



CAPTIVE project

Cultural Agents - Promoting & Targeting Interventions against Violence & Enslavement



ANALYSIS OF EXPERIENCES OF SEXUAL AND GENDER-BASED
VIOLENCE AMONG MIGRANT WOMEN IN SIX EUROPEAN SETTINGS

CAPTIVE PARTNERS | April 2018



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Executive Summary

Migration has become an everyday event in the lives of many people and its ever-changing nature presents social, cultural, economic, political and health challenges. According to the UN Refugee Agency, we are witnessing the highest levels of displacement on record with around 65 million people forcibly displaced globally due to conflict-related violence (UNHCR, 2016) (Figure 1). Gender and violence intersect in important ways with migration decisions, experiences and outcomes; they feature in the ‘push and pull’ factor model, and are implicated in pre-migration, migration and post-migration phases. Across the globe, one in three women experiences physical or sexual violence at the hands of a partner/ex-partner or sexual violence from a non-partner (WHO, 2013a). Risk for sexual violence is increased in refugees or displaced women in complex humanitarian settings with one in five experiencing sexual violence according to a 2014 review (Vu et al, 2014). Studies report rates as high as 50-80% for lifetime exposure to SGBV among women migrants in Europe (See CAPTIVE national project reports¹). The ever-changing nature of mobility patterns, regardless of necessity or choice, and shifts in international and domestic policy, law reform, service provision/access and social and economic conditions, underscore the need for high-quality evidence upon which to develop and deliver interventions to support migrant survivors and train professionals who work with them.

There is also need for multi-country studies, to enable comparisons around risk, experiences and best practice responses. Migrant women in Europe face multilayered vulnerabilities, in particular, those associated with the interaction of gender, ethnicity and immigration status. However, they are not only at risk of being ‘othered’ (Grillo, 2013) in the receiving country context; they are also at risk of being ‘othered’ within their own cultural contexts if they reject or attempt to escape subordination and abuse increasing social exclusion and risking psychological and physical harm e.g. so-called ‘honour’-based violence. There were many examples of women in our study dominated within their own families and communities in a context of families and communities already marginalised by wider society. The overlapping systems of subordination associated with the many different identities create the conditions that increase women’s ongoing vulnerability to violence as shown across the ten themes, where women shifted between different contexts and faced different combinations of identities, subordination and risk. Intersectionality analysis draws attention to disparities within and between groups/identities. For example, the experiences of migrant women in work contexts contrast with those of migrant men or native/White women. In particular, within domestic environments, this relative ‘invisibility’ substantially increased their vulnerability to violence and abuse. This underscores the need for gender sensitive policies on migration and law reform in respect of modern day slavery e.g. Modern Slavery Act (UK Government, 2015).

¹ <https://captive.euro-cides.eu/>

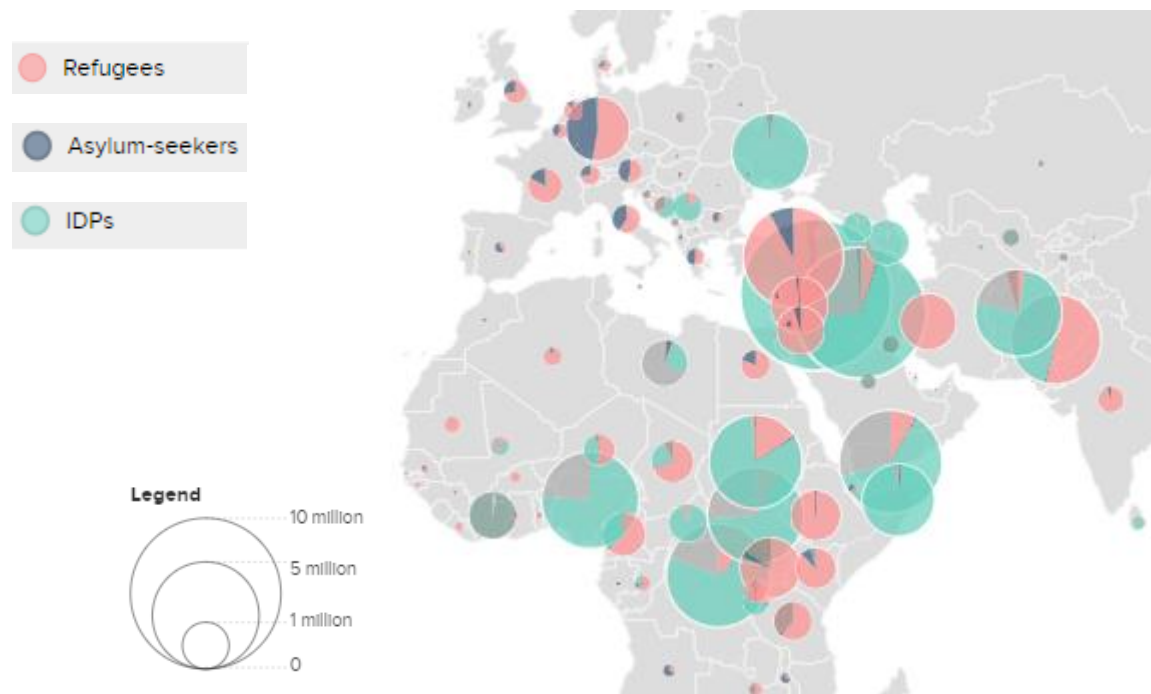


Figure 1. Adapted from: UNHCR Population Statistics²

The research reported herein was undertaken as part of a project funded by the EC aimed at addressing sexual and gender-based violence among migrant and refugee women in Europe. The project, known as CAPTIVE, consists of a research component and several actions related to cross sector best practice sharing and training. We are a partnership across six countries: Malta, Spain, France, Germany, Italy and the UK. Each partner undertook an analysis of the experiences of female migrant survivors of GBV in that country. The current report synthesises findings from across the 6 settings with the aim of developing a collective voice for migrant women who have survived GBV and to examine intersections between gender-based violence and migration across the lifespan and around the junctures of pre-migration, over the course of the journey itself and in post migration settings through the lens of intersectionality theory (Crenshaw, 1989).

Forty-nine women from 24 different countries participated in this project. We identified four themes falling under the umbrella category of *gender-based violence - an inescapable reality of women's migratory experiences* (Figure 2); three themes under *barriers to help-seeking and mental health crisis as a turning point* (Figure 4); and three themes to reflect commonalities in *what women say about the responses they received* (Figure 7).

² <http://popstats.unhcr.org/en/overview>

KEY FINDINGS AND IMPLICATIONS

- Exposure to multiple forms of violence was reported by majority of participants. This included pre-migration conflict-related sexual violence; intimate partner violence across the lifespan, from childhood ‘witnessing’ exposure in pre- and post-migration settings; child maltreatment (for self and own children); forced and early marriage and the threat of so-called ‘honour-based’ violence; sexual assault and rape by strangers, acquaintances and partners; and human trafficking and domestic servitude;
- Factors like conflict, poverty and gender dimensions underpinned early exposure to violence (in home countries) and the nature of vulnerability shifted substantially as women entered new geographical, social and cultural spaces and ‘became migrant’;
- The location of migrant women at the intersection of race, immigration and gender makes the actual experience of SGBV qualitatively different from that of White or native-born women. The experience of multiple subordination, coupled with institutional expectations from police, immigration agencies, health, housing and other public services, including those aimed at supporting women survivors of SGBV, based on inappropriate non-intersectional contexts, shapes and ultimately limits the opportunities for meaningful support and intervention, and recovery;
- It is therefore crucial that there is understanding and awareness among frontline professionals and service providers about multilayered and routinised forms of domination that often converge in these women's lives, and hinder them to create alternatives to abusive relationships and other forms of violence and abuse;
- Improved training may also alleviate the high levels of burnout experienced by providers/professionals who attempt to meet the needs of migrant women victims;
- Services working with migrant communities need to apply trauma-informed practice; specialist reach including staff that share language and cultural backgrounds; capability around responding to disclosure and handling referral safely and sensitively; competence and confidence to challenge harmful community norms; access to trained interpreters; and options for exercising choice such as being able to request female interviewers;
- The relative invisibility of migrant women’s role in Europe’s workforce and the associated insecurity faced by participants in domestic and other work environments, regardless of legal status, underscores the need for gender sensitive policies on migration and employment, and to progress legislation to protect against slavery;
- Multiple avenues for informing newly arrived and current migrants must be explored and used to enable better access to information on risks, rights and services which could be promoted through community groups, early intervention, immigration and border control agencies, and long-term engagement with survivors and those at risk.

Only in bringing these threads to our policies, practice and research work with migrant and refugee survivors can we begin address the toxic and perpetuating mix of marginalisation and violence in the lives of so many.

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List of acronyms

CAPTIVE = Cultural Agents - Promoting & Targeting Interventions against Violence & Enslavement

GBV = gender-based violence

SGBV = sexual and gender-based violence

UNHCR = United Nations Refugee Agency

DRC = Democratic Republic of the Congo

IPV = intimate partner violence

GP = general practitioner or family doctor

UNFPA = United Nations Fund for Population Activities

FGM = female genital mutilation

Background

Migration is a complex, highly heterogeneous process, central to social and economic development in the contemporary globalised world. People move internationally for a plethora of reasons which are highlighted in the push and pull factor model of migration (Lee, 1966). However, the current mass movement of people across Europe including refugee and migrant men, women, boys and girls of all ages, can be largely attributed to 'push factors' and the consequence of armed conflicts, mass killings, persecution and pervasive sexual and gender-based violence. Many seek refuge from the ongoing armed conflicts in their native countries in Europe where they are entitled to protection under the 1951 Refugee Convention and its subsequent Protocol. On 1 January 2017, the number of people living in the EU-28 who were citizens of non-member countries was 21.6 million, representing 4.2 % of the EU-28 population³. This report also shows that the largest numbers of non-nationals living in the EU Member States were in Germany (9.2 million persons), the UK (6.1 m), Italy (5.0 m), France (4.6 m) and Spain (4.4 m).

