GBV among African migrants in ...coping review - Melisa Dlamini

SUMMARY KEYWORDS

Gender-based violence, African migrants, scoping review, migration challenges, economic opportunities, xenophobia, language barriers, health access, physical violence, sexual violence, mental health, refugee camps, integration issues, perpetrators, response to violence.

SPEAKERS

Jo Vearey, Speaker 1, Speaker 2

S **Speaker 1** 00:00

Hi everyone. So today I will be presenting some of the work that we did for the gem Scorpion review, where we were focusing on gender based violence among African migrants in Africa. So the broad, main question that we're trying to answer through the scoping review, was documenting the evidence of the on the bed and the determinants of gender based violence in migrant populations in precarious situations in Africa. So we wanted to see who the main perpetrators were, as well as you know how gender was also studied when it comes to the articles that we published on GBV in Africa. So based on, like, a number of sessions that we've had during the week, I think we have, okay, well, referencing the most recent one yesterday, where a people from IOM was indicating how they ease a, you know, arise when it comes to migration within the sub Saharan region, where we actually have different African you know, Africans moving within migrants compared to other continents. So, yeah, this is the outline, but I'm just gonna move for the sake of time. So as I said, the scope was that there's been an increased trend on migration, African migration, over the past two decades, where we have African migrants migrating within the African region. And for based on the evidence that we documented from the scorpion review, we will see which countries we will see where exactly the migrants are moving to or moving from. So the migration is mostly driven by economic opportunities and greener pastures. Yet we also have to be aware that they migrants encounter quite a number of challenges and difficulties as they move from their home places to the host places. And these can include, you know, challenges integrating into the host community, xenophobia, for example, here in South Africa, language barriers where they cannot communicate to maybe to access health care services, housing services and so forth, and just limited access to most basic services. So studies have actually documented high level of violence and precarity when it comes to African migrants in Africa, where we've noticed that there's quite a number of, for example, gender based different forms of gender based violence that migrants actually experience once they move from their home countries to the host to the host country. So the objective of the scoping review was to analyze and document the evidence when it comes to the prevalence as well as the factors that are contributing to gender based violence among migrants in in Africa. So we also to analyze and document regarding the Okay,

sorry, that was a reputation. So So, sorry. Had already showed us an example of of the search string. I also wanted to show everyone parts of the search screen that we used to get articles when it comes to migration. So we used the different forms of migration, and then we also use like different terms referring to the people moving. So for example, settler, Nomad, construction worker and so forth. If we noticed on the second string and on the last line, we can see that there's a question mark between the O and the R when it comes to labor. So that was because we want to make sure that we it was because of the different forms of English that are used when people are writing the article. So we wanted to make sure that we capture the different spellings and we don't leave any articles out because of the different spellings referring to different things. So for the databases, we searched our articles from Web of Science, and they. In on on Scopus as well. And then, of course, there were some duplicates here and there, and I'll explain that later. So after running the search strings for migration Africa and GBV, we exported the files of the articles that we had already identified, 1000s of articles, to Ryan software, which is similar to COVID. But now that I've seen some presentations on covidence, I think COVID is quite cool, especially when it comes to infographics. And how data can be presented and so forth, which I guess Ryan can also do, but maybe I haven't really, you know, found that out. So we expected all the articles that we got a from Web of Science and Scopus, and then we went through them, and then we used the we used Ryan to actually see if we are including the study. We asked, we are including that particular article or we are not including it. And then we also stated, like, the reason why perhaps we're not including it. So on our left we can see, I highlighted three, three articles, and then two of them that have, like a yellow highlight at the bottom, those are the articles that we had actually excluded, for example, because it's outside Africa, and the green one means it's an article that that we included. So we also use Ryan to remove the duplicate. So for example, there were a number of articles that would appear on Scopus and Web of Science as well. And it was very easy to for Ryan to actually pick those ones up and then remove them from, from, from the articles. So when it comes to including the articles, we use the title of the article, the abstract as well as the keywords, right? So we use the title, so we'll read the title, the abstract and the key words for the GBV concept, and then we would use the title just to see if the study was conducted in Africa, and also for the concept of migration. Okay, so we first ran the search strings in the data chatting and everything. I think it was in 2023 and then end of last year, we did the same thing just to update the record. So this is the actually, this is the updated Prisma flow chat, which is actually similar to what Jo just presented. So from world of science, we identified 1206 articles, and then 1712 from Scopus. And then the duplicates that we removed using Ryan, when 919 and then, then we screened more in detail, and then part of the exclusion criteria was so we're excluding articles that we set outside the region, which is the African region, articles that are not about migration and gender based violence, articles that did not have an abstract, the books as well, especially If they were too old, and then non academic papers. So this, these exclusion criterias, we basically what the team at large, octet came up with. And then the screening was done by myself and my colleague, Cameron. So we were using blind screening, without screen, include and exclude some articles and maybe highlight others as maybe. And she would do the same. And then if there are any differences when it comes to the number of to the articles that we include or excluded, will come together, discuss, and then come up with the decision on whether we are excluding or we are including them. And then in total, we're left with 109, articles which we actually read in in full, this case, not using the title oxygen key, but like actually reading the whole article. So from the results, we realized that most of the articles that we included were published in between 2019 and 2023 and this was very high compared to like the 1998 to like 22,007 and so forth. So this was just to give the. A brief idea of the timeline when it comes to the studies. Why is this map not showing here? Oh, no. Sorry. I don't know why the map is not loading, but we actually have the African map showing where most of the studies were conducted. So for example, we saw that 26 articles showed that most of the

