



# Forced Migration, Sexual and Gender-based Violence and Integration: Effects, Risks and Protective Factors

Jenny Phillimore<sup>1</sup> · Karen Block<sup>2</sup> · Hannah Bradby<sup>3</sup> · Saime Ozcurumez<sup>4</sup> · Anna Papoutsis<sup>5</sup>

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## Abstract

This paper is the first to use empirical evidence to directly examine the relationship between sexual and gender-based violence (SGBV) and multi-dimensional processes of integration of forced migrant SGBV survivors. While it is acknowledged that forced migrants are subjected to a continuum of violence, including SGBV, during the refugee journey, little is known about the long-term impact of SGBV and how it might be mitigated. Our paper, drawing on empirical evidence from 255 interviews with migrants and stakeholders in Australia, the UK, Sweden and Turkey, documented in detail the complex interactions between SGBV and integration using the Indicators of Integration framework. By bringing together the literature on the continuum of violence, SGBV and the Indicators of Integration framework, we identify, on the one hand, the impact of SGBV on integration, and, on the other, how the indicators framework can be used to identify protective and risk factors for forced migrant survivors.

**Keywords** Forced migration · Sexual and gender based violence · Integration · Indicators of integration framework

## Introduction

The number of people forcibly displaced worldwide has been steadily increasing since 2010 with 79.5 million people displaced in 2020, of whom 20.4 million were UNHCR-mandated refugees and 4.2 million were seeking asylum (UNHCR, 2020).

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✉ Jenny Phillimore  
J.a.phillimore@bham.ac.uk

- <sup>1</sup> Institute for Research Into Superdiversity, University of Birmingham, Birmingham, UK
- <sup>2</sup> University of Melbourne, Melbourne, Australia
- <sup>3</sup> Uppsala University, Uppsala, Sweden
- <sup>4</sup> Bilkent University, Ankara, Turkey
- <sup>5</sup> Institute for Research Into Superdiversity, University of Birmingham, Birmingham, UK

According to UN Women<sup>1</sup> around 50% of forced migrants are women and face specific vulnerabilities when forced to migrate (Rohwerder, 2016), including heightened vulnerability to sexual and gender-based violence (SGBV). The Women's Refugee Commission (WRC) reports extraordinary levels of SGBV experienced by refugees during conflict and flight, in temporary camps and immigration detention centres (WRC, 2016). While the exact scale of such experiences is unclear, as many as 50% of refugees report SGBV in some conflicts, with under-reporting the norm (Dorling et al., 2012; Dudhia, 2020). Conflict scholars have referred to experiences of violence, including SGBV, across the refugee journey as a continuum of violence (Roupetz et al., 2020; Hourani et al. 2021). There is little knowledge about the long-term impacts of SGBV (Rohwerder, 2016) or how they might be mitigated (Block et al. 2021).

Between 2010 and 2019, across the world, 1.1 million people were resettled and 322,400 successfully claimed asylum. Increased emphasis has been placed on the integration of forced migrants into the economic, cultural and social milieu of receiving countries (Phillimore, 2020), yet almost no scholarly attention has been paid to the impacts of SGBV and other traumas on forced migrants' experiences of integration (Phillimore et al. 2018). To the best of our knowledge, this paper is the first to use empirical evidence to directly explore the multi-dimensional and multi-directional relationship between SGBV, forced migration and integration. The reason for this omission may relate to the focus on conflict and flight rather than resettlement in forced migration research (Nixon, 2011). Additionally, limits on the existing conceptualizations of SGBV may have confined researchers to distinct legal, institutional, sociological, temporal and geographical analytical units rather than examining their intersections.

Integration is a contested term (Abdou & Geddes, 2017) describing dynamic processes following immigration (Garcés-Mascreñas & Penninx, 2016). Integration is multi-dimensional, covering functional domains such as access to housing, healthcare and employment, the development of social networks, acquisition of rights and feelings of connection and the interactions between these domains (Phillimore, 2020). Integration of refugees is multi-directional, evolving over time and advancing or retreating in response to opportunity structures and events (Phillimore, 2020). While SGBV experiences affect forced migrants' capacity to integrate, engaging in integration processes may support recovery, helping protect survivors against further SGBV. Integration is also context-specific, with scholars identifying significant variation in experience at local and national levels (Ndofor-Tah et al., 2019; Careja, 2019; Gebhardt, 2016). Recent research emphasizes the importance of assessing forced migrant integration processes within and between different countries (Ozcuremez et al., 2020) in order to understand how context influences integration. Given the complexities of integration processes, it is useful to apply an analytical framework reflecting the multi-dimensional and multi-directional character of integration. In this paper, we break new ground using the

<sup>1</sup> <https://www.unhcr.org/en-us/women.html>

updated Indicators of Integration framework (henceforth the framework) as an analytical tool to undertake an initial mapping of the relationship between integration and SGBV. Although the framework was designed for use in the UK, its predecessor has been utilised in every continent (Ndofor-Tah et al., 2019). We implement the framework to map the relationship between SGBV experiences and integration using data collected in four countries. Our paper focuses explicitly on filling the gap in knowledge about the relationship between integration and SGBV across multiple domains building significantly on earlier papers which have tended to touch on single domains (for a review of previous work see Phillimore et al. 2018). It is not a comparative study rather, we use the framework, to identify potential connections and commonalities between the countries suggesting a broader relationship. We also consider the suitability of the framework for making sense of data from different geographical contexts.

In the next section, we outline what we mean by SGBV and the continuum of violence. We explore key ideas around integration before making the case for examining the relationship between SGBV and integration. We describe the framework and some of its underpinning principles, before describing data collection techniques. In the findings section, we briefly describe the continuum of violence experienced by respondents showing that it continues into resettlement, before empirically examining the relationship between SGBV and integration indicators. We address each integration domain identifying three possible interactions: SGBV experiences influencing integration outcomes in indicator areas; indicator areas protecting forced migrants from SGBV or enabling recovery; and indicator areas increasing the risk of SGBV or undermining recovery. Following an overview of findings, we reflect on the context-specificity, multi-dimensionality and directionality of integration processes and consider implications for policy and research.

## **SGBV and forced migration**

Forced migrants acquire different labels according to process and context but share experiences as persons subject to coerced migratory movement (IOM, 2011). The term forced migrant includes individuals who are internally displaced, those categorised as refugees, or whose status is being determined, failed asylum seekers and those who have not yet claimed asylum. Enduring inequalities, often resulting in conflict, have generated increased movement of people across borders in the past twenty years, with increasingly feminised flows of forced migrants (Hourani et al. 2021). The term SGBV enables analysis of violence from a gender perspective, acknowledging that while women, children and LGBTQIA+ individuals are the main targets, men are also victimised (Johnson et al., 2008). SGBV occurs in multiple situations and is predominantly perpetrated by men (including armed combatants, police and border guards, partners, kin, and community members, and aid

workers and other refugee camp personnel, people smugglers and local residents (Interagency Standing Committee, 2015).

