

# Gender-based violence against women and girls on the move

A study conducted within the  
UNFPA migration humanitarian  
response in Bosnia and Herzegovina



Funded by  
the European Union



STOP  
VIOLENCE  
AGAINST  
WOMEN



## Impressum

**GENDER-BASED VIOLENCE  
AGAINST WOMEN AND GIRLS ON THE MOVE:  
A study conducted within the UNFPA  
migration humanitarian response  
in Bosnia and Herzegovina**

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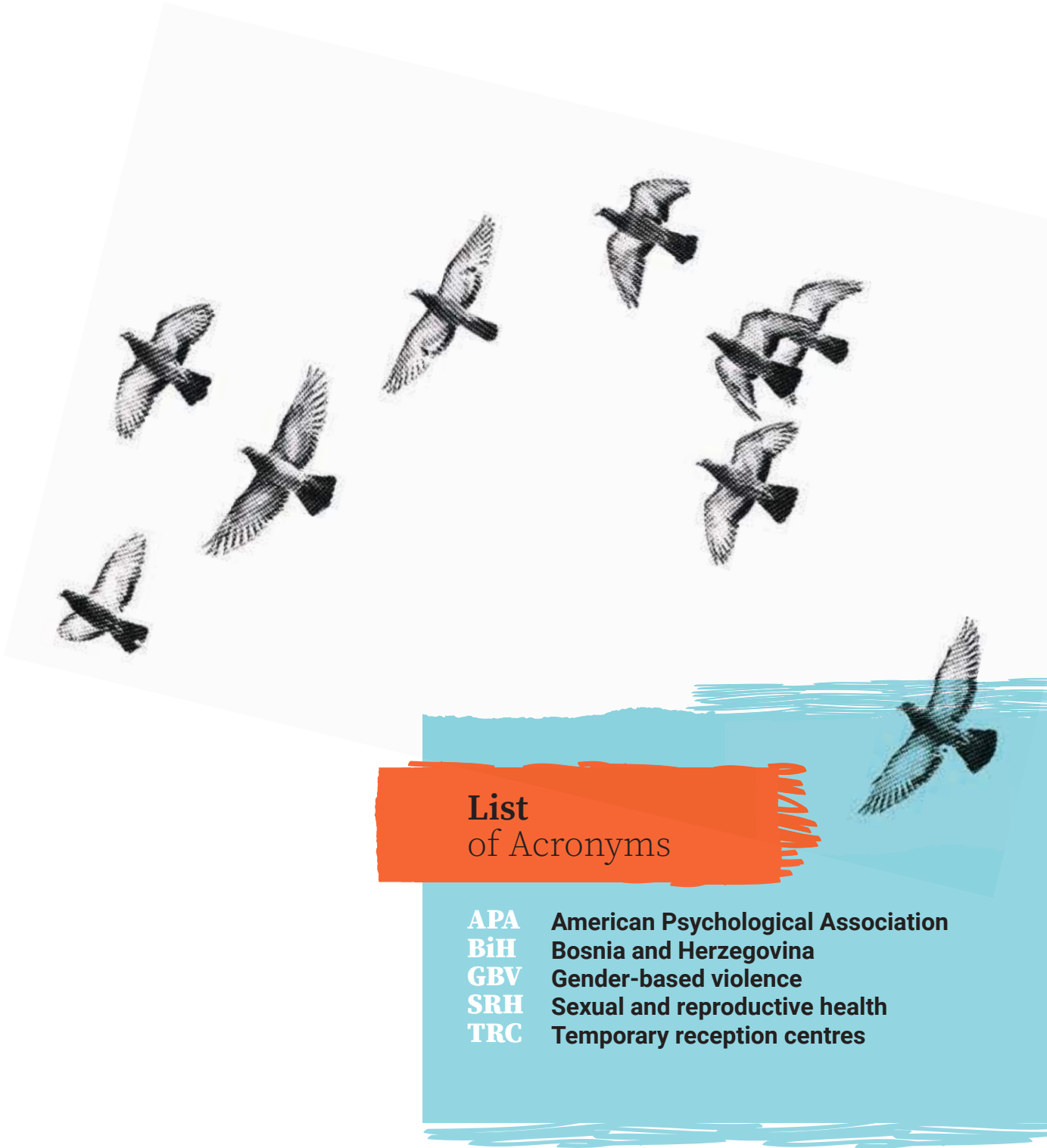
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Sarajevo, 2023



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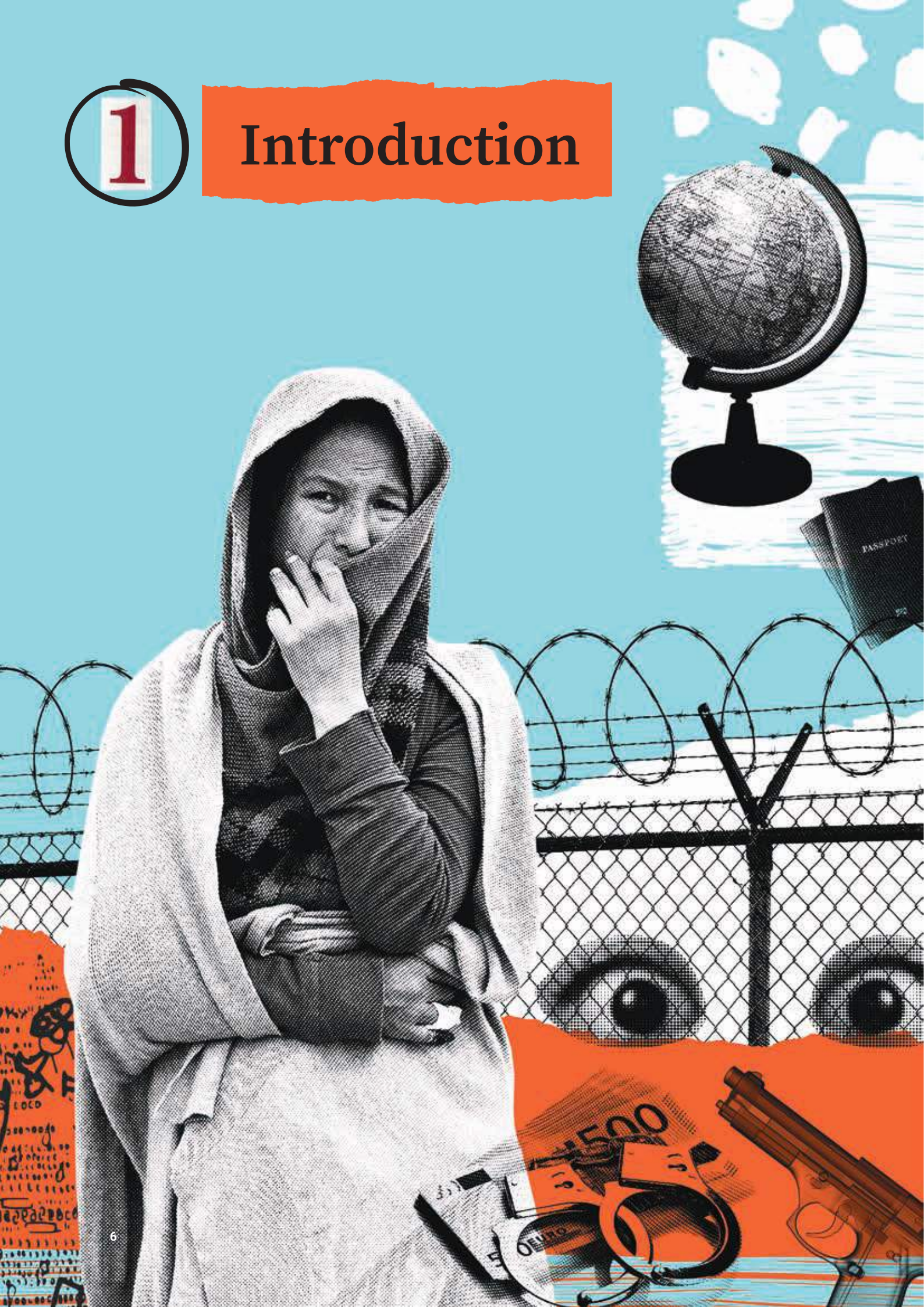
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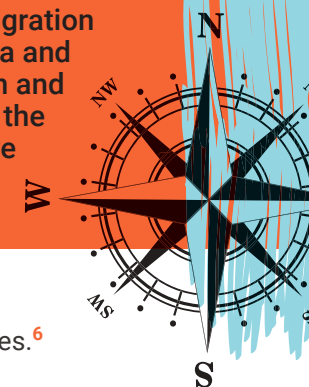
# 1

## Introduction



### Chapter summary

The migration process, in which women engage as often as men, has different and often more severe consequences for women and girls. However, limited knowledge about this leaves room for insufficient planning of support programmes for women and girls in migration flows. Through its work on humanitarian response in Bosnia and Herzegovina UNFPA conducted this study into victimisation and the challenges faced by women and girls on the move with the aim of contributing towards the creation of gender-sensitive policies, approaches, programmes and practices.



Throughout its history humanity has migrated and although women migrate as often as men<sup>1</sup> this process affects men and women differently. In addition to general discrimination, as migrants/refugees women and girls experience discrimination based on gender. They are also exposed to greater risk of violence, sexual exploitation and trafficking.<sup>2</sup> More often than men, they face health problems during migration and have to contend with natural processes such as pregnancy and caring for newborns.<sup>3</sup>

Data on international migration is limited in terms of its reliability and one of the key shortcomings of the existing statistics is insufficient data on women in migration flows.<sup>4</sup> Yet the available sources clearly indicate that women experience the migration process significantly differently compared to men. This ranges from their reasons for deciding to leave their home country to what they experience during their journey, their treatment upon arrival in their country of destination and their level of integration.

Bosnia and Herzegovina (BiH) is among the countries on the transit routes, primarily for those coming from the Middle East, South Asia and North Africa. Over 100,000 migrants have been registered at the temporary reception centres (TRC),<sup>5</sup> while a significant number pass through the country without visiting these centres. Although the total percentage of women and girls is less than 20 per cent of the total number of the migrant population in BiH there is still a large number of women and girls who require diverse support.

UNFPA BiH has made a significant contribution to the humanitarian response to the migrant and refugee population since 2018. The work and achievements of this organisation relate primarily to the coordination and prevention of and response to gender-based violence (GBV) and sex-

ual and reproductive health (SRH) issues.<sup>6</sup>

UNFPA ensured the implementation of this study through the work of its women and girls safe spaces/centres,<sup>7</sup> whilst also working at TRCs and boys and young men safe spaces/centres.<sup>8</sup>

The goal of this study is to utilise the data gathered on the experiences of women and girls during their migration journey to the maximum possible extent. The data involved the application of a combined research methodology that assessed the impact of the journey, the occurrence of GBV and problems related to SRH. This will contribute to a better understanding of these phenomena and will also help to create future protection programmes for women and girls that are based on fact.

<sup>1</sup> For more information see United Nations, *International Migrant Stock 2020*, 2020.

<sup>2</sup> O'Neil, T., Fleury, A. and Foresti, M., *Women on the move: Migration, gender equality and the 2030 Agenda for Sustainable Development*, London: Overseas Development Institute, 2016.

<sup>3</sup> UNFPA, *Five reasons migration is a feminist issue*, 2018.

<sup>4</sup> United Nations, *2004 World Survey on the Role of Women in Development: Women and International Migration*, New York: Department of Economic and Social Affairs, 2006.

<sup>5</sup> IOM, *Bosnia and Herzegovina migrant response, Situation report*, September 2022.

<sup>6</sup> For more information, see UNFPA, *Support provided to women and youth at risk in the UNFPA Humanitarian Response in Bosnia and Herzegovina: 2018–2022: Successes, lessons learned and systems built*, 2022.

<sup>7</sup> Vujovic, S. and Pezerovic, A., *Women and Girls Safe Spaces: A Guidance Note based on the Humanitarian Response in Bosnia and Herzegovina*, UNFPA, 2022.

<sup>8</sup> Vujovic, S. and Pezerovic, A., *Boys and Young Men Safe Spaces: A Guidance Note based on the Humanitarian Response in Bosnia and Herzegovina*, UNFPA, 2022.



## 2

# A Methodological Approach

## Chapter summary

The triangulation of the research methods, both quantitative and qualitative, contributed to this study by reducing its limitations and enhancing its accuracy as a reliable source of data on violence against women and girls involved in migration flows. The process of collecting data involved the following:

- » 134 women and girls (aged 15+)<sup>9</sup> who complete a specially designed questionnaire.
- » Secondary analysis of data from the GBVIMS database, with the intention to maximise the accuracy of the summary data on women and girls as survivors of violence.
- » Focus group discussions held with the entire UNFPA staff (9) at TRCs who are directly involved in working with women and girls who have experienced violence.

In order to achieve the highest possible level of reliability of the results the first step was to ensure that the methodological approach for this study combined the quantitative method of data collection and processing. As shown below in Illustration 1, a questionnaire was first used to collect data from those women and girls who stayed at UNFPA safe spaces within the TRCs established in two cities (Sarajevo and Bihać) in Bosnia and Herzegovina (BiH).