In recent years, a feminisation of migration has become increasingly apparent. According to most statistics, women now make up half of the migrants worldwide. Indeed, a United Nations Population Fund (2006) report on women and migration shows that there were 94.5 million women migrants, with women comprising 49.6% of international migrants worldwide. Moreover, women now make up 54 per cent of migrants to the enlarged European Union (European Parliament, 2006). Women, like men, migrate for a variety of reasons and follow a wide range of migratory trajectories. However, the obstacles and dangers to migration may be different for women, as they face additional sources of insecurities related to gendered inequalities in their economic, social and political situation (Freedman, 2003). For many women SGBV is identified as a reason for why they leave their country of origin and seek asylum, and as a reality along the migration route and in the host EU states.

Although there is overwhelming empirical and anecdotal evidence for the prevalence of SGBV, there is a noticeable lacuna of data at the national level on the extent of violence against women and girls who are newly arrived or in need of international protection. The lack of statistics may be attributable to a lack of systematic recording, a lack of centralised data collection systems and possible reluctance by public authorities to share information. Also, traditionally, migrants have been represented as male workers, and women have only been considered as migrants in the context of family reunification. This bias in research and policy has continued to influence contemporary policies despite a feminisation of migratory flows. The invisibility of female migrants means that many of the rights abuses and violence to which they are subject are under-reported or ignored.

³ http://ec.europa.eu/eurostat/statistics-explained/index.php?title=Migration_and_migrant_population_statistics#Migrant_population

Greater efforts are therefore needed to assess the true extent of violence against migrant women.

It is the aim of the CAPTIVE project to contribute to the protecting and supporting victims or potential victims of SGBV by promoting an effective model of European cooperation in the field of prevention, tackling SGBV through training and awareness-raising and supporting survivors and those at risk. The project has reviewed evidence and undertaken primary research in each partner country. Here, we report on the synthesis of the findings from the primary studies of women's experiences of migration and SGBV in Europe. For the purposes of the project, we have adopted the Council of Europe definition of gender based violence:

“[G]ender-based violence [GBV] against women” shall mean violence that is directed against a woman because she is a woman or that affects women disproportionately[.]⁴

We have used UN definitions⁵ of migrant as

“any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country.”

And a refugee as

“a person who has fled from and/or cannot return to their country due to a well-founded fear of persecution, including war or civil conflict.”

Methods

Participants were women aged 18 years and above who identified as a migrant, refugee or asylum seeking person, were survivors of any form of GBV and were currently residing in one of the six participating countries – France, Germany, Italy, Malta, Spain and the United Kingdom. They were identified through (i) community organisations that support migrant women survivors of GBV, including shelters, (ii) migrant reception centres and (iii) snowballing through community members. Staff at community and health organisations requested permission of women to pass their contact information to the researchers. Otherwise, community members asked friends and acquaintances for permission to pass contact details to the researchers who subsequently contacted women and invited them to participate. The purpose of the project was explained to potential

⁴ Article 3d, Council of Europe Convention on preventing and combating violence against women and domestic violence.

⁵ Refugee Convention, 1951

participants, who were provided with written information and gave their consent. Ethics approval for undertaking any primary research with survivors was obtained at the following European institutions: Coventry University Ethics, UK; University of Malta Research Ethics Committee, Malta; and University of Seville, Spain. The current paper is a synthesis of the findings from all six studies.

DATA COLLECTION

Our research was trauma-informed to ensure prioritisation of survivors' perspectives, needs and choices (Warshaw et al., 2013). Interviews were conducted in the first language of the partner country, in English or using an interpreter, as appropriate. Each country had one primary interviewer. Interviews were audio-recorded and transcribed. Audio-recordings and interview transcripts were stored using an ID on a password-protected computer to which only the members of the project team had access. Transcripts were de-identified prior to analysis. Participants were interviewed at a safe location usually at the refuge, or community or health service where women had been recruited. We collected some basic socio-demographic information at the conclusion of the interview. Interviews took 60-90 minutes to complete. It was explained to women that we were hoping to gain a better understanding of women's experiences of getting help in the destination country for experiences of violence in their lives. We emphasised that they were free to share as much or as little as they felt comfortable to discuss. An interview schedule was used to guide the interview (Appendix 1), adapted to each context as appropriate; however, overall a story-telling approach was adopted. Story-telling and biographical-narrative interviews are different from semi-structured interviews. Story-telling (Atkinson, 1998) is linked to broad narratives, interested in exploring in-depth lived experiences, including contexts, identities, different stages of life and ways of sharing personal and collective experiences. This encouraged women to tell the story of leaving their country of origin and coming to the destination country and how they had experienced life in this country including any services they had had contact with for migration, health, social and violence related issues.

DATA ANALYSIS

Each partner undertook its own analysis of data collected in that setting (see individual partner reports <http://euro-cides.eu/CAPTIVE/pages/pages.php?title=welcome>). For the purpose of reporting and the current synthesis, all quotes were translated into English. Individual studies were interested in (i) reasons for leaving; (ii) migration journeys; (iii) experiences of violence in host nations; and (iv) help-seeking journeys. Each tracked major exposures to violence over participants' lives to enable analysis of how these exposures interacted with migration decisions, experiences and consequences in terms of mobility, health, choices and quality of life. Thematic analysis, as described by Braun and Clarke (2006), was selected to analyse the findings from the 6 primary studies; it is sufficiently flexible that it can be applied to any theoretical approach whilst at the same time enabling rich, detailed and complex description. Intersectionality (Crenshaw, 1989) was employed as a theoretical framework for interpretation. It allowed examination of the various ways

in which migrant women talked about oppression based on a relational web of factors that includes gender, sexual orientation, race, social class, nationality and immigration status. For the synthesis, we commenced by reading and re-reading reports of findings, seeking clarifications from authors and organising the data from the six studies into overarching ‘first-order’ categories. Next, based on multiple readings and through the lens of intersectionality, we coded data to these broad categories and identified sub-themes to which we coded data, retaining those (our ‘second order’ themes) that were dominant.

Findings

In total, 49 women of 24 nationalities were interviewed (Table 1) in France (n=18; age range 18-45 years), Germany (n=2), Italy (n=15; 18-45 years), Malta (n=2; 40-50 years), Spain (n=3; 41-55 years) and the UK (n=9; 24-55 years). The overarching first-order categories were: (i) gender-based violence - an inescapable reality of women’s migratory experiences; (ii) barriers to help-seeking and mental health crisis as a turning point; and (iii) what women say about the responses they received. Within these categories, 10 themes were identified as central to the experiences of the migrant female survivors of GBV. These are presented in narrative and in diagrammatic form using illustrative quotes.

Country of origin	Number of participants (setting of interviews)
Morocco	6 (2 Spain; 1 France; 3 Italy)
Mexico	1 (Spain)
Tanzania	2 (UK)
Democratic Republic of the Congo	4 (3 France; 1 UK)
Pakistan	2 (UK)
Sri Lanka	1 (UK)
Indian	2 (UK)
Uganda	2 (France; UK)
Tunisia	2 (Italy)
Nigeria	10 (Italy)
Cambodia	1 (France)
Cameroon	2 (France)
Turkey	1 (France)
Philippines	1 (Malta)
Montenegro	2 (Germany; Malta)
Benin	1 (France)
Syria	1 (France)
Albania	2 (France)
Angola	1 (France)
Bulgaria	1 (France)
Eritrea	1 (France)
Nigeria	1 (France)

Iran	1 (Germany)
Ivory Coast	1 (France)