Sexual violence as a weapon of war has been extensively researched (Vu et al., 2018; Spangaro et al. 2014; Bartels et al., 2010). The prevalence of other forms of SGBV, including intimate partner violence (IPV), and forced marriage (WRC, 2016) increases during humanitarian emergencies (Marsh et al., 2006). Individuals are vulnerable during flight, with UN Women (2013) reporting predatory harassment of women and girls. Forced migrants engage in “transactional sex”: forced sexual acts to access food or transit (Amnesty, 2013; Freedman, 2016) and refugee camps expose women to risks of sexual attack or coercive sex work (Anani, 2013; Freedman, 2016). Krause (2015) uses Kelly’s (1988) concept of the continuum of SGBV to argue that different forms of SGBV connect and overlap throughout conflict, flight and displacement.

Yet recent research has demonstrated (Goodson et al. 2020; 2021; Sullivan et al., 2021; Phillimore et al. 2022) that the continuum extends beyond the refugee journey and into resettlement, as women and children are subjected to SGBV in receiving countries. Forced migrants are often housed in over-crowded accommodation increasing vulnerability to SGBV (WRC 2016). Refugee women report an intensification of family violence after resettlement, and there are insufficient specialist services able to address needs (Vaughan et al., 2016). In the face of a continuum of violence, many forced migrants experience an accumulation of trauma (Canning, 2018). Given the long-term emotional-psychological (O’Doherty et al., 2015), socio-economic (Keygnaert et al., 2015), physical (WHO 2013), sexual and reproductive (O’Doherty et al., 2015) consequences of SGBV, it is unsurprising that such trauma is associated with inequalities and disadvantages (Menjívar and Perreira, 2019). Having reached a place of “safety”, forced migrants are expected to integrate, with evidence suggesting that integration is a key goal for survivors (i.e. Sullivan et al., 2021). Given the recognised sequelae of SGBV, it is highly likely to impact on integration processes.

## Integration and forced migrants

While intellectual and policy debates around migrant integration are longstanding, recent interest has focused on refugees, acknowledging specific struggles associated with forced migration. Definitions have evolved from incorporation into “a *common cultural life*” (Park & Burgess, 1921:735) to inclusion into labour markets; to social integration through inclusion and acceptance. Building on this evolution, Garcés-Masareñas & Penninx (2016:11) broadly define integration as the process: “*of settlement, interaction with the host society, and social change that follows immigration*”. In policy terms, integration is seen as “*a dynamic, two-way process of mutual accommodation by all*” (European Commission 2004). However, policy often focusses on support for integration via employment or education with scant attention paid to wider processes (Phillimore, 2020).

There is no agreement about what constitutes successful integration (Castles et al., 2002), or how it can be realized and measured (Ozcurumez & Hoxha, 2020).

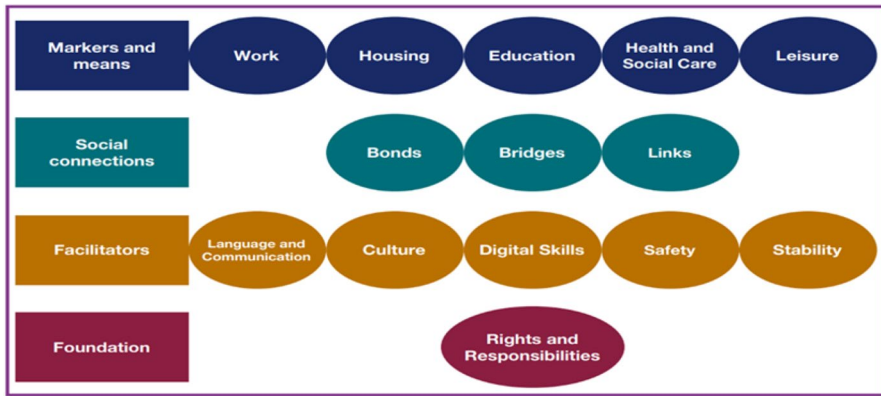


Fig. 1 Indicators of Integration Framework (Ndofor-Tah et al. 2019)

Experiences of SGBV are likely to shape integration processes across functional domains including work and education, social domains such as building networks, facilitators such as language learning and feeling safe, and foundational domains such as exercising rights (see Ndofor-Tah et al., 2019). The potential impact of multiple forms of violence on refugees' ability to integrate across domains has not, however, been empirically examined. A recent scoping review of literature on the interaction between violence and integration highlighted that the effects of past incidents of SGBV, while significant in the short-term, could be overcome if integration was supported. But failure to support integration could increase risks of further violence (Authors 2018). This review revealed that no study had looked across the indicators to explore the effect of SGBV over multiple domains. Herein we examine empirically the ways in which multiple integration domains or indicators might increase or decrease risk of further SGBV, and/or protect and support recovery from SGBV.

The Indicators of Integration framework (Ager & Strang, 2008), although developed for use in the UK, has been implemented in countries across the globe, largely as an analytical framework for assessing refugee integration outcomes. This framework was updated in 2019, drawing on integration theory and evidence from multiple studies. It is underpinned by four principles (Ndofor-Tah et al., 2019) (see Fig. 1). The first is that integration is multi-dimensional occurring across multiple indicators. Success in one integration area, such as speaking the local language, does not by itself point to integration. Second, integration is multi-directional in that integration processes can proceed or reverse depending on circumstances. The third is shared responsibility wherein refugees, local people, and institutions all have roles to play. Finally, integration is context-specific, with experiences and outcomes relating to the place in which refugees reside and the policies and practices which operate there. Contextual factors can include the socio-political setting and nature of neighbourhoods and workplaces (Phillimore, 2020).

The framework sets out 14 indicator areas organised into four domains in a non-hierarchical manner. Beginning at the top of Fig. 1, *Markers and means* (employment, education, health and social care, housing and leisure) are recognised as

critical to integration also offering conduits to success in other domains, for example working can help build social connections. *Social connections* reflect the three types of social networks widely referred to in the social capital literature (Ferlander, 2007). Social bonds refer to relationships between people sharing a sense of identity, with co-ethnic relations often highlighted. Social bridges refer to relations with people who are not considered to be “like me”; and social links refer to connections with institutions. While Ndofor-Tah et al. (2019) note that not all indicators are relevant to all refugees, they see social connections as heavily impacting refugee integration by facilitating access to information and resources and promoting a sense of belonging (Suter & Magnusson, 2015). Five Facilitators (language, culture, digital skills, safety and stability) represent key factors that enhance integration, with language frequently viewed by policymakers as critical (Adserà & Pytliková, 2016). Foundation refers to rights and responsibilities and relates to both refugee and host communities.

Integration processes are highly variable at individual and collective levels. The framework enables the systematic mapping of associations between SGBV and integration. To enable us to identify such associations we use data from interviews with forced migrant survivors and stakeholders.