The second step was to analyse data from the Gender-based Violence Information Management System (GBVIMS) database, which included analysis at the group level without considering individual cases. In order to verify the obtained results and to learn about the views of the TRC staff who worked directly on the identification and provision of support to women and girls who were survivors of violence or at risk of violence, as a third step, a focus group discussion was conducted with nine members of the two UNFPA teams at the women and girls safe spaces.<sup>10</sup>

The data was collected through a questionnaire that included a total of 134 women and girls from 15 different countries and from 3 continents (see Illustration 2). The percentage of respondents per country of origin roughly corresponded to the percentages of the total population of women and girls on the move registered at TRCs in BiH. Such a result was confirmed by the findings of the focus group discussions and was also in line with official statistics.<sup>11</sup> It was also confirmed that the sociodemographic characteristics of the respondents from the sample roughly corresponded to the characteristics of the general population of women and girls in the safe spaces (see section 3.1).

The GBVIMS database contains data on all women and girls who are found to have survived some form of GBV.<sup>12</sup> For the purposes of the research, all of the available data was taken into account. This database was officially established at women and girls safe spaces in the TRCs (2020–2022).

Focus group discussions with the staff of the women and girls safe spaces enabled a validation of the data collected through the two aforementioned sources. This method also allowed for significant new knowledge that the staff at the safe spaces had built up over the past four years of their work (since 2019) to be obtained. The fact that the participants worked directly with over 7,000 women and girls<sup>13</sup> during that period gives this data source special legitimacy. One of their key goals aimed at providing them with adequate support was to identify those who have experienced violence.

<sup>9</sup> For the purposes of this study, girls are female persons who have turned 15 but have not yet turned 18 years of age.

<sup>10</sup> In order to present the authentic views of the team members, for the purposes of interpretation, the labels 'B1', 'B2', 'Bn' and 'U1', 'U2', 'Un' were used. Here where the letter represents one of the two TRCs (Borići and Ušivak), while the number indicates the serial number randomly assigned to each participant of the focus group discussion.

<sup>11</sup> See, for example, IOM, Situational Report, September 2022.



## Illustration 1.

Source of data in the study

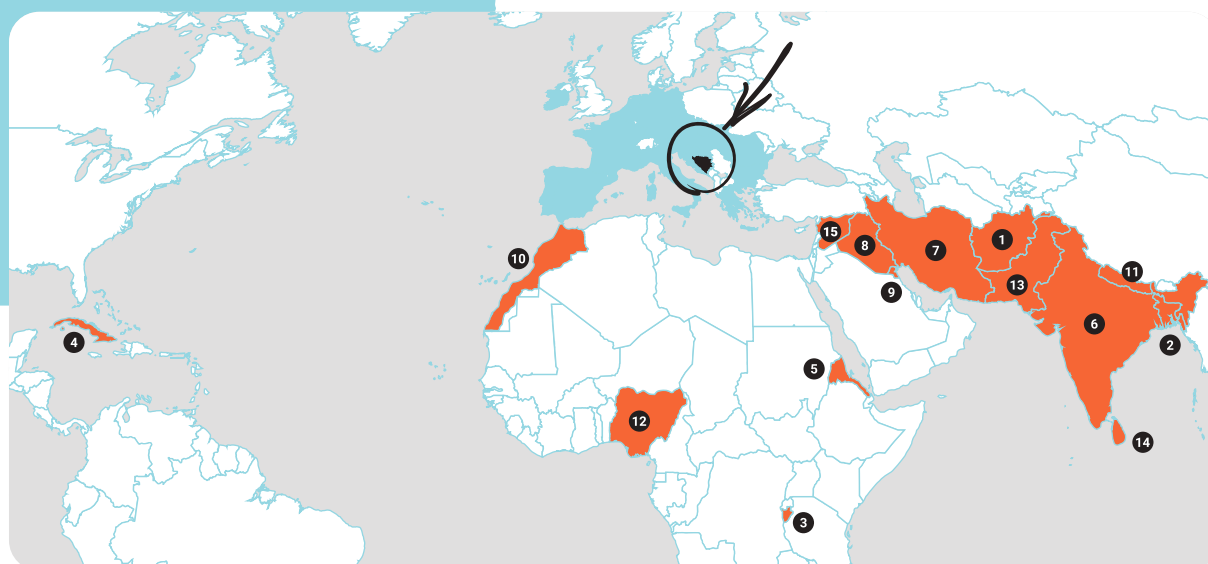
- 1 Questionnaire for measuring the attitudes of women and girls on the move
- 2 Analysis of data from the GBVIMS database
- 3 Focus group discussions with the relevant UNFPA staff at TRCs

Although the primary source of data for this study was the data collected through the questionnaire, this method set the greatest limitations of the study. These can be summarised into three groups:

- 1 Limitations of the questionnaire as an unvalidated instrument.
- 2 Limitations of the sample, which in this case is the so-called convenience sample.
- 3 Increased probability of receiving socially desirable responses to certain questions but without the possibility of confirming this. Namely, because of their previous experiences on the migration journey and their perceptions of the impact that their responses could have on the decisions made at the TRC it was not unexpected that such responses were given. It is possible that, for example, women who due to the assumption that they would be separated from their spouses at TRCs did not want to give answers about their experiences of violence from him or their experiences with their spouses not taking enough care of their children.

## Illustration 2.

Countries of origin of the respondents



- |  |               |              |
|--|---------------|--------------|
| <b>Countries of origin</b>                 | 1 Afghanistan | 9 Kuwait     |
|  | 2 Bangladesh  | 10 Morocco   |
|  | 3 Burundi     | 11 Nepal     |
| <b>Desired destinations - EU countries</b> | 4 Cuba        | 12 Nigeria   |
|  | 5 Eritrea     | 13 Pakistan  |
| <b>Bosnia and Herzegovina</b>              | 6 India       | 14 Sri Lanka |
|  | 7 Iran        | 15 Syria     |
|  | 8 Iraq        |              |

12 In accordance with the Interagency Minimum Standards for Gender-Based Violence in Emergencies and the GBVIMS Information Sharing Protocol, the number of survivors is not shared and therefore it is recommended that trends and percentages be reported.

13 UNFPA, *Support provided to women and youth at risk in the UNFPA Humanitarian Response in Bosnia and Herzegovina: 2018–2022: Successes, lessons learned and systems built*, 2022.

## 3

# Results and Interpretation





### 3.1. Sociodemographic characteristics of women and girls in the sample

#### Chapter summary

The women and girls in the sample used for this study came from 15 different countries encompassing three continents. Most often, these women were in early adulthood (22-40) but also in adolescence (15-21). Although the sample was numerically dominated by women and girls with secondary education (37%) there was a significant number of those with higher (27%) and primary (22%) education. The largest percentage of the respondents with a higher level of education came from India, Cuba, Iran and Syria, while the largest percentage of respondents from Afghanistan, Iraq and Nepal had not completed their primary education or their highest attained level of education was primary education. Two thirds of the women in the sample were married and one in four was not married. Most respondents who were married had children and mothers usually had one or two children. Furthermore, the category of adolescent girls was dominated significantly by adolescent girls from Afghanistan and the respondents from Afghanistan were significantly younger than the other women and girls from the rest of the sample.

The focus group discussion participants pointed out that these characteristics are extremely important for planning work with women and girls in the safe spaces. Based on their experiences, they assumed that it is precisely these characteristics that influence the likelihood that women and girls will experience some form of GBV.

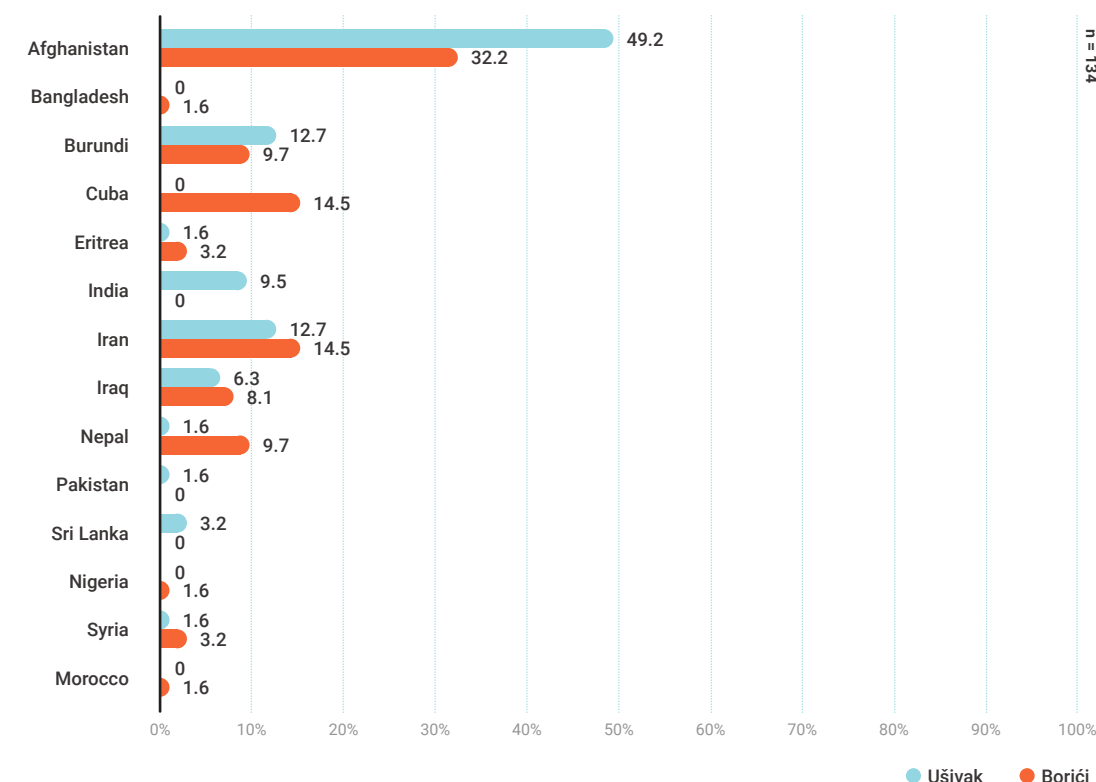
#### 3.1.1. Country of origin

When it came to providing the highest level of support to the migrant population their country of origin was one of the most important variables, not only because of language skills and effective communication but also because of cultural differences. UNFPA staff working at the two safe spaces (Ušivak in Sarajevo and TRC Borići in Bihać) had to take into account the different needs and demands of the women and girls at these two different TRCs when implementing equal procedures and modalities within the humanitarian response in BiH. Namely, the structure of women and girls by country of origin differed significantly. The comparative ratio of this structure in the survey sample is shown below in Chart 1.

Half of the respondents (49%) at TRC Ušivak but less than one third of the respondents at TRC Borići (32%) came from Afghanistan. There were

no women and girls of Cuban origin in the sample from TRC Ušivak and yet they comprised a significant number of the population at TRC Borići, resulting in every sixth respondent (15%) in the survey sample being of Cuban origin. A similar ratio existed when it came to the number of migrant women from Nepal, who accounted for almost 10 per cent of the sample from TRC Borići but less than 2 per cent of the sample from TRC Ušivak. However, given the high fluctuation of the migrant population at TRCs and their relatively short length of stay<sup>14</sup> the structure of the population changed dynamically. This meant that at one point Afghan women were not the most numerous in the safe space at TRC Borići (B2). This told us that there were several movement routes taken by the women and girls present in BiH and that their routes did not necessarily intersect during their journey across BiH. This also

Chart 1: Respondents by country of origin in %



revealed that we would be working with women and girls only from certain countries in one of the UNFPA safe centres, namely in one geographic location, depending on which route the women and girls travelled.

It is important to highlight the differences between the population structure at these two TRCs in order to understand the diversity of the needs of the women and girls as well as their diverse experiences. Halida Lubić, a gynaecologist from the Bihać Health Care Centre, told us "While women

from Afghanistan need to go through a sensitisation process to accept gynaecological examinations women from Cuba came with a request for the so-called aesthetic gynaecological treatment."

This clearly shows the different approach required for the women/girls from these two countries of origin.<sup>15</sup> Such differences were also found in most other fields of life of women and girls on the move (B1). This was sufficient basis for the research to pay special attention to the countries of origin as well as other sociodemographic characteristics.

<sup>14</sup> For more information see Vujovic, S. and Pezerovic, A., *Women and Girls Safe Spaces: A Guidance Note based on the Humanitarian response in Bosnia and Herzegovina*, UNFPA, 2022.

<sup>15</sup> Lubić H, a quote from the event 'Presentation of Good Practices and Tools in Humanitarian Response to Gender-Based Violence', UNFPA, 1 December 2022.



3.1.2. Age and developmental period

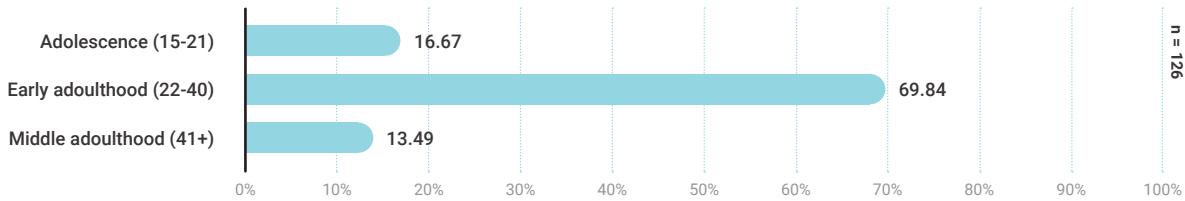
Looking at the structure of the sample in relation to the age of the respondents, we can speak of three age categories aligned with the generally accepted periods of human development (see Chart 2). Namely, almost 70 per cent (n=88) of the respondents belonged to the age category ‘early adulthood’ (22-40), almost 17 per cent (n=21) were adolescent girls (15-21), while slightly more than 13 per cent (n=17) of the respondents were in middle adulthood. The results of the focus group discussions confirmed the conformity of the age distribution in the sample with the age distribution of the entire population of women and girls visiting UNFPA safe spaces in the TRCs.

