

Geographies of Shame: Diachronic and Transnational Shame in Forced Migrants with Experiences of Sexual and Gender-Based Violence

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This article investigates the shame that forced migrants bear because of experiences of sexual and gender-based violence (SGBV). Using data from the UK, Turkey, Sweden, and Australia, we focus on shame experienced by women and LGBTQIA+ forced migrants throughout their journey, across borders and cultures. We propose three key ways to understand the complexities of shame from an experiential, temporal, and spatial perspective. First, we discuss how shame, often relating to family honour and stemming from survivors' experiences in their home country, travels with them over time and space. We then move on to illustrate how prolonged and/or delayed feelings of shame impact on survivors' self-confidence, self-worth, and trust in people and institutions. Finally, we consider the specific challenges LGBTQIA+ individuals face and how shame affected their settlement prospects. We argue that the SGBV experiences of forced migrants and the associated shame transcend time and space, forming landscapes of transnational and diachronic shame. Our analysis underlines the need for gender and sexuality-sensitive services

for forced migrants in countries of refuge, which take into account potential ongoing effects of experiences of violence.

Keywords: SGBV, shame, forced migrants, transnational and diachronic shame, temporalities, landscapes of shame

Introduction

This article explores the ways in which forced migrants' experiences of sexual and gender-based violence (SGBV) and the associated shame transcend time and space, having long-term implications for settlement and recovery. The article uses data from research into survivors' experiences in several different geographical, cultural, and immigration contexts to understand the resulting geographies of shame. According to the UN Refugee Agency (UNHCR 2021), there are 82 million forcibly displaced people worldwide, of whom just under half are women. Significant proportions of them have experienced SGBV, up to 70 per cent in some conflicts (Keynaert and Guieu 2015; Gonçalves and Matos 2016). It is therefore imperative to consider the ways in which shame is constructed for and experienced by forced migrant SGBV survivors. We use data from 253 respondents from four countries with different immigration, asylum, and welfare regimes to show how shame is an internally differentiated and dynamic entity. We highlight how the dynamic nature of shame gives rise to a particular temporally and spatially bound social order, which (re)produces power hierarchies and unavoidably excludes, dispossesses, or disempowers forced migrant survivors of SGBV. Understanding shame in this way overturns existing assumptions that the damage associated with SGBV is mitigated by physical distance once in refuge. Instead, we show how recovery from SGBV and associated shame is rarely a question of geography but that reception and asylum regimes can reinforce feelings of shame, highlighting that it is both *relational*, arising as it does from beliefs about the perceptions of others, and internalised. The paper focuses on the SGBV-related shame experiences of women and LGBTQIA+ forced migrants and considers aspects of their displacement and reception that compound or alleviate shame.

By forced migrants, we mean refugees, internally displaced individuals, those whose status is being determined, rejected asylum seekers, and those who have not yet claimed asylum. SGBV is a broad concept that includes rape, sexual assault, intimate partner violence (IPV), physical, psychological, and emotional violence, forced marriage, forced sex work, and denial of resources, opportunities, services, and freedom of movement on the basis of socially ascribed gender roles and norms (Interagency Standing Committee 2015). Shame as a response to experiences of SGBV is recognised across a range of cultures and is known to be an impediment to reporting that violence and to recovery. While forced migrants are particularly vulnerable to different forms of SGBV (WRC 2016), SGBV-related shame in the context of forced migration has been understudied. The temporalities and spatialities of shame are complex because violence often occurs on a continuum.

Removing oneself from the social setting where violence took place may not eliminate feelings of shame.

We demonstrate how feelings of shame in forced migrant survivors of SGBV are often cumulative and accompany survivors across borders and cultures. We argue that SGBV-related shame is *diachronic* and *transnational* as (i) it cuts across the different and often convoluted phases of the migratory journey, (ii) it accumulates along a continuum of public and private violence, and (iii) it is dependent on survivors' socio-cultural surroundings. Such understanding of shame helps us highlight the way that forced migrant survivors are often still embedded in spaces and practices from their past (temporal) and their country of origin (spatial) in ways that perpetuate shame. Finally, we claim that these geographies create what we call landscapes of shame, a set of spatial, temporal, and social relations that undermine survivors' sense of self-worth and recovery. Using the landscapes of shame as an analytical tool allows us to understand the social space that enables shaming practices and interactions, while accounting for the macro-level (migration governance), and the socio-cultural arrangements (community and family) that operate simultaneously at the national, transnational, and personal scales. Such understandings can aid the development of policy and practice which can mitigate feelings of shame enabling forced migrants to recover from trauma.

In the following section, we discuss the literature on shame and SGBV from a range of disciplines setting out a conceptual framework. We then outline our methodological approach before presenting our findings which are organized into three themes: (i) bearing the family honour: shaming survivors into silence; (ii) sustained SGBV and delayed shame; and (iii) landscapes of LGBTQIA-specific shame. Finally, we discuss the resulting landscapes of transnational and diachronic shame that complicate survivors' lives, settlement, and recovery.

SGBV-Related Shame, Shaming Practices, and the Continuum of Violence

Psychoanalytic theory has considered shame as 'an intersubjective affective and cognitive experience' (Fleming and Kruger 2013: 108), in which the self is perceived as inadequate and flawed (Gilbert and Procter 2006), both for oneself and others (Orange 2008). From a sociological perspective, shame has been understood as important for social and collective life, as a fundamental human emotion that mediates social relations (Leeming and Boyle 2004). Shame results from perceived threats to the 'social bond' and fear of disapproval by community members (Scheff 2003). It mediates between the conscience and society, thereby shaping social and community interactions, and is subject to patriarchal and other power structures. Although shame may be experienced privately, it is nonetheless a product of social encounters, and is culturally mediated and socially determined (Leeming and Boyle 2004). Thus, shame refers to the individual's 'respective social reality and is an emotional expression of internalised social sanctions' (Frost *et al.* 2020: 9).

Studies of cultures that mobilize honour in tandem with shame suggest how shared values operate to regulate behaviour, keeping people in check (Bradby

2007; Coombe 1990). Bradby (2007) argues that honour and shame are key values in minoritized groups, such as British Asians, shaping identity and regulating social organization and behaviour. The complex and intertwined nature of honour and shame have been portrayed as key cultural markers that have served to delineate certain geographical areas, such as the Mediterranean, as distinct (Brandes 1987) in terms of social mores. Ethnographers have looked at honour and shame in the context of rural and remote Mediterranean communities, understanding them as social and cultural values that embody moral attitudes (Campbell 1973). Peristiany (1966: 11) explains that honour and shame:

‘are the constant preoccupation of individuals in small scale, exclusive societies, where face to face personal, as opposed to anonymous, relations are of paramount importance and where the social personality of the actor is as significant as his office’.

However, as Coombe (1990) explains, other scholars have argued that honour and shame are not present in all Mediterranean societies, while they do influence day-to-day life across a range of cultures and communities, such as Roma communities (Bada 2006) and Chinese societies (Bedford and Hwang 2003; Park 2009).