## Methods and ethics

This paper draws on data collected as part of the SEREDA project, examining forced migrants’ SGBV experiences and their impact on integration. We interviewed survivors and stakeholders from organisations supporting them, in four countries of refuge and across multiple regions in each country resulting in material from 255 participants in Australia, the UK, Sweden and Turkey. These countries were selected because of their diverse experience of forced migration arrival, transit, resettlement and policy (see Appendix 1) which enabled us to identify commonalities and differences using comparison as a parallel demonstration of theory wherein findings have validity if appearing across multiple, different, contexts (Skocpal & Somers, 1980). In each country, we partnered with NGOs working with survivors, which helped us design research tools and access respondents.

We first interviewed stakeholders providing services to forced migrants from a range of organisations, including statutory (12), municipal (9), non-governmental national (37), international (12) and local organisations (24), community centres (2), private initiatives (1) and other projects (5) (see Appendix 2). Respondents came from various backgrounds, employed or volunteering as healthcare professionals, social workers, project managers, humanitarian workers, legal advisors and counsellors. Interviews explored understandings of the nature of SGBV, and its impact on integration. Recruitment took place in different regions in each country, focusing on the refugee sector and on SGBV survivor services more broadly. Interviewees were initially identified through partner NGOs and our own networks and then via snowballing approaches.

We then interviewed forced migrants about their SGBV experiences, where they happened, effects on their lives and impacts on integration processes. Contact was

made through stakeholders, snowballing from researchers' networks, social media appeals and distributing fliers. We sought to reach diverse participants, including individuals with different immigration statuses, of different ages, genders and sexual orientations. The majority of respondents were women, reflecting that women form the majority of victims. We actively sought LGBTQIA+ respondents with limited success.

We interviewed forced migrants originating from the Middle East and North Africa (91) and Sub-Saharan Africa (38), with different legal statuses: asylum seekers (35), refugees (65), failed asylum seekers (2), people with International Protection (21), on spousal visas (10) and full citizen status (5) (see Appendix 3). Participants included people identifying as cis-women (109), cis-men (32), trans-gender (1) and as LGBTQIA+ (10). Ages ranged from early 20 s to 70 years old, with the majority between 30 and 40 years (81). Some 49 participants were single, 50 married or cohabiting and 43 divorced, separated or widowed, while 94 identified as Muslims and 34 as Christians. Interviews were semi-structured and conducted in interviewees' preferred language either by a bilingual researcher or with a trusted interpreter. Interviews ranged from 30 to 90 min, mostly audio-recorded, with notes taken if not recording. Audio files were transcribed, anonymised (with names replaced by pseudonyms) and translated into English. The transcriptions and notes were coded deductively in a single NVivo database, using codes developed collaboratively across the project team with validity checking by Author 1.

Ethical approval was gained in each of the four countries from the National Ethical Review Board (Etikprövningsmyndigheter Dnr 2019–05,370) and the ethics boards of the Universities of Bilkent, Birmingham and Uppsala). To avoid re-traumatisation of forced migrants, we undertook initial screening conversations to ensure participants understood which topics would be covered and that no respondent known to be undergoing treatment for SGBV-related health concerns participated. Each country followed a locally designed protocol setting out how to approach the interview with sensitivity and procedures to follow if the interviewee or interviewer became distressed. These included participants stopping the interview at any time and referring respondents to pre-identified support. Interviewers were restricted in the number of interviews they could undertake each week, participated in regular debriefs and had access to psychological support.

## Findings

We have reported in detail elsewhere respondents' experiences of SGBV (Goodson et al. 2020; Phillimore et al. 2019; 2020) and will not re-examine those in depth, beyond a brief overview to set the context. Experiences of SGBV varied depending on country of origin, migration route, gender, marital status, immigration status and length of journey. There were different types of interaction between SGBV experience and integration processes once in country of refuge. The continuum of violence (Cockburn et al., 2004; Kostovicova et al., 2020) was evident in the case of many respondents. Reports of SGBV ranged from coercive control, forced marriage, emotional and psychological abuse, to physical and sexual assault by family members

and others in conflict, flight, camps and after resettling. In other cases, sexual and physical abuse by male authority figures began in early life, inducing victims to flee their family to avoid marriage. Some engaged in years-long journeys, punctuated by periods of stasis as they were enslaved or earned money to continue their journey. In these conditions, beatings and sexual assault were routine at the hands of traffickers, local men, authority figures and other forced migrants. LGBTQIA + forced migrants reported sexual assault and beatings by multiple actors that related directly to their gender identity and sexuality, meaning there were no safe places or relationships. Some male respondents reported trauma associated with witnessing SGBV in conflict or when imprisoned. All respondents reported trauma-related harm with both long-lasting physical and severe psychological dimensions. For many, SGBV continued after they reached their destination as continued or intensified interpersonal violence or they experienced system-related heightened risks of SGBV, through insecure immigration status, poverty, and poor access to safe housing. In this paper, we focus on the interactions between SGBV and integration indicators in countries of refuge. We summarise these interactions in Table 1 and in the next section examine them in some detail.

## **SGBV and Integration**

In this section, we provide an initial mapping of the multidimensional interactions between SGBV and integration indicators. We summarise the interactions identified in Table 1 and then examine them focusing on each integration domain (Ndofor-Tah et al., 2019) considering both the direct impact of SGBV on integration processes and the ways in which the indicator areas could either protect individuals from, or increase the risk of, SGBV and/or associated trauma in the country of refuge. As we set out above, SGBV survivors experienced both physical and psychological trauma, resulting from ongoing or past violence and often evident years after the abuse ended. We show below that experiences of SGBV, whether past or ongoing in the country of refuge could severely hinder integration processes. Yet support offered across integration domains was reported to help respondents recover and protect them from abuse. Consideration of integration outcomes or the efficacy of support offered to survivors is beyond the scope of this article.