It is important to note that the respondents from Afghanistan were significantly younger than other women and girls from the rest of the sample. The average age of all respondents in this research was 29.89 years whereas the average age of those who came from Afghanistan was 26 years. Thus, nearly one third (29%) of the Afghan

population of women and girls in the sample was in the period of adolescence whereas this percentage was significantly lower in all other groups of respondents according to their country of origin. Thereby, the category of adolescent girls was dominated numerically by Afghan women: as many as 14 out of the total of 21.

Each of the above-mentioned developmental periods had certain specificities within the context of physical and mental development (for more information see Annex 1). If some of the developmental tasks were not fulfilled then a crisis occurred and as a result the daily functioning was disrupted, which in turn could result in various psychosomatic and psychological difficulties. It is assumed given the nature of the migration process that people who migrate will find it more difficult to fulfil their developmental tasks and that this will inevitably have consequences in terms of their mental and physical health and potentially put them at a greater risk of violence.

Chart 2: Age of respondents in %



3.1.3. Level of education

The level of education is one of the most important characteristics taken into account during social research. In this study, in addition to determining the level of education attained by the respondents, the results of this variable represented one of the strong indicators of empowerment and the general opportunities for the empowerment of women and girls in a certain society, namely in their countries of origin.

In this survey sample the largest number of respondents had completed secondary school (37%), while approximately every fourth (28) respondent had completed a higher level of education (university degree or master's). Almost

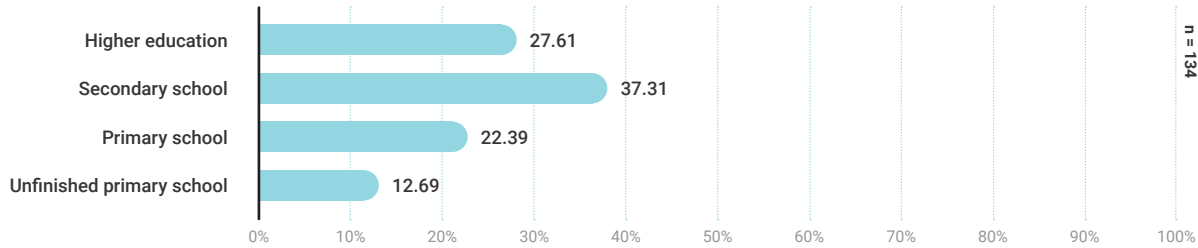
every fifth respondent (22%) had completed primary education, while every eighth respondent had not finished their primary education (see Chart 3). Those respondents who had attained a higher level of education come mostly from India (100%), Cuba (70%), Iran (50%) and Syria (50%). On the other hand, the largest percentage of respondents from Afghanistan (67%), Iraq (33%) and Nepal (38%) had not completed their primary education or their highest attained level of education was primary education.

Professionals from the women and girls safe space/centre at TRC Borići confirmed during a focus group discussion that this kind of struc-

ture can be generalised according to the level of education (B1, B2, B3). The staff of the safe space/centre at TRC Ušivak believed that the results obtained from the questionnaire showed significantly higher levels of education among

the women and girls than was actually the case at their safe centre. During the discussion, the group explained this discrepancy through the level of diversity among the population in terms of their countries of origin.

Chart 3: Level of education in %



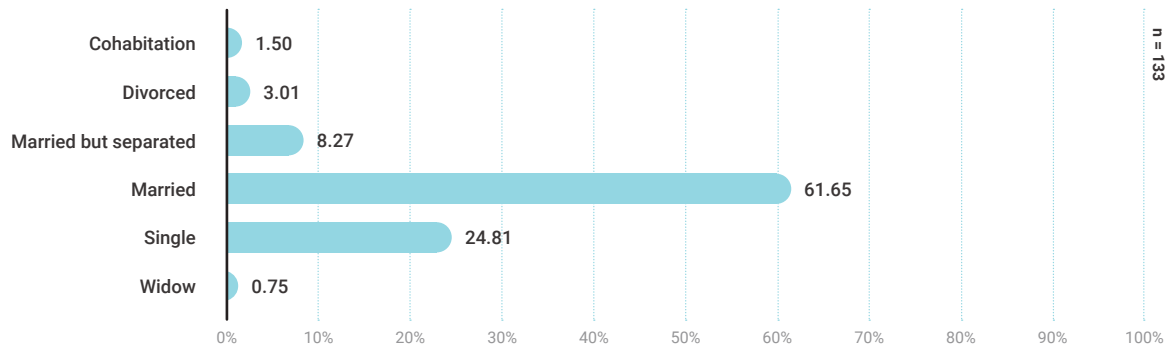
3.1.4. Marital status

Almost every third respondent (62%, n=82) was married and was with her spouse, while every fourth respondent (25%; n=33) had never been married and did not cohabit (see Chart 4). Less than 15 per cent were women with a different marital status (widows, divorced, separated or cohabiting). Most of those who were married had children (82%) and therefore the total percentage of mothers among the respondents was 63% (n=85). Most mothers had one or two children (60%) and every fourth had three or four (27%). The findings collected through the focus group discussion confirmed the conclusions drawn through the questionnaire, which additionally verified the structure of the respondents according to marital status and maternity within the

context of similarity with the general population of women and girls at the safe spaces/women and girls centres.

Additional analyses indicated that Afghan women in the sample had more than two children significantly more often than others. On the other hand, although significantly older than Afghan women, the Cuban women in the sample had one child or no children. The results also show that an increase in the level of education was directly negatively proportional to the number of children women had, which suggests that as the level of education of women and girls in the sample increased the number of children they had decreased.

Chart 4: Marital status in %





## 3.2. Violence against women and girls in migrant flows

### Chapter summary

Gender-based violence (GBV) against women and girls in migration flows often remains unregistered and hence there is a lack of adequate support for the survivors. The research shows that every second female respondent, including half of GBV survivors, believed that women and girls who experience sexual violence do not receive support from their family. This opinion prevailed among adolescent girls. Following on from this result, in the group that believed that family support is lacking as many as two out of three respondents believed that they would not report a case of violence. The results of the research showed that the reasons for not reporting were different. They included mistrust of everyone, fear of officers (especially of the police), rationalisation ('I will move on faster if I don't report'), dependent relationships (dependence on a partner, husband, smuggler, trafficker, etc.), but also an insufficiently developed awareness of what constitutes GBV, its forms and consequences. The women and girls suffered fear at border crossings and in open spaces (forests, meadows, abandoned buildings), but also in the places where they stayed during their migration (shelters provided by smugglers).

The results show that whilst in their country of origin these women's empowerment and their social position were dominant determinants when it came to the likelihood that a woman or a girl would experience GBV. There are two groups of variables that determine the probability that a woman or a girl will experience GBV on the migration journey: 1) sociodemographic characteristics (marital status, age, level of education, etc.) and 2) characteristics of their migration journey (number of days spent on the journey, number of borders crossed irregularly, the way in which borders are crossed, characteristics of the group with which they travelled, their type of accommodation, etc.). Although this study shows that those women and girls from Afghanistan most often had experiences related to GBV this was not determined by their nationality. The research also shows that as many as 31 per cent of the respondents got married before the age of 18 and that 16.5 per cent of the respondents had become mothers whilst they were still children themselves. Every third respondent had not participated in choosing their marriage partner.

According to the assessment of the majority of the respondents, women who have a family feel the safest. Every third respondent believed that the best way to protect themselves was not to be alone, while every fourth respondent believed that the safest way was to 'remain invisible'. In order to protect themselves from violence they usually tried to find protection in the form of male family members and so GBV that occurred within the family was tolerated far more. However, women who travelled alone often looked for a source of protection in the men they met on their migration journey. Such relationships often took the form of mutual benefit, primarily in terms of the benefits that they can achieve as a 'family' during the journey. However, men from such relationships often became a source of vulnerability for women and girls.

Various authors point to the fact that due to exposure to structural violence during migration and feelings of general insecurity and mistrust a large number of GBV cases remain unregistered.<sup>16</sup> Cases are most often reported when the physical health of a person on the move is threatened and therefore seeking help is almost the only acceptable option. In addition, the authors wish to emphasise that women and girls often fail to report GBV because they do not have a developed awareness of what constitutes this form of violence.<sup>17</sup> When the findings of previous research are linked to the characteristics of women and girls on the move who stayed at UNFPA safe spaces/centres in BiH, there are more reasons to assume that there is a significant number of those who have experienced GBV among them.

### 3.2.1.

#### Perceptions and GBV experienced on the migration journey

Through the GBVIMS database, from the beginning of its application in UNFPA safe centres in BiH, several hundred women and girls who survived GBV have been registered. Although the GBV they experienced usually appeared in several forms, in registered cases it was mostly psychological (37%) and physical violence (30%) followed by forced and early marriages (16%) and

sexual violence (12%) (see Chart 5). Furthermore, the GBVIMS database shows that out of the total number of adolescent girls who survived violence 67 per cent had experienced forced/child marriage.

On the other hand, only 24 respondents (or 18% of the sample) pointed out that they had some knowledge about reported cases of violence against women during migration. Only 13 of them mentioned domestic violence, 6 mentioned sexual violence (rape or assault) and 5 mentioned physical violence by a man (while not emphasising whether it was a man from the family or not).

Speaking on the basis of their own experiences of working with women and girls at UNFPA safe centres, focus group discussion participants singled out psychological violence, various forms of domestic violence and forced marriage as the most frequent forms of violence. However, a partial difference was evident in the perception of the participants from the two safe centres. Through a deeper discussion, a significant difference in the sociodemographic characteristics of the women and girls at these two safe centres was determined as the cause. According to the findings of the GBVIMS database, 28 per cent of the women and girls had a previous experience of violence whereas 22 per cent had not declared their previous experience of violence. Furthermore, 50 per cent of the women and girls who had survived violence according to the GBVIMS database had no previous experience of violence.

As shown in Chart 6, almost half of the total number of survivors were women and girls from Afghanistan (49%) followed by women and girls from Iran (18%) and Iraq (6%) and those from the group of African countries (predominantly Morocco, Eritrea, Ethiopia, Somalia, Burundi and Congo) (19%). It is interesting to note that the women and girls from Cuba and India, who were associated with the highest level of education and general empowerment, appeared the least in this database. The reason for this may also be

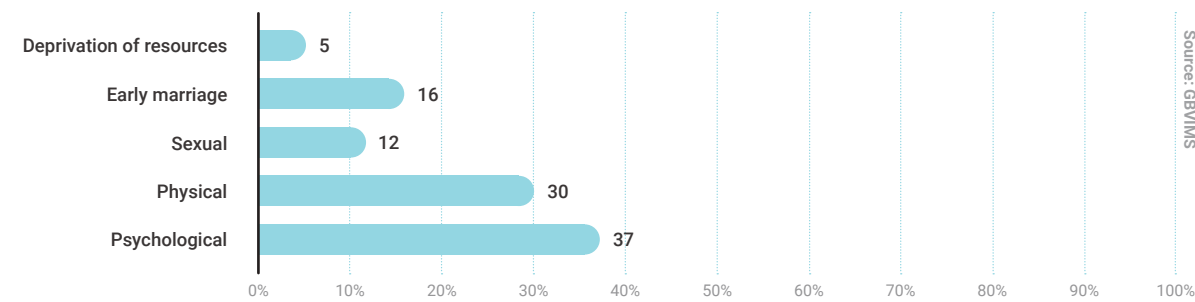
<sup>16</sup> See, for example, UN Women, *Gender-based violence and child protection among Syrian refugees in Jordan, with a focus on early marriage: An interagency assessment*, UN Women, 2013 and Phillimore, J., Pertek, S., Akyuz, S., Darkal, H., Hourani, J., McKnight, P., Ozcuremez, S., and Taal, S. "We are Forgotten": *Forced Migration, Sexual and Gender-Based Violence*, 2022, and *Coronavirus Disease-2019, Violence Against Women*, 28(9), 2204–2230.

<sup>17</sup> Tan, S. E., and Kuschminder, K., 'Migrant experiences of sexual and gender-based violence: a critical interpretative synthesis', *Global Health*, 2022.





**Chart 5:**  
Type of registered GBV



the fact that women from Cuba and India only started appearing significantly in BiH in 2022, while those from other countries (mentioned above) were regularly present in BiH.