Both shame and honour have a range of social meanings, with Herzfeld (1980) noting their constantly evolving and contested nature. More recently, gender scholars have suggested that analysis of shame and honour across different cultures (Busatta 2006) must consider the dynamics of population and power structures (Hadjikyriacou 2009). Shame and honour are gendered: men’s honour is accrued through strength and protection (Busatta 2006), while for women it is purity, chastity, modesty and obedience that guard against shame (Lindisfarne 1998; Werbner 2007). Women are seen as guardians of family and community honour and are expected to police their own behaviour and dress to avoid shame (Bradby 2007). Women’s bodies as the vector of family honour (Bond 2014) must be protected through the control of their sexuality (Akpınar 2003). Violation of a woman’s body shames the entire family, and victims are often blamed (Rollero and Tartaglia 2019) for failing to protect the purity of their body and, by association, their family’s honour.

The links between shame and SGBV (Johansen 2019) have been well documented, by studies focusing on the multiple and complex ways that shame manifests (Weiss 2010). Feelings of disgust, guilt, self-blame and shame are more prevalent among SGBV survivors than among survivors of other crimes (Felson and Pare 2005), as SGBV survivors are susceptible to feeling shame and are vulnerable to shaming practices. Vidal and Petrak (2007), working in London, found that 75 per cent of women reported feeling ashamed following sexual assault. Historically and across different socio-cultural contexts survivors are subjected to overt and/or covert victim blaming that leads them to question their moral core (Shefer and Munt 2019).

Shame is further recognized as an intersectional experience, shaped by hegemonic discourses and the social, cultural, and geographical context (Pattison

2000). Feminist scholarship highlights the ways in which shame regulates socially prescribed gender norms, reproducing social and gender inequalities, silencing, and ‘othering’ survivors (Shefer and Munt 2019). Bourke (2007) explains that dominant ideas about and our spatially and temporally bound understanding of SGBV are shaped by gendered norms, which are reflected and reinforced by shame. Shame in SGBV survivors results from culturally mediated social constructions of gender-appropriate behaviour and targets the victims’ gendered self (Weiss 2010). Thus, shame shapes and is shaped by gender norms and mainstream understandings of what constitutes SGBV, (re)enforces and internalizes cultural values, and imposes self-policing of everyday behaviours. Shefer and Munt (2019) argue that shame is a mechanism of surveillance and policing of gender norms, maintaining idealized femininities and heteronormativity. Similarly, Bergoffen (2018), examining the politics of shame, explains that it enables and perpetuates SGBV by humiliating, silencing, and stigmatizing survivors. She focuses on the invisible violence of debilitating shame: ‘a self-destructive form of shame that . . . forms the horizon of a person’s life’ (2018: 5). Feelings of shame act as a catalyst to the internalization of societal and cultural values that make survivors believe they deserve to be blamed. Shaming survivors also serves to publicly target and police the female body’s form and behaviour (Houge 2015). In hetero-patriarchal contexts, shame is assigned and carried by women and gender-non-conforming individuals such that their removal from the community becomes a way to reassert honour and *un-do* shame.

Structural and socio-cultural barriers compound gendered feelings of shame and can reinforce the stigma attached to survivors. For example, the systems, processes, and legal frameworks that govern the provision of justice can prevent survivors’ engagement with services (Koss 2000) such that the shame of poverty and marginalization interacts with SGBV-related shame. Socio-cultural barriers such as gendered social norms, normalization of IPV, and association of stigma and shame with disclosure relate to the ways in which SGBV-related shame is constructed. Among survivors in Tanzania IPV was largely normalized, so that women were reluctant to disclose and were effectively silenced (McCleary-Sills *et al.* 2016). Similarly, in the UK, rates of reporting SGBV among South Asian communities are lower when perpetrators are known to the survivors and when assaults are perceived as ‘not violent enough’ (Cowburn *et al.* 2015). In contexts with high reporting rates and a strong gender equality culture, such as Sweden, survivors may be silenced through what Enander (2010) calls gendered shame: victims see themselves as not living up to the cultural expectations of ‘self-sufficient’ women with the agency to end abusive relationships. Fleming and Kruger (2013) argue that silence, lack of agency, and shame are rooted in gender discourses, which ‘determine that women should be the silent and passive carriers of shame’ (p. 112).

In the context of forced migration, shame resulting from traumatic experiences such as torture, sexual violence, and persecution in the country of origin is often what forces people to flee (Goodson *et al.* 2020, 2021). It is often reinforced during the migratory journey as a result of additional violence and the humiliating

conditions in which forced migrants survive. Shame is exacerbated by degrading reception and asylum systems in countries of refuge (Womersley 2019), which treat forced migrants as illegitimate, criminal, liars and scroungers. Womersley's (2019) study on the construction of feelings of shame in forced migrants in Greece revealed the myriad types of shame experienced by refugees, ranging from being ashamed of their trauma, of dependence on others, of discrimination and humiliation, of unemployment, and of the inability to speak the language and understand local cultural codes. In a clinical study with refugee minors in Germany, Stotz *et al.* (2015) found that shame resulted in chronic stress, which accumulated with exposure to multiple traumatic events.

Shame resulting from SGBV compounds the range of shame arising from forced migration processes. In these contexts, sexualized violence is turned into a technology that reinforces gender norms and sexual hierarchies (Andrijasevic 2009), ultimately constituting 'a way of inscribing the border on the bodies of women' (Esposito *et al.* 2019: 411). Keygnaert *et al.* (2012) found that refugees in Belgium and the Netherlands experienced high levels of shame, among other emotional–psychological consequences, as a result of SGBV. Shame, victim blaming, and shaming practices are acknowledged to lead to the silencing of SGBV survivors. Wendt and Zannettino (2015) explain that shame silences forced migrant women survivors in at least two ways. First, they hide their trauma from immigration officers out of fear of being viewed as sex workers and consequently being denied protection and, second, out of the fear they would be disowned by their communities because of the stigma associated with SGBV. Mactavish (2020) explains that the high value placed on a woman's 'purity' complicates the reporting of SGBV crimes as female survivors seek to protect their family honour. Her research in Zaatari, a Syrian refugee camp in Jordan, shows that survivors experienced shame and feared that disclosure could lead to reprisal. The stigma of divorce means that women fear leaving abusive marriages in case they are rejected by their families and communities. As Roupetz *et al.* (2020) demonstrate for Syrian refugees in Lebanon, some women were forced into transactional sex in order to support themselves, after being shunned by their families. Bogner *et al.* (2007) show that, not only do survivors not disclose SGBV experiences during asylum interviews, but that shame impacts on their interactions with caseworkers, which then leads to them being perceived as acting dishonestly.