## **Means and Markers of Integration**

### **Housing**

Respondents stressed that housing provision especially emergency hostel places and follow-on accommodation were critically important to enable escape from abusive relationships. Women often had not known that they could access emergency housing so acquiring this knowledge, either via NGOs, neighbours or the police, offered a major turning point in their lives. Where emergency housing was not available, risks of SGBV increased. Attempts to escape IPV were sometimes

**Table 1** Interactions of SGBV and integration indicators

	WORK	EDUCATION	HOUSING	HEALTH & SOCIAL CARE	LEISURE	SOCIAL BONDS	SOCIAL BRIDGES
Impact of SGBV on indicator area	Trauma (mental health, lack of confidence) impacts on ability to work (All)	Trauma (mental health, lack of confidence) impacts on ability to concentrate in education (All) Controlling partner limits access to education (FM: AU)	Homelessness (All) Multiple moves and housed away from networks & in poor housing to escape IPV (FM: UK, T, AU) Housing insecurity and fear of losing housing due to financial insecurity (FM: AU)	Poor physical & mental health due to SGBV (All) Scared or forbidden by husband to engage with services (FM: All; SP: UK, T) Stigma & shame or lack of trust prevents engagement (SP: S, AU, UK) Fear of seeing male doctor prevents access (FM: UK)	Women in controlling relationships cannot access leisure (All)	Rejection by family and community due to SGBV, sexual violence or divorce (FM; UK, T, AU)	Lack of trust & confidence prevents mixing (FM: S, UK, T) Poor mental health due to trauma prevents connections (FM: AU)

Table 1 (continued)

	WORK	EDUCATION	HOUSING	HEALTH & SOCIAL CARE	LEISURE	SOCIAL BONDS	SOCIAL BRIDGES
Indicator area as a protective factor	Work offers distraction & independence (FM: S, UK, AU; SP: S)	Access to education reduces early marriages (SP: T) Education offers distraction, independence & confidence (SP: S; FM: S, UK, AU)	Housing provision enables escape and independence (FM: UK, T; SP: T, UK, AU)	Successful engagement with services helps recovery and protects from further violence (FM: T, AU; SP: S, T, AU) Early support minimizes SGBV trauma (SP: S) Individual therapy & group counselling aids recovery (SP: S, T, UK; FM: T, UK, AU)	Leisure a distraction enabling recovery (FM: UK, AU) Leisure activities / spaces important for reaching vulnerable women (FM: T; SP: S)	Support & information provided by co-ethnics (FM: S, AU) Solidarity among women empowering (All) Family bonds sometimes protective. Desire to build better life for children source of strength (FM All)	Help from local people fosters independence (FM: S) <i>Social acceptance of LGBTQ/ helps integration (FM: S, UK)</i> Community participation / helping others increases belonging (FM: S, UK; SP: UK)

Table 1 (continued)

Indicator area as a risk factor	WORK	EDUCATION	HOUSING	HEALTH & SOCIAL CARE	LEISURE	SOCIAL BONDS	SOCIAL BRIDGES
	Husband's unemployment increases IPV (FM: UK, T, AU) Exploitation by employers (FM: UK, T, S; SP: T) Men control access to work & wages (SP: S, UK) Lack of employment increases vulnerability and dependency (FM: AU)		Unsafe housing for LGBTQI (FM: S, UK; SP: S) Housing conditions unsafe for women (All) Remain in abusive relationship bc of lack of housing & shelter spaces (FM: AU; SP All)	Cost prevents access (FM: T) Lack of counselling provision means women cannot move on (SP: UK) Lack of tailored services for LGBTQI (FM: UK, AU; SP: AU) Women 'bounced around' to different services reduces support (FM+SP: AU)		Cannot mix with co-ethnics bc of sexuality (SP: S, T; FM: S, T, UK) Normalisation of GBV within community (All) Families & communities prevent help seeking (FM: S, UK, AU; SP: S, UK, AU) Separation from family increases vulnerability (FM: AU) Community stigma around divorce (FM+SP: AU) Caring responsibilities prevent escape from violent partner (FM: AU)	Discrimination & racism lead to isolation (FM: S, T, AU; SP: T) Lack of local connections reduces access to information (FM: AU)

Table 1 (continued)

	SOCIAL LINKS	LANGUAGE & COMMUNICATION	CULTURE	DIGITAL SKILLS	SAFETY	STABILITY	RIGHTS & RESPONSIBILITIES
Impact of SGBV on indicator area	<p>Fear of institutions (All)</p> <p>Fear of losing custody of children to the social services if IPV is reported (FM: S, AU; SP: S, AU)</p> <p>Controlling partners prevent access (FM: AU)</p>	<p>PTSD and other mental health problems impede language learning (FM: S, AU, UK; SP: S, AU)</p> <p>Lack of trust of interpreters (FM: S)</p> <p>Controlling partners ensure lack of language skills because of isolation &amp; dependence (FM: S, UK; SP: AU, UK)</p>	<p>Fear women will adopt local culture prompts greater family control (SP: AU, S, T)</p>		<p>Frightened of everyday noise (FM: S, T)</p> <p>Fear of men &amp; violent partner affects daily life (All)</p> <p>Lack of sense of safety leads to isolation &amp; perpetuates trauma (FM: AU; SPT)</p>	<p>Mobility to escape IPV—no possibility of roots, work, etc. (FM: T)</p> <p>Loss of connection to place, people and community due to SGBV (FM: AU, UK, T)</p>	<p>Husbands use women's lack of rights or immigration status to control them (All)</p>

Table 1 (continued)

	SOCIAL LINKS	LANGUAGE & COMMUNICATION	CULTURE	DIGITAL SKILLS	SAFETY	STABILITY	RIGHTS & RESPONSIBILITIES
Indicator area as a protective factor	Connections with NGOs empowering / rebuild confidence (FM: T, AU)	Learning English supports confidence, connections, & capacity to work (FM: AU, UK) Provision of interpreters and bicultural/bilingual staff enables access to services (All)	Learning meaning of violence empowers women to act (SP: AU, S, T; FM: AU, S, T)	Social media offers a space for solidarity & learning rights (FM: T) Social media and YouTube as a campaigning tool (FM: S)	Feeling safe means they can start looking forwards (FM: UK, T, Aus) Good experiences with police enabled safety (FM All)	Once status received able to remain in area and put down roots (FM: UK)	Informing men that IPV is illegal leads to de-escalation (FM: AU, T) Rights to welfare enable women to leave violent partners (FM: AU)

Table 1 (continued)

	SOCIAL LINKS	LANGUAGE & COMMUNICATION	CULTURE	DIGITAL SKILLS	SAFETY	STABILITY	RIGHTS & RESPONSIBILITIES
Indicator area as a risk factor		Language barriers to disclosing, engaging with services, finding a job (FM: S, AU; SP: S, AU)	Culture shock /barriers: collectivist culture vs highly individualistic /inability to disclose & focus on themselves as individuals (FM: S, AU; SP: AU)	Online harassment and stalking (FM: AU)	Unsafe housing perpetuates fear (FM: T, AU) SGBV by police / failure of police to protect generates impunity (FM: T, AU; SP: AU, S, T)	Lack of stability impacts on health, prevents engagement with services, and development of social connections (FM: S, AU; SP: S, AU)	Not knowing rights prevents disclosure (FM: UK, AU; SP: All) Lack of status increases vulnerability to abuse (SP: S, UK, AU; FM: AU)
					Insecure legal status results in fear of return to SGBV/inability to escape SGBV (FM: UK, T, S, AU)	No status—no entitlements, so no chance to integrate (FM: UK, T, S) Lack of access to family reunion prevents stability (FM: AU)	Misinformation about parental rights prevents disclosure (FM: AU, S, T; SP: AU, T) Violence worsens when partners have assurance of residency (FM: S)

FM—Forced Migrants, SP—Service Providers, S—Sweden, UK—United Kingdom, T—Turkey, AU—Australia.