Table 1: Participants' countries of origin and setting of interview

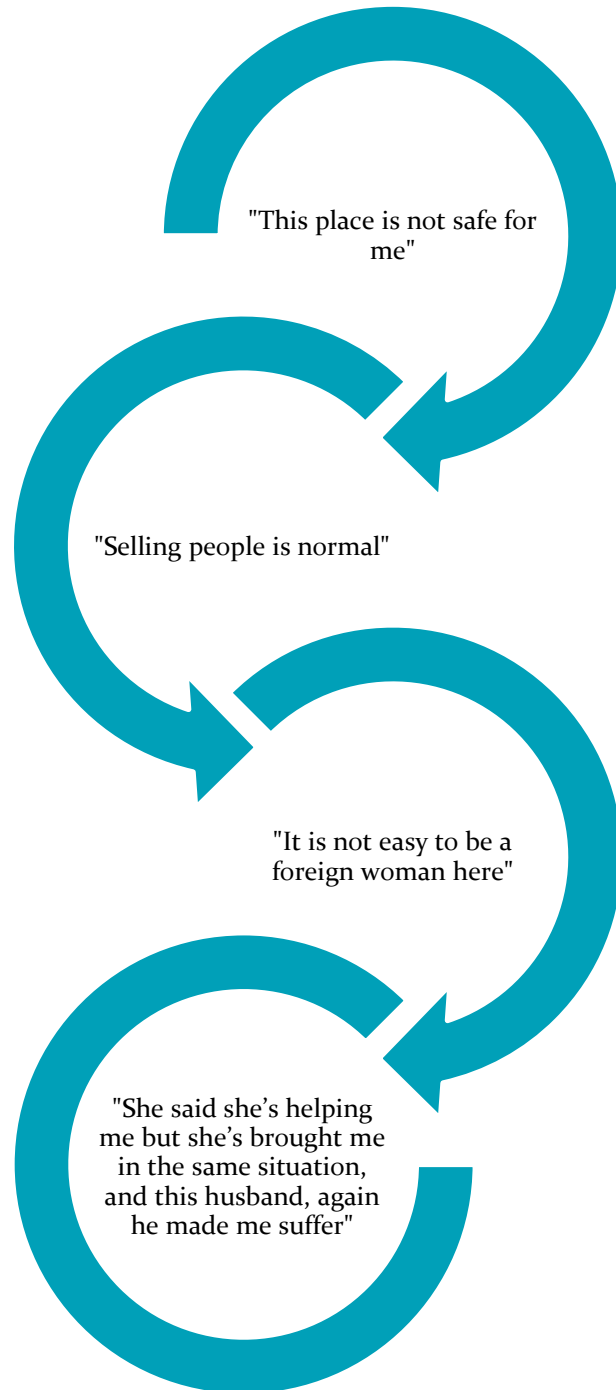


Figure 2. Immigrant women's voices to depict 4 themes falling under *gender-based violence - an inescapable reality of women's migratory experiences*

1. GENDER BASED VIOLENCE - AN INESCAPABLE REALITY OF WOMEN'S MIGRATORY EXPERIENCES

This section presents four themes identified under GBV as an inescapable reality for migrant women, summarised by the set of quotes in Figure 2.

Pre-migration: "this place is not safe for me..."

The synthesis identified substantial diversity in women's migratory trajectories internally and across countries. In this section, we examine women's reasons for leaving their countries of origin. Women interviewed identified several 'pull' factors for migration including to improve one's life through greater opportunity and equality, access to education and to study abroad, and to increase safety and security. There were several participants who did not identify escaping GBV as a primary driver of migration, though there was often a blend of pull and push elements which included an underlying sense of insecurity, as the quote below demonstrates:

« At that time I thought I just wanted them to be proud of me, to see that I can do different from others and it doesn't matter that I'm a girl. I could sense that one day they are going to change their minds and just believe that a woman's place is in the kitchen. So yeah, graduated well, went to do a diploma, but inside me I thought 'this place is not safe for me' » C. Tanzania (UK)

Two Moroccan women, participants in Spain, were married at 14 years and explained that forced marriage is commonplace in their country.

« Our families force us to get married. If anything happens to you, you cannot tell your parents. It's a problem » B. Morocco (Spain).

However, for these women economic prosperity was stated as the main driver for leaving their country of origin. This justification is common among Muslim women, whose reasons for migration are often framed in economic terms, and rarely as a means to safety and freedom (Sierra, 2003). On the other hand, we also spoke to women for whom migration was stated as a necessary part of survival in cases of escaping IPV, poverty or due to the risk of social or political persecution. Participants in this research originated in parts of the world where violence towards women and children is highly prevalent and normalised. For the majority of the women interviewed, violence was already present in early life experience.

« We'd run in the cold to the neighbours and lock the door and sleep there and grow up with life like that » A. Tanzania (UK)

A woman, originally from Albania, experienced a forced marriage to a man in Montenegro. She experienced physical, emotional, and economic abuse and coercive and controlling behaviours at the hands of her husband. He was also abusive to the children. Seeing that people in her society would not help her and knowing she would be blamed and disrespected if she attempted to escape the abuse, she was forced to flee Montenegro with her children. She went to Germany believing that her children's safety and protection would be considered important. For many the decision to migrate was the result of such 'push factors'; it included the cumulative impact of persistent normalised violence and harmful cultural practices such as FGM:

« I did not know what it was, the excision; one night my grandmother picked me up, I was afraid, I was told nothing, they took all the girls of the village. They took us in a big house; when the girls entered, I could hear them screaming. I was afraid, I wanted to run away but they brought down to the ground me, held my arms and my legs, and they cut me. There was very old woman who did not even see what she made, I had a lot of pain and a lot of blood. » F. Ivory Coast (France)

Our testimonies also highlighted the persecution of women on the basis on sexual orientation. One woman explained how sexual violence is used as tool of hetero-patriarchal sexual re-education.

« My parents began to offend me, to beat me, to treat me [for being] lesbian. They attached me in a backyard, and asked to my uncle to re-educate. He came several times to submit me sexually » J. Uganda (France)

All ten women interviewed from Nigeria highlighted their desire to escape the violence they were experiencing in their home country. These push factors were often so powerful that women reported feeling compelled to leave children and possessions behind. A participant, living in Malta and originally from Montenegro, fled with her husband and child to avoid war and conflict. Similarly, participants from DRC and Ivory Coast, interviewed in France and the UK, fled politically-motivated violence and persecution.

« The guards arrived, they were armed, they fired in the air, they wanted to take my daughter, I shouted that they had to kill me if they wanted her. They kept shooting, I was on my knees, hands on my head I really thought that I will die in this moment. » F. Ivory Coast (France)

Women told of experiencing rape as a weapon of political repression.

« When they arrested me, they brought me and locked me into a house. We saw nothing, windows were filled, there were just plastic bags and an iron. It stank of death. When I struggled, they burned me with the iron » H. DRC (France)

« They arrested us when we walked in peaceful demonstration; they kidnapped and locked us up. When we are locked into prisons, the men rape all the women, sometimes it is ten men who pass, they rape us in front of the other women » J. DRC (France)

Forced or early marriages were a reality for many. The Albanian woman who fled Montenegro explained how she and her husband did not get to know each other before their marriage. Her husband believed she was pretty and asked her uncle for her hand. She recounted being in the same room as him after their engagement, but he did not speak to her because she is a woman. He only spoke to her uncle. A woman from Cameroon explains her experience of being forced to marry:

« I did not want to get married to this man, he was older and had other woman. I was in love with another man, but it wasn't Basa, it was Bamiléké, I am Basa, then my family did not want. My parents brought me strength of a big wizard, he knifed a chicken and banged me with the body, I had blood everywhere, I was very afraid. This is the way I accepted, I was attached to my husband » B. Cameroon (France)

However, it appeared that most of the women accepted the social/cultural requirement to accompany husbands internationally or to be united with husbands already abroad e.g. two women from Tunisia and three from Morocco that arrived in Italy on family reunification visas. Similarly, we interviewed one woman who moved to the UK from Pakistan to live with her British husband but reported that her difficulties started with the abuse (rather than from the orchestrated nature of the marriage and international move) There were also examples of women being trafficked - 3 of the 10 Nigerian women interviewed reported being forced across borders – and smuggled - in the case of a Sri Lankan woman who had been incarcerated at just 19 years old on her return from studying in the UK. She was raped and tortured. After her release, and in an attempt to keep her safe, her parents had her smuggled back into the UK. Thus, for a large proportion of women, violence precipitated their departure. For others, migration marked the beginning of violence in their lives, occurring as part of the journey and/or experienced in destination countries.

Violence as a feature of the journey: “selling people is normal...”

Violence was particularly prevalent in the journey experiences of sub-Saharan women. This violence was exercised by armed groups, militias or bandits, traffickers of migrants, agents of the Moroccan or Libyan police, and agents of the army, and other migrants and men encountered over the course of the journey. There were accounts of physical violence and maltreatment expressed towards groups of migrants and a substantial proportion of the violence experiences described involved sexual violence.

« In Libya, the traffickers take women, oblige them to put themselves naked, and verify their anus and vaginas to take their money; because the women roll up the money and put in them. The young men also, are searched by their body » H. Angola (France)

The Nigerian women interviewed in Italy told of being subjected to sexual exploitation on their journey to get to Europe and being forced into prostitution in Libya - many women saw that they needed the protection of the exploiter to avoid further abuse or violence during the journey or had to fund cost of documents and travel. Three of the Nigerian

women participants identified themselves as victims of trafficking. Violence and exploitation were common whilst crossing in Niger and Libya where the women interviewed were regularly detained before sailing to Italy. Women are often gang raped by their traffickers with no regard for age, nationality or pregnancy. These areas have been exposed as a treacherous part of the migration journey for women, children and men.

« Selling people is normal in Libya » A. Nigeria (Italy)

Women are frequently detained before sailing to Italy. For many, sex work isn't a choice. It represents modern slavery, enforced by vicious gang leaders who threaten the women with physical violence and deportation if they refuse to comply.

« If I had reported him to the police, my family would have been in great danger » B. Nigeria (Italy)

Encounters with gendered violence and abuse in destination settings: "it is not easy to be a foreign woman here..."

A range of vulnerabilities to GBV was experienced by women and girls as they arrived and settled into the destination country and this, in several ways, relates to how they have entered the host country. For example, there appears to be an added layer of vulnerability in regards to forced marriage when it entails international movement. Participants shed light on the phenomenon of arriving in a new country as a young newlywed, lacking the spoken language, economically dependent on her husband and his family and lacking knowledge of her rights and availability of services. Her difficulties are exacerbated by her immigration status being bound up in marriage. One Pakistani woman who married a British national tells of how the first three weeks in the UK were free of abuse. However, thereafter she became enslaved to her husband and his family cooking for up to thirty members daily.

