



# Migration and Gender-Based Violence

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## Learning Objectives

Having read this chapter, you should be able to understand

- The interconnections between migration and gender-based violence (GBV).
- Risk factors that increase the likelihood of GBV within migrant communities.
- How violence is perpetrated on structural as well as interpersonal levels.

## Introduction

Migration operates as an umbrella term to encompass a range of mobilities and lived experiences (see Box 1). While the focus of this chapter will be on international migration, which involves the crossing of national borders, migration can also be domestic and refer to internal relocation within a nation's borders. In 2021, it is estimated that there are 281 million international and 763 million internal migrants worldwide. This means that one seventh of the global population is a migrant.<sup>1</sup> A range of push and pull factors shape migration—poverty, lack of economic opportunities, war, conflict, persecution as well as natural disasters (or often a combination thereof) are key drivers for people to leave their home countries in the hope of greater prosperity and/or safer, more secure lives. Specific pull factors towards destination countries include job opportunities, higher wages, more

<sup>1</sup> <https://www.iom.sk/en/migration/migration-in-the-world.html>.

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developed welfare and healthcare systems, liberal democratic governance, humanitarian assistance and diasporic links (Castelli 2018), with social, familial and national networks playing a pivotal part in shaping migratory routes. As Lutz and Palenga-Möllnbeck (2012) explain in relation to transnational care, migration is informed by a complex entanglement of macro-, meso- and micro-level factors.

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## Defining Migration

Migration research increasingly recognises that drawing a boundary between voluntary migration (often equated with economic migration) and forced migration (in response to humanitarian crises, persecution or conflict) is too simplistic (Freedman 2015) and that instead both should be considered as existing on a continuum. As Erdal and Oeppen (2018: 981) argue in relation to the forced-voluntary distinction, 'whilst there may be identifiable extreme cases, most migrants' experiences of the degree of volition in their migration decisions means that they fall somewhere in the blurry middle of the forced-voluntary spectrum'. Furthermore, within this continuum, the legal and political rights granted to migrants vary. Some may receive legal authorisation from their destination nation for permanent or temporary residence (with or without full citizenship). Some remain (or become) undocumented or irregular migrants because of arriving through irregular means, visa overstay, breach of visa regulations, being born to parents who are themselves irregular migrants or staying after an asylum application is refused. Others sit in limbo, awaiting, for example, decisions on asylum claims.

While countries may adhere in principle to international legal frameworks intended to protect migrants' human rights, the recognition and implementation of migrants' rights, in practice, differs (Migration Data Portal 2021) creating contexts 'where sovereign prerogatives continue to resist human rights claims' (Mullaly 2014:146). As Taran (2000: 7) notes 'in many States, legal application of human rights norms to non-citizens is inadequate or seriously deficient, especially regarding irregular migrants'. Mullaly (2014: 145) argues that gender 'plays a key role in [...] determining the terms of belonging imposed by states', with presumptions of migrant women's vulnerability (see chapter on trafficking for the purposes of sexual exploitation) used to manage migration, close down safe routes of passage and justify the 'coercive interventions of the state' (Mullaly 2014: 146).

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## Migration and Violence

Analyses of migration are entwined with analyses of the structural violence perpetrated by states and institutions towards migrants 'that is built into practices, policies, institutional and legal frameworks', which 'manifests itself as discrimination resulting in social exclusion from protection and/or support [...] and increases the likelihood/reproduction of interpersonal gender based

violence’ (Tastsoglou et al. 2021: n.p). Phillimore et al. (2021) point to three interrelated types of structural violence constructing the lived experiences of migrants: violent abandonment, slow violence and the violence of uncertainty. Violent abandonment refers to the multiple ways in which states fail to act to protect migrants—this could be through the lack of intervention to provide safe migratory routes or the failure to provide services in destination countries to adequately support migrants to live with dignity and safety (what they describe as ‘inaction as action’). Migrants seeking asylum, for example, have to endure the slow violence that occurs trying to survive with minimal resources, often in poor accommodation with insufficient means to meet daily needs. In turn, material deprivation compounds psychological stress and the risk of interpersonal violence. The violence of uncertainty is (re)produced through the lengthy delays within asylum systems, the lack of clarity in processes and decisions and the inability to move on with one’s life while waiting. The violence here is slow and also can result in instances of violent abandonment if claims are unsuccessful and migrants are repatriated or forced to go underground. ‘Uncertainty and fear are said to have a greater impact on asylum seekers than premigration trauma [...] and result in wide-ranging mental health problems such as depression, anxiety, psychosocial distress, and suicide ideation’ (Phillimore et al. 2021: 8).