Italics = specific to LGBTQIA+ respondents.

thwarted by a lack of housing availability or because an individual's migration status could mean they were ineligible. In each country, some survivors had little choice but to remain in unsafe relationships, become homeless or be vulnerable to abuse by rogue landlords.

*I had my landlord 50-55 years old, he implicitly harassed me. He said I'm not raising your rent, normally it is 200 TL more. I said, "I can't pay that much money, why is the rent so much?" He said, "Then we'll go somewhere one night." - Shad, woman, 20s, from Iraq, International Protection, Turkey*

Lack of appropriate responses to survivors' housing needs could undermine integration processes. In Turkey, respondents reported that having to move frequently to escape intimate partner violence (IPV) meant they were unable to settle. In Australia, Turkey and the UK, authorities often responded to IPV by moving women and children from the family home and support networks and placing them in poor housing. Such movement undermined integration by once again displacing women, thwarting progress they had made enrolling children into local schools and accessing healthcare.

In all countries, women and LGBTQIA+ respondents encountered housing provision that was unsafe. In the UK, hostels and detention centres, and in Turkey shelters provided by NGOs or public authorities, that were mixed gender and/or employed male staff placed women at risk, and in fear of further attack. LGBTQIA+ refugees talked of "camps" in Sweden being unsafe when other refugees learned of their gender or sexuality.

## Work and Education

Psychological trauma impacted survivors' capacity to engage in work and education. SGBV experiences were widely noted by stakeholders and survivors to undermine self-confidence leaving them feeling unable to work.

*I don't feel strong at all. Sometimes I feel so worthless. I want to help other people; I am an experienced lawyer, but I cannot do anything. I don't know, my psychological situation is not ready. - Reza, 20s, from Iran, International Protection, Turkey*

Additionally, survivors frequently lived with unaddressed psychological disorders resulting in concentration and memory impairments that made work, study and language-learning difficult. Fear of men and/or of leaving home also prevented engagement in work and education. Stakeholders advised that it could take years for survivors to be sufficiently recovered to access work.

*I would say they would find it very difficult to go into a working environment if they've got a fear of men, or if they've – you know, now got PTSD and they connect it with crowded areas. - Lilla, charity worker, UK*

Some respondents gave up hope that they would recover enough to work or study and instead focused on their children's education.

Conversely, stakeholders and survivors spoke of work and education as important diversions from trauma, while women frequently discussed the need for activities to help them forget.

*I had started work experience. I love working and keeping myself busy because I know if I stop to rest, I would only think of the life I had gone through, which was hard so I end up crying.* – Lana, 30s, from Iraq, refugee, Sweden.

Education and work were associated with independence, and cited by survivors as their ultimate goal, while being unable to work increased vulnerability and dependency. Individuals' self-confidence increased when they felt they could cope independently and could access the financial resources needed to leave abusive relationships.

Employment could also expose respondents to SGBV. In the UK and Turkey women working illegally, reported sexual harassment by employers who knew women would not report them. Some women in controlling relationships had to pass all earnings to male partners. Other respondents had been tricked into relationships *en route* to Turkey or the UK, with the promise of safety, only to arrive and be forced to work, as prostitutes and cleaners, with all funds going to their "partners". We were widely informed about an association between male unemployment and intensification of IPV. Changing gender roles, the frustration of worklessness and sense failure as "a breadwinner" were offered as explanatory factors.

Early marriages were sometimes used as a mechanism to ensure girls' financial security but increased vulnerability to SGBV. In Turkey, respondents said that educating young women and parents about the risks associated with early marriage helped to reduce the practice. In Sweden and Turkey, providers spoke of educating forced migrants about the nature of violence and coercive control empowering them to question the normalisation of violence within their relationship, extended family or community. Such training focused on raising awareness and then supporting women to take steps to address their situations. A number of survivors talked of being empowered through courses and eventually successfully leaving abusive relationships.

## Health

Stakeholders reported that psychological support enabled survivors to recover sufficiently to engage in activities that could support integration. Widespread physical and psychological problems were reported, yet forced migrants were often reluctant or unable to access healthcare. They were scared to engage with services, worrying they would be seen by a male doctor, and were unable to trust strangers or concerned about being reported to immigration authorities. Additionally, women were embarrassed and felt too ashamed to disclose.

*They are scared from the community judgement, if a women escalated this issue to the police, to the court, if she discloses this information or gets divorced from her husband she might lose close relatives, she might have people around her and each one will be looking at her from a different side*

*of view that she is not a good person to escalate this issue.* - Sandra, mental health professional, Australia

We sometimes encountered respondents who had not sought medical help despite debilitating physical conditions. One woman in the UK, who had been repeatedly sexually abused on her lengthy journey, lived alone with a child born of rape and a serious urinary tract disorder that prevented her from leaving home. She was frightened of interactions, including the possibility of seeing a male doctor, and experienced severe psychological distress. Her mental and physical health conditions undermined any possibility of integration.

Providers reported that when survivors gained access to healthcare, they were able to begin recovery and seek protection from further violence. In Sweden, stakeholders across the forced migration sector had widespread awareness of SGBV and spoke of the importance of early interventions to reduce the severity of psychological problems. In all countries, women told us that access to counselling helped recovery, with many finding group therapy useful.

Despite clear evidence of the importance of healthcare and psychological interventions for integration, long waits and lack of provision were common. In Australia, women “bounced around” between different services sometimes getting lost in the system. In the UK, there was an almost complete absence of services, while in Turkey services were overwhelmed. In Sweden and Australia, services were widely available, but stakeholders acknowledged a gap in provision for LGBTQIA+ forced migrants, with the focus on conflict-associated trauma and with refugee services having a heteronormative discourse and LGBTQIA+ services not understanding forced migrants’ needs.

*LGBTIA+ services, I think, are the least equipped to actually deal with migration status, to be able to engage interpreters, to be able to understand those pre-arrival experiences or even to be able to then link them in with other refugee services or refugee assistance.* - Amy, LGBTQIA+ refugee advocate and activist, Australia

Additionally, services’ sex-positive approach could overwhelm refugees coming from cultures where being “out” could lead to prosecution and persecution.

## Leisure

Stakeholders pointed to the importance of leisure and sport activities as a way of engaging with survivors: these created spaces where women could develop trusting relationships. Stakeholders and survivors reported pathways from leisure to disclosure, empowerment and redress.

*They tend to isolate themselves; they don’t go outside so often; they have physical symptoms like pain and so on and those symptoms make them afraid to use their body. Activating them is one thing we try to do so we have training in yoga, we have a training of swimming in one of our centres.* - Elsa, treatment centre for torture survivors, Sweden.

Engaging survivors in collective leisure activities was viewed as a route to enable access to healthcare. Women talked of the pleasure of getting involved in craft activities stressing again the importance of distraction.