While shame and stigma occur across different points of the refugee journey, they have tended to be researched at specific locations or moments of the SGBV experience. The idea of a continuum of violence has been widely espoused by feminist scholars (Kelly 1988) and in recent times applied to studies of SGBV in conflict and post-conflict settings, as well as in forced migration (Kostovicova *et al.* 2020). The continuum is used as a mechanism to theorize SGBV across different types of violence that are recognized as being independent and mutually reinforcing, operating across multiple social and geographical spaces underpinned by hetero-patriarchal norms and gendered hierarchies (Cockburn 2004). Importantly, scholars have called for greater attention to be paid to the blurred boundaries between public and private violence with a focus on structures at all

points of the migratory journey, including during transit and after arrival to imagined safety in countries of resettlement. Gamlin (2013) and Roupetz *et al.* (2020) refer to shame as part of the continuum of violence and describe it as a form of everyday violence perpetuated through gendered vulnerabilities. For example, fear of shame generates violence by pushing women into early marriage or remaining in an abusive relationship. This article examines how shame resulting from SGBV is experienced and compounded at different points of the continuum of violence and in the context of different migration governance landscapes. The experiences of SGBV are articulated through the narratives of forced migrant women and gender queer survivors and the service providers who support them.

Methods and Ethics

This article draws on data from the SEREDA research project examining forced migrants' SGBV experiences. We interviewed 253 survivors of SGBV and service providers from organizations (NGOs, INGOs, IOs, and public institutions) supporting them across multiple regions in Australia, the UK, Sweden, and Turkey. These countries were selected because of their diverse experiences of forced migration including distinct pre-displacement, transit, and resettlement pathways. Each country followed a locally designed protocol that aligned with national legislation on migration governance and working with sensitive groups. The fieldwork was composed of two main steps.

The first step was to interview 102 professionals and volunteers providing services to forced migrants from a range of organizations, including statutory (12), municipal (9), non-governmental (national) (37), international (12) and local organizations (24), community centres (2), private initiatives (1), and other projects (5). Service providers came from various disciplinary backgrounds, and included healthcare professionals, social workers, project managers, humanitarian workers, legal advisors, and counsellors. Interviewees were identified via NGO partners, via Google searches, and via snowballing and the team's professional networks. These stakeholder interviews explored the services available to forced migrant SGBV survivors, challenges, and barriers to engaging with services, interviewees' experiences of supporting survivors, their understandings of the nature of SGBV, and its impact on integration, health, and stakeholders' observations of resilience strategies adopted by survivors. Interviews took place across different regions in each country and focused on both the refugee sector and SGBV survivor services more broadly.

The second step was to interview 151 forced migrants in the four countries about their SGBV experiences, the effects of SGBV on their lives and health (physical, mental, psycho-social well-being), and impact on their integration prospects. In each country, we sought to develop a diverse sample, made up of individuals with different immigration statuses, different ages, ethnicities, genders, and sexual orientations. The majority of respondents were women, which reflects the higher proportion of women in the SGBV survivor population. Respondents were identified via NGOs, snowballing, and promotion of the project on social

media. Forced migrant participants originated from the Middle East and North Africa (89), sub-Saharan Africa (38), and other countries (24), with different legal statuses: asylum seekers (36), refugees (65), rejected asylum seekers (9), failed refugees (2), undocumented (1), people with International Protection (21), on spousal visas (10), and full citizenship status (6) (see Tables A1 and A2 for more details). Participants included people who identified as women (114) and men (33), while 2 as *trans* men and 2 as *trans* women. Their age ranged from early 20 to 70 years old, with the majority between 30 and 40 years (81). Marital status varied with 50 participants who were single, 51 married or cohabiting, and 45 divorced, separated or widowed (and 4 not known), while 99 participants identified as Muslims and 34 as Christians (and 17 not known).

All interviews were conducted in the interviewees' preferred language either by a bilingual researcher or with a trusted interpreter. Most interviews ranged from 30 to 90 min (with some lasting longer), most were audio-recorded, with notes taken when recording was not possible. Interviewees' travel and childcare costs were covered. Audio files were transcribed, anonymized (with names replaced by pseudonyms) and where necessary translated into English. The transcriptions and notes were coded in a single NVivo database, using codes developed collaboratively across the whole project team, with the validity checked by the research lead. Topic guides setting out the questions used for both sets of interviews can be found in Appendix B.

We gained ethical approval for the project from the relevant organizations and the University or Regional ethics boards in the four countries involved in the project. Our priority in identifying and working with forced migrant respondents was to avoid re-traumatization. Initial screening conversations were undertaken to ensure potential participants were aware of the topics to be covered and they were not currently in a high risk or crisis situation and were not experiencing acute distress. Each country followed a locally designed protocol, which set out how to approach the interview with sensitivity and procedures to follow if the interviewee or interviewer became distressed. These included participants stopping the interview at any time and referring respondents to pre-identified support organizations. Interviewers were restricted in the number of interviews they could undertake each week, participated in regular debriefs, and had access to psychological support.

The four countries in this study have different border, migration, and asylum management systems underpinned by different ideological paradigms, while also having different welfare regimes and offering different protections for SGBV survivors. All four countries suffer from long and increasingly more hostile asylum application processes, inappropriate housing and limited or conditional access to welfare and healthcare. In addition, asylum processes challenge the claimants' worth and self-esteem, which is not conducive to healing and recovery from SGBV. Below we offer a brief description of the different country contexts, but it is beyond the scope of this article to provide a systematic comparison between them and a detailed analysis of their impact on the experiences of SGBV-related shame of survivors.

Australia implements one of the harshest approaches to people arriving by boat. Forced migrants who arrive spontaneously over land and sea are detained offshore upon arrival and are disqualified from permanent residency. Asylum seekers in the mainland are issued bridging visas, with some having the right to work but with heavily restricted access to welfare. Refugees resettled directly from outside the country are prioritized if referred by the UNHCR. They are eligible for support, including housing, a basic income, health, education, and integration services. Finally, individuals with partners who are Australian permanent residents can only apply for a temporary partner visa sponsored by their partner and must remain in the relationship for a minimum period of two years or face detention and possible deportation.

After the arrival of nearly 163,000 refugees in 2015, Sweden drastically tightened its formerly more generous immigration policies. Then, Sweden made use of the temporary exemption under the Schengen Border Code, introducing temporary border controls with Denmark, subjecting all commuters to immigration checks. In addition, Swedish authorities have reduced the possibilities for asylum seekers to be granted residence. Asylum applications can and often do take years, with applicants facing the stress of living in compulsory 'camps' and other shared housing under fear of deportation. Rejected asylum seekers become undocumented and lose access to housing, welfare, and healthcare. Women reliant on their husband to remain in Sweden must remain partnered for 2 years and can be deported if their partner's asylum claim is unsuccessful or the relationship fails.

The UK is infamous for its hostile environment with spontaneously arriving forced migrants undergoing an asylum determination process. Subsistence support is below national poverty levels, while asylum seekers are unable to access work or study, and housing is allocated on a no choice basis and can be anywhere in the country. Rejected asylum seekers are subjected to homelessness and destitution as support is denied unless they can file for an appeal. Asylum decisions take years, and it is usually men that are considered the 'lead asylum applicant', meaning that the partner is dependent on the relationship to remain in the country. Resettled refugees can automatically remain for 5 years and have access to housing, work and/or welfare. Individuals on spousal visas do not have access to public funds, while their status depends on remaining in their relationship. Those who leave following IPV usually cannot access housing and welfare because they have no recourse to public funds unless they are able to apply for asylum in their own right.