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## Feminist Interventions in Migration Scholarship

An early contribution by feminist migration scholars was to challenge the androcentric bias of mainstream migration research which foregrounded the experiences of male workers and then made generalising statements about migration from these findings (Nawyn 2010). The male migrant worker had historically been constructed as the norm in migration studies, with women’s migration considered on a secondary basis in relation to male kin—‘the trailing spouse’ syndrome (Izaguirre and Walsham 2021: 8). Feminist scholarship has been crucial in demonstrating ‘how gender shapes the size, destination and composition of migration flows’ (Izaguirre and Walsham 2021: 9) and how migration both informs, and is informed by, gender relations.

While there has been increased attention to the ‘feminisation of migration’ in recent decades, there is debate as to whether greater visibility of women in migration studies necessarily means the greater feminisation of migration itself (Piper 2003; Russell 2014). Feminist migration scholarship points out that women have always migrated, sometimes as dependents but also as independent transnational migrants for work, education or as heads of households (Freedman 2015). However, women’s migration, it is argued, has been less visible in studies because of a lack of disaggregated data and a male bias within research. Nonetheless, there is acknowledgement by some scholars that rates of women migrating independently of family members have been on the increase (Russell 2014), particularly in certain migratory routes. In the early part of the twenty-first century, women made up half of all

international migrants, compared to around 47 per cent in the 1960s, an increase in the overall share of migration, albeit relatively small (Brettell 2016).

Feminist analyses have moved on from early interventions to make women visible in migration studies—the ‘add women and stir’ model which deployed a ‘binary variable of male versus female’ (Nawyn 2010: 750)—to more complex analyses of migration as a ‘gendered process’ (Hondagneu-Sotelo 2011). Feminist research has destabilised gendered binaries and extended migration research into new fields, for example, transnational care, gendered labour markets, migrant masculinities, sexuality, love and intimacy, health and disability and, importantly for this chapter, the study of GBV (including trafficking for the purposed of sexual exploitation as discussed in Chap. 27). Within research there is increasing attention to gendered migration from an intersectional perspective (Izaguirre and Walsham 2021) to unpack the multiple and intersecting inequalities and forms of discrimination that migrants face and how these render migrants more at risk of violence (Menjívar and Salcido 2002).

Moreover, feminist scholars have highlighted ways in which discourses of equal rights pertaining to gender and sexuality have been co-opted by western states to forward anti-immigration agenda (Voegele 2019) in which concepts of equality are manipulated to serve wider nationalist objectives. Here immigration is framed primarily as a security issue which ‘shifts the narrative away from responsibility to support those fleeing war, terror and poverty, towards needing protecting from them’ (Voegele 2019: 17). Within these narratives the migrant male is constructed as the dangerous, violent, predatory ‘other’ who places (white) women and nation at risk. The migrant woman’s position here is more ambivalent—constructed as passive and without active agency, yet not always deserving of protection by the state.

Feminist debates on migration counter the reproduction of narratives of female passivity which serves to negate the agency of migrant women (Russell 2014; Freedman 2015; Andrijasevic and Mai 2016) However, as Tyszler (2019) in a discussion of migrant women in Morocco argues, some research also repeats ‘the predominant figure of the migrant-woman-victim with no agency, found in the political media discourse’ (n.p.). In humanitarian and other discourses, women and children are lumped together as vulnerable refugees—and while the precarity of migrants’ lives remains real—such depictions of migrant women seek to both infantilise women and deny them as active, agentic subjects. As Freedman (2015:116–117) notes: ‘These unequal power relationships within which refugees are constructed as ‘vulnerable’ or ‘helpless’ victims may have particular resonance in the case of women refugees, reinforcing gendered constructions of women’s powerlessness and lack of agency in certain societies’. However, migrant women may also exercise agency in re-appropriating these stereotypes of vulnerability as a strategy for survival (Russell 2014; Freedman 2015).