## Social Connections

Ndofor-Tah et al., (2019) and others have outlined the central importance of social connections to integration, especially for women (Cheung & Phillimore, 2017). Three types of connection were in evidence.

### Social Bonds

In all countries controlling partners or families prevented some women from engaging with others, for example inhibiting access to services, leisure activities and language classes. Some respondents were only permitted to mix with family members, with their bonding networks precluding against the development of wider networks and inhibiting integration. Some survivors reported leaving abusive relationships and, subsequently being rejected by their family and/or their wider community and being deprived of even bonding connections. Some kinds of social connections could place survivors at further risk of violence. Normalisation of violence within some communities meant ongoing IPV was seen as unremarkable and to be endured.

*That whole support network was saying to her don't leave, stay with your husband. But she knew that the right thing for her to do was to separate. So, she lost the support of the network in terms of helping her integration to start a new life.* - Local Authority officer, responsible for Sexual Violence Prevention Scheme, UK

Both survivors and stakeholders reported that even women free from family control struggled to develop social connections, because they did not trust anyone and self-isolated. The presence of children was also raised as a source of strength and resilience, and associated with the desire to ensure their children had a better life. Women separated from their children were distraught and said they were unable to move forward with their lives until they were reunited.

### Social bridges

Social connections could act as protective factors. Many respondents talked of the importance of solidarity with other forced migrant survivors. When women were shunned by their ethno-national communities, the emotional and practical support offered by survivor-peers to some extent replaced family and offered a safe space where they could be themselves. Some service providers used digital platforms to enable women to connect. Being able to help others was also a source of

empowerment that could rebuild survivors' confidence, as reciprocity is important in integration (Phillimore et al., 2018).

Survivors talked of the importance of support they received from the wider community.

*Thank God, we then met a nice Swedish family and we moved to live with them. They adjusted their house to accommodate us! They respected our ways of living, that I don't shake hands with men, that I wear headscarf, that we don't drink alcohol etc. - Amena, 20s, from Syria, asylum-seeker, Sweden*

In Australia, survivors talked of interventions by neighbours who offered a safe place to escape violence, short-term shelter, advice about legal rights and other support. In Sweden, survivors highlighted the importance of friendships with local people to help learn Swedish. LGBTQIA+ survivors spoke about the crucial role of the wider LGBTQIA+ community.

*Yes, it gives you positive energy to meet people from your community. It is a nice thing...I mean our community; the LGBT. Okay Yes, I feel comfortable around these people. - Hady, man, 30s, from Syria, asylum seeker, UK*

LGBTQIA+ survivors spoke of the acceptance they received in the wider Swedish community and how this provided a sense of belonging. In the UK, the emphasis was on fitting into the LGBTQIA+ community rather than a broader belonging. In both countries, bonding relations with cis-gender co-ethnics were considered risky.

While many survivors talked of positive relations with local residents, in all countries some spoke of experiences of racism or discrimination ranging from violent attacks to verbal abuse. Racism was described as a particular problem in Turkey where single women were targeted and seen as a moral threat by locals. Racist incidents undermined integration preventing respondents from leaving their accommodation, and increasing isolation that undermined survivors' ability to recover and engage with wider integration activities.

### **Linking connections**

We found that linking connections were generally developed through NGOs reaching out to forced migrants in non-threatening ways beginning with offers of food, childcare and leisure activities. Over time, NGOs tended to form the foundations of forced migrants' linking connections and through them, links were made to other organisations where they could access resources. Survivors and stakeholders talked about fear of institutions preventing survivors from making the links needed to access healthcare services or to seek assistance from the police.

## Facilitators

### Language

Language has been mentioned several times already indicating its importance to survivors. Ability to speak the local language was critical with inability to communicate and to access services exacerbating isolation and reliance on abusers.

*So, she had been at home all these 10 years and she couldn't speak Swedish, and she didn't know anything about society.* - Erik, Local Authority, Sweden

Some women were prevented from attending language classes by abusive family members with the specific purpose of retaining control over them. However, poor access to classes, cost of classes and inability to concentrate on learning because of PTSD or a preoccupation with every day survival were also mentioned. Without language skills, respondents were excluded from many wider integration opportunities. They could not work or study, access mainstream healthcare services or interact with the wider community.

### Culture

Learning about local culture was also reported to be important, with attempts by host communities to learn refugees' culture making them feel valued. With few opportunities to learn about different ways of life in the new country, the chance to share gave a sense of belonging and supported claims of the importance of integration involving mutual recognition and adaptation (Ndofor-Tah et al., 2019).

*They also introduce us to their foods, their life-style, and their culture. I love their culture! It is totally based on respecting one another. I also tell them about our culture and way of life. They love it when I do. I say we greet everyone with 'As-salamu alaykum'.* Amena, woman, 20s, Syria, asylum seeker, Sweden

Stakeholders highlighted the impacts of culture shock on arrival in Australia, Sweden and the UK, where the structures supporting gender equality are stronger than in most forced migrants' countries of origin. Changed gender norms such as women receiving welfare payments, living independently and dressing in ways some considered immodest, could contribute to an exacerbation of controlling behaviour directed at women and girls. In addition, stakeholders told of survivors coming from collective cultures and struggling to prioritise their own needs, including through disclosure of SGBV.

*What do you mean you're going to sit with me and talk about me... why? Why should I tell you my secret? Or the whole concept of counselling is actually not the right way for them. It's about the present... of course in every counselling session, whether there are cultural differences or without, is the same, but with cultural differences, it's about other norms.* - Liam, NGO trauma therapist, Australia

## Safety and security

Feeling safe and secure are key indicators of integration with many respondents talking about their desire to feel safe and settled. However, past SGBV experiences often left respondents in a perpetual state of fear. The sight of someone in uniform or sudden loud noises could generate panic. Respondents who were fearful of leaving home, became increasingly isolated with insufficient distraction or access to services to address the trauma which would intensify further, in a negative cycle.

LGBTQIA+ respondents in Turkey and Sweden talked of living in a constant state of anxiety. The tendency in Sweden to house LGBTQIA+ refugees in hostels was problematic because they were beaten by homophobic co-residents. In Turkey, an attempt to seek safety from attacks led to an intersex refugee being outed to their wider community and to further violence.

*I asked a translator from Anonymised organisation, but they told me to go with a friend who knows Turkish since they could not provide a translator. When he found out that I am an intersex person, he told all Iranian community living here..... After that I have [been] beaten by gendarmerie again. - Mahdi, a trans man, 20s, Iran, asylum-seeker, Turkey.*

## Foundations

Survivors' lack of knowledge around local parenting or custody norms and regulations also made them (sometimes justifiably) fearful of reporting violence because they believed their children would be taken into care, or custody given to their husband:

*"Yes, I have very good rights, but after I got a divorce how will I take care of my children?"; "Can my husband take away my children because I don't have any money to look after them?" - Kadir, lawyer in NGO, Turkey*

Respondents commonly reported that they did not know their rights or responsibilities. Fear of inadvertently breaking the law and being deported left survivors worried about leaving the house. Male partners frequently used their spouse's undocumented or dependent status and lack of knowledge about their rights to control them.