Turkey has become the main route of transit to Europe for those fleeing from conflicts and persecution in the Levant region. Displaced Afghans, Iraqis, and Iranians, in addition to 3.5 million Syrians have settled in Turkish cities for several years now. Access to asylum is highly restricted, with a new category of Temporary Protection (TP) introduced in response to the conflict in Syria. Turkey is only a partial signatory of the 1951 Refugee Convention, maintaining the geographical limitation only to people originating from Europe, providing non-Europeans only with TP. This status complicates the beneficiaries' access to social and health services, while access to SGBV-related services remains

challenging for survivors. The implementation of existing laws and policies, the opening of shelters and accommodation facilities as well as access to the job market are among the challenges that survivors of SGBV, regardless of their status, face in the country.

Geographies of Shame and the Continuum of SGBV

SGBV and other kinds of gendered oppression, and the subsequent shame and stigma, regularly prompt individuals to flee their countries of origin. Women and people with diverse sexual and gender identities mobilize to escape forced and child marriage, FGM, and other types of SGBV in the public and/or private sphere. During their journey, they are often subjected to additional forms of violence, from rape and transactional sex to beatings and imprisonment by smugglers and the police. Interestingly, our participants did not focus on feelings of shame during the journey, despite their often horrific experiences. The hardships of the journey and their preoccupation with survival were the key issues raised in relation to the journey. As we have previously outlined, shame is contextual and relational and, as such, feelings of shame inevitably have a social referent. Nonetheless, we suspect that internalized shame is with survivors throughout the journey, while relational shame may be less likely to materialize while people and places are constantly changing. Feelings of shame did eventually manifest. As survivors moved along the migratory journey and into countries where they became more settled, shame became more apparent in participants' narratives.

In countries of refuge, including intermediary countries where survivors often remain stuck for years, pre-existing violence, and IPV in particular, continued or returned, while new forms of SGBV-related shame manifested compounding existing traumas. For example, during the journey, many respondents were raped or forced to engage in transactional sex. The shame incurred therein caught up with them when they were no longer mobile. Thus, survivors' vulnerability to acts of SGBV might to some extent diminish in countries of refuge, but the associated shame was often heightened, preventing survivors from disclosing and seeking support for their recovery. Furthermore, reception and asylum processes in countries of refuge placed survivors at additional risks of SGBV (e.g. unsafe and inappropriate accommodation) as well as exacerbating feelings of shame.

In this section, we discuss three key ways in which women and LGBTQIA+ survivors experience and negotiate shame over time. First, we consider shame in relation to family honour stemming from survivors' countries of origin and how this shame travels with survivors over time; second, how prolonged or delayed feelings of shame impact on survivors' self-confidence, self-worth and trust in people and institutions; and third, how LGBTQIA+ individuals experience and negotiate shame and the challenges resulting from it. Our findings point to the emergence of *diachronic* and *transnational* shame, which survivors are forced to navigate in their everyday life as they try to heal and settle, and which confound their social surroundings, relationships and interactions.

Bearing the Family Honour: Shaming Survivors into Silence

In hetero-patriarchy, honour and shame are tightly enmeshed with one another and with inflexible gender binaries. Our respondents identified two parallel and interlocking processes of silencing with regards to SGBV and family honour. These processes were closely related with individualized feelings of shame and gendered shaming practices that serve to convert shame into an individual experience. On the one hand, a widespread stigma was associated with sexual violence and rape by strangers, preventing survivors from disclosing their experiences to their families and friends. In the quote below, a young woman explains that she partially told her husband about her experience of sexual violence.

I shared it with my husband but told him something different. I shared it because I wasn't a virgin, but I didn't say that I was raped. Because I know rape is a very bad thing in Afghan culture. Both the rapist and the raped person are both guilty and both are wrong. So, I didn't tell anyone about the rape.—Aadila, woman, Afghanistan, International Protection, Turkey.

Shame-related social norms and codes of behaviour were identified across cultures that normalized SGBV, silencing survivors or forcing them to remain in abusive relationships. Survivors of sexual violence outside the home avoided talking about it to avoid being blamed and to protect their family honour in the eyes of the wider community. Below, Grace explains her concern about shame-related hatred from close family.

My own siblings basically. As a woman you are expected to behave in a certain way, to live in a certain way and because I had a child at an early age, that brings all the hatred in the family because you've shamed your family by maybe misbehaving, so things like that.—Grace, woman, Malawi, asylum-seeker, UK.

Forced migrants and service providers referred to the way in which survivors of SGBV inflicted by strangers, often faced being banished from their home and their communities to *contain* the shame and stigma. In some instances, whole families were reported to be abandoned by their community because of their relationship with a stigmatized family member, as described by Fatoumata, who was group-raped while fleeing the war in Sierra Leone.

Even when I was pregnant, it's completely taboo, you're pregnant and you're not married, it's a big taboo. So, they [her family] chased me out the house, they said I couldn't stay because I was pregnant, they told me to leave.—Fatoumata, woman, Guinea, asylum-seeker, UK.

In turn, service providers considered the risk of rape survivors being abandoned by family and community as a central issue needing to be addressed.

One problem in conflict areas, like the Congo and Afghanistan, is women being pushed away from their family because they have been raped and the family abandoned them. It is not only that you are the victim of the violation, but you're victimized again when

pushed away from your village.—Philip, NGO treatment centre for torture and war survivors, Sweden.

Conversely, certain types of SGBV, such as IPV, were normalized, not recognized as violence but rather as the fault of the women. As a result, talking about IPV within the family or with friends, or disclosing to officials or service providers, was seen as a source of shame to the victim and their family. Participants said that victims were seen, and often saw themselves, as deserving of violence for being a ‘bad wife’, while marital rape was not seen as rape at all. As Grace told us:

In Malawi, I used to hear about victim support, but they had specific places far away. And the stigma that is attached to a woman who has run away from her family because it looks like you're either lazy, or there has to be a reason why your husband is beating you. You know, like you have a problem or something like that. So, nobody would want to associate themselves with that.

Women were generally seen as the main bearers of family honour, required to actively maintain it. While for men honour is attained through displays of strength, dominance and protection (Busatta 2006), for women it is often related to ideas of purity, chastity, modesty and obedience (Lindisfarne 1998; Werbner 2007). Our participants narrated how they were held responsible for maintaining their purity, through modesty and other types of self-policing behaviour, such as dressing modestly. Some respondents described how women, after leaving the family home to marry, still bore the burden of upholding the honour of their (paternal) family. As the female body is often depicted as the vector of family honour (Bond 2014) to be protected through the control of her sexuality (Akpınar 2003), her violation by strangers can have negative repercussions for the entire family and community. Survivors are usually blamed for not protecting their own body and purity, and by proxy the family's honour (Rollero and Tartaglia 2019). Ideas around female modesty and purity served to curtail any discussion of sex, in particular female sexuality, but also IPV, gendered abuse, and divorce. While the reasons for women not reporting SGBV were complex and varied across different contexts, shame consistently played a role in silencing survivors. Layal's mother in law asked her not to report her husband's abuse so as to avoid shame.