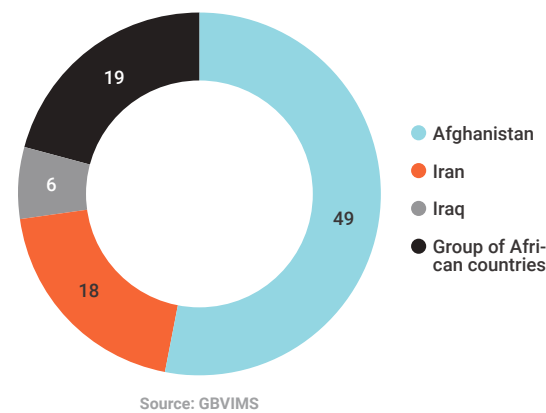
It was quite expected considering the size of the population of women and girls from Afghanistan at the TRCs that the largest number of women and girls with GBV experience would be identified among them. However, the focus group discussion results additionally confirmed that the rate of violence experienced among the Afghan female population can be considered significantly higher compared to others (U1, U3, B1). In addition,

the number and percentage of unregistered cases of violence (the so-called 'dark figure') is probably the highest in this population (U1, U2).<sup>18</sup>

It was the opinion of the majority of respondents in this survey (42%) that the category of women most exposed to violence is single women. When only the answers of women from this category were taken into account, two thirds of them (64%) showed that they belonged to the category with the highest risk of violence. A significant percentage of respondents (16%) pointed out that adolescent girls are the ones who are at the greatest risk, but it is interesting that this opinion was not shared by any adolescent girl in the sample. The results of the analyses of the data from the GBVIMS database showed that the women who were registered as having experienced violence were most often married women (64%) followed by single women (16%) and adolescent girls as the third largest risk group most exposed to violence (6%). These results do not change the fact that migrant women and girls as well as the staff providing support believe that single women are most exposed to violence and therefore the most vulnerable, since the number of married women at the TRCs has always been higher than the number of women traveling alone.

The conclusions of the focus group discussions verified the results mentioned above. Namely, professionals from both of the UNFPA safe centres believed that 'single women' are most exposed to violence, with an emphasis on unaccompanied girls. Nevertheless, the participants of the discussion groups agreed that the category to which women and girls belong is not a decisive factor in relation to whether or not any of them will experience violence. On the contrary, they point out that the key risk factors should primarily be sought in the characteristics of their past journey and the conditions in which they lived in their countries of origin. Namely, the characteristics of the migration journey create conditions under which every

**Chart 6:**  
% of GBV cases by country of origin, women/girls



<sup>18</sup> The participants drew such a conclusion based on experiences that showed that women and girls from Afghanistan were (1) more reluctant than others to share information about their experiences and (2) usually had a low level of awareness of the different forms of GBV and thus did not recognise its specific forms and even tolerated them. On the other hand, the focus group discussion participants stated that Cuban women, for example, are significantly more open and feel free to report such cases (B3).

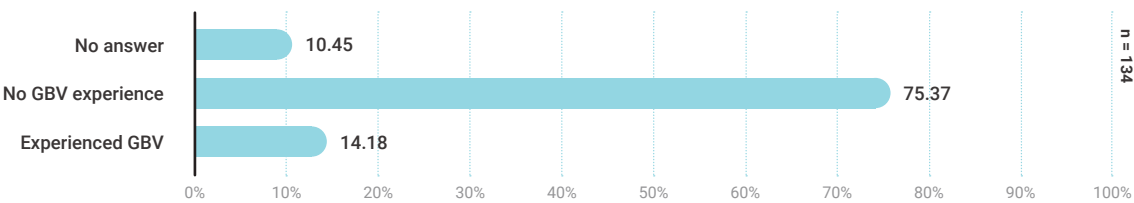
woman and girl is vulnerable, regardless of socio-demographic characteristics.

The focus group participants also pointed out that most often women and girls experienced GBV in their country of origin and then during their migration journey. In other words, the chance that a woman or girl might experience violence is greater if she has already been exposed to it and that this is especially noticeable in cases of domestic violence.

On the other hand, it was emphasised that violence is caused by officers, most often by border police officers, and that most often it is of an economic, sexual or psychological nature. According to the GBVIMS database, the findings show that out of the total number of cases of violence 23 per cent occurred exactly at international borders, which is among the three most frequent locations where violence is experienced, right after the place (i.e., the accommodation facility) where they stayed during their migration journey.

### 3.2.2. Exposure to violence upon arrival in BiH

**Chart 7:**  
% of women and girls who experienced violence upon arrival in BiH



Every sixth respondent (14%) stated that she had experienced some form of GBV after arriving in BiH (see Chart 7). Every fifth (19%) pointed out

that they had witnessed GBV against someone. Just one aspect of significant data drawn from a deeper analysis shows, for example, that 20 per cent of respondents who were mothers had also witnessed domestic violence against someone. The largest number of those in early adulthood were mothers (68%). It is interesting that the results show that as the age and the number of years of formal education increased so did the number of respondents who believed that they had experienced violence.

**Chart 8:**  
Age and % of experienced violence

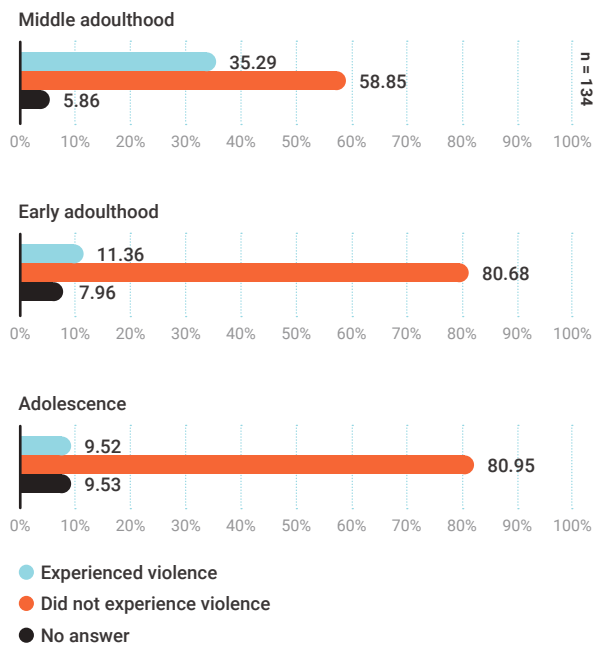


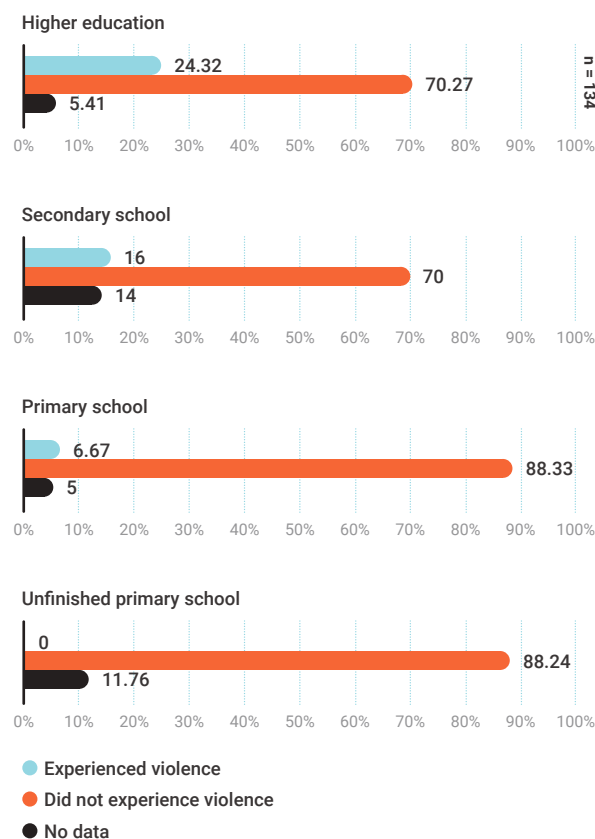
Chart 8 shows that every third woman in the developmental period of middle adulthood believed that she had experienced some form of violence (35), every eighth in early adulthood (11%) but only every eleventh adolescent girl (10%).

Chart 9 shows that every fourth woman with a higher level of education (24%) pointed out that she had experienced violence, namely every fourth woman with secondary education. On the

<sup>19</sup> While a significant number of respondents did not answer this question at all (10%), among those who stated that they had experienced some form of violence the majority (54%) believed that women and girls did not report the violence that they had survived.



**Chart 9:**  
Level of education and experienced violence



other hand, among those whose highest level of educational attainment was primary education or not completing their primary school less than 7 per cent stated that they had experienced some form of violence.

If viewed in isolation these results contradict the findings of previous research along with the perceived view on violence by women and girls, which is described under 3.2.1. Namely, in this case, Cuban women, as women who are often highly educated and empowered, often stated that they were victimised. However, several assumptions could explain and verify such results through new research:

- ▶ Women with more life experience or more years of formal education are more sensitive to recognising GBV, including recognising the subtler cases, compared to younger persons or persons who completed fewer years of education.
- ▶ Women and girls with a lower level of education have less developed resilience resources and are therefore more inclined to deny, suppress or not to share with others the fact that they have experienced some form of GBV.
- ▶ Given that in BiH they are accommodated at the TRCs and included in protection and empowerment programmes, adolescent girls and women in early adulthood are less exposed to risky situations than when they were traveling or until they continue on their migration journey.

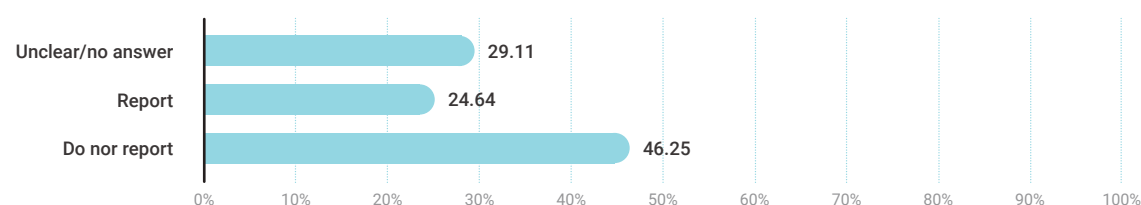
### 3.2.3.

#### Reporting GBV and expected support

Almost every other respondent (46%) believed that women and girls on the move do not report the violence they have experienced. Most often, this is because they are afraid, receive no support, have no one to report it to, do not want to re-

port it for reasons of personal dignity, etc. On the other hand, only one in four (25%) believed that they would report violence nevertheless, most often to officers at migrant centres or to the police (see Chart 10).

**Chart 10:**  
Perception of willingness to report GBV



#### An Afghani aged 16

*"No, if someone suffers violence they are usually silent about it. If women are victims of violence they do not speak because it is something normal in their culture and if men are victims of violence they are silent because they are ashamed."*

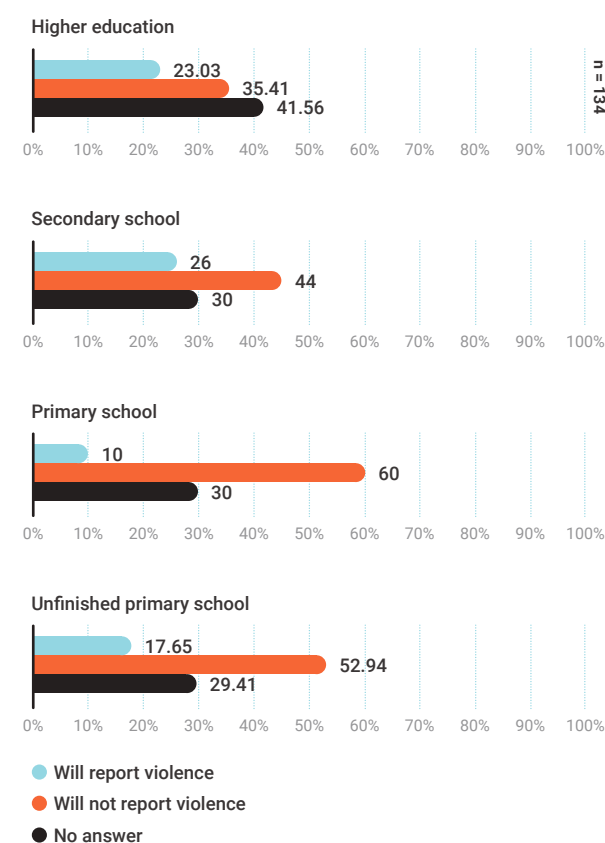
#### An Iraqi aged 54

*"If they are in the camp they will report the violence, if they are not they have no one to report to."*

#### An Iranian aged 39

*"Honestly, I have experienced violence in my country and never reported it until I came here."*

**Chart 11:**  
Level of education and perception of reporting violence (%)



The assumption that a small number of women and girls on the move report GBV is supported by the result that only every seventh respondent (15%) had knowledge that one of the women or girls had reported GBV. According to the experiences of the focus group discussion participants, although there are indicators that a woman or girl has experienced violence it takes a lot of work with her to find out about a possible case. Yet because of their short stay at the TRCs in BiH there is often a lack of time to discover an even greater number of cases through the work of the staff (U1, U2, B1, B3). The findings of the GBVIMS database confirm this conclusion with violence identified in 94 per cent of cases involving women and girls, based on work with officers at the safe centre who were mostly in contact with UNFPA supported social workers and psychologists.

Significant differences in terms of the context of the perception of reporting violence were identified in relation to the level of education of the respondents (see Chart 11). A higher percentage of respondents with more years of formal education believed that women and girls report violence after experiencing it. Yet that percentage reduces significantly as the number of years of formal education decrease. Such a result leads to well-founded assumptions that those who are more educated have more information about the ways and procedures of reporting violence as well as a more developed understanding that violence needs to be reported.





### A Nepalese aged 26

"Society judges those women. Family tells them to be quiet, not to report it or tell anyone. Inside of the house family is supportive but it is a shame to the family."

### An Iranian aged 19

"Traditionally in Iran a woman can report it to get money for it or that man has to marry her."

### A Cuban aged 27

"If this happens to a girl or a woman the family is doing its best to help her try to forget that and they give her much more love and support than usual."

