation (at community and policy level) served to exacerbate emotional stress already caused by the SGBV experience. In conclusion, structural, symbolic and interpersonal violence continue to be played out even at the resettlement stage of the refugee journey. The final section considers experiences and availability and non-statutory support and protection in forced migration.

Statutory and non-statutory SGBV support and protection

The impact of forced migration and SGBV left many survivors in need of support. While service providers were reported to play a significant role in enhancing the resilience of participants, they were also seen as an important bridge towards community integration in the UK, especially those services related to education, healthcare, housing and capacity building initiatives. Whilst survivors recognised the pivotal role NGOs played in their process of resettlement in the UK, their encounters with other institutions were not always so positive.

Support and social justice (barriers and enablers)

If we consider support and protection across the refugee journey, we see how factors contributing to vulnerability to SGBV and barriers to accessing support and seeking justice are intertwined, the latter often being the same or a result of the first. Participants spoke of a number of issues that prevented them from leaving an abusive relationship and/or reporting their experiences of SGBV earlier. Various forms of symbolic and structural violence as well as fear of inter-personal violence prevented survivors seeking support and protection at different stages of the refugee journey. These included: socio-cultural stigma and fear of being dishonoured, discriminatory legislation and migration systems, mistrust in policies and measures to ensure their protection from interpersonal violence, and the fear of structural bias prevalent in the immigration system.

Until the age of 75, an Algerian woman's mother needed her husband's signature to demonstrate his approval of her movement outside of Algeria. In order to escape domestic violence, she ended up tricking him into believing she was visiting her sister in France, which she did before joining her

daughter in the UK. Alongside such discriminatory legislation, corruption in the MENA region was said to put women in vulnerable positions, making it harder for survivors to obtain justice and hold perpetrators accountable for recognised cases of violence. For example, an Algerian asylum seeker who was raped by a neighbour hesitated to report the incident because of her neighbour's family influence in Algeria. She stated:

"I know his name and I know his family. [...] The problem is he has a high rank in the army and so does his father. [...] Everyone there are scared of them because they have high status and they've got money. [...] I wanted to report him to the police, but his family have connections" (Algeria, female, 30s, asylum seeker)

Furthermore, discriminatory legislation related to sexual orientation was reported to prevent LGBTQI survivors from disclosing harm. The countries of the MENA included in this study do not legally recognise gender identities and sexual orientation beyond heterosexual, with only these binary opposites, male-female/man-woman, recognised by the law. The two LGBTQI survivors reported being criminalised and imprisoned in their country of origin, where systematic abuse exists within the legal system. A transgender woman from Kuwait, suffered discrimination and physical violence due to her gender identity:

"We have strict laws in Kuwait. We don't have human rights for LGBT people. [...] in 2008, the government passed a law that criminalizes imitating the appearance of a member of the opposite sex." (Kuwait, transgender, 30s, refugee)

Survivors reported how systems in their home country had failed to protect them from SGBV but also spoke about the way other nations compound the impacts of SGBV. The lack of protection in camps meant that experiences of SGBV would usually go unreported, as a Kurdish man stated:

"..because you don't have any kind of system that can actually stop it happening then you can't do anything about it". (Kurdistan Iraq, man, 30s, refugee)

A former Syrian detainee and survivor of torture reported how the UK authorities detained him on arrival in the UK. Being detained generated further trauma affecting his mental health. He said:

"I came to a country expecting them to protect me and give me back my sense of humanity, only to be detained again. It caused a big mental problem for me". (Syria, male, 20s, refugee)

Survivors from other MENA countries also reported experiences of detention in the UK. For example, a Jordanian national with a valid spousal visa was detained for seven months upon her arrival back in the UK as her husband had divorced her in her absence. She described the inhumane treatment of women in these centres; she reported how she was denied the right to contact her father, felt violated by being monitored by cameras and lived in constant fear of deportation. When her detention finally ended, the authorities demanded her to sign in at the Home Office on a biweekly basis, which later became a monthly basis:

"I used to go in terrified that they might put me back to detention. [...] the Home Office is criminalising me too since 2012! They keep searching my clothes, I used to be taken to the court with police all around me with handcuffs! All the humiliation from my ex-husband, everyone, and the home Office. I didn't do anything illegal [...] I don't understand!" (Jordan, female, 50s, asylum seeker)

Having irregular immigration status was reported as the biggest obstacle to accessing protection and recovery. Survivors explained how the absence of refugee status had implications across the refugee journey. To fully understand the complexities of the SGBV experience and survivors support needs, service providers need to recognise how immigration status intersects with other markers of oppression and implications for integration and recovery.

Having taken illegal and unsafe routes to 'safety', a number of survivors reported how they had travelled without legal protection throughout their journey, which exposed them to greater risks of SGBV. Those that arrive in the UK without recognised refugee status are faced with a great deal of uncertainty concerning their immediate and long-term futures. Lack of secure status was also reported to prevent women seeking access to support and justice. Women survivors without legal status were less likely to reach out for support and were reported to often '*suffer in silence*', because they believed they were not entitled to welfare services. As a Kurdish refugee explained:

"I feel like yes, these services can be supportive but it's only for certain people. What about those who came to the UK and are actually here without any status? What about them?"
(Kurdistan Iraq, male, 30s, refugee)

A number of asylum seeking survivors spoke of how they had not attempted to engage with support organisations as they believed most were only available for refugees leaving survivors isolated and without help. In addition to concerns about entitlement, the fear of being disbelieved and the difficulty providing evidence of their abuse to the Home Office prevented women from seeking help elsewhere.