Then when I went to file a complaint at the police, my mother in law told me 'Please don't humiliate us, we would do whatever you want'. I told her that I wouldn't want anything from them, I only want my children.—Layal, woman, Syria, TP, Turkey.

Thus, shame acts as a powerful mechanism through which hetero-patriarchal social and cultural gender norms are maintained, reinforced and internalized, forcing women into silence and to self-policing their behaviour. Through humiliating, silencing, and stigmatizing survivors, shame enabled and perpetuated SGBV. Structural barriers, such as corruption and established hetero-patriarchal values within institutions, further made it difficult to bring perpetrators to justice. Esther told us that women had to bear shame in silence because corrupt patriarchal institutions would not intervene to protect them:

In Nigeria they didn't care, they didn't see that as anything, you would hear men raping women and they would not even be punished once they were [caught]. They bribe the police, they do everything... they go scot free. You can't even come out to say, this thing, the stigma that comes with it, so many women keep it to themselves.—Esther, woman, Nigeria, asylum-seeker, UK.

The complex interplay between shame and silence means that survivors were often forced to keep their experiences secret. Yet silence contributed to making SGBV and the associated shame such an individualized experience and burden. Silence was the mechanism through which shame was individualized, embodied and carried as a personal problem, which isolated and debilitated survivors. Removal of the shamed individual was sometimes seen as the only way to undo the shame brought by them to their family and community.

Sustained SGBV and Delayed Shame

Participants spoke of how experiences of SGBV in their country of origin, from which they had tried to escape, frequently reoccurred in countries of resettlement. This was especially true in relation to family violence taking place in the private sphere by familiar perpetrators. The normalization of acts, such as marital rape, the lack of knowledge of their rights in refuge, and enduring feelings of shame, prevented survivors from disclosing, as explained by an NGO worker.

The thing is, they don't feel that it's violence. They also feel ashamed. It's not allowed to go and talk. It's something normal. Sometimes they go to the family, to the mum and sister. They usually say, 'No. No. It's nothing'. Sometimes I hear some stories.—Simone, a bicultural worker in a mental health NGO, Australia.

Both service providers and forced migrants reported that divorce was frequently seen as a source of shame for the woman and her extended family whether in the country of refuge or origin. As a result, many women chose to remain in abusive relationships to avoid bringing shame to their families. Remaining was also described as a temporary tactic used by women until an escalation of violence pushed them to escape the marriage and report the abuse and violence.

So, unless the abuse and violence is so extreme that it's untenable, a lot of people seek to minimise and control for a period in settlement. And then, there's clearly community attitudes, cultural attitudes where violence and control is normative, and for a woman to speak out about it, it brings shame and brings—it brings issues within the community, and then there's also the issue of—reaching out to external agencies, services, systems, I think is incredibly intimidating for anyone.—Nour, NGO service provision and advocacy for Muslim women, Australia.

As described above, when thinking about disclosing sexual violence perpetrated by strangers, shame or the fear of shaming and being blamed and rejected led survivors to keep silent. Despite arriving in an environment supposedly more conducive to disclosure than the country of origin, survivors still did not disclose to authorities or service providers.

When they are forced by organisations they do not want to tell because people will say 'She is a bad girl'. I do not know the English word but they hide because of it. They are ashamed of it. That is why they are suffering most of the time.—Zaki, man, Afghanistan, asylum-seeker, Sweden.

Feelings of shame could be generated by past, new, or sustained abuse and violence continuing into the present. Shame could result from trauma related to SGBV experiences that caught up with the survivors once they arrived in safe spaces. Sustained experiences of SGBV led to the internalization of guilt and produced what we, in the next section, call diachronic shame.

I was actually trying to hide what's happening to me, so when I spoke to relatives and family in Iran, I was always explaining what a good life I have. But then one day I told my mom but she said 'don't come back'. Obviously that was because of the shame and people will talk about you if you come back, they wouldn't tell you came back because of your own decision but actually that he had sent you back so the context would be completely different the way people receive in our countries.—Fateme, woman, Iran, spousal migrant, UK.

Internalized guilt over sustained incidents of SGBV produced and established feelings of long-term shame in survivors, were culturally mediated and socially produced to reinforce gender norms and self-policing behaviours (Bourke 2007; Weiss 2010; Shefer and Munt 2019). According to participants, the experience of shame destroyed survivors' trust in the people around them and in the system and thus served to undermine their self-confidence.

No because it's something, sometimes you feel ashamed, you don't want to share it, you want to keep to yourself, but it's eating you inside, you don't have confidence to know who you gonna tell, maybe you're going to say something to a friend, you don't know, so you keep it to yourself.—Ayomide, woman, Nigeria, asylum-seeker, UK.

The other thing that they carry, which isn't theirs but is given to them by their perpetrator, is shame, and shame has guilt. So, these women, their ego, their belief system in who they are, who can I trust? No one. Why would anyone believe you? You're not worthy. So, all of the normal ways of thinking and behaving about yourself are destroyed.—Bethany, consultant midwife and clinical psychotherapist in a health NGO, UK.

SGBV-related shame and the stigma that accompanied any attempt to talk about traumatic experiences led to a reluctance to disclose during asylum interviews, in particular in front of male interpreters, who were often from the same communities. In addition, the culture of disbelief, sometimes accompanied by accusations of lying, by asylum officers compounded the reluctance to disclose. Naelia expresses her concerns about sharing information in front of an interpreter from her community:

That's my community person [talking about the interpreter during her asylum interview], so I am scared. I don't want to tell him about that, I don't want someone talking about this. I know him from Birmingham, so I don't want to tell him, I don't want him talking about me. I don't want to talk about the community with him.—Naelia, woman, Eritrea, asylum-seeker, UK.

LGBTQIA-Specific Shame

Forced migrants who identify as LGBTQIA+ experienced sexual assaults and beatings by a wide range of actors in the course of their lifetime, before, during, and after the migratory journey. These traumatic experiences were directly related to their gender and/or sexual identity. They had often fled their communities and countries to avoid the social shame attached to their identities and/or because they had been shunned by their families. For our LGBTQIA+ participants there were few safe spaces and relationships which they considered could be free from abuse and humiliation. The lack of safe places in which they could be themselves in turn produced feelings of shame along the continuum of violence, which were diachronic and transnational, making them vulnerable to further SGBV. Rose, a lesbian woman from Nigeria, accounts for her chronic shame and the lack of options she faces, even after migrating:

I haven't spoken to my parents for a long time. Now that I have fully come out to say this is me, I don't care what my parents feel, I don't care because I've cared long enough to my own detriment. Now I need to take care of myself, so we don't talk any more. My cousin can only house me because he lives in this country and we have been good together from when we were little, so he didn't judge me wrongly because he now understands life is different from where we are coming from.—Rose, woman, Nigeria, asylum-seeker, UK.