« I didn't even know what my rights were, and what I can do here, my husband used to say "I can send you back, you're in my control, the law in this country [is such that] when husband calls a wife here, he can do anything to her and she has no rights" » I. Pakistan (UK)

Similarly, these risks were demonstrated in the stories of the Moroccan women who arrived in Italy with family reunification permits. These women often come from poor rural areas and lack any (Italian) language skills; therefore they have few prospects of work outside the home. Policies on family reunification in Italy and elsewhere reinforce women's dependence on a male partner, making it difficult to escape IPV. As one Moroccan woman explains:

« I knew lots of Moroccan women who suffer violence in their homes, from their husbands, without denouncing them because they think that there is nothing that can be done » C. Morocco (Italy)

The following excerpt highlights the vulnerability of even those women who are legally in paid work. Women with secure immigration status show vulnerability to GBV who have to “endure too much for keeping my documents in legality.”

« We, the housekeepers don't have any rights. Because if I don't work, I won't renew my documents and the pressure... you know? The pressure is the first thing. A woman puts up with many things. I was raped at my job and I didn't tell. For surviving. I've borne what nobody can bear” » C. Morocco (Spain)

Finally, even the small minority of women who were ‘free’ of violence in their daily lives post-migration still carry the burden of what they have experienced at home, suggesting complex needs that need specialist support in destination countries.

« I couldn't sleep because in my country there was a lot of violence. I thought “these men are going to rape us during the night...” and I kept protecting my little daughter with a knife I stole from a bar. » A. Mexico (Spain)

« I was afraid. We are not women who have lived free. We have been girls who have always lived subordinated to our families. We need the permission of our relatives if we want to go out or do anything. We are always thinking "take care if something happens to you, be careful if they notice anything ..." We always have that fear. » B. Morocco (Spain)

Stories of polyvictimisation “this woman, she said she's helping me but she's brought me in the same situation, and this husband, again he made me suffer. When I ran from that house, I just ran”

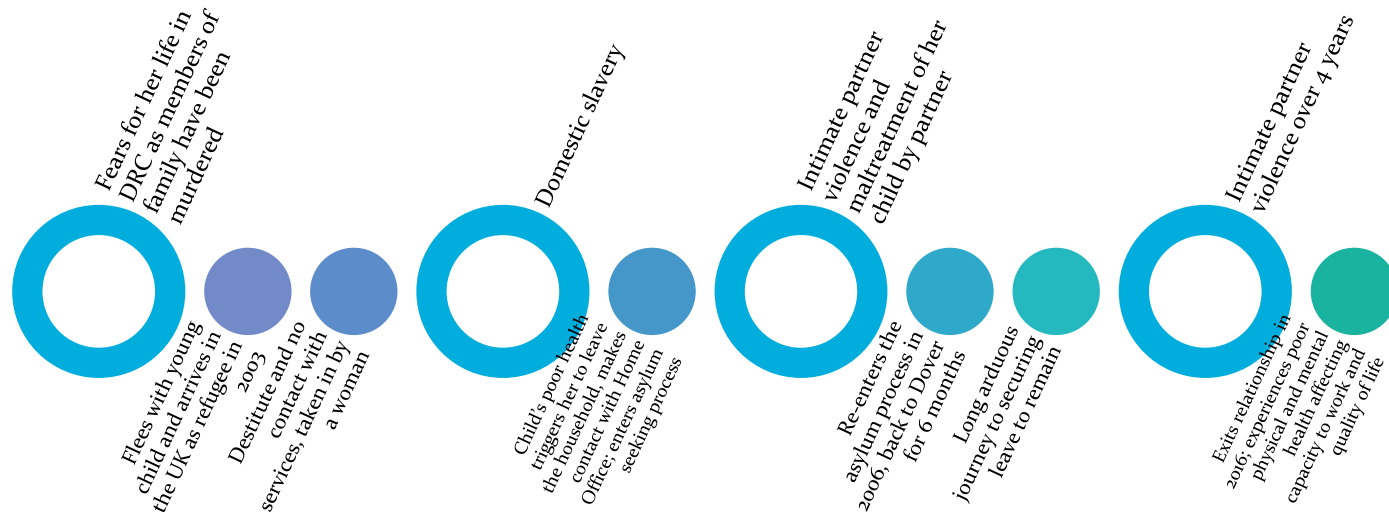
It was rare that an experience of abuse and violence occurred in isolation. Our interviews tell tragic stories of persistent and severe abuse in intimate and family relationships, and across home and work settings in the host countries and countries of origin. This is depicted as a lifeline for one woman whose story starting with fleeing violence in the DRC (Figure 3). An important phenomenon highlighted by this research concerned exposure to domestic servitude for newly arrived women, which was common where work and home life were interwoven. Domestic servitude was seen to be precipitated by family/partner reunification, marriage, trafficking and poverty. One woman told of how she had been smuggled (or possibly trafficked) into the UK to escape IPV at home and was led into modern slavery in the form of domestic servitude. Later, she married, enabling her to exit the exploitative situation and precarious residency status, only to become a victim of violence again:

« I decided to get married to another man here. But it was worse. It was worse because he didn't want me even to go out, I have to stay at home, to stay inside. He beat me once but I said “no, you can't beat me.” [I was in] a place and I didn't know anyone, because I'm not getting time to go outside, so even if he will do something, no one knows you. He gives me a hard time but when he beat me up, I just walk out with nothing. I remember it was night, with nothing, and then I walk, I don't know where I'm going » A. Tanzania (UK)

Our research not only draws attention to multiple forms of abuse across the lifespan but also to the ways in which victimization itself becomes a risk factor for subsequent violence exposure. We interviewed a survivor from India who came to the UK with her husband to study. Within four days of arriving, she was raped by a housemate. Her husband threatened to leave her if she reported the rape. She dropped out of university due to the severity of her mental health problems in the aftermath of the rape. She said “inside I [felt] something is killing me”; she sought help for her symptoms from a GP who assaulted her. When she overstayed her visa, she and her husband were sent to a detention centre. Her quote echoes the sense of injustice she felt/feels at her own detention. This is juxtaposed with the reality of her own rapist’s relative freedom.

« After that I was so stressed. Two months I was there, and lots of people were there. Old, ladies, men, young girls - all together. They gave one room, if you’re husband and wife. Really bad experience in my life, that’s why I want to stay in this country, and change that. They should tell them and give a letter or something, why detain them. They have big walls there, felt like I committed a crime, murder. Why aren’t they catching the criminals » D. India (UK)

Figure 3. Multiple exposures to different forms of gender-based violence over the lifespan: story of participant B. DRC (UK)



2. BARRIERS TO HELP-SEEKING AND MENTAL HEALTH CRISIS AS A TURNING POINT

This section identifies 3 themes important to understanding migrant women’s experiences of help-seeking, with each represented by a single quote (Figure 4).

Primary barriers to recognising abuse and seeking help “this is the way life is”

Many of the women explain how they (previously) and other members of their community do not recognise IPV and other forms of GBV as criminal behaviour but as a private family issue that must be endured. This was experienced in countries of origin as well as in destination countries.

« Before I didn't know what they call DV- I used to think this man was very bad. How can he force me to have sex? He used to say, “if you don't let me, then the angel will come and punish you”. I thought, maybe it's true » F. Uganda (UK)

The abhorrent account of the experience of one young woman of Indian heritage depicts the normalisation of abuse across generations, families and a community. Her delayed help-seeking is understood within the context of the cultural norms around violence within family. The power of cultural norms to control the everyday lives of women and girls is demonstrated in the fact that this woman had been residing in the UK since youth and yet was closed off to any external influence. This active isolation by her own family increased her risk when she was married:

« When I got married, I don't know how to live with a husband, it was when I was 17. I had an alcoholic husband; he forced me to smoke and drink, if I didn't, he used to pour alcohol in my mouth. I used to cry, he started beating me, and few days later, he brought his girlfriend directly to bedroom at midnight... I felt this is the way life is like. Like, movies, husbands always dominate wives. Even my sister's family too, I used to see the domination, that's what will happen. » E. India (UK)

When she sought help within her own family and amongst members of her husband's family with whom she shared a home, she was blamed for the problems and told she was 'demon-possessed'. For two years, she endured physical, psychological and sexual violence. She was “very depressed, and thought, “why am I still alive? I just want to die.” But I was scared to take a step. I didn't know how to commit suicide. I couldn't sleep for a while. I could only remember the bad things. I had many medicines, anti-depressants.” Our findings are consistent with the literature on readiness for change with regard to abuse and violence (Reisenhofer & Taft, 2013); migrant women move through different stages of recognising the abuse and understanding the (un)acceptability of violence and abuse within relationships and the family and in community, workplace and migration contexts. There was ample evidence of women's resilience in the face of barriers to getting help for themselves and their children.