### A Burundian aged 19

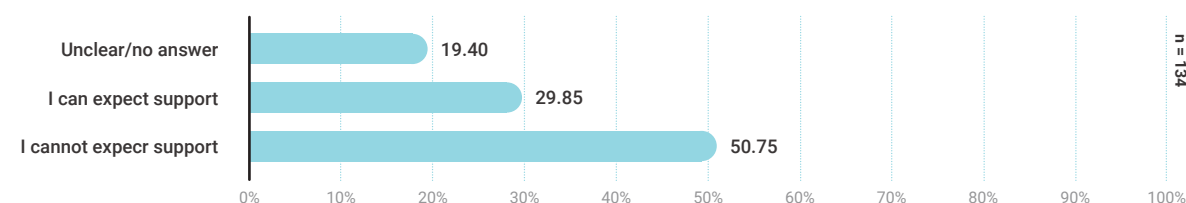
"In such situations family will help, they will support and seek medical treatment."

The participants of the focus group discussion, based on their work experience, thought that it is reasonable to expect that the level of awareness of what is meant by GBV and how to respond to it increases with the level of education of women and girls on the move. However, in addition to this, they also emphasised that the cultural background that women and girls carry with them from their countries of origin is an even more significant factor. As an example, they stated that women who are empowered to report cases in their own countries (e.g., women from Cuba) are more likely to do so during the migration journey. Yet they also believed that there are women and girls who, even in their countries of origin, would not, as a rule, report GBV (e.g., Afghan women) and that therefore it is difficult to expect that this will increase while they are in migration flows

(B2, B3). Additionally, it is important to mention that the decision to report violence also depends on the type of violence. It is more likely, for example, that physical and psychological violence will be reported more often than sexual violence (U1, U4).

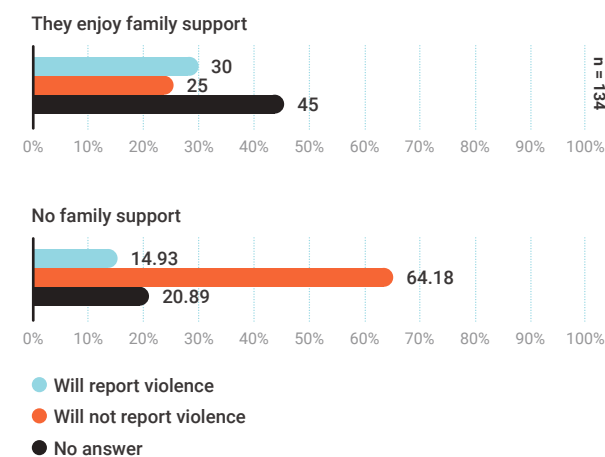
In relation to the country of origin, a large percentage of respondents from Afghanistan (71%), Burundi (43%) and Iran (56%) believed that women and girls do not report violence whereas respondents from India (50%), Nepal (38%) and Cuba (40%) pointed out significantly more often that women reported violence or talked about violence experienced with a close person. Similar percentages were maintained when only the responses of women and girls with GBV experience were taken into account.

Chart 12: Can women expect family support after they have experienced sexual violence?



It was justified to relate the obtained results first of all to the position of women in the societies from which they came, including the empowerment of women in society and the scope of harmful traditional forms of behaviour that persist to the present day. Thus, one gets the impression that a cultural background with a traditional patriarchal segment plays a significant role in explaining such results.

Chart 13: Perceived family support and reporting violence (%)



Every second female respondent (51%), including half of those who had survived GBV, believed that women and girls who have experienced sexual violence do not receive support from their families (see Chart 12). Further clarifying what they meant by that, they pointed out that they "blame her for causing sexual violence", "tell her to take her own life", "force her to marry anyone who accepts her" or "exclude her from the family [disown her]". At the same time, almost every third respondent (30%) believed that women who have experienced sexual violence receive family support, while 19 per cent of them gave vague or too generalised answers to this question.

The absence of family support obviously reduces the likelihood that a woman or girl with an experience of GBV will report such a case. Chart 13 illustrates the answers of the two groups of respondents: 1) those who believed that women and girls received family support after experiencing sexual violence and 2) those who believed that women do not have adequate support in the family and in relation to whether they would report GBV. A significantly higher percentage of those who believed that survivors of some forms of violence would receive family support at the same time believed that they would report the case (30%) compared to those who believed that women and girls cannot expect to receive family support after sexual violence (15%). The difference was even greater when comparing the percentage of those who stated that they would

### An Afghani aged 16

"Depending on the family, some families will give up the girl as if it were not their daughter whilst others will find the person who did it to their daughter and kill him. Depending on the national group to which the woman/girl belongs."

### An Afghani aged 18

"If girl is raped she is most often married to a rapist or to a much older man in order to cover up the embarrassment."

### An Afghani aged 16

"Family will not support her. Her life is over and she is dead man walking, dead to her family and dead to the whole community."





not report violence. Among those who believed in family support, 25 per cent thought that they would not report the case and as many as two out of three respondents (64%) in the group of those who thought that family support would be lacking believed that they would not report such a case.

### 3.2.4.

#### Protection 'strategy' against GBV

As the most important reason why women and girls are exposed to GBV along the migration route the majority of respondents (40%) mentioned the lack of 'adequate protection', which they mainly described as physical protection that is most often provided by men. According to the assessment of the majority of respondents (72%), women who have a family feel the safest. They most often (60%) stated the reason for this as being that their family provides them with the protection they need.

In order to protect themselves from GBV during their migration journey women most often use two 'strategies': 1) Don't stay alone (stay in a group or with a man) and 2) Stay invisible (keep silent, hide, remain inconspicuous, try to avoid trouble). Every third respondent (37%) believed that the best form of protection is not to stay alone, which means that they should always be with their husband, in a group or in the company of a well-known person, while every fourth re-

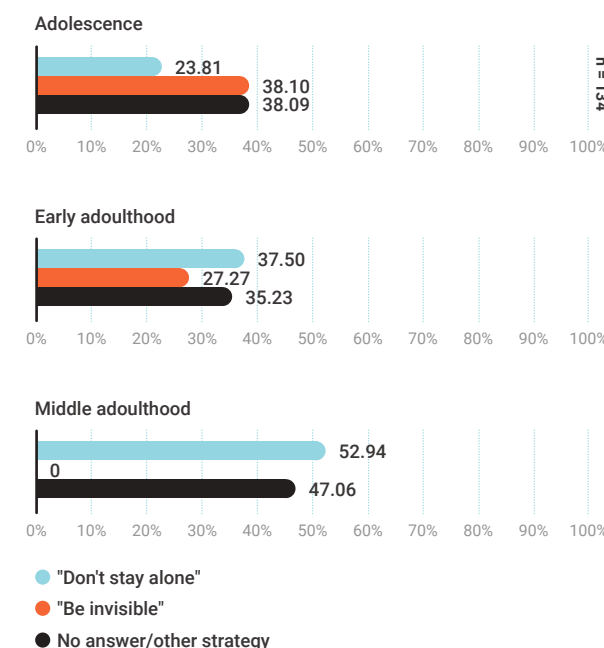
Although the largest percentage of respondents from all age groups believed that women and girls who have been exposed to sexual violence do not receive family support, adolescent girls were the most numerous group to maintain this attitude (62%). It should be kept in mind that the majority of adolescent girls came from Afghanistan.

spondent (26%) believed that they should 'remain invisible'.

Younger respondents made use of the 'remain invisible' protection strategy more often (see Chart 14). The percentage of respondents who believed that the best protection against violence is to never be alone increased with age. All clear responses from the oldest age category (middle adulthood) saw all respondents emphasise precisely that protection strategy.

There were no significant differences between the protection strategies against violence and

✕ **Chart 14:**  
Strategies to prevent GBV by age (%)



the level of education or in relation to the countries from which the respondents came. At the same time, the choice of 'strategy' also depended on the perceived level of support from the family. An interesting fact is that 60 per cent of the respondents who emphasised 'remaining invisible' as a strategy for protection against GBV also believed that women who have experienced sexual violence do not receive adequate family support, while every third respondent who emphasised 'not being alone' as a strategy also thought that those women and girls who have experienced sexual violence have family support.

The choice of protection strategy can be linked to reporting GBV. Namely, the majority of respondents who believed that the most effective strategy for protection against violence is to 'remain invisible' (54%) also believed that women and girls who are exposed to violence do not report it. At the same time, the largest percentage of respondents who cited 'never stay alone' as a strategy to protect themselves against violence (27%) believed that women still report violence after being

victimised.

The results of the focus group discussions revealed that some of the women traveling alone were trying to find a means to achieve the 'not to be alone' strategy. Thus, they look to find men who also migrate and in an effort to achieve their mutual interests (she receives protection and he gets a better position/condition in the migrant camps) they present themselves as a married couple (U1, B1, B2). Unfortunately, this kind of relationship often becomes the cause of GBV against women. The focus group participants agreed and confirmed the results of previous research.<sup>20</sup>

### 3.2.5.

#### 3.2.5. Marriage, partners and the importance of the quality of a partnership union

Migration as a process is very stressful for all family members and precisely because of the increased level of stress the possibility of domestic violence can increase.<sup>21</sup> Thus, although they more often stated that they felt safer than other categories, women and girls who travel with family members have a higher chance of experiencing some form of GBV in the family. The reasons behind child marriage usually correspond to domestic violence. Research shows that such marriages are characteristic of the geographic regions of South Asia and sub-Saharan Africa, with special emphasis on rural and undeveloped areas.<sup>22</sup> A significant number of women and girls who found themselves in BiH in the course of their migration journey originate precisely from these regions.

Similar to the results of the previous research,<sup>23</sup> there was a significant number of women and girls in the sample of this study who had got married and had children before the age of 18 but

**An Afghani aged 25**

*"We never go anywhere alone, not even to the store. We always move in a group."*

**An Afghani aged 20**

*"I am distant, I am silent, I am not causing problems."*

**An Afghani aged 16**

*"To avoid to be attacked we put more clothes on ourselves, use scarves and shawls to cover our heads."*

**A Syrian aged 47**

*"I am keeping close to the group, not isolating myself."*

**An Iranian aged 45**

*"Many women here are learned not to defend themselves. I think that we should help each other and be able to protect ourselves on that way."*

<sup>20</sup> See, for example, Phillimore, J., Pertek, S., Akyuz, S., Darkal, H., Hourani, J., McKnight, P., Ozcurmez, S., and Taal, S., "We are Forgotten": Forced Migration, Sexual and Gender-Based Violence, 2022, and Coronavirus Disease-2019. *Violence Against Women*, 28(9), 2204–2230.

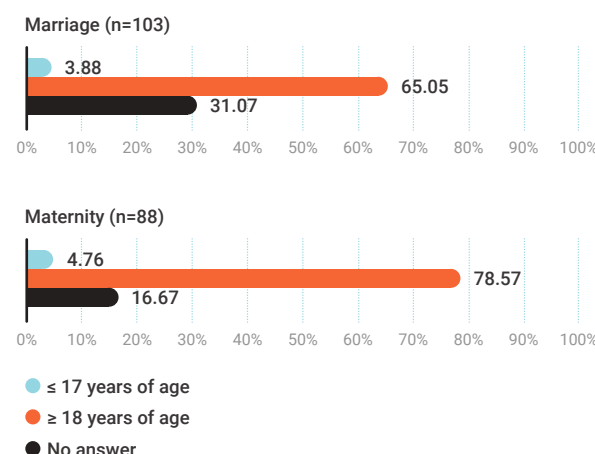
<sup>21</sup> For more information see: O'Neil, T., Fleury, A., and Foresti, M., *Women on the move: Migration, gender equality and the 2030 Agenda for Sustainable Development*. London: Overseas Development Institute, 2016.

<sup>22</sup> Seff, I., Williams, A., Hussain, F., Landis, D., Poulton, C., Falb, K., and Stark, L., 'Forced Sex and Early Marriage: Understanding the Linkages and Norms in a Humanitarian Setting', *Violence Against Women*, 1-16, 2019.

<sup>23</sup> Ibid.



**Chart 15:**  
Age and entry into marriage  
and maternity (%)



also before the age of 15. Chart 15 above shows that as many as 31 per cent of them were married before reaching the age of 18 and that 17 per cent became mothers whilst they were still children themselves. It is important to emphasise that five respondents (4%) were married before they turned 15 and two became mothers during that period.

It should be taken into account that another 10 per cent of the respondents were married at the age of 18 and that another 5 per cent of respondents had become mothers. Although it is most commonly accepted as the legal age of attaining adulthood, reaching the age of eighteen does not automatically mean that a woman acquires the psychophysical level of maturity for marriage and motherhood. Thus, one of the respondents pointed out that she had been pregnant twice before the age of 18 and that both pregnancies ended in miscarriage because she was physically immature for childbearing.

Getting married early has a very negative impact on physical and mental health as well as on emotional development and general life satisfaction. On the basis of the results of the research that examined depression in women and girls before and after marriage, it was concluded that as many as 40 per cent of women respondents who married before the age of 18<sup>24</sup> showed symptoms of depression after getting married. It is important to emphasise that only 2 per cent of them had similar symptoms before entering into marriage. In addition to the negative impact on mental and physical health, early marriage is closely linked to fewer years of formal education. These girls are

expected to drop out of school in order to be able to take care of family and children, who inevitably come immediately after the marriage. Girls who get married are also more exposed to domestic violence.<sup>25</sup>

Because of the various obligations that a person gets when entering into marriage, getting married before the age of 18 can result in isolation from friends and family and this can lead to social isolation that increases the risk of depression and even suicide. They are more exposed to the risk of sexually transmitted diseases because in marriage they cannot practice safe sex with their spouses.<sup>26</sup>

The obtained results correspond to the results of the above-mentioned research. Namely, those respondents who were married before the age of 18 had fewer years of formal education. More precisely, every second respondent finished or did not finish their primary education, while 37

<sup>24</sup> V For more information see Ahmed, S., Khan, S., Alia, M., and Noushad, S., 'Psychological Impact Evaluation of Early Marriages', *International Journal of Endorsing Health Science Research*, 1, pp. 84-86, 2013.