Such chronic shame and the continuum of violence extending to LGBTQIA+ forced migrants' material present, confounded their resettlement and recovery trajectories. The shame that Kingsley continued to feel about being gay, even though he sought refuge on grounds of sexuality, prevented him from protecting himself in his country of refuge.

With the harassment that had happened for a long-time, I didn't tell anyone. It was a mix of reasons, I was scared of retaliation, I was scared of being a troublemaker. I also felt guilty, I felt like it was my fault. I felt like somehow I had encouraged this behaviour, and even when I clearly and repeatedly said no but this person continued to disrespect my space. I didn't feel like I could tell anyone because I felt ashamed and guilty.—Kingsley, man, Nigeria, refugee, UK.

Forced migrant participants reported that reception and asylum systems characterized by aggressive interview techniques, unsafe accommodation, and a culture of disbelief exacerbated their pre-existing feelings of shame and internalized guilt. Participants alerted us to the dangers faced when housed with co-ethnic community members, as they were in this way reinserted in the abuse and violence that they had escaped. Kingsley told us:

Unfortunately, a lot of the non-LGBT asylum seekers will come from the same homophobia cultures that we've had to flee from. A lot of them will also have these attitudes. I know people from the LGBT asylum seekers groups who have been physically assaulted by other residents in the homes that the Home Office has placed them in because of their sexuality.

Some service providers reported that queer women in particular, because of their past SGBV experiences, such as having been subjected to FGM, and the inveterate trauma and shame that they carried with them both temporally and spatially meant they were unable to trust doctors. As a result, their sexual and reproductive health could be compromised.

For queer women, in particular, there is a really huge distrust and most negative experiences with gynaecologists. Even in Australia, the system is very binary, it's very heteronormative, and so they've had negative experiences, then they never want to come back to that. They don't think in Australia it's going to be different, and then pap smears are overdue and things like that. And then, specifically for women who went through FGM and they're queer women, where is the information in terms of sexual pleasure and everything. What's possible, what are the health concerns, that sort of thing.—Sophie, LGBTIQI refugee advocate and activist, Australia.

In some cases, even when encouraged to be 'out and proud' in an LGBTQIA+ friendly environment, individuals still carried residual and internalized shame associated with decades of experiencing homophobia. They reported to be struggling with feeling comfortable with their identity. When asked to join an NGO working with LGBTQIA+ individuals in Turkey, Elias answered that for his own protection he could not:

I would love to but I cannot. Being with the community can make me visible. I want to live like a shadow.—Elias, trans man, Syria, TP, Turkey.

As service providers reported to us, in many countries there were no tailored services for LGBTQIA+ forced migrants SGBV survivors because of their identity. The sex-positive culture in mainstream LGBTQIA+ service provision often overwhelmed survivors, like Elias, who had either internalized feelings of shame or risked being identified as queer by their communities. At the same time, they were reluctant to use forced migrant associations because they feared being 'outed' and shamed for their identity.

Landscapes of Transnational and Diachronic Shame

As we have documented in the previous section, the spatialities and temporalities of shame resulting from SGBV across the migratory journey are complex, with time and space interacting in unexpected ways to confound the recovery and resettlement trajectories of forced migrants. When it comes to feelings of shame in forced migrants, different geographies, as well as the past, present, and future become enmeshed. Shaming practices, which target the female body and aim to individualize stigma and internalize shame, is often what prompt individuals to flee their countries. During the migratory journey, despite often horrific and traumatic experiences, feelings of shame seem to be side-lined by the hardships of the journey and an overall preoccupation with survival. As shame is contextual and relational, this lack of shame while on the move suggests that the instability of the journey and the disconnect from a stable environment does not provide the

emotional space for shame to be prevalent. In countries of refuge, even though survivors' vulnerability to violence might to some extent diminish, the associated shame is often heightened, preventing them from disclosing and seeking support. Furthermore, reception and asylum regimes often exacerbate feelings of shame as applicants are expected to prove their deservingness in protracted asylum applications and cycles of appeals and rejections.

We have discussed three key ways in which shame entangles different geographies and temporalities, creating what we call landscapes of transnational and diachronic shame for forced migrant survivors. We use the concept 'landscapes of shame' to capture and unpack the complex spatial, temporal, and material relations that emerge from the interaction of shame attached to and caused by SGBV and the process of forced migration, asylum claiming, and resettlement in receiving countries. From 'landscapes of despair' (Gleeson and Kearns 2001) to 'therapeutic landscapes' (Williams 2007) and 'landscapes of care' (Milligan and Wiles 2010), the concept has been developed in health geography to capture the spatialities of different phenomena. We have attempted to flesh out the interplay between the socio-cultural, structural, spatial, and temporal processes that shape the experiences of shame of forced migrants at different sites, times, and scales, from the personal through the communal, all the way to the national and beyond.

Our survivor participants described concurrently occupying two distinct, and at times conflicting, time-spaces: one consisted of their present material everyday condition in the country of refuge, often embedded in their co-ethnic communities, while a second time space was closely intertwined with their life back home, either as a distant past through memories, cultural practices, and social norms, or in the present as a transnational experience. Such a dualized existence clearly complicates and compounds how shame is experienced. These landscapes of shame, which female forced migrants with SGBV experiences are forced to navigate in their everyday life and spaces, create barriers, such as gendered social norms. As a result, survivors are prevented from disclosing, taking legal action against the perpetrator, divorcing their abusive spouses, or seeking support to address trauma and aid recovery.

Survivors end up living in a time-space in which (the violence of) the past, the present and even the future are entangled, producing feelings of *diachronic* and *transnational* shame as a result. The shaming practices reach across time and space to impact on the experiences, feelings and decisions of the survivors, even when they have reached safety. For example, the concern about what people back home will think about a divorce can be creeping and have material consequences on the present. Transnational and diachronic shame highlights the way that forced migrant survivors, even once removed from the social surroundings that gave rise to the violence and the shame, may still be embedded in spaces and practices from their past (temporal) and their country of origin (spatial). Such shame enforces and reproduces culturally mediated gendered norms and stereotypes, operating in a way that leads women to regulate and police their day-to-day existence as the state and socio-cultural apparatus firmly place women as being responsible for their own protection and safety, blaming them in the event of violence.

Our LGBTQIA+ participants had specific experiences of shame and were faced with particular challenges that made their shame diachronic and transnational. The landscapes of shame that they were forced to navigate were produced by the geographically and temporally protracted absence of safe places and safe relationships, in which they could be themselves. The particular stigma attached to non-conforming gender and sexual identities is carried by individuals across time and space, further complicating their material present, as our findings have demonstrated. Migrants identifying as LGBTQIA+ cannot find comfort in their own communities, often threatened by co-ethnics. The reception and asylum systems in receiving countries, characterized by a culture of disbelief, exacerbated the participants' pre-existing feelings of shame and internalized guilt.