« Lots of bad experiences in this country, but still I'm alive, and I'm fighting for myself. » D. India (UK)

With time, all participants came to recognise and 'name' the abuse. However, they encountered far more complex and entrenched barriers to escaping violence than native women. These include individual level factors (Figure 5) such as language and lack of

procedural knowledge. For example, one woman, who moved to Malta to escape the Bosnia war, experienced abuse from her husband for several years before separating. Her lack of Maltese and English language skills undermined her help-seeking efforts by increasing her isolation:

« All day alone in Malta, I could not speak at all, since I did not know English » A. Montenegro (Malta)

Though the women interviewed in Spain could speak Spanish at the time of the interview, the situation was different when they first arrived; even for the Mexican woman, there were some problems understanding and using Spanish vocabulary and expressions:

« I am Latin American, and when I arrived to Spain they spoke so fast that I could understand just a little. There were words that I did not understand... sometimes communication was impossible. » A. Mexico (Spain)

In terms of procedural knowledge, most women did not know their rights, or about how to report the abuse they were experiencing. They were unaware of services to support them, “I didn’t even know at the time what my rights were, and what I can do here” and fear of the police based on schemas about the police in own country was a major barrier. A young Pakistani woman only contacted the police as a final resort: « I just wanted to save my life at the time » I. Pakistan (UK)

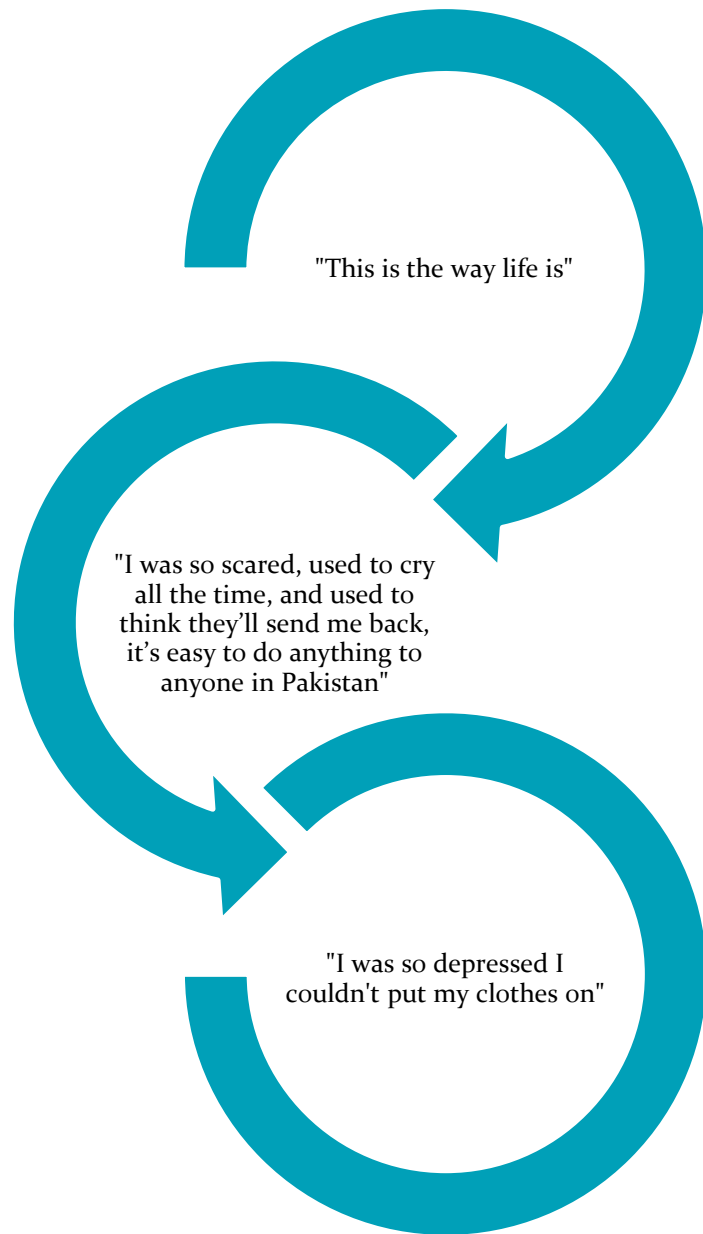


Figure 4. Immigrant women's voices to depict 3 themes falling under *barriers to help-seeking and mental health crisis as a turning point*

A double-edged sword: escape violence but at what cost? “I was so scared, used to cry all the time, and used to think they’ll send me back, it’s easy to do anything to anyone in Pakistan”

Whilst there are always costs associated with escaping violence (O’Doherty et al., 2016), migrant women face a particularly limited set of choices. Levels of different barriers are referred to in Figure 5. A primary barrier to accessing help for GBV and to addressing the risk factors that predispose migrant women to GBV (e.g. unemployment, poverty) is immigration status itself. The three Moroccan women interviewed in Italy indicated that there is a high level of domestic violence against women in their community, and this is a type of violence which is often underreported, especially when the victims have precarious legal status and/or are economically dependent. Their stories are of women that lack access to resources and opportunities and therefore have significantly fewer options for escaping the abuse; furthermore, they face destitution if they leave. They are compelled to weigh up the costs of staying with the abuser (e.g. persistent/escalating abuse) against the costs of leaving the relationship (e.g. losing right to remain in destination country). This problem extends beyond the family/intimate relationship context to include work settings and women’s dependence on employers as described by a Moroccan woman interviewed in Spain:

« Maybe the woman suffers more [than men] *at work*. I have suffered a lot at work. On one hand, you feel calm because you are legal here but, on the other hand, I have to endure too much to keep my documents in legality. » C. Morocco (Spain).

A further element concerned the costs associated with loss of family connections. For one woman who had escaped extensive violence perpetrated against her by several members of one family in the UK, the loss included her father:

« I have been in contact with own family in Pakistan but not my father. He used to say “wherever you’re married, send your whole life there, and until you die there - my izzat, my respect” » I. Pakistan (UK)

A participant originally from Sri Lanka described the extreme sense of loss she experienced when she gave up contact with her brother’s children whom she had cared for since they were babies, in order to ensure her own safety and wellbeing. A Congolese woman fleeing violence at home arrived in the UK without documentation; she and her child were taken in by a woman who went on to subject her to domestic slavery. Her young child fell ill, which she attributed to the poor conditions they were living in, and her abuser attempted to stop her from taking the child to hospital, ““you can’t go to the hospital because you haven’t got papers to go to the hospital.”” (See Figure 3). Realising the threat to her child’s welfare, she resolved to leave her situation and sought help from an immigration legal service. The resilience of these migrant women is reflected here:

« We were walking from 3 o’clock till 9 o’clock. If you see my daughter’s legs, they were very swollen and she was crying “mummy I can’t make it anymore” and I have to put her on my back and walk with her and when I am tired I say “I have to drop you now”, that’s

what we do 'til we get there. And by the time we get there, they said “we close at night”, at 9 o'clock they stop taking people » B. DRC (UK)

She is eventually assisted, and she and her daughter enter the UK asylum seeking process. She temporarily withdraws her asylum application when she marries a UK national who goes on to abuse both the woman and her child. She escapes this situation and finds herself back in a detention centre in Dover, England for another 6 months. Eventually, she completes the long arduous journey to acquiring leave to remain in the UK. However, she once again becomes a victim of IPV and had only recently escaped this relationship at the time of interview. She talks of the impact on her daughter of this life of exposure to violence that started in DRC:

« My daughter, she is very quiet, she doesn't laugh, she doesn't know happiness” » B. DRC (UK)

Another women spent seven years trying to contain her distress about being raped by an acquaintance partly as her husband threatened to leave her if she reported.

« He [husband] knew about the rape, but told me to keep quiet. If he supported me at that point, I could have gone ahead. He didn't want to talk about it. Later, he told me not to go to the police about rape, I said “I need to do something as it's killing me inside, I reported and he left me. » D. India (UK)

Women struggle hugely with this double-edged sword of wanting to escape violence locally and their realistic fears about destitution, detention, deportation, loss of children, family and partners/husbands, and even in relation to violent reverberations for family members back home:

« If I had reported him to the police, my “family would have been in great danger” said one of them but thanks to Sister [Maria] I succeeded in doing it. Now, I'm still anxious, but free and confident » B. Nigeria (Italy)

Such threat was realised by the participant from Montenegro whose son was kidnapped by her ex-partner and taken out of Malta from a shelter where she had been residing with the boy for nine months. Her son informed her that he wanted to use his father's gun to commit suicide. A particular set of barriers were relevant for immigrant women victims of trafficking and sexual exploitation. Interviews undertaken in Italy and France suggested that survivors do not reveal details about the exploitation networks or report the crimes because they fear: losing the job promised by the exploitation network that brought them to the destination country; being tracked by traffickers; and being threatened in retaliation (Nigerian women undergo voodoo rituals, based on hair bands, nails and magical formulas that bind them to their exploiters). Women are sold to different individuals while crossing countries. This fragmentation of the control chain prevents the victims from connecting their exploiters to the 'maman' who ultimately paid for their trip.