<sup>25</sup> Jensen, R., and Thornton, R., 'Early female marriage in the developing world', *Gender and Development*, 11(2), 9-19, 2003.

<sup>26</sup> Seff, I., Williams, A., Hussain, F., Landis, D., Poulton, C., Falb, K., and Stark, L., 'Forced Sex and Early Marriage: Understanding the Linkages and Norms in a Humanitarian Setting'. *Violence Against Women*, 1-16, 2019.

<sup>27</sup> Jensen, R., and Thornton, R., 'Early female marriage in the developing world', *Gender and Development*, 11(2), 9-19, 2003.

**An Iraqi aged 35**

"My family got me married when I was 13 and first child I got when I was 18, but before the birth of my first child I had two miscarriages because my body could not bear the pregnancy, because I was too young."

**An Afghani aged 30**

"My mother and brother's wife chose husband for me when I was 17. I didn't have choice."

**An Iraqi aged 33**

"I was forced to marry at age of 15. My mother chose my husband. Now our relationship is good."

**An Afghani aged 24**

"Forced marriage is worse than rape".

per cent of those who got married after the age of 18 had attained a university degree or a master's degree. Of the respondents who had had a child before the age of 18 64 per cent had completed or did not finish their primary education, while 73 per cent of respondents who became mothers after turning 18 had completed secondary or higher education. The obtained results were expected, considering that people who get married earlier and have children have neither the time nor the opportunity to dedicate themselves to education because of the obligations accompanying their new role. In addition, if the education of women and girls was not culturally supported in the countries from which the respondents came it was fully expected that instead of receiving an education they would enter into marriage earlier and consequently become mothers earlier. This hypothesis can be considered as confirmed also by the results related to the countries of origin of the respondents, where the largest number of those who got married at an early age (56%) and those who became mothers before the age of 18 (71%) came from Afghanistan.

Persons who get married at an early age have a less developed capacity to assess the quality of the relationship with their spouse, unlike women who get married as socio-psychologically mature individuals. Accordingly, they have fewer rights and autonomy in the marriage and are highly dependent on their spouses.<sup>27</sup>

The results of this research show that every second respondent believed that she had a quality marriage, which implies kindness and a supportive relationship. Only 7 per cent (n=9) men-

tioned a bad relationship with their spouse, which means frequent interpersonal conflict. Out of a total of nine, six had got married before the age of 18 and all six came from Afghanistan. On the other hand, in relation to the total number of respondents who described their relationship with their spouse as a 'good relationship' 68 per cent had married after the age of 18. It is important to note that every fourth respondent (25%) did not answer the question related to the assessment of the quality of their marital relationship. Of those who did not answer the most numerous respondents were from Afghanistan (36%) and Burundi (18%). Considering the fact that GBV occurs frequently in this population, their failure to answer this question potentially indicates concealment of violence.

Every third respondent did not participate in choosing a marriage partner (39%, N=98), while 61 per cent did. One third of the respondents (30%) who did not participate in choosing their marriage partner answered that their family had chosen their partner.

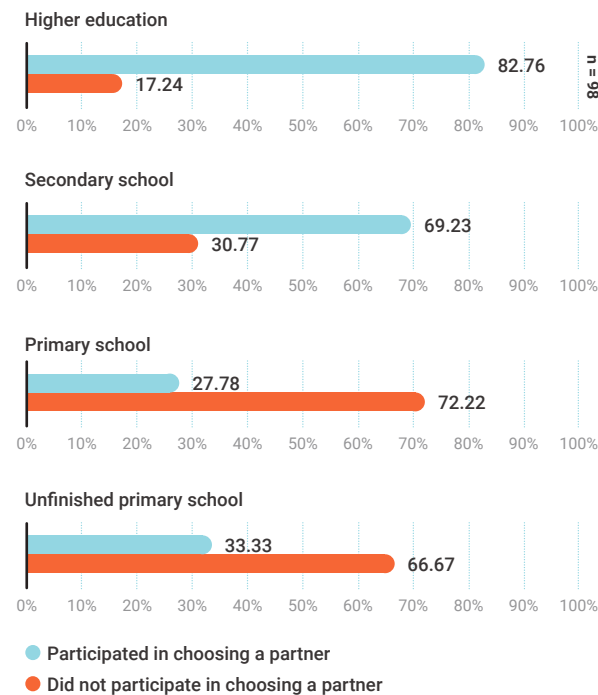
Respondents who participated in choosing their marriage partner had more years of formal education (see Chart 16). Over 80 per cent of those who had attained a post-secondary level of education chose their partner themselves, which accounted for almost 70 per cent of those who had completed secondary school. On the other hand, less than one third of those with primary education or unfinished primary education participated in choosing their partner.

The majority of respondents who stated that they

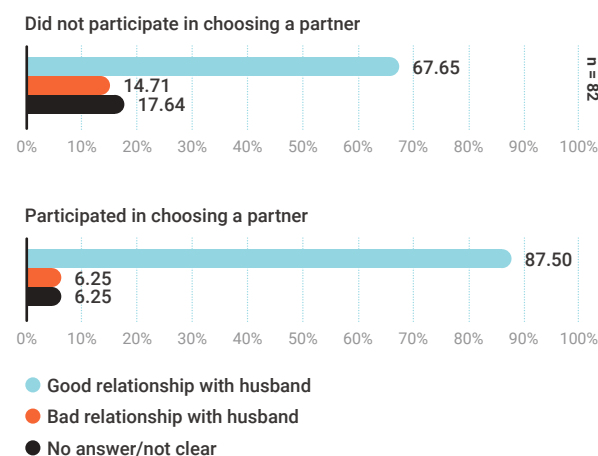


had not participated in choosing their marriage partner came from Afghanistan (64%). On the other hand, 9 out of a total of 10 Cuban women in the sample answered that they had participated

**Chart 16:**  
Level of education and possibility to choose a marriage partner



**Chart 17:**  
Perception of marriage quality in terms of possibility to choose a marriage partner



<sup>28</sup> The sample did not include those female respondents who were divorced, separated or widowed.

in choosing their partner, while one of them did not answer the question.

Of the total number of respondents who did not participate in choosing their partner, 46 per cent entered into marriage before the age of 18. Of the total number of respondents who participated in choosing their partner, 72 per cent of them got married after the age of 18.

Data on the relationship between the perception of the quality of marriage and participation in choosing a marriage partner is shown below in Chart 17. It is noticeable that a significantly higher percentage (88%) of the respondents who participated in choosing their marriage partner described their marriage as good in compared to those respondents who did not participate in choosing their partner (68%). The analysis was conducted using a sample of 82 married respondents.<sup>28</sup>

When it came to raising children, 46 per cent of the respondents responded that they raised their children on an equal footing with their spouse, 10 per cent answered that they participated in raising their children and 1 per cent responded that only the husband raised their children. A large number of respondents did not answer this question (37%). The largest number of respondents who stated that they raised their children alone were from Afghanistan (54%). They describe their relationship with their spouses as bad (38%) and a large number of them had not participated in choosing their spouse (62%).

**An Afghani aged 25**

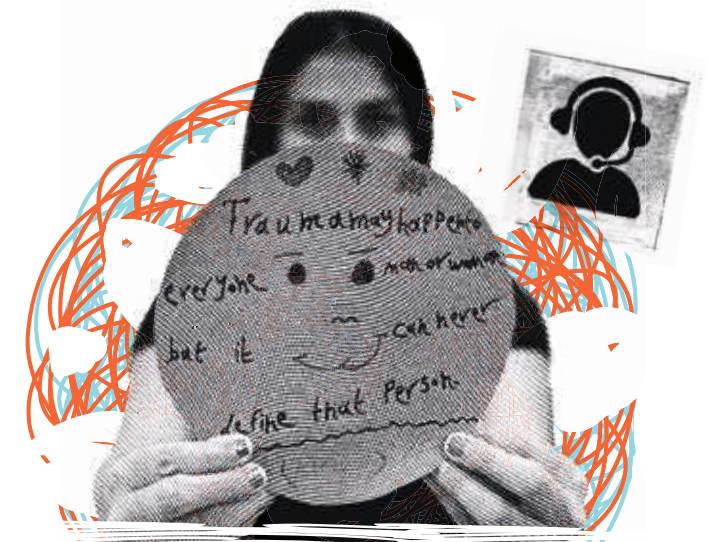
*"I got married when I was 13 and at the age of 14 I already had a child. I did not participate in choosing my husband. My family arranged it all."*

**An Eritrean aged 30**

*"I was forced to get married when I was 15."*

### 3.3. Migration journey: From a decision to a TRC in Bosnia and Herzegovina

#### Chapter summary



The reasons for leaving their country of origin and making the decision to travel unaccompanied were for the largest percentage of women and girls linked to family problems ('violence by the husband', 'bad marriage') and general security risks in their country. The greatest percentage of respondents who cited safety concerns as their main reason for leaving their country had not completed their primary education or the highest level of educational attainment that they had achieved was primary education; they were in early adulthood and most of them came from Afghanistan (61%).

Every third respondent had no information about the migration route and only every tenth respondent believed that she had all the necessary information about the route, while 48 per cent of adolescent girls had no information about the route before they embarked on their journey. The research shows that the highest percentage of those who started their journey without any information was among Burundian women.

Those respondents who stated that they travelled in a group or with family members accounted for 97 per cent, which is in line with the findings of the focus groups. The participants stated that women and girls travel in groups most often because of a sense of safety, which was previously confirmed as a strategy of most women and girls to avoid violence along the route. Accordingly, the results of the focus groups show that there were known situations in which women and men entered into a relationship during their migration journey for mutual gain and the possible benefits but without becoming aware that by so doing they were exposing themselves to the risk of GBV.

In situations where they felt insecure during their journey they sought support and assistance mainly from family members, husband or some people with whom they were traveling. Every third respondent stated that they had not had food and water for more than a day and that neither pregnant women nor women who were in dire need of medication or medical intervention had access to adequate medical assistance during their journey.

Every third respondent believed that during their migration journey women work or are supported by their husband and family members to meet their basic needs, while 15 per cent of respondents believed that women make money by providing sexual services. Every second respondent stated that they were not in a situation to meet their basic needs.

Almost 80 per cent of the respondents mentioned a strong sense of insecurity as their biggest concern during their journey. The research also shows that 75 per cent of the respondents believed that exposure to physical violence is a danger that women and girls face during their migration journey followed by their inability to access services and resources. Exploitation, being forced to exchange sex for money and to marry were difficulties mentioned by over 60 per cent of the respondents.

Every third respondent stated that the consequences of their experiences along the route, those which they noticed, included various psychological changes in children, mostly depression, problems with anger and aggressiveness and feelings of sadness.



### 3.3.1.

#### The decision to migrate: Why and how?

The reasons for migration are different. According to the United Nations (2006), the most common reasons are to avoid an armed conflict, to seek a better paid and safer job, better living conditions or to get married, but also to escape persecution, exposure to condemnation by the community in which they lived (environmental degradation), natural disasters and economic, political and other causes that disrupt normal daily functioning and safety. In addition to the above, the search for a better life and the search for better business opportunities were also mentioned as the causes of migration. Migration for family reasons usually came last.<sup>29</sup> Women and girls tend to participate less in migration decisions, as the decision is often made either by the spouse or the family.<sup>30</sup> The literature emphasises that there are occurrences of women, especially in the period of adolescence, wishing to separate from their family or escape from a bad marriage making an independent decision to migrate.

However, more and more recent sources indicate that opportunities for women's empowerment, which incorporates many of the aforementioned factors, are one of the most important reasons for migration.<sup>31</sup>

The results of this study show that there are three key reasons why women and girls (and their families) decide to migrate:

- 1) *security risks*, which include fear for one's life, bodily integrity and physical health and which are most often caused by war, violence and threats;
- 2) *economic deprivation*, which implies the inability of individuals and households to provide basic necessities related to nutrition, hygiene but also education, etc.;
- 3) *the political climate*, in this context it refers primarily to the situation in the country of origin where human rights, especially women's rights, are extremely threatened, most often with no indication of their improvement.

Although their reasons for leaving their country were usually multifactorial, Chart 18 above shows the percentage of women and girls in relation to 1) their primary reason for migrating and 2) their perception of the reasons of other women and girls to migrate. Two thirds of the respondents pointed out that their reasons for leaving their home countries were economic deprivation (36%) and security risks (33%), while 13 per cent pointed to the political climate as their key reason. At the same time, there was no significant difference in terms of the relationship between the reasons why the respondents left their home countries and what the respondents perceived to be the reasons for other women and girls leaving their home countries.

The highest percentage of the respondents who cited security risks as their main reason for leav-

<sup>29</sup> Geist & McManus, 2012; Kavar, 2004.

<sup>30</sup> O'Neil, Fleury, & Foresti, 2016.

<sup>31</sup> See, for example, Megevand. M, and Marchesini. L, *Women and Girls Safe Spaces: A toolkit for advancing women's and girls' empowerment in humanitarian settings*, IMC and IRC, 2021.