actually, it was more than 26 articles that showed that most of the studies were conducted in Uganda, followed by South Africa, also because those are some of the high migrant receiving countries. It is also because of the large number of refugees that are residing in in Uganda. And also, you know, South Africa being one of the migrant, most migrant receiving countries. However, in South Africa refugees, and there are no refugee camps because refugees reside among the horse population. So yeah. And then when it comes to the gender, most of the studies actually focused on on women and on the 14 focused on men and 17 did not specify gender. We didn't have we didn't see any studies that focused on the LGBTQ I community yet. And yeah, so these are the studies that we basically experience gender based violence among these genders. And then when it comes to age, most of the studies focused on multiple age groups, followed by studies that did not specify the age at all. And so what we actually wanted to find out here was whether GBV was prevalent in a particular specific age group or not, and we did not really quite in terms of citizen status. Most of the articles focused on refugees, followed by citizens, which are internal migrants moving within the within within their home, their country, actually. And then in terms of bottom movements, most of the articles were on international migration. Then four of them were not so sure what their focus, what their border focus was exactly, and 20 were on internal migrants. And then when it comes to the relationship that was observed between the migrant groups and so as the host population, we found out that most of the articles highlighted how migrants faced challenges when it comes to integrating themselves into the host community, and that now resulted to different forms of violence, xenophobia and so forth, and had an impact on their mental health. So this copy review was specifically focusing on GBV, and we had the other colleagues from the Asian part who actually focused on the mental health part of it. So I will not cover the mental health part on this one. And then when it comes to access to health, 40 articles actually highlighted or discussed migrants access to health. Migrants available health health becoming available to migrants, as well as if migrants could actually afford health care services. So what we found from these were that as much as availability of health was, you know, 31 articles actually discussed the availability of health. Most migrants did indicate that they did access health care services. However, what was then surprising was that for them, accessing health was, you know, not being turned away from the hospital. But what was also highlighted was, or discussed was, that as much as they could access the health facilities, they could not get much help because of being a migrant. So the types of gender based violence that we most prevalent from the studies that we reviewed, we firstly physical violence which was experienced, so the yellow bar is the experience violence, and then the brown bar is the witnessed violence. So most of the violence was actually experienced. And it was physical violence, mostly followed by sexual violence, and then emotional violence, and then the others that they were like, economic and so forth. So from this, we can see that most of the violence was from physical violence. And then we will also move on to see who the main perpetrators of the violence were. So the main perpetrators of the violence, we found them to be. So we divided them into different levels, individual, household, community and institutional. So at individual level, it was mostly intimate partner violence. So this was violence that women actually experienced from their partners. Most of the violence was actually experienced by women, just to say, and then also at household level, within their family structures and community level, where they actually stayed, for example, due to not being able to fully, you know, integrate into the host community, resulting to xenophobic attitudes, xenophobic behaviors and so forth. And then at institutional level as well, where violence is actually the perpetrators are actually, maybe government employees and so forth. So most of them here were actually the soldiers in the in the police who would actually, you know, violate, especially women or even men when they go to report some cases, and then response to violence, and I'll be very quick here, due to time when it comes to response to violence, most of them were seeking professional support. But also, there was a number of articles that indicated that, you know, women who choose to adapt