Conclusion

Our findings show that forced migrant SGBV survivors, after being subjected to multiple and sustained physical and psychological trauma across a continuum of violence, carried intense feelings of gendered and debilitating shame. The ubiquitous shame caused by physical, emotional, and psychological traumatic experiences, under extreme social and material conditions and uncertainties, was internalized and had a debilitating effect, undermining survivors' self-confidence and trust, and hindering their ability to engage with services. As shame is social and relational, it manifests and is experienced differently along the life course and journeys of forced migrants depending on their surroundings, and intersecting with their gender, sexuality, race, and class. Shame accumulates and intrudes even when what originally caused it has ceased. While the reasons for women and LGBTQIA+ people not reporting SGBV are complex and variable, shame consistently plays a significant role in silencing survivors. Our findings show that, throughout the migratory experience, feelings of shame silence victims through various mechanisms, individualizing shame and having an overall and cumulative debilitating impact on the self.

The study demonstrated that shame, while socially constructed and culturally mediated, is not static and uniform across a given society or community but is the result of historical circumstances and socio-political struggles, values and norms. In particular, shame resulting from gender violence is turned into a largely private experience, as female and LGBTQIA+ bodies are forced through social norms, migration regimes, and fear to carry the associated guilt in silence. Our findings also show how shame is socially constituted and heavily mediated by gender norms, and as such (re)enforces hetero-patriarchy across different spaces of migration. Even though shame might manifest in a similar way across different cultures, it can equally be experienced and realized differentially within a given culture, depending on one's gender, sexuality, race, and class. In the context of this article, we understand shame as an internally differentiated and dynamic entity that gives rise to a particular temporally and spatially bound social order, which (re)produces power hierarchies and unavoidably excludes, dispossesses, or disempowers some of its members, such as forced migrant survivors of SGBV.

We provided evidence of how shame is transnationally persistent through time and space but interacts with different cultures in a way that influences the

intersectional experiences of SGBV differently. In the case of forced migrants who face multiple and intersecting violence, associated traumas and shame are, on the one hand, mobile and ‘portable’, in the sense that survivors carry them around and, on the other hand, these feelings are, more often than not, made worse by reception systems in the countries of refuge and by the migration governance landscape. We have described the gendered nature of shame and how it intersects with other (traumatic) experiences and oppressed identities of forced migrants who are SGBV survivors, to reproduce subordination, to undermine agency, autonomy and the ability to develop recovery strategies. In this respect, we focused on experiences and constructions of shame across the continuum of violence to highlight the diachronic and transnational character of the shame experienced. These findings underline the need for gender and sexuality-sensitive services for forced migrants, which consider ongoing effects of the experience of violence in new settings. Finally, our analysis has challenged two assumptions often made in protection and prevention settings: first, that SGBV occurs only in countries from which forced migrants flee and, second, that the damage done by gendered violence is interrupted by physical distance once refuge is achieved. We argue that recovery from SGBV and the associated shame is rarely a question of geography. Far from supporting recovery, applying for asylum may exacerbate trauma and shame. This is because reception and asylum regimes scrutinize the legitimacy of survivors’ claims, often treating them as liars, forcing claimants to prove they are worthy of protection, of citizenship, as worthy of time. As asylum claims can take years, this constant need to regularly prove one’s worth facilitates, reinscribes, and calcifies a sense of worthlessness.

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Appendix A*Table A1*

Stakeholders Sample Summary				
Country	Australia	Sweden	Turkey	UK
National NGO	4	12	15	6
International organization	1	1	7	3
Municipality		6	3	NA
Community health centre	2			
Private		NA	1	
Local NGO	14	2	NA	6
Public institution		3	4	5
Regional NGO		NA	NA	2
Projects	1	NA	NA	4
Total	22	24	30	26

Table A2

Survivor Sample Summary					
	Australia	Sweden	Turkey	UK	Total
Region of origin					
MENA	14	22	20	32	88
Sub-Saharan Africa	1	1	NA	36	38
Other (Asia)		7	17		24
Gender					
Cis-woman	15	17	27	54	113
Cis-man		12	8	13	33
Trans-woman		1		1	2
Trans-man (born intersex)			2		2
Sexuality					
Heterosexual	15	28	32	41	116
Gay		2	5	2	9
Lesbian				2	2
Others					
Not known				23	23
Age					
20s (this includes 18 and 19 years old)		9	13	14	36
30s	8	12	14	24	58
40s	6	5	7	5	23
50s	1	4	3	2	10
60s					
70s				1	1
Not known				22	22

(Continued)

Table A2 (continued)

	Australia	Sweden	Turkey	UK	Total
Migration status					
Asylum seeker		9	NA	27	36
Rejected asylum seeker		1	NA	8	9
Refugee (permanent)	11	17	NA	21	49
Refugee (temporary)		NA	16	NA	16
International protection		NA	21	NA	21
Failed refugee		2	NA	NA	2
Spouse	2	1	NA	7	10
Citizen	2			4	6
Undocumented				1	1
Marital status					
Single		13	8	29	50
Married	7	9	14	17	47
Divorced	3	6	6	9	24
Co-habit		NA	NA	4	4
Separated	4	NA	7	5	16
Widower	1	2	2		5
Not known				4	4
Religion					
Muslim	5	24	35	35	99
Christian	10	2	1	21	34
Other/none		1	1		2
Not known		3	NA	12	15

Appendix B

Service Provider Topic Guide

Our Interview will explore mechanisms used to record SGBV, the level of incidence of SGBV, perspectives on the nature and definitions of SGBV, and treatments and implications for refugee integration.

Introductory Questions

1. Please tell me about your work—what does your organization do?
2. What is your role?
3. How does your organization define SGBV? What kinds of things constitute SGBV?
4. Are there any particular criteria that refugees must meet in order to access your services? What are these?
5. Who are your main client group?

Refugees and SGBV

6. Tell me about the work your organization does around SGBV and refugees? Where do you work? What kinds of things do you do? Who do you work with?

7. How do you assess the effectiveness of your work? How do you know when something has worked well? (probe monitoring indicators, impact studies, accountability and complaints mechanisms)

8. What kinds of experiences have they had? Probe where experiences occur and who the perpetrators are?

9. When do refugees tend to report having had experiences of SGBV? Probe at home, journey or here.

Vulnerability and Resilience

10. Where/when are refugees most vulnerable to SGBV?

11. How can they be supported to be less vulnerable?

a. Prompt for material support—housing/transport/employment

b. Prompt for other types of support—spiritual/psychological/social

12. We know that refugees also demonstrate high levels of resilience in attempts to cope with their experiences. How can they be supported to be resilient?

13. What does your organization do to try to help refugees to be more resilient? Ask for some examples of their work?

Services Provided

14. How do refugees find out about your services?

15. What kinds of work do you do to try to reach out to people who would benefit from your services?

16. What other work do you do around SGBV, i.e. lobbying, research, etc.—explore in some detail.

17. How do you encourage refugees to disclose experiences of SGBV?

18. What are the best ways to support people to ask for help?

Data and Monitoring

19. Do you collect data about the numbers and profiles of refugees who have experienced SGBV? What data do you collect? Will you share a blank version of the database with us? Is this data shared with anyone?

20. How many refugees do you support every year—approximately?

21. What proportion of refugees would you say experience SGBV? Can you break this down by gender? What about children (i.e. under 18s). Can you break it down by any other criteria—i.e. religion, ethnicity, etc.?