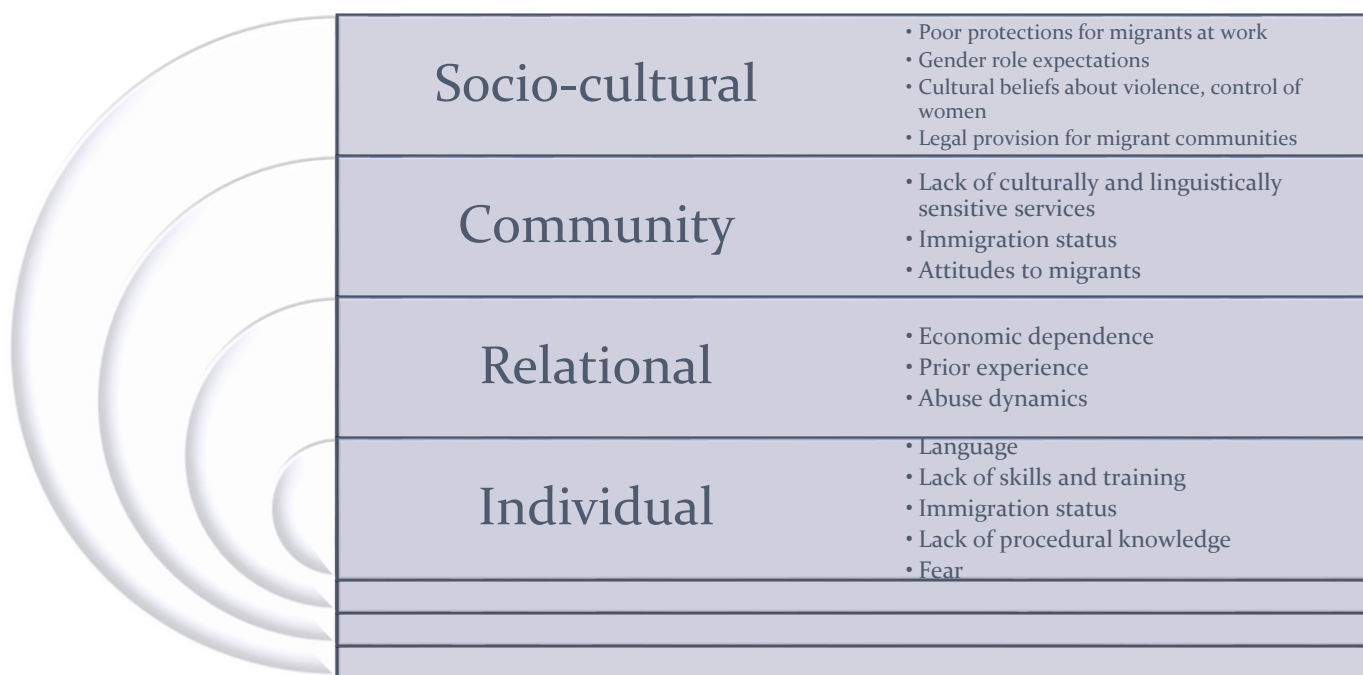


Figure 5. Levels of barriers faced by migrant women survivors of gender-based violence

Crisis as a turning point “I was so depressed that I couldn’t put my own clothes on”

Despair was a common response to the abuse and the extensive barriers women faced. Lacking capacity to exercise control over their circumstances and having few options for increasing their safety, rendered many women at a point of crisis. Faced with a double-edged sword, many could see no way out of their situation. Consequently, several women we met had attempted suicide:

« I felt I was happier in hospital than in my brother’s house. I got involved with the other patients, and nurses were coming often to take my blood pressure. I had a good response from nurses. » G. Sri Lanka (UK)

« When I was in London too, I hadn’t heard of these organisations. The environment in which we grew up, I didn’t know I had to go to someone to ask for help, but I was suffering within myself. I was admitted to hospital; then, a few organisations came to see me, used to come to my home. They used to give me tablets - every day, then alternate days, and then weekly. Then I found [specialist (migrant) women’s service]. » E. India (UK)

The turning points differ somewhat to those reported by native women (Chang et al, 2010). It would appear that the latter group receives intervention and support at an earlier point in the abuse trajectory. It is concerning that any person should have to endure abuse but there is clear evidence among migrant women that they endure the abuse for

extended periods of time and are more at risk of repeated abuse, multiple perpetrators and secondary victimisation from services and institutions.

3. WHAT DO WOMEN SAY ABOUT THE RESPONSES THEY RECEIVED?

The final set of themes related to women’s views about the responses they received when they reached out to friends and family (informal networks) and formal support agencies (Figure 7).

Poor quality response from informal networks “when you have children, things will get better”

There was some evidence of women receiving support from other women in similar situations and from members of the community:

« Women have always been present in my life, Spanish and migrant women. They invited me to live with them, to share a room, [to stay together] at Christmas, they accompanied me to know the resources » A. Mexico (Spain)

« A family in Sliema helped me a lot - they gave me money to pay insurance, food boxes, they bought me a washing machine. I relied a lot on the community to help and the church. Government agencies are not very active with the exception of [agency]. » A. Montenegro (Malta)

However, it was more apparent that women received harmful responses when they reached out to informal networks. Harmful responses included being sent the message that abuse should not be reported or that it is her fault, in the case of rape. Similarly women were blamed for IPV or were told they should tolerate it or that it is a normal response to conflict in relationships. It was particularly difficult for women who were abused and exploited by several members of a household, as was the case for several women of South Asian origin. The Spanish study highlighted how Moroccan women had no support from family and friends, which may owe to cultural normalisation of abuse in some sections of Muslim communities (Anton-García, 2003; Verde-Diego, 2014).

Harmful responses from institutions and organisations “you don’t look like a battered woman”

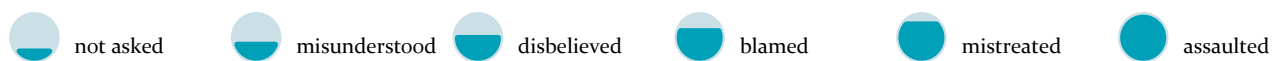


Figure 6. Categorisation of poor responses

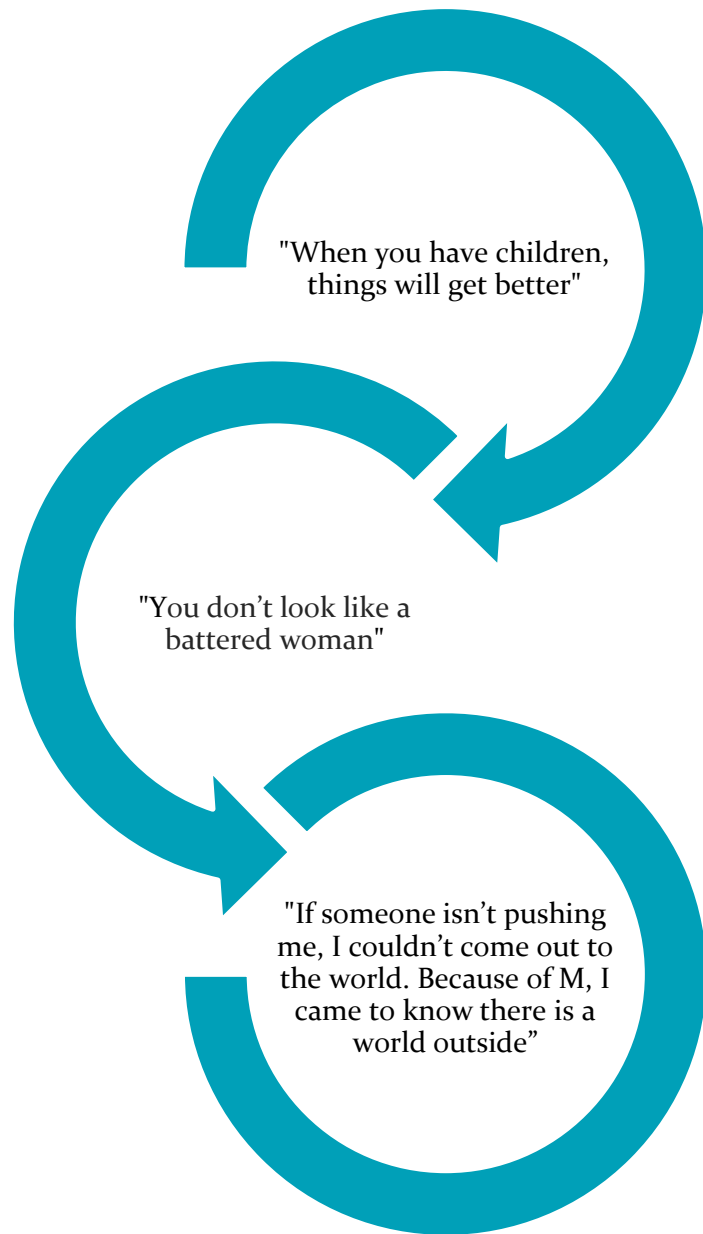


Figure 7. Immigrant women's voices to depict 3 themes falling under *what women say about the responses they received*

Women reported a range of responses as they sought help for different issues, from not being *asked* about their circumstances and the abuse to being mistreated and even assaulted. These 'degrees' of poor response are set out in Figure 6. The settings women referred to in interviews included education, health, criminal justice, police, immigration and border control, mental health services, social services and support organisations. The following woman describes the response she had in relation to getting her child into a school:

« In [placename], for example, I have come many times to ask if they could enroll my daughter in the school and they did not enroll her... [...] I have come many times, many times. I have come here and they know it ... but I will not beg anyone, [...] and I have come many times ... nothing, no place, no check, nothing » B. Morocco (Spain)

The participant from the Philippines describes the initial, unacceptable response she received from the police.