In all countries learning about rights to be free from violence, including coercive control, empowered some women to act. Challenging conventions was important to survivors and facilitated through relationships with local people and interaction with educational and welfare services. In Australia, women on spousal visas were empowered after hearing that intimate partner violence was illegal, and they would not be deported if they reported abuse. Abusive partners sometimes responded to learning about the illegality of their actions by a de-escalation of physical violence, although continuing to control in other ways. Social media was an important source

for women to develop solidarity with other survivors and to learn about rights in Turkey, whereas in Sweden it was used as a tool to campaign against SGBV.

Lack of rights associated with immigration status impacted on both risk and recovery in multiple ways. Without documented status, individuals were at risk of exploitation from multiple perpetrators including landlords, employers, and police officers. In Sweden, Afghani boys, already subject to widespread abuse first by the Taliban and then during their refugee journey, lived homeless on the street, where they were beaten and sexually harassed.

In Sweden and the UK, forced migrants talked of how endless uncertainty about the right to remain led to an inability to focus on the future, which left them thinking about past experiences, exacerbating trauma and associated psychological problems. Achieving safety and stability through gaining refugee status, or being resettled, were important factors in enabling survivors to recover from trauma: they could start looking forwards, and gain the security needed to escape abuse and/or stop worrying about being returned to a site where SGBV had taken place. A change in status was often associated with access to new rights to work or study, enabling distraction and supporting independence as outlined above.

*Now that I have the freedom, now that asylum seeking is behind me, I can do all of these things and I'm not wasting any more time, I'm doing them, I'm going for it.* - Idris, , 20s, Nigeria, refugee, UK.

While some survivors spoke of fearing the police, others in all countries recounted good experiences with police reinforcing a sense of safety by intervening in violent incidents and sometimes providing evidence that enabled women to fight for divorce or custody of their children.

## Discussion

This analysis uses the indicators framework to map the multidimensional relationship between SGBV and integration. We considered the multidirectional interaction between SGBV, either in the form of the legacy of trauma or as an ongoing situation, and integration examining how different domains could offer protection from SGBV and support recovery, or act as risk factors. All indicator areas were important. The experience of trauma or ongoing SGBV clearly interrupted integration processes making it difficult for survivors to engage in work or education, generating housing uncertainty, isolation, instability and fear. Across the indicator areas, it was clear that interventions, or lack of actions, in some indicator areas offered the possibility of causing a rupture in abusive relations, or reinforcing them; of aiding recovery or of undermining it. We did not ask respondents to prioritise indicator areas but the importance of feeling/being safe and secure was connected to several indicators. Clearly residing in safe housing where survivors could escape/avoid abuse and establish daily life was important. Having secure immigration status not dependent on an abuser to remain, and not at risk of deportation were frequently at the

core of safety needs. Being knowledgeable about (and having) rights around exposure to violence was important: understanding what interpersonal violence is, and that it is illegal, empowered respondents to consider routes to safety. Being able to work or study enabled self-sufficiency and distraction from past or current trauma, while developing social networks with other survivors could aid recovery. Access to appropriate, accessible health and social care and therapeutic interventions, presented the opportunity for empowerment, challenging the normalisation of violence and offering hope for a better future. Poor access to healthcare, inadequate housing, lack of financial support, racism, discrimination, being unsafe and a lack of entitlement could derail escape from abusive relationships and recovery from trauma.

The framework provided a heuristic device for recognising the interactions between indicator areas and to some extent the direction of the effects offering new insight on the effects of SGBV *across* integration processes. We were also able to look at context-specificity to identify which of the interactions were specific to particular countries, finding, however, that the majority of the interactions between SGBV and integration were common to all. It was evident, for example, that controlling relationships reduced access to services, and social connections, while homelessness and poor access to housing were a common concern.

Using the framework also helped to identify some of the evidence around shared responsibility (Ndofor-Tah et al., 2019), highlighting the importance of conceptualising integration as a process engaging multiple structures at multiple levels (Garcés-Mascareñas and Penninx 2016) and of considering multi-level governance (Zapato-Berreto et al. 2014). For example, the role of local people in offering support and information or conversely exploiting and harassing forced migrants was key. NGOs, employers, stakeholders and local and national Government stakeholders all influenced the interactions between SGBV and integration.

In providing a framework to identify interactions, the indicators of integration, to some extent, enabled us to highlight the multi-dimensionality of the interactions between indicators and SGBV. The interconnections between indicators were both complex and diverse. For example, SGBV experiences generated trauma, which affected individuals' ability to engage in work and learning. Not engaging in educational and employment settings meant that respondents were unable to meet others, build social relationships and share experiences—all activities which, respondents claimed, supported recovery. Instead, survivors became more isolated and unwell, sometimes too unwell to seek medical help. Those escaping abuse were frequently moved away from their local area, became disconnected, struggled to access services, generally located in areas with high concentrations of forced migrants, and were separated from healthcare providers and their children's school.

Using the framework also enables us to think about policy implications. Distinguishing between protective and risk factors, although these are frequently the opposite sides of the same coin, can show the ways in which poor policy (not providing enough hostel places, making women dependent on spouses) and good

policy (offering education about the risks associated with early marriage, providing early intervention services) can make a difference to survivors' lives. Our findings suggest that provision of well-resourced, targeted services and rights to protection and welfare are protective, while more hostile policies such as deporting separated spouses and denying undocumented migrants' access to services, exacerbate risks. Policies that are hostile towards forced migrants are, by definition damaging to their wellbeing, and our mapping emphasizes how SGBV forced migrant survivors are particularly susceptible to, as well as likely to encounter, these harms.

Having provided the first empirical evidence of a clear and multidimensional interaction between integration and SGBV, we point to the need for further research in this area. There is a need to compare policies and approaches in different countries to explore which work best and in what circumstances. Such work should account for the larger political economic landscape of migration governance as identified in state policy, market and services. Work focusing on evaluating interventions and exploring the roles of different stakeholders (NGOs, state, etc.) and different approaches is also required. Research might also examine quantitatively which indicators are more important to respondents, enabling prioritisation of interventions and most effective use of resources. Further work too is necessary on the prevention and mitigation strategies needed to reduce SGBV looking at how we can promote resilience by strengthening community and nationally based systems. In sum, much more evidence is required to understand the nuances of the interactions between SGBV and integration and the roles and responsibilities of different actors. Such work will add to our contribution, expanding understandings of the continuum of violence to include the violence that occurs in countries of refuge and its ongoing impact on integration.