#### An Iranian aged 27

*"Constant discrimination, I have no freedom, I have no independence, I have been denied basic rights, the right to work as a woman. I had to leave if I wanted normal life."*

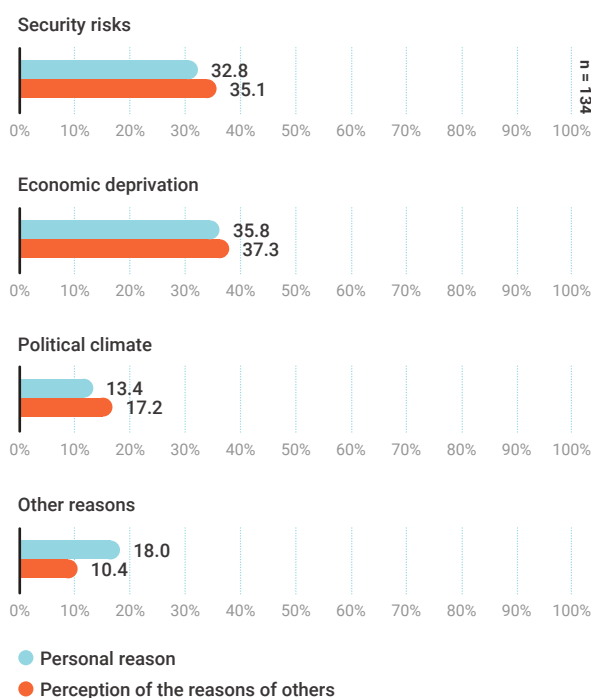
#### An Afghani aged 26

*"They run away from their families. In Bojna (BH) I met a girl who travels alone. She ran away from her father who beat her and wanted her to marry a man against her will."*

#### An Afghani aged 16

*"My mom decided and brought us here, because my father wasn't there. We didn't have a safe life, we couldn't study, we couldn't do anything, so my mom agreed with my father to leave the country."*

**Chart 18:**  
Reasons for leaving the country of origin



ing their countries had not completed primary education or their highest attained level of education was primary education (47%); they were in early adulthood (65%) and the highest percentage came from Afghanistan (61%). The same percentages of the respondents who left their country for reasons related to economic deprivation had completed secondary education and higher education (37%), were in the developmental period of adolescence (38%) and every third came from Afghanistan. Most of the respondents who had left their countries for political reasons had completed secondary education (50%), came from Burundi (22%) and approximately the same percentage of them (40%) were in the period of early or middle adulthood.

The results obtained through the focus group discussions and from GBVIMS confirm the findings presented above. Namely, through their work at the safe centres the participants were mostly able to conclude that the main reasons for migration related to safety and the political and economic situation in the countries from which the respondents came. It is important to state the impression of the focus group participants, which refers to the fact that women and girls from the Asian countries (Afghanistan, Iraq and Iran) were more

willing to talk about their reasons for their migration. This is because they considered them to be common knowledge and generally accepted (B1, B3). On the other hand, women and girls from Burundi and Cuba, whose reasons for migration were more often linked to the political and economic context in their countries, were less willing to discuss their reasons for migrating.

It is particularly important to examine why some of the women and girls decided to migrate alone. According to the perceptions of those who filled in the questionnaire, the largest percentage of the respondents (19%) believed that women and girls decide to travel unaccompanied because of family problems (described as 'violence by husbands' and 'bad marriages') and for reasons of general security concerns in their countries (15%), but also for economic reasons (9%). In addition to other reasons that were mentioned less often, most respondents gave unclear answers or did not answer this question at all (49%).

The focus group discussion results confirm and further clarify such findings. Namely, the participants gained the impression through their work that escaping from forced marriages and from various forms of domestic violence was mainly

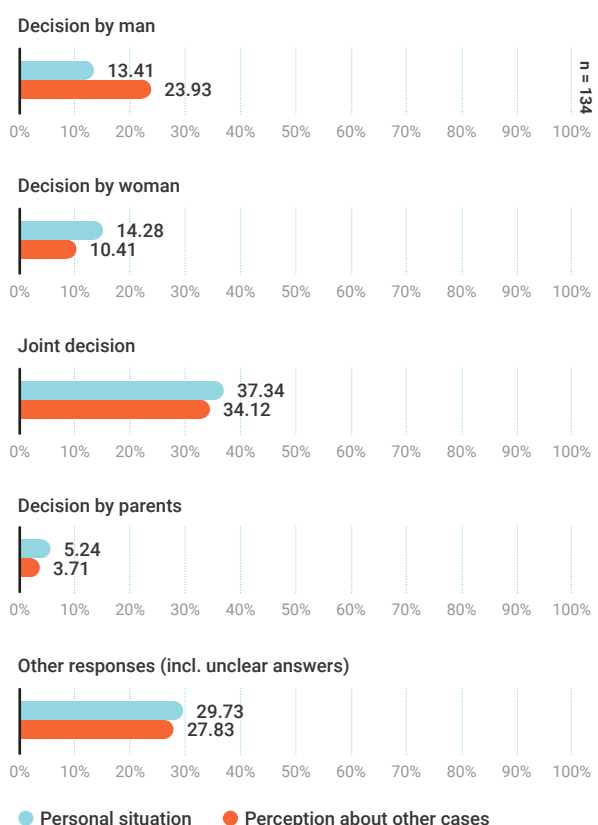


a characteristic of women and girls who had left their countries of origin in the Middle East and South Asia unaccompanied (U1, U4). On the other hand, women and girls from Cuba, for example, decided to travel alone for economic reasons, most often in agreement with their families (B2).

*"They simply collect funds for a plane ticket, usually to Serbia, with the plan that when they arrive in the countries of the desired destination, other family members will join them." (B2)*

The majority of women and girls from the sample participated in making decisions about their migration together with their husbands (37%) and they believed that this was the case with most other women and girls they knew (34%). Considering that a number of women and girls were on the move alone, it was quite expected that a certain number of women made such decisions independently (14%). However, it is particularly worrying that every seventh person in the sample (13%) or every fourth person they knew (24%) did not have a significant role in deciding whether or how to migrate. Almost one third of the respondents did not answer these questions (see Chart 19).

**Chart 19:**  
Roles in making migration decisions



### 3.3.2.

#### Organisation of the migration journey

Previous research shows that women, especially adolescent girls, often have little or no information about the journey they are undertaking, which makes them particularly vulnerable.<sup>32</sup> Thus, when making a decision about migration women and girls can create unrealistic expectations of what awaits them during their journey and in their desired destination country. They may, for example, have incomplete information about the process of migration, procedures and employment opportunities in the destination country they are trying to reach.<sup>33</sup>

The data in this study is a confirmation of previous research. As shown in Chart 20, almost every third respondent (28%) believed that they did not have any information about the migration journey before they embarked on it and every fourth (26%) had only some information (most often information from friends and acquaintances who had already made the same journey). Only every tenth woman or 10 per cent of the girls thought that they had all the necessary information about the journey.

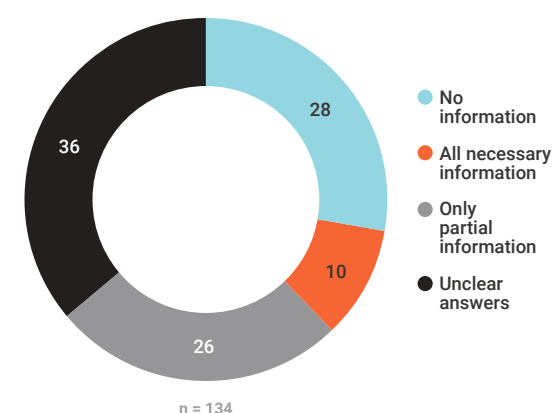
Looking at the countries of origin (see Chart 21),<sup>34</sup> the highest percentage of those who began a journey without any information was the Burundian women. This result was confirmed by the focus group participants (B1, U1). On the other hand, among the Cuban women only one in ten respondents believed that they had set out on their journey without any information. The results obtained on the level of information are in positive and significant correlation with the level of education ( $r=0.49$ ,  $p=0.00$ ), which indicates that persons with more years of formal education tend to collect more information. Given that the highest percentage of respondents from Cuba were highly educated, it was expected that they would have more information about the

<sup>32</sup> For more information see O'Neil, T., Fleury, A., and Foresti, M., Women on the move: Migration, gender equality and the 2030 Agenda for Sustainable Development. London: Overseas Development Institute, 2016.

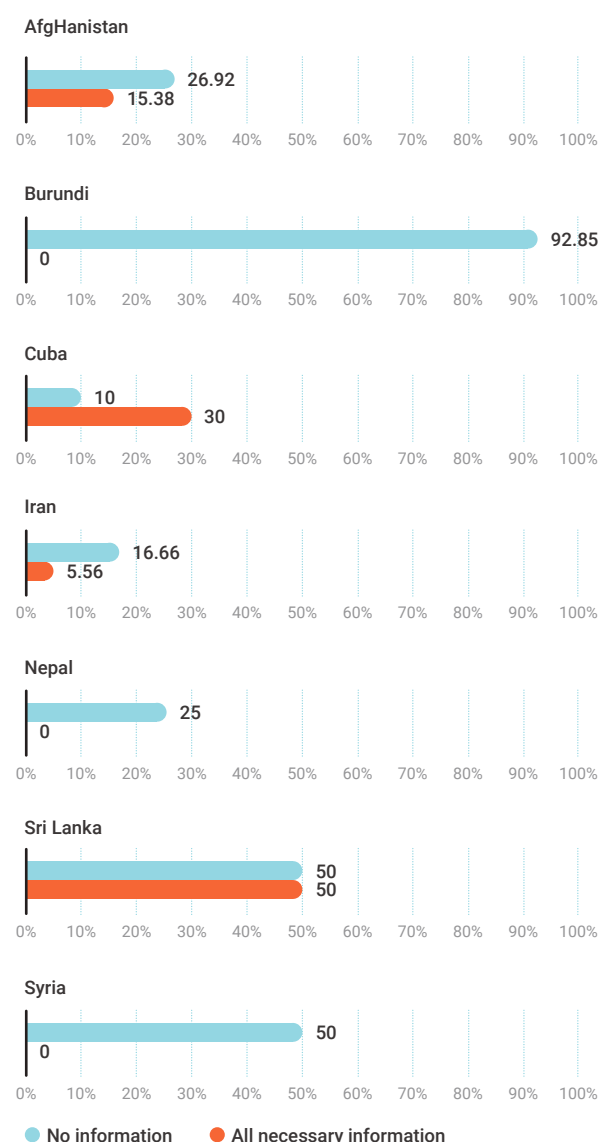
<sup>33</sup> Kavar, M., Gender and Migration: Why are Women more Vulnerable? Graduate Institute Publications, pp.71-87, 2004.

<sup>34</sup> This Chart should only be used as an illustration and in view of the small number of respondents it would not be relevant to calculate percentage values by country of origin.

**Chart 20:**  
Information on migration journey prior to departure (%)



**Chart 21:**  
Information on the migration journey by country of origin (%)



journey. In contrast, the highest percentage of respondents who were least educated were from Afghanistan. However, it is interesting that the respondents from Burundi, who mostly had secondary or higher education (93%, N=14), as a rule (more than 83%), set out on their journey without having any information. The experience of working with them (B2, B3, U1, U2) indicated that the reason for such findings is that the respondents from Burundi knew that they would arrive in Serbia by plane and then walk into BiH. They had no prior knowledge that other Burundians had been migrating for several months, stayed in camps, travelled along various unsafe routes and they did not know what they would experience along the route.

A significant fact is that as many as 48 per cent of the respondents in the period of adolescence did not have any prior information about the journey. The obtained results can be explained by the characteristics of the developmental period of the respondents, namely the diffusion of responsibility and a tendency to experiment. Accordingly, setting out on a journey about which they had no information was a consequence of their immaturity and inexperience and this certainly made them highly vulnerable in terms of exploitation and exposure to violence.

#### An Afghani aged 25

*"I've been on the road for two years now. I didn't even think it would last this long. No one introduced me to this or warned me. My friends arrived at their destination very quickly."*

#### An Iranian aged 27

*"We researched a lot, talked to people who have already experienced this. We prepared well. However, many people leave completely unprepared."*



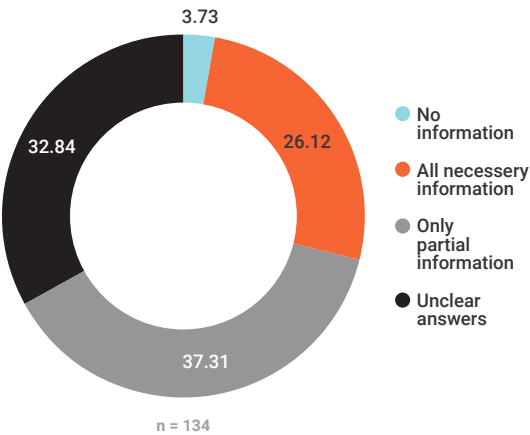
3.3.3.

Description of the journey and arrival at their destination

The awareness of women and girls about the migration journey increased significantly once the journey began compared to their awareness prior to the journey. Just 4 per cent of the respondents indicated that they still did not have any information after they had embarked on their migration journey, 37 per cent of them had information about the journey and 26 per cent claimed that they had all the necessary information (see Chart 22). Along with this finding, it is important to emphasise that once the journey had begun the information among the women and girls about their migration journey remained constant regardless of the age and country of origin of the respondents.