**Box 1 Definitions**

**Migrant** – There is no international legal definition of a migrant. According to the International Organization for Migration (IOM), a **migrant** is ‘any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of the person’s legal status; whether the movement is voluntary or involuntary; what the causes for the movement are; or what the length of stay is’.

**Irregular migrant**—A person who lacks legal status in host or transit country because of irregular entry, breach of condition of entry or expiry of their legal basis for entering and residing.

**Asylum seeker**—‘a person who has left their country and is seeking protection from persecution [...] but who hasn’t yet been legally recognized as a refugee [...] Seeking asylum is a human right’ (Amnesty International).

**Refugees**—In legal terms, refugees are people who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country (UNICEF). Refugees are defined and protected in International law. The 1951 Refugee Convention defines a refugee as ‘someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion’.

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**Gender-Based Violence and Migration**

Research suggests a strong correlation between migration and GBV, indicating that migrant, asylum-seeking and refugee women are at particular risk of GBV (Pillai 2001; Menjivar and Salcido 2002; Anitha 2010; Rights of Women 2011; Calderón Jaramillo et al. 2020). In the UK, for example, asylum-seeking and refugee women are more likely to be victims of rape and sexual assault, more prone to domestic violence and less able to access services and support (Refugee Council 2009; Anitha 2011). Hubbard et al.’s (2013: 8) analysis of GBV in Wales notes that ‘asylum seeking, migrant and refugee women face higher levels of violence than native-born women due to a variety of factors, such as age, language barriers, vulnerability, isolation, and poverty’. These patterns are replicated across the globe. Calderon-Jaramillo et al. (2020: n.p.) in their exploration of sexual and GBV at the Colombia-Venezuelan border illustrate how female migrants and refugees are ‘exposed to many forms of SGBV and also face challenges in the access to essential healthcare for many reasons, including legal status, language barriers, discrimination, misinformation on the availability of SRH services, and the growing spread of conservative views on sexual and reproductive health and rights (SRHR) which pose a considerable threat to human rights’. The UN acknowledges that migrant women

are more susceptible to GBV because of ‘the multiple and intersecting forms of discrimination they face’ (von Hase et al. 2021) and urges for the wider collection of intersectional disaggregated data in order to adequately and appropriately inform policy.

Migration research also recognises that GBV is prevalent at all stages of the migratory journey—in the country of origin (GBV may be a mitigating factor in outward migration) in-transit, in the destination country and on return to country of origin (Rights of Women 2011) within ‘an accumulation of inequalities and disadvantages that occur over time and place’ (Phillimore et al. 2021: 6). Violence is perpetrated both structurally and on an interpersonal level, i.e. on the micro-level by partners, family members, other migrants, smugglers and traffickers, police and border guards, as well as at the macro-level, where violence is exercised ‘structurally by institutions, laws, policies and practices relating to migration governance that either directly generate violence or fail to protect from it’ (Tastsoglou et al. 2021: n.p).

Thus, it is widely recognised in feminist migration research that any analysis of the prevalence of GBV in migrant communities requires attention to the ways in which violence is exercised both structurally and on an interpersonal level as well as to how these violences interconnect (Menjivar and Salcido 2002; Sokoloff and Dupont 2005; Sokoloff 2008). Research shows how structural violences are exercised – through not enabling safe routes of passage, of cumbersome bureaucratic immigration systems enforcing a hostile environment towards migrants that is focused on reducing immigration rather than attending to humanitarian need and of welfare policies that exclude migrants or reduce access to support—all facilitate the perpetration of interpersonal acts of violence (Phillimore et al. 2019).

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## Risk Factors

Across research, a number of intersecting risk factors are identified as ‘intensifying’ the risk of migrant, refugee and asylum-seeking women to GBV (Rights of Women 2011: 5) rendering them also less able to access protective legal and social support systems to end that violence. These ‘intensifiers’ include:

### Language, Communication and Cultural Knowledge

Language barriers can prevent migrant, asylum-seeking and refugee women from being able to access support (in destination countries or in-transit), restrict knowledge of available services (Graca 2017), limit employment opportunities, compound social isolation and thereby keep women in abusive situations (Phillimore et al. 2019). As Menjivar and Salcido (2002: 903) note, ‘for many immigrant women language is a barrier in accessing and communicating their needs to community-service providers and in seeking protection from their abusers through the criminal justice system’. Preventing women from accessing language classes can be used by

perpetrators as a further form of coercive control. Gaining language skills challenges the power of the perpetrator, in some cases, leading to an escalation of violence (Menjivar and Salcido 2002).