to the situation, or, you know, resist to the situation, because the main providers would be, for example, their husbands or the people that they're living with at home. So if they're experiencing the violence from those people, then it means that they want, you know, have, maybe, for example, a roof over their head, and they won't have anyone to take care of of them. And then there was resistance to violence, where women just decided not to report, because maybe they knew that if they report, they won't get any assistance, and so forth. But what was also very interesting was that most women preferred to maybe go to to their families, just to tell them, not really, that they can do anything about it. And they found it to be actually a better way of actually dealing with the side effects of the violence, as well as the, you know, going to religious leaders for counseling and so forth. Okay, so just a quick summary of the findings. We found that violence was mostly experienced by women, with the perpetrators being men, and these women were mostly migrants who migrated from war affected areas like, for example, DRC and some of the participants were actually participants who from the study with victims of trafficking and internally displaced persons, and basically migrants were looking for better opportunities, and also GPS GBV was very persistent when it across the span of refugee experience, though, there were a range of perpetrators and the type of GBV that was that was experienced, but most of the studies actually focused on refugees. Most of the studies, most of the violence that was experienced was sexual violence followed by physical and mental violence, as indicated from the data that we presented. The perpetrators were mostly their partners, their family members, the traffickers, the government employees and so forth. So a few studies reported about the survivors of the GBV being prone to mental health problems, such as, you know, depression, anxiety, post traumatic stress, as much as we are not looking at the mental health aspect. But even when we are reading the articles, most of the studies would really mention mental health, but not really, you know, discuss how the women, how the the victims, experienced them or the different, maybe support that was available for them, and then the consequences, or the i. Are other things that you know the victims from due to, especially due to sexual and physical violence, be unwanted pregnancies, abortion, forceful childbirth, genital injuries as well as sexual transmitted infections, most of the women did not immediately seek legal support and health care following GPV due to maybe fear, shame and stigma and as well as maybe the language that the service providers used, a negative attitude from the service providers just because they were migrants, and also there was a lack of awareness when it comes to the actual healthcare services that were available for the migrants or for the refugees, in case they actually wanted to report the cases. Okay, so these are the recommendations that these are the commercials retrieved from the studies, but I'm not going to go through them for because of time, and I think Jo is going to share the slides as well. So we also developed a poster, which we usually update and try to present in different conferences and different spaces where we, you know, discussing our scoping review. But the key takeaways really are that GBV is mostly perpetrated by men, and it's actually associated with social pressures. If the you know, the men of the house cannot find a job, you know, they project, they can most chance of high that they project that frustration to to the women and as well is under reporting of, you know, GBV, especially by women and girls, due to fear of stigma, negative judgment that you know, what's what will my community say If I report my husband and so forth. But, yeah, I think I think I'll leave it here. Thank you so much.

Jo Vearey 22:13

Great. Thank you so much, Melissa. I mean, a phenomenal amount of work. So thank you so much to for sharing that. Yeah, I'll hand over to the group. Any questions, comments, thoughts for Melissa. Hello,

Speaker 2 22:35

hello, yeah. Thank you so much, Melissa, for such a wonderful presentation. Mine will be like asking, How did you find it? How what has experienced, what were your most challenging thing when we were doing this review, and what do you think was the most important stage or element in as you executed this review? Thank you.

Speaker 1 23:04

Okay, thanks. Thank you so much blessing. Brilliant question for me, the challenge was the whole scoping review process, to be honest, because first of all, you know, was my first time doing it, and I think we did, like really did have amazing support, especially when it came to conducting, you know, the review at large, we had amazing support from people like Jo Anu chrumi And the whole gems team as a whole. But I think for me, the most challenging thing thing was actually understanding that, okay, we understood that we are documenting evidence that is there when it comes to different types of violences that are experienced by migrant men. But it was like, but why are we even doing a scoping review? Why are we not just doing a review, you know, which was something that I was familiar with so repping my, you know, head around, you know, now developing search strings. What is a search string? Sometimes it doesn't go through because it didn't put the esthetic, or I didn't spell the number, I mean the the word correctly, or because I'm using a different website. I mean, sorry, database, that was very challenging. But the most important, or What I enjoyed most, was actually seeing how people or how authors actually defined the concepts that we used. For example, we use the PCC framework, right? We they our population was migrants. Concept was GBV, and the context was Africa. But how people were defining migrants was very interesting, and also how we also define migrants, because we try, by all means, to make sure that we capture the different forms. Of ways in which people, you know, define migrants, and also just learning more about what is actually there when it comes to GBV and migration right, what are the gaps that are there, and how would the scoping review actually, you know, benefit from that, or highlight that, or try to maybe suggest how the gaps can be filled. So eventually, it was actually a great but very, very long journey, like, Thanks blessing.

25:42

Thank you, Melissa.

Jo Vearey 25:50

Thanks. Blessing. Thanks, Melissa, anyone else?

Speaker 1 25:54

I think there's a question from Chavi. Oh, yes, as well. Okay, so thing I want to ask, if you have come across any data, particularly around the challenges and issues faced by in Indian migrants in South Africa. Thanks. Jo Vee, yes, I'm sure we did. We did, but because we were

specifically focusing on, you know, African migrants within the African region, which I didn't really go so much into, into those type of studies, but yes, they were definitely there, if possible, maybe we can no but that won't be helpful. But yeah, I'll just say that. I was gonna say we do have, like our colleagues from India and Nepal who did similar work, but I'm only realizing that they also focused on Mike Asian migrants within the Asian context.

26:59

So, yeah, I

Jo Vearey 27:03

Yeah, yeah, thank you. Thanks. Thanks. Melissa, thanks, chubby. There's also a question from persuade, is there a reason why you only use Scopus and Web of Science?

Speaker 1 27:15

Okay, so we thought these are some of the most diverse databases. And which were mostly where we could actually find most of the work on GBV Africa, as well as migrants, for example, we thought databases like Medline would be very would have, like a very medical approach to to their work. So we did go through different databases, and we found Scopus and Web of Science to be the best. And yeah, so which is also why, even when we chose those two. We had to also go through the whole process of removing duplicates, because that's where most of the databases actually, you know, publish their web. So that's the reason why. Thanks.

Jo Vearey 28:15

Great. Thank you. Melissa. Big round of applause, and we will hand over to natural.