22. Do you have a Protection from Sexual Exploitation and Abuse (PSEA) policy? How do you co-ordinate its implementation?

Treatments and Interventions

23. What other organizations are you aware of that work on SGBV?

24. What kinds of treatments and interventions are offered to refugees who have experienced SGBV? By whom? What is effective?

25. How does your organization engage with others working on the same issues? Do you cross-refer (who to?) do you have any partnerships (who with?)

SGBV and Integration

26. How does experience of SGBV impact on refugees' lives when they are trying to settle in a new country?

27. Please tell us about the long and short-term effects?

28. What needs to happen to help them to establish themselves establish? Where and when should interventions be offered? Who should offer them? How should they be funded?

29. Thinking about helping refugees who have experienced SGBV can you suggest

(a) The most important change that could be made to make people less vulnerable to such violence

(b) The most important change that could help people cope with what has happened to them

30. What other organizations do you think we should interview about refugees and SGBV?

31. Is there anything else you would like to say about SGBV and refugees?

Many thanks

Refugee Topic Guides

A. Introductory Questions

We will begin our conversation with you by asking a few questions about your life.

1. Please tell me a little about yourself.

2. What friends and family do you have around you in this country? Who do you live with?

3. What kinds of accommodation have you lived in since arrival? Probe detention centres, emergency accommodation, camps, shared housing and self-contained housing?

4. How much have you moved around since coming to this country?

5. What is life like for you here? What is the best/worst thing about being here?

6. What makes you happy or sad?

7. When did you arrive?

8. How did you come to be in UK/Australia/Turkey/Sweden? Who did you travel with?

9. Who made the decision that you would migrate? What were the things that led to the decision to leave?

B. Insecurity

We are now going to ask you some questions about experiences or incidents of violence, abuse or harassment in your home country, on the journey or since you have been here. We are doing this because we are trying to understand where refugees are exposed to violence and what support is needed to reduce vulnerability and to help people recover from attacks. Whatever you tell us your name will not be mentioned in any reports or materials we produce. If you need a break or to stop answering these questions at any time that is fine—just let me know.

B1: Experiences of Violence

10. As you know this project is looking at refugees' experiences of violence. Thinking back to [XXX], after the conflict began, did you experience violence yourself?

11. What about when you were on the move to X, or living in Y? (on the journey)

12. How about since you have been living in UK/Australia/Sweden?

13. When you think about what have just described, do you think these had something to do with that you are a woman/man/LGBTI?

B2: Experiences of SGBV Our project focuses on violence or sexual violence against women refugees and sexual violence against men refugees who have left their country because of conflict. This includes sexual acts that refugees have been forced to engage in to get food or transport or something else that they needed to survive or escape. So we need to ask some questions about your experiences and how this has shaped your

current situation. We plan to develop some ideas about initiatives to help people who have experienced SGBV, we will ask you about any initiatives you have encountered, and for suggestions about the kinds of initiatives that might help. Is that ok?

14. Have you heard of the expression SGBV?

15. If yes, what does it mean to you? Where have you heard it said?

Violence against women happens in all cultures and communities around the world, and most people find it hard to talk about.

16. Was violence something that was talked about in your community? Was it something that your family or friends had to deal with? How common would you say SGBV is for people in your community?

17. What kinds of people are vulnerable to SGBV?

18. What kinds of experiences are you able to tell us about that you have had either had or seen in your home country, on your journey here or since you have been here, that you think might be considered SGBV?

19. Would you tell me more about that? Where and when did they happen?

20. What kinds of people carry out SGBV?

Conflict and becoming a refugee places a great deal of strain on families and relationships. For some women this can mean that their partner becomes angry easily or even uses violence in the house.

21. One of the things we know happens in conflict situations is that violence in families may increase. Is this something that you have noticed among your family and friends? How has your relationship with your partner changed since being on the move and settling in UK/Australia?

22. Did you get asked about experiencing violence or sexual violence when you were seeking asylum or resettlement?

23. Who asked you? What was it like being asked? Did you feel they asked you in the right way? How would you prefer to be asked?

24. Were there any particular places or moments when you or other people travelling were particularly vulnerable to SGBV? What kinds of places were these?

C. Seeking Help

We would now like to find out about any help you have been offered at different points since being back home, on the journey and since you have been here

25. When you experienced SGBV were you able to tell anyone?

26. If yes. Who? If no. What were your reasons for not telling anyone?

27. What did they do for you? Anyone else?

28. Did you know any organizations that could help you? How did you hear about these?

29. What kinds of help did you need?

30. When and where did you need it? (probe at home, on journey, etc.)?

31. What kinds of help did you receive? When was this? Where was this help available (probe home/journey/here)?

32. What choices were you given about the help offered?

33. Did you feel that the help was offered in a respectful way?

34. In what ways did this meet your needs? Made things better/worse?

35. Have you received any other help at any point? When and where was this?

36. Can you tell me about any help you received from friends, family or your community?

37. What other kinds of help was needed?

38. When did you need it?

39. What kind of help did you feel most comfortable with, and why?

40. Can you suggest ways in which you think the types of experiences you and others have lived through could be prevented or reduced? Probe (a) when they are escaping conflict or persecution; (b) when they are in transit camps; and (c) when they have resettled?

41. If we are thinking about offering help to people who have experienced SGBV what kinds of help do they need? When and where should that help be offered? Who should offer that help?

42. What is the best way to encourage people to ask for help with protection from or treatment for SGBV?

We know that people struggle to cope with the experiences that you have talked about and that many people try very hard to cope

43. To what extent would you say that you and others you know who have had these experiences have been able to cope? (for instance keeping busy, praying, talking to others, etc.)

44. What has helped you to cope? What other things could have helped you further?

45. What kind of things have made it difficult for you to cope?

46. Thinking about helping people who have experienced SGBV can you suggest.

47. The most important change that could be made to make people less vulnerable to such violence.

48. The most important change that could help people cope with what has happened to them.

D. SGBV and Resettlement

We will finish our questions by asking you to tell us about how your experiences have shaped your ability to resettle in this country

49. What kinds of things have helped or prevented you from making a new life for yourself here?

50. To what extent would you say the experiences we have discussed today have made it more difficult for you to continue your life here?

51. In what ways have your experiences affected your ability to make a new life for yourself here? Ask them to expand on particular areas ie family relationships, health, making friends, attending college, getting a job, domestic work, raising children, eating/sleeping. Other?

52. How would you say your experiences have affected you as a person? More or less confident, better self-understanding, etc.?

53. Is there anything else you would like to say to us about SGBV, how it affects refugees' lives and what can be done to protect people or to help them recover?

Many thanks for your time and for sharing your experiences with us. We are interviewing more refugees in this country and (name other countries) as well as speaking to service providers. We are working closely with the Women's Refugee Commission who will arrange a big event with the UN and other organizations when the project finishes. This will ensure that what we find out about SGBV is shared with the right people—we cannot promise it will change anything but at least the right people will be listening. And just to confirm your name or any identifying characteristics will not appear in anything reported.

Thanks again