While learning the language of the host country is regarded as a key enabler to women's longer-term integration and empowerment (Burman and Chantler 2005; Family Violence Prevention Fund 2009), the provision of specialist support services that provide support to migrant women in their own languages and with relevant cultural knowledge is often pivotal in enabling migrant, asylum-seeking and refugee women access support services and the interventions they need (Imkaan 2016; Mcilwaine et al. 2019). Algaggia et al. (2017:472) note that in the violence against women sector '[n]ewcomer and immigrant clients with limited language abilities face serious communication barriers that can leave them compromised in informed decision-making about their lives, and the lives of their children and families'.

Limited host language is a major impediment when communicating with immigration authorities, at border crossings, transit locations and asylum interviews. Research suggests that sharing experiences of violence and abuse via interpreters can also be fraught with difficulties, with interpreters usually not having specialist training in GBV and bringing their own values and biases to bear on their translation (Menjivar and Salcido 2002; Algaggia et al. 2017). Moreover, trauma inhibits the ability of migrant victims/survivors of violence to recount experiences. The demand from authorities to re-tell stories of violence and abuse during the asylum process (usually multiple times) is retraumatizing and demonstrates a failure on the part of authorities to adequately protect those who have been subject to GBV and is itself a form of structural GBV perpetrated by the state. Research by the London School of Hygiene and Tropical Medicine and Scottish Refugee Council (2009) emphasised how PTSD was high among migrant victims/survivors of violence and compromised their ability to communicate their experiences in asylum interviews: 'Difficulty remembering is a common symptom among individuals suffering PTSD. This has serious implications for women's asylum testimonies and consideration of their initial asylum applications and appeals, particularly with regards to possible adverse credibility findings on the basis of narrative inconsistencies' (London School of Hygiene and Tropical Medicine and Scottish Refugee Council (2009: 28).

## **Social Isolation, Shame and Stigma**

Social isolation intensifies women's experiences of GBV (Rana 2012; Phillimore et al. 2019). If migrant, refugee and asylum-seeking women are cut off from extended networks of family, friends and other forms of social support, this can amplify vulnerability to violence and make accessing support, both informally and formally, harder. Social isolation is often exploited by perpetrators to exercise violence, either as a means to further perpetrate violence within pre-existing abusive relations or within new encounters and relationships (Hubbard et al. 2013).



However, research also indicates that having family and friendship networks in place does not preclude social isolation and can also act as a barrier to seeking help (Phillimore et al. 2019). Families may blame victims for their abuse or prevent them from seeking help for fear of bringing shame on the family or community. Migrant women who are victims of GBV are therefore silenced through fear of marginalisation, retaliation or rejection and compelled to stay in abusive relationships (Pillai 2001; Ben-Porat 2010; Hubbard et al. 2013). As discussed in Chap. 27, many women and girls who have been trafficked for sexual exploitation are unable to return to their family of origin because of the shame and stigma associated with their trafficking. Trafficked women who are returned to their home countries are therefore particularly vulnerable to re-trafficking because of the absence of familial and social networks of support (Corrin 2005; Tahiraj 2017).

During the COVID-19 pandemic, victims of GBV were subjected to further social isolation through mandates to lockdown, the withdrawal of support services, the disruption of social networks as well as decreased opportunities to make money. Phillimore et al. (2021: 18) point to the interlocking of structural and interpersonal violence during the pandemic, in which the ‘loss of escape mechanisms gave women no choice but to endure interpersonal violence and exploitation’. They argue that there was a direct relationship between structural and interpersonal violence during the pandemic, with the violent abandonment by states enacted by the withdrawal or lack of extension of support for vulnerable and marginalised communities—their ‘active inaction’—increasing risks of sexual and gendered-based violence. Von Hase et al. (2021) likewise conclude that the ‘Covid-19 pandemic has exacerbated women’s risk of GBV at all stages of migration, particularly those with irregular immigration status or those who are sexual and gender minorities’ (n.p.).