## Conclusion

By looking at the SGBV experiences of survivors in four very different countries, we have demonstrated empirically for the first time, that there is a clear and generalizable relationship between SGBV and integration. We show that the Indicators of Integration framework offers a useful mechanism to map relationships and explore multi-directionality and multidimensionality. We also highlight the role of multiple stakeholders and the responsibility of the state, in particular, to protect survivors. Given the emphasis placed on forced migrants' integration, we argue that particular attention should be paid to the needs of SGBV survivors, with care taken to ensure their safety in countries of refuge. Further research is needed to map different integration pathways with a view to identifying the pathways that are most protective. Identifying routes to safety and recovery should be a priority in integration policy-making, while recognising the potential of hostile policies to inflict structural violence, increasing survivors' vulnerability (see Phillimore et al. 2021) over and above that of all forced migrants.

**Appendix 1**

**Table 2** Characteristics of case study countries

Country	Asylum/refugee population	Reception and support	SGBV and asylum/refugees
Sweden	163,000 refugees applied for asylum in 2015, the majority from Syria, Afghanistan and Iraq, including 70,000 children, half of whom were unaccompanied	Initially offered automatic permanent residency, but now most are offered temporary residence. Access to Sweden's generous health and welfare systems and some specialist psychological support	Centrality of gender equality to Swedish culture means SGBV perpetrated by refugees is highly contentious. Claims made that some refugee cultures are inherently sexist. Discussion of rape and migrants politically problematic
UK	Received around 25,000 asylum seekers arriving spontaneously per annum of whom c. 33% receive refugee status. Commitment to take 20,000 of most vulnerable Syrian refugees directly from camps and accept 3,000 unaccompanied children from Europe	Refugees have same entitlements as general population and are allocated individual advice and guidance for 12 months after arrival. Asylum seekers can access health and limited benefits whilst their claim is being processed	Dispersal programmes send individuals to areas unfamiliar with refugees and lacking specialist services. High levels of anti-refugee sentiment are evident and racist harassment is widely experienced
Australia	Humanitarian Programme settles around 14,000 refugees per annum including Women at Risk visas. Asylum seekers arriving by boat are detained in offshore camps. In 2015 the Government agreed to settle a further 12,000 people direct from the Levant prioritising women, children and families	Arrivals through the Humanitarian Programme are entitled to access health and welfare services, with social and educational interventions. Asylum seekers have limited entitlements. Those in offshore facilities lack employment opportunities or access to specialised services, including support for SGBV	Refugees are resettled in diverse locations across the country where services have limited capacity to address complex needs. State governments have expressed readiness to provide support to the additional cohort of refugees arriving from the Levant, and commitment to successful resettlement. Islamophobic and racist sentiment evident in some areas
Turkey	Classified as a refugee source, destination, and transit country. Currently houses the highest number of refugees in the world (over 3.6 million) with c. 98% in urban areas. Has signed a deal with the EU to prevent onward migration to Europe	Support offered on the basis of temporary protection regulations. Lack of facilities for rapidly increasing numbers. Many refugees are unregistered so lack access to basic services and protection. Few specialised services for women victims of SGBV	High profile rape and femicide cases have led to calls for women to be protected from men. Feminist activists have highlighted the need for gender equality. Definitions of SGBV are contested
Tunisia	In 2019 recorded 1,732 asylum claims. A host to migrants and refugees, mainly from sub-Saharan Africa, fleeing worn-torn Libya. A recipient of survivors from the Mediterranean rescue operations requiring immediate medical attention	Lack of national migration law and policy. No entitlement to public support, education, and work. Refugee claims and shelters coordinated by international NGOs who also promote return migration. Many migrants unregistered. NGOs lead refugee support	Most of migrants transiting through Libya recorded to be survivors of non-partner sexual violence. A handful of NGOs provides medical and food assistance. Health services available, often for a basic fee. Lack of SGBV definition. Recorded incidents of racism and anti-migrant sentiments

## Appendix 2

Table 3

**Table 3** Stakeholders sample summary

Country	Australia	Sweden	Turkey	UK
National NGO	4	12	15	6
International Organisation	1	1	7	3
Municipality		6	3	NA
Community Health Centre	2			
Private		NA	1	
Local NGO	14	2	NA	6
Public Institution		3	4	5
Regional NGO		NA	NA	2
Projects	1	NA	NA	4
Total	22	24	30	26

## Appendix 3

Table 4

**Table 4** Survivor sample summary

	Australia	Sweden	Turkey	UK	Total	
Region of origin						
	MENA	14	22	20	30	91
	Sub-Saharan Africa	1	1	NA	36	38
Other	(Asia)		7	17	NA	24
Gender						
	Cis-woman	15	17	25	52	109
	Cis-man		12	7	13	32
	LGBTQI+		1	5	4	10
	Transgender		NA	NA	1	1
Age						
	20 s		9	11	14	34
	30 s	8	12	14	24	58
	40 s	6	5	7	5	23
	50 s	1	4	3	2	10
	60 s		NA	NA	NA	
	70 s		NA	NA	1	1

Table 4 (continued)

		Australia	Sweden	Turkey	UK	Total
<b>Migration status</b>						
	Asylum seeker		9	NA	26	35
	Failed asylum seeker		1	NA	8	9
	Refugee (permanent)	11	17	NA	21	49
	Refugee (temporary)		NA	16	NA	16
	International protection		NA	21	NA	21
	Failed refugee		2	NA	NA	2
	Spouse	2	1	NA	7	10
	Permanent resident/Citizen	2			3	5
<b>Dependents (country of refuge)</b>	Yes	14	12	26	23	75
	No	1	15	9	39	64
<b>Marital status</b>	Single		13	8	28	49
	Married	7	9	14	17	47
	Divorced	3	6	6	9	24
	Co-habit		NA	NA	3	3
	Separated	4	NA	7	3	14
	Widower	1	2	2	NA	5
<b>Religion</b>	Muslim	5	24	35	30	94
	Christian	10	2	1	21	34
	Other/none		1	1	NA	2
	Not known		3	NA	12	15

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#### Declarations

Jenny Phillimore is Project Lead of the SEREDA project. She conceived the article and wrote the first draft with the exception of the methods section which was initially drafted by Hannah Bradby and the sample tables constructed by Saime Ozcurumez. Karen Block made a substantive contribution to the literature review. All played a role in devising the original research tools, devising sampling strategies and coding frames and providing leadership around data collection in their individual countries. Anna Papoutsi, Research Fellow on the project, searched the NVIVO database for data on integration and completed the original findings table. She identified verbatim to include in the findings section and prepared the references. All commented on several drafts of the paper, and edited the paper. Anna Papoutsi formatted the final draft ensuring it was ready for submission.

**Ethics approval** The SEREDA project received ethics approval by ethical review committees at the University of Birmingham (for overall project) and Universities of Melbourne and Bilkent. In Sweden, approval was granted by the National Ethics Board.

**Conflicts of Interest** None to report.

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