« The police did not help at all in [placename], they were his friends and males. They made fun of me, being a women and a foreigner – after the police report, I went back to him. In {placename}, the female police officer was very helpful though. » A. Philippines (Malta)

One woman was accompanied by her sister-in-law when she visited the GP (or family doctor) for chest pain; her sister-in-law did not allow her to speak, saying the young woman had a language problem. The GP didn't ask to see her alone nor was there an offer of an interpreter. Another young woman explains about her experience of attending the GP for help:

« I went to the GP when my difficulties started. He said “Why are you wasting your time and my time? You are fine, [there's] nothing wrong with you.” I collapsed so many times at home. I wanted to know what was going on, I knew it was stress, but there is the GP which I can't go to and I can't go straight to hospital. He was Indian, Asian, they do this with their people mostly; if I was English person, he would have treated me better. Now my doctor is an English lady - she referred me to hospital » D. India (UK)

The same woman who had been raped by an acquaintance since arriving in the UK explained about her experience of UK police and being taken to a detention centre. It highlights the problems associated with practices that lack gender and cultural sensitivity (WHO, 2013b), and supports the need for trauma informed services (Warshaw et al, 2013):

« One day went there to sign in, and four or five police officers handcuffed me. Having my husband helped a little bit; if I was alone, God knows what would have happened, all police officers were men; I was so scared of the men. » D. India (UK)

Similarly, a survivor from Iran interviewed in Germany described her experience of seeking asylum there:

« bad memories and nightmares about the interview for the asylum [process]. It was a very tense situation and I was very afraid to say something wrong. » B. Iran (Germany).

Interviews with participants in Spain highlighted several difficulties across a range of services, importantly, including public services to support victims of violence. The interviewees reported lack of empathy to their situation and lack of respect for their decisions. This lack of sensitivity to the treatment of migrant women in support services has been reported more generally (Briones-Vozmediano, 2016). The following women highlight poor quality responses from several professionals who worked with them in various ways.

« He has a salary; he is comfortable... so he does not feel what others feel. More empathy, because if you do not feel it ... [...] At least a kind treatment when receiving a person who does not have anyone and who needs help. » C. Morocco (Spain)

« Once, I found a young worker scolding me because I had brought my little daughter to Spain by the illegal way. That happened because he wasn't informed. Women travel or emigrate due to precarious circumstances in our countries, looking for better living conditions. And he was scolding me because I dared to travel with the girl and in this situation of vulnerability. » A. Mexico (Spain)

Women endured prejudiced opinions based on their appearance. In the following segment, the woman explains that she was judged based on how she presented to services. It highlights the stereotypes that exist about women who have suffered violence; when they do not fit in with these stereotypes, they are more likely to experience disbelieving attitudes and may not ultimately gain the services/intervention they require.

« The social worker said "But your appearance is nice, you don't look like a battered woman..." [...] If she doesn't see you as a victim, she doesn't help you either listen to you » B. Morocco (Spain)

Another complaint highlighted by Spain-based participants related to difficulty accessing services and having the wide range of needs addressed.

« I've gone to the [information centre for women] at least 5 or 6 times in the last year. They are never there. Always they are in a meeting, they are doing I do not know what... » A. Mexico (Spain)

Poor responses reverberated across public mental health/psychological services. Two women who immigrated to Spain with their children reported that the supports offered by specific services for migrant women were not adapted to their needs. Centres offered psychological or legal help, but their basic needs were not seen to be met.

« They just offered me a psychologist. I could break down to cry or tell my story... but that did not serve me. I needed resources [...] » B. Morocco (Spain)

« These group therapies are great but it's a small group of no more than 20 women and only for 6 months [...]. It is not enough. There is a significant distance between the institutional discourse and the reality of what they offer. » A. Mexico (Spain)

Some women described difficulties experienced in the past where organisations and agencies to support victims of domestic and sexual violence made support contingent on reporting the abuser.

« If you [did] not denounce they [did] not support you. There [was] no support for them. They [were] excluded. [...]. Some women cannot give a solid argument or have not evidences to convince their condition of victims... In this cases Public Institutions [did] not receive them, for example, in shelters ... » A. Mexico (Spain)

There was little evidence of women achieving justice following their experiences. One of the few cases that did mention attending court highlighted the inadequacies of the criminal justice system for migrant victims of GBV. It highlights the layers of prejudice and oppression faced by participants as women, survivors of violence against women survivors and as migrants:

« I was in court for a long time. I find it discriminating being non-Maltese. He used to threaten that the court was a waste of time. (...) I feel that the court did nothing to confront a man who abused so many women. » B. Philippines (Malta)

Positive response from 'specialist' sexual violence sector – culturally competent and trauma-informed “if someone isn't pushing me, I couldn't come out to the world. Because of M, I came to know there is a world outside as well”.

Despite the majority of women identifying inadequacies in the way they were treated as they sought help for violence in their lives and its consequences, the woman from the Philippines interviewed in Malta reports having overcome the fear that afflicted her for a long time thanks to help received from support services.

« I am living on my own and at least now I am not scared; I was scared to get out of the room and could not stand to stay in a room for a meeting if more than 2 people were present » A. Philippines (Malta)

Migrant women interviewed in Spain also identified several charities that were hugely supportive at different stages in their journeys. One highlighted the power of a smile conveying positive regard for others, an experience that has been sadly lacking in lives of all women we met through this research.

« You find a person in the reception... the first the smile in his face [...] that makes you feel that you are at home. That you feel that... I don't know, I can't express... well, exceptional. I have a really good treatment by many people around me” » C. Morocco (Spain)

Many of the problems associated with the treatment of survivors from refugee, migrant or minority ethnic groups, highlighted in the previous section, are increasingly recognized. In settings where these difficulties have been addressed, the response from migrant (and minority group) survivors was overwhelmingly positive. In the UK, for example, the past decade has seen services specialise in addressing the complex needs of these groups. These could be specific specialist services or mainstream organisations with services embedded for non UK survivors or those from minority communities. Six women interviewed in the UK were at the time receiving support from a Rape Crisis Centre in the charity sector with a specialist community outreach service. At the heart of such organisations is the 'led by and for' ethos, which ensures sensitivity to cultural and linguistic differences and needs of women from diverse backgrounds. The responses of these women were in stark contrast to women in other countries.

« Since I knew [M], my life changed because I was feeling like I am going to die, I was almost dead because my husband did so many things to me and when I cannot get help, whom to tell about my problems. Yeah but since I knew M I was crying, crying, feeling very down, but she used to encourage me. Then I get my life back. I was almost dead. When I used to walk I used to feel the wind would blow and I would fall down. » F. Uganda (UK).

« Before this service, I was blank. I tried to commit suicide many times, but better now because I know there is someone [from a specialist service] with me. » D. India (UK)

Concluding Remarks & Implications

The six national reports of the partners⁶ highlight startling statistics in relation to burden of SGBV in migrant women's lives, with lifetime rates of up to 70%, and in particular, the high frequency of post-migration experiences of abuse. There is also evidence from the reviews of deteriorating mental health in migrant populations in Europe, reflecting the sequelae of abuse along with the cumulative effects of stress associated with the migration and integration process and lack of protective factors in the structural and socio-cultural environment. Migrant people face multiple insecurities including uncertain immigration status, unemployment, discrimination, economic disadvantage, poor living arrangements or conditions, isolation, previous trauma and recent or ongoing abuse.

The current report research synthesised data from 6 studies of migrant women's experiences of sexual violence and gender-based violence (SGBV) with a particular emphasis on exploring help-seeking journeys since arriving in 6 European countries. The synthesis involved 49 women from 24 (third) countries. It identified ten themes organised under the first-order categories of (i) gender-based violence - an inescapable reality of women's migratory experiences (Figure 2); (ii) barriers to help-seeking and mental health

⁶ <https://captive.euro-cides.eu/>

crisis as a turning point (Figure 4); and (iii) what women say about the responses they received (Figure 7). The ten themes presented across the findings section reflected elements of migration triggers, risk, resilience, marginalisation, injustice, disadvantage, consequences, secondary victimisation and best practice responses in relation to women's migration journeys. In terms of violence risk and experience, poly-victimisation was a tragic reality for the majority of participants. Exposure to multiple forms of violence included pre-migration conflict-related sexual violence; intimate partner violence across the lifespan, from childhood witnessing to pre- and post-migration abuse by partners; child maltreatment (in relation to self and own children); forced/early marriage and threat of honour-based violence; sexual assault and rape by strangers, acquaintances and partners; and human trafficking and domestic servitude.

Migrant women in Europe face multilayered vulnerabilities, in particular, those associated with the interaction of gender, ethnicity and immigration status. However, they are not only at risk of being 'othered' (Grillo, 2013) in the receiving country context; they are also at risk of being 'othered' within their own cultural contexts if they reject or attempt to escape subordination and abuse e.g. "My father used to say "wherever you're married, spend your whole life there, until you die there, my izzat"". More fundamentally, being female increases the risk of 'othering' within their own communities with deviation from prescribed norms risking social exclusion and even psychological and physical harm e.g. so-called 'honour'-based violence. There were many examples of women in our study dominated within their own families and communities in a context of families and communities already marginalised by wider society. The overlapping systems of subordination associated with the many different identities create the conditions that increase women's ongoing vulnerability to violence as shown across the ten themes, where women shifted between different contexts and faced different combinations of identities, subordination and risk. Intersectionality analysis draws attention to disparities within and between groups/identities. For example, the experiences of migrant women in work contexts contrast with those of migrant men or native/White women. In particular, within domestic environments, this relative 'invisibility' substantially increased their vulnerability to violence and abuse. This underscores the need for gender sensitive policies on migration and law reform in respect of modern day slavery e.g. Modern Slavery Act (UK Government, 2015).