## **Insecure Immigration Status**

Insecure immigration status can intensify women’s risk of GBV (Anitha 2010; Anitha 2011; Mullaly 2011; Rana 2012; Girishkumar 2014; Mcilwaine et al. 2019). Firstly, the threat of deportation, whether that is a real threat or imagined, can be used to isolate victims and prevent them seeking external help. Research in the UK by Mcilwaine et al. (2019) notes that such psychological abuse where perpetrators threaten to report women to immigration authorities is often compounded by bureaucratic abuse where abusers withhold immigration papers or passports and exclude women from other formal documents, like tenancy agreements or bank accounts. Secondly, women may lack knowledge of their legal rights and be reluctant to make contact with services for fear of being believed, fear of having their children taken away (if they are mothers) and/or fear of deportation (Mcilwaine et al. 2019). Thirdly, the law itself may bring ‘added risks and vulnerability’ (Mullaly 2011: 462), especially for women with uncertain or dependent migration status. As Burman and Chantler (2005: 66) assert: ‘Women who may want to access support to help them



escape domestic violence may in effect be replacing domestic violence with potential state violence through deportation'. Indeed, there is widespread consensus within feminist migration research that immigration policy and processes compound violence and fail to adequately address the lived realities of women with insecure immigration status who are experiencing GBV (Burman and Chantler 2005; Anitha 2010; Anitha 2011; Mullaly 2011; Hubbard et al. 2013; Girishkumar 2014; Graca 2017). If women's residency is dependent on their partners, women are reluctant to report intimate partner/domestic violence because of deportation risk (von Hase et al. 2021). In instances where residency is dependent on a work visa, again reporting GBV in the workplace could also result in loss of job and loss of residency – a particular issue for migrant domestic workers who may also reside in their place of work and who are in many instances female migrant workers (Kouta et al. 2021).

## Poverty

Research demonstrates that migration is both a cause and consequence of poverty. Poverty acts as a catalyst to migration (Corrin 2005), but migration does not necessarily alleviate poverty, with the result that many migrants continue to live in disadvantaged material circumstances post-migration. Data from the EU indicates that in general non-EU citizens were twice as likely to live in severe material deprivation than EU citizens and that migrant women were at most risk of poverty.

Poverty, migration and GBV are inter-linked in a number of ways. For example:

- Economic hardship makes migrants, particularly (although not exclusively) women and girls, targets of trafficking and sexual exploitation. Research in Albania, for example, indicates that 'the majority of identified victims of trafficking (62%) lived in poverty prior to being trafficked' (Tahiraj 2017:11). Smugglers and traffickers prey on the economic vulnerability of migrants who are dependent on unsafe, irregular routes of migration or unable to find regular, well-paid forms of employment in their destination countries. This can result in debt slavery or coercion into transactional sex (Freedman 2015). Research with migrant, asylum-seeking and refugee women in Wales notes that many women 'were living in poverty or destitution, which makes them vulnerable to various forms of violence, from forced labour to prostitution' (Hubbard et al. 2013: 3–4).
- Within destination countries migrant women, especially those who are undocumented, are more likely to work in the informal economy, for poor wages and no labour protection, which exacerbates risks of GBV within the workplace and curtails options to escape violence (von Hase et al. 2021).
- Within families and households, perpetrators may control household finances and limit women's access to earnings and household resources as a form of abuse and control (Anitha 2011; Rana 2012).

- Immigration policies may compound migrant poverty and risks of GBV. If women's immigration status is dependent upon their spouses, or if welfare support is unavailable to certain categories of migrants, victims of GBV may have the stark choice of staying with partners, risk deportation or face destitution (Anitha 2011; Hubbard et al. 2013).

## Inadequate GBV Services

Research recognises that the violence experienced by migrant, asylum-seeking and refugee women may be intensified by a lack of appropriate services in place to meet their particular needs. There are three key issues identified.

Firstly, there is an overall lack of services to help all victims of GBV (Towers and Walby 2012; Corry 2018). During the pandemic, UNICEF reports that face-to-face access to services was further restricted, as GBV services were often not considered by governments as essential services. Moreover, money for GBV services was redirected towards other health services considered more vital (UNICEF 2021).