It is shown in the literature that women usually travel as family members or as a future spouse.<sup>35</sup> This study found that 97 per cent of the respondents stated that they travelled in a group or with family members, while only two respondents stated that they travelled alone. The focus group participants agreed with this finding, stating that it is very rare for someone to come to the TRC completely alone and that exceptions can usually be observed among the population of younger men. They further explained that women and girls move in groups most often because of a sense of safety, which was previously confirmed

Chart 22: Information on migration journey during the journey (%)



<sup>35</sup> United Nations, 2006.

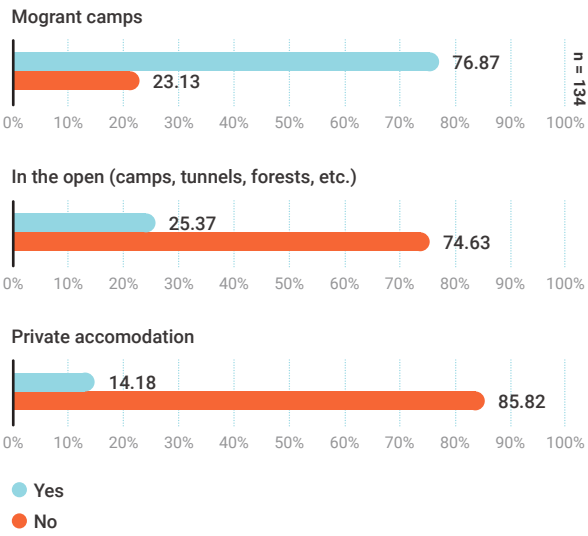
as a strategy for most women and girls to avoid violence along the route (see section 3.1). For various reasons, during different stages of the journey members of groups traveling together often changed. There were also known situations in which women and men entered into a relationship during their migration journey for mutual gain and the benefits they could achieve. Women, for example, most often gained a sense of protection and safety, while men have the benefit of staying in the section of TRCs dedicated to families. However, such examples can result in GBV.

Women and girls on the migration journey most often found accommodation at migrant camps (77%). The data from the GBVIMS database shows that these are exactly the places where they most often experienced some form of GBV. On the other hand, every fourth respondent (25%) pointed out that they had also found shelter in tents, abandoned houses, tunnels or forests, while 14 per cent stated that they had stayed in private accommodation (see Chart 23). In terms of the country of origin and the type of shelter it is interesting that as many as 71 per cent of respondents from Burundi preferred outdoor shelter, while respondents from Cuba preferred private accommodation and those from Iran preferred accommodation in camps.

The findings of the focus group discussions confirmed the results obtained through the questionnaire, but it should be emphasised that there were certain differences that arose in relation to the country of origin of the women and girls, the route of their movement and the time period in which the migration took place. Women and girls from Asia, for example, most often stayed in private accommodation when they were in Turkey or Greece, which was followed by official migrant camps (or reception centres) (U3, U4, B1). On the other hand, women and girls from Cuba most often used private accommodation in groups (multiple families or groups) (B1, B3).

The analysis of the results obtained through the questionnaire compares the experience of the respondents regarding where they most often felt unsafe and their perception of the place where women and girls should feel the most unsafe (Chart 24). Namely, the largest number of respondents (61%) believed that women and

Chart 23: Accommodation during journey (yes/no)



girls should be afraid when they are outdoors (in the forest, on the mountain or in an abandoned building), while this percentage decreased significantly when the question referred to their personal experience (49%). When it came to staying at the state border a slightly smaller difference was identified between their perception and personal experience wherein 10 per cent of the respondents believed that the state border should be a place where women should feel unsafe and which they should avoid. When it came to their personal experience that percentage increased to 13 per cent. The biggest difference between their perception and personal experience was that it was a completely new category within their personal experience that did not exist within their perception. The 'Muria Camp' in Greece was mentioned by 8 per cent of the respondents as a place where they felt insecure and which should be avoided during the journey.

Only 21 per cent of the respondents stated that they always had food and water during the journey, which indicates that the remaining 80 per cent did not. Even every third respondent stated that she did not have food and water for more than a day. In situations where they felt unsafe during the journey every third respondent could seek support and help from family members, their husband or one of the people they were traveling with. Every third respondent stated that they could have sought help from the police or the Red Cross. Non-governmental organisations

A Burundian aged 22

"There was no shelter. I travelled with a group, walked to Bosnia from Serbia. We were a big group and we slept outside."

An Iranian aged 36

"I stayed at camps because it is the safest place for women, especially for single women. I am alone and would always choose a safety camp."

An Afghani aged 41

"I stayed in camps, always. A smuggler can separate a woman in the forest and rape her if he wants to."





### An Iraqi aged 40

"We were without food for three days in the forest, we came up with the idea to eat leaves in order to survive."

### An Iranian aged 35

"Forest is really unsafe as well as the route along the way. I was afraid that my daughter would be raped and that someone would take my children from me."

### An Iranian aged 30

"Parks, abandoned buildings are unsecure but we are forced to stay there in relation to open fields or forests. The nights are harder because there is no one to protect you from possible attacks."

### An Afghani aged 24

"Depending on where I am and who I travel with. If I travel with my family then from my husband, if I travel alone then I ask for help from the camp workers or police."

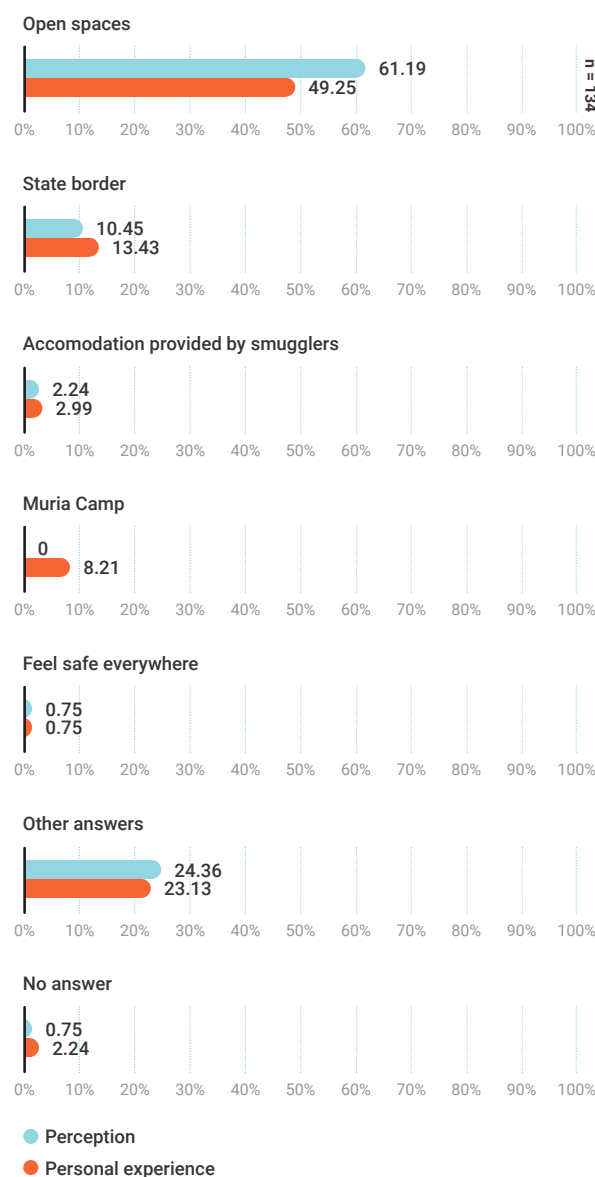
### A Nepalese aged 26

"Sometimes we run out of food. It is difficult to find a market and when we find it it happens that the local population reports us to the police."

### An Iranian aged 37

"There are no organisations along the route or outside the camps. The people we can rely on are the people we travel with and trust."

**Chart 24:**  
A feeling of (un)safety during the journey



### An Afghani aged 32

"I felt the most insecure in the Camp Muria in Greece. During the night it was the worst. Single men would drink alcohol and then they would attack women. That's why I didn't go even to the toilet at night. I would suffer until morning."



were mentioned by 11 per cent of respondents as a place of support in moments when they felt insecure but only 4 per cent of the respondents mentioned the support of people employed at the TRCs. Based on the results, the conclusion is that the respondents did not have adequate social support in situations where they felt unsafe during their journey.

Every second respondent believed that during the migration journey or registration at the TRCs the specific needs of persons are taken into account when they are in contact with organisations, com-

petent institutions and the like (pregnant women, persons with disabilities or persons with medical conditions), while 8 per cent believed that they were not and 29 per cent of the respondents answered this question either vaguely, too generally or did not give any answer.

Every third respondent stated that neither pregnant women nor women who needed some medication or other medical intervention received adequate medical assistance during the journey and 25 per cent of them stated that women only received adequate medical assistance at the TRCs.

When asked about the consequences they observed in their children, which can be attributed to the effect of the journey, almost every third respondent (26%) stated that they noticed various psychological changes in their children. This means depression, anger issues, sadness or aggressiveness. Various physical complaints (cold, sickness, tiredness) in children were noticed by 8 per cent of the respondents, while 7 per cent noticed changes that they could not describe. Only 4 per cent of the respondents did not notice any changes in their children. The obtained findings led to the conclusion that migration has a very negative impact on the mental health of children and that it can leave very serious consequences.

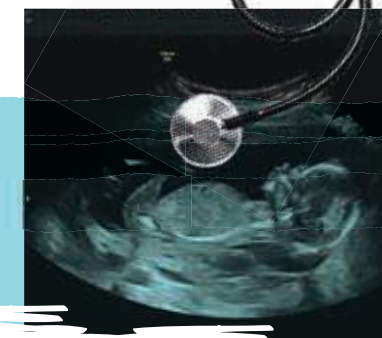
In the analysis of the answers pertaining to the way in which women and girls satisfy their basic needs during the course of their migration journey significant differences were identified in relation to the respondents' perceptions of the ways this population in general meet the needs and the way in which they met such needs by themselves (see Chart 25). Every third female respondent believed that during the migration women work

to meet their basic needs (30%) or their husband and family help them in this regard (33%). As many as 15 per cent of the respondents believed that women made money by providing sexual services, 18 per cent of them believed that money is made by selling personal belongings and 13 per cent believed that women made money by begging, the remaining respondents stated that they were not in a situation where they could not meet their basic needs. Every third respondent of those who had to find a way to meet their basic needs mentioned their spouse or family as the most common source of money, while 6 per cent sold personal belongings and 4 per cent worked.

The respondents' perceptions of how women and girls meet their basic life needs on the migration route differed depending on the country of origin. A significant percentage of the respondents from Afghanistan (23%), Iran (22%) and Iraq (17%) believed that, for example, women are forced to exchange sex for money in order to be able to obtain the basic necessities of life on the migration route. Unlike them, only one out of ten Cuban women shared this opinion, while eight out of ten of them believed that women are forced to work

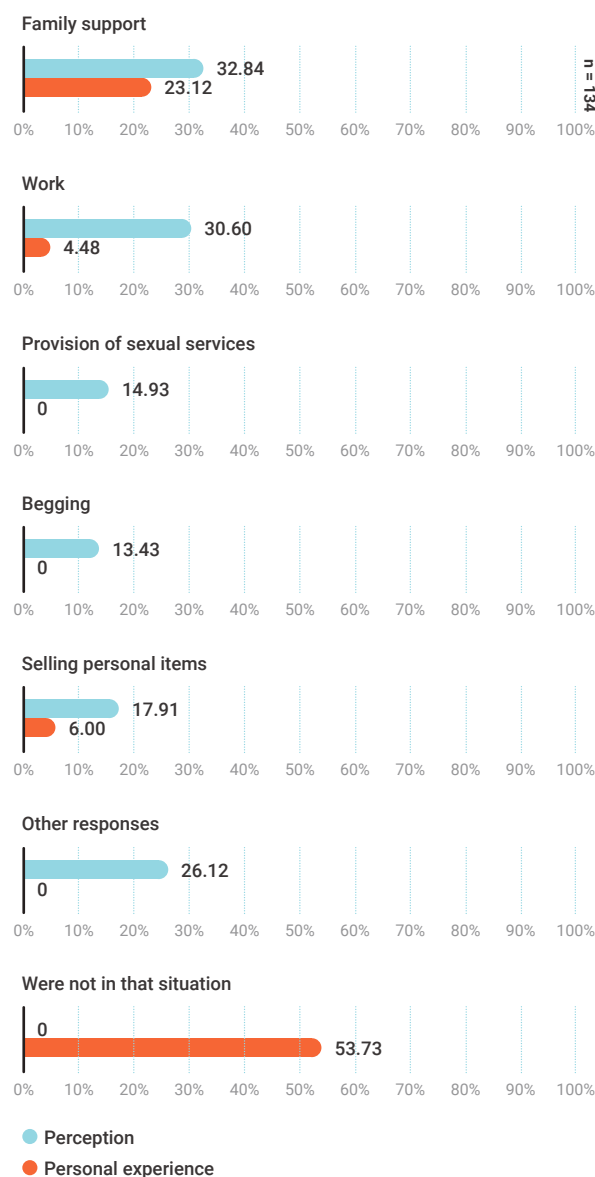
### A Nepalese aged 27

"I received all the help and support I needed in camp while I was pregnant. I was taken care of."





**Chart 25:**  
Ways to meet  
personal needs



in order to obtain the basic necessities (see Annex 4).