Language and interpretation were further barriers that were reported to prevent survivors from accessing support or justice. Survivors spoke of how poor language skills can entrench migrant women's dependency on their husbands/partners. For example, a Kurdish spousal migrant described how her friend's inability to speak English prevented her from leaving her relationship for many years:

"it took her twenty years of her life. Because again, she couldn't speak and still can't speak English and because she didn't have anyone here, so she was dependent on her husband for everything and also her culture, because in our culture, when women get divorced they look at her in a different way. Women think about all this". (Kurdistan Iraq, female, 30s, spousal migrant)

Finally, a survivor from Kurdistan refrained from disclosing abuse because she wanted to protect him because of his irregular immigration status:

"He's a young man. He just arrived in the UK. He has no immigration or asylum status yet. If I do this, I may destroy his life already and should I actually do it, you know what I mean?"
(Kurdistan Iraq, female, 40s, Refugee citizen in Sweden, citizen in the UK)

Conclusions

Our interviews revealed that women, including transwomen, and gay male members of the LGBTQI community frequently reported experiencing SGBV, whilst heterosexual men (husband, father, brother) were more commonly identified as perpetrators, although in some instances women were also reportedly involved in acts of violence. We saw how third-party violence was exercised over children. It was clear that the determinants of vulnerability to SGBV changed over time depending on the country context and the stage of the refugee journey. Different types of immigration status for example exposed asylum seekers and undocumented migrants to particular vulnerabilities in transit

and during resettlement, which in turn affected their housing conditions and propensity to developing dependency on welfare provider whilst sexuality and religious affiliations were key determinants of vulnerability pre-displacement and in-transit.

The impacts of SGBV were found to be both physical and psychological and had both short and long term implications for their health and wellbeing. Despite survivors' experiences of forced migration and SGBV, they demonstrated various levels of resilience. Key factors reported to enhance survivors' resilience and ability to manage the impacts of SGBV were focusing on their children, faith, support networks, legal status and the right to education and work afforded to them by the leave to remain in the UK. Conversely, the asylum system, discriminatory policies and community practices undermined survivors' ability to take 'resilient steps' (cf. Hart 2007) which in turn undermined longer term integration efforts.

Service providers played a significant role in enabling survivors to take 'resilience steps' and served as an important integration bridge facilitating access, where permitted, to education, employment, as well as help with key welfare needs such as health care, housing and immigration related matters. The opportunities for women to come together as part of organised groups and drop-in sessions through NGOs, helped reduce isolation, create new friendships and networks in the UK. The feeling of solidarity and a safe space to meet with other survivors of SGBV was invaluable for survivors' wellbeing, confidence and self-esteem. This working paper concludes with some recommendations suggested by interviewees for communication to policy makers and service providers and aimed at improving SGBV support and the conditions for reliance building and integration.

Recommendations

Respondents were asked what they felt needed to be changed to improve the situation of forced migrants and address vulnerability to SGBV. The actions they propose cover addressing the reasons for flight, the asylum system and life once in refuge:

1. People do not want to leave their country of origin but do so because of because of conflict and violence:
 - a. Use all channels of diplomacy to push for peaceful resolution of the conflicts driving displacement.
 - b. Campaign for equality for women and girls in all countries ensuring they have access to education and protection from violence and abuse.
 - c. Campaign for equality for people who identify as homosexual, protection from abuse, decriminalisation of homosexuality.
 - d. Develop legal routes for escape for individuals who experience human rights abuses and ensure that their basic needs are met and legal support is provided
2. Immigration and asylum systems
 - a. Introduce a more sensitive asylum system wherein officers strive to understand the trauma and lived experiences of asylum seekers
 - b. Recognise that some women on spousal visas are vulnerable to control and make them less reliant on remaining in abusive relationships for their right to remain
 - c. Provide more education for men from different cultural backgrounds on arrival about women's rights in the new country.

- d. Encourage and empower all asylum seeking and spousal migrants to recognise interpersonal violence and know how to report it
 - e. Ensure that support for asylum seekers is appropriate to meet needs and accounts for their cultural norms, sexuality, and religion.
3. Integration:
- a. Provide tailored support to enable recovery from SGBV
 - b. Recognise the two-way nature of integration and ensure that all institutions are supportive of SGBV survivors
 - c. Educate forced migrants about the importance of ensuring good mental health and wellbeing in the community and raise awareness of the extent of problems
 - d. Organize education campaigns to raise awareness on how to ensure equal treatment of men and women in society
 - e. Provide accessible ways for asylum seekers and refugees to learn English to enable them to integrate
 - f. Support organisations that offer emotional help and empowerment
 - g. Provide better skills training and help to access employment.

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