Secondly, mainstream services may lack the 'cultural competence' to address the particular needs of migrant, refugee and asylum-seeking women. Cultural competence here is defined as 'an understanding of the cultural differences of clients as well as the particular cultural and structural needs that different communities have—including language specialism; immigration expertise' (Sokoloff and Dupont 2005: 51; see also Menjivar and Salcido 2002; Ben-Porat 2010; Larasi 2013). As a result, migrant women often lack confidence in the systems in place to assist them and protect them from violence (Rodella Sapia et al. 2020).

Thirdly, there is huge shortage of specialist services that can attend to the particular needs of migrant, asylum-seeking and refugee women in relation to issues of violence (Hubbard et al. 2013; Larasi 2013; Women's Aid 2017) in destination countries and in refugee camps (see Box 2). For example, in the UK there is limited provision for Black and Minority Ethnic women outside London. In the South West, for example, there are no refuges specifically for BME women (Women's Aid 2017). Examples of specialist services in the UK include a Vietnamese outreach programme set up by the NGO Refuge that works specifically with Vietnamese women who 'have experienced—or at risk of—multiple types of violence including human trafficking and modern slavery'<sup>2</sup> and the Empower Women project, a joint initiative between the Shpresa Programme (a charity supporting the Albanian-speaking refugees, asylum seekers and migrants in UK) and Solace Women's Aid (a third sector organization tackling violence against women and girls) to support women in the Albanian-speaking community in London affected by violence.<sup>3</sup>

<sup>2</sup> <https://www.refuge.org.uk/our-work/our-services/culturally-specific-services/> accessed 7 November 2021

<sup>3</sup> <https://shpresaprogramme.org/projects/empower-women/> accessed 7 November 2021

**Box 2 Case Study: GBV in the Dadaab Refugee Settlement**

The Dadaab Refugee Settlement in Kenya is one of the largest in the world, with an estimated ¼ million inhabitants in 2018. Originally set up to respond to the conflict in Somalia, the camp now includes many fleeing conflict, famine and drought in other parts of Africa too. Research by Muuo et al. (2020) found that gender-based violence is prevalent in the camp. ‘Young, single, or unmarried women, girls, and newly arrived refugees (who are often assigned to less secure housing structures and have fewer social networks) are often at elevated risk of violence’ (n.p. section on background). Women and girls adopt individual strategies to protect themselves from violence, including limiting their movements around the camp (for example, not going out after dark and avoiding certain places). GBV care provided on the camp was limited, and while those taking part in the research ‘considered it responsive to their needs’, most women and girls did not feel able to report gender and sexual violence because of shame, stigma and fear of reprisals or being denied access to provisions by guards. The study highlighted some success in raising awareness of GBV through campaigns in the camp and highlighted the importance of education programmes to challenge social norms and improve knowledge of health and violence. However, it also emphasised the importance of tackling the structural barriers to accessing help and of building up trust between survivors and service providers.

Wider research points to high levels of IPV and other forms of sexual and gender violence in refugee camps in part because of extreme poverty but also because of the erosion of social structures, family fragmentation and a lack of social cohesion overall (Wachter et al. 2018). Crowded conditions, inadequate or absent toilet facilities, precarious living and sleeping arrangements increase women’s risk of violence (Freedman 2015). Women and girls are at risk of violence not only from families and other migrants but also from humanitarian aid workers with reported cases of women and children being coerced for sex in exchange for food or medical help (Ferris 2007).

**Summary**

- Migrant, asylum-seeking and refugee women and girls are at particular risk of GBV because of the multiple and intersectional inequalities and discriminations they face.
- Migrant, asylum-seeking and refugee women face multiple barriers to accessing support services.
- GBV against migrants is systemic. It is exercised structurally (for example, through anti-immigration policies, inequalities in the labour market, exclusionary welfare systems, as well as lack of action). This produces and exacerbates interpersonal GBV.

- Boundaries between forced and voluntary migration distinction are blurred. GBV cross-cuts all forms of migration.
- More research is needed to produce both intersectional statistical data on migration and GBV and qualitative data that foregrounds the lived experiences of migrant, refugee and asylum-seeking victims/survivors of GBV.

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