These multiple dimensions of subordination damage women's help-seeking efforts and create extreme stress leading to poor health outcomes. As survivors of violence, migrant and minority ethnic women's journeys diverge significantly from those of native born or White women. Escaping abuse and violence is dangerous and challenging for any person. However, we note in our research that migrant women endure more severe violence, multiple perpetrators and types of violence and experience it for even longer. Their 'turning points' are also different; Chang and colleagues (2010) identified five major themes: (1) protecting others from the abuse/abuser; (2) increased severity/humiliation with abuse; (3) increased awareness of options/access to support and resources; (4)

fatigue/recognition that the abuser was not going to change; and (5) partner betrayal/infidelity. Our research shows women persevering beyond this, largely on account of having few to no options (see theme '*A double-edged sword: escape violence but at what cost?*' reflected in, "I was so scared, used to cry all the time, and used to think they'll send me back, it's easy to do anything to anyone in Pakistan."). Consequently, mental health *crisis* was the turning point for many; only then did effective (or any) supports reach them and for many led to withdrawing from the toxic domestic situation. Women also spoke of what they relinquished in order to escape violence and subordination or to seek justice, in particular the loss of children and family.

The only way forward is for all sectors and services to confront the multilayered and routinised forms of domination that often converge in these women's lives, and hinder their ability to create alternatives to abusive relationships and the other forms of violence they experience e.g. forced labour, sexual exploitation. Relative to their non-migrant counterparts, many migrant women are burdened by poverty, child-care responsibilities, and the lack of job skills (Burchill, 2012). These burdens, largely the consequence of gender, race and immigration status, are then compounded by the discriminatory employment and housing practices migrant people face and which were apparent in the current analysis along with pervasive judgmental attitudes about victimhood reported in those that reached out for help. Intervention strategies need to be responsive to these complex intersections (Crenshaw, 1994) and service providers across sectors need to understand the harmful impacts of racist, sexist and victim-blaming attitudes and negligent behaviours in this (or any) context.

There was variation in women's experiences in different countries in terms of policies to promote protection and support of migrant survivors of SGBV. Although less common now, in the past reporting the abuser was a condition of receiving support. This is no longer recommended as it is seen as harmful practice which perpetuates abuse by disempowering women and ultimately reducing options for help-seeking (WHO, 2013b). There is also variation in national availability of provisions for abused women on husbands' visas to exit marriages and retain their rights to remain in the host country. In several of the countries included, there is a five-year probationary period for those on a spouse or partner visa before individuals can apply for indefinite leave to remain (ILR) (UK) or citizenship (e.g. Malta). In the UK, a spouse or partner experiencing domestic violence can apply for ILR within that period under the domestic violence rule (UK Visa and Immigration, 2016). Similarly, in Spain, the period of a temporary residence visa is a maximum of 5 years, except for exceptional circumstances according to the Organization Act N° 4/2000 of 11 January on the rights, freedoms and social integration of foreigners in Spain. Migrant women in a situation of IPV have the rights stated by the Organization Act N°/2004 of 28 November on Integral Protection Measures against gender violence, and as such, an illegal migratory situation is not a reason for expulsion out of the country and they may request temporary residence and work by benefiting from the exceptional

circumstances mentioned by the previous Act ⁷. Despite these provisions, they do not exist in all European countries. Furthermore, women remain vulnerable as they often have limited access to resources to enable them to gather the evidence to meet the conditions established for these provisions. Indeed, many of the women we spoke to were isolated within their own or husband's family and were wholly dependent on husbands as their link to the outside world including for information regarding their legal status. It also means that isolated victims are less likely to challenge their own negative perceptions (e.g. as seen in our research, to challenge 'residual' mistrust of police and other public services). A further barrier concerns women who are married to men who themselves are without legal immigration status. These women suffer in silence for fear that the stability of their entire families will be undermined should they seek help. Language barriers presented yet another structural problem that limit opportunities for non-native language speaking women to take advantage of existing support services. Thus, strategies based solely on the experiences of women who do not share similarly diverse backgrounds will be of limited utility for those whose lives are shaped by a different set of obstacles. Drawing on Crenshaw (1994), because the disempowerment of many migrant women who have been abused is in large part a reflection of the barriers that exist in their lives, these interventions are likely to reproduce rather than effectively challenge their subordination, as was demonstrated in our theme of *'Harmful responses from institutions and organisations'* and reflected in the statement, "you don't look like a battered woman". The disempowerment exercised by institutions and organisations is reflected in the reality that for many, the costs of escaping violence exceed the costs of living with it. Although funding shortages and cutbacks are a persistent threat to the support that can be offered to victims of SGBV across European countries, this research supports the need for training frontline personnel and professionals working across sectors where migrant/women seek help. It was concerning that women faced such discriminatory attitudes at the hands of the very institutions that should be assisting them, from public services like housing and employment agencies to organisations set up to protect women.

There was a clear benefit of specialist organisations which are differentiated from mainstream services (e.g. Women's Aid) or can exist as services within mainstream women's services (e.g. community outreach). Specialist organisations, for example the Southall Black Sisters⁸ and Daughters of Eve⁹ in the UK provide women-only spaces for women and girls from various ethnic minority communities affected by GBV including honour-based violence, rape or sexual assault, domestic violence and abuse, trafficking, forced marriage, child sexual abuse and FGM.

⁷ <https://www.boe.es/buscar/pdf/2000/BOE-A-2000-544-consolidado.pdf>

⁸ <https://www.southallblacksisters.org.uk/>

⁹ <http://www.dofeve.org/>

Recommended services in other countries include, in France, CIDFF¹⁰, La CIMADE¹¹, and locally in Bordeaux, APAFED¹², CAUVA¹³. Specialist organisations aim to work in line with a 'led by and for' ethos and exist to overcome the language and cultural barriers that prevent victims seeking help, providing culturally sensitive and empowering services provided by skilled professionals who understand survivors' needs. The interviews conducted as part of the current study revealed a hugely positive impact of such specialist services, although these services came extremely late in women's journeys.

Implications

One of the key messages then arising from this research must be the need to increase understanding and awareness of frontline professionals and service providers about the dynamics of structural intersectionality, and exercise this understanding in working with migrants and migrant women across sectors. The synthesis reported here suggests how factors like conflict, poverty and gender dimensions underpin early exposure to violence (in home countries) but how the nature of vulnerability shifts substantially as women enter new geographical, social and cultural spaces and 'become migrant'. This is reflected in both the harrowing experiences reported in relation to the migration journey and the challenges that wait in destination countries. The location of migrant women at the intersection of race, immigration and gender makes the actual experience of SGBV qualitatively different from that of White women or native born women. The fact that migrant (and minority) women suffer from the effects of multiple subordination, coupled with institutional expectations from police, immigration agencies, health, housing and other public services including services aimed at supporting women survivors of SGBV, based on inappropriate non-intersectional contexts, shapes and ultimately limits the opportunities for meaningful intervention. Williams Crenshaw (1994) also argues that intersectional dynamics of crisis intervention may go far towards explaining the high levels of burnout experienced by providers/professionals who attempt to meet the needs of migrant women victims.

Thus, not only do those working with migrant persons across sectors need increased understanding of the intersectionality phenomenon, but services need to have specialist reach including staff that share language and cultural backgrounds; capability around responding to disclosure and handling referral safely and sensitively; cultural competence and confidence to challenge harmful community norms; access to trained interpreters; options for migrant/women to exercise choice (e.g. can request female interviewer for police or immigration interviews); and trauma-informed practice across contexts in which

¹⁰ <http://www.infofemmes.com/v2/p/Lutte-contre-les-violences/10>

¹¹ <https://www.lacimade.org/>

¹² <http://www.femme-battue.com/>

¹³ [https://www.chu-bordeaux.fr/Les-unit%C3%A9s-m%C3%A9dicales/Cellule-d-accueil-d-urgences-des-victimes-d-agression-\(CAUVA\)/Actualit%C3%A9s/Le-CAUVA,-un-refuge-pour-les-victimes-de-violences-conjugales/](https://www.chu-bordeaux.fr/Les-unit%C3%A9s-m%C3%A9dicales/Cellule-d-accueil-d-urgences-des-victimes-d-agression-(CAUVA)/Actualit%C3%A9s/Le-CAUVA,-un-refuge-pour-les-victimes-de-violences-conjugales/)

migrant people/women present (Sweeney et al, 2016; Warshaw et al., 2013). There is also a need to maximise the reach of messages to newly-arrived and current migrants. This could include ensuring access to information on risks, rights and services via multiple avenues including immigration and border control agencies; community groups; health, public services and other agencies that have contact with migrants and migrant women. Early intervention and long-term engagement with survivors and those at risk are crucial.

Only in bringing these threads to our policies, practice and research work with migrant and refugee survivors can we begin address the toxic and perpetuating mix of marginalisation and violence in the lives of so many.

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Appendix 1

Questions for women participating in the CAPTIVE study

Preamble:

We understand that many women flee violence in their countries of origin, or during their journey to other countries, indeed many women are vulnerable to abuse and violence when they arrive and live in a new country. They may feel frightened to get help, or be isolated by the abuse and not knowing the language in the new country.

We are working with partners in the UK and Europe to try and make things better for immigrant women who are survivors of violence. This includes improving the services they receive by training the people who work to support women.

1. Can you tell me your story about your experience of leaving [your country of origin]?
2. What were the most important reasons for leaving [your country of origin]?
3. Please tell me a little about the journey you undertook?
4. What it was like when you arrived?
5. I understand you have experienced violence directed towards you. Can you tell me about supports you received in [your country of origin]?
6. Can you tell me about any supports you received since arriving in the UK for any experiences related to your wellbeing/mental health/the abuse or violence?
7. Have you experienced barriers in trying to get help? If yes, can you tell me about the barriers you encountered?
8. What services/support have you received that you think worked well/benefited you the most?
9. Where have there been gaps in the responses/services/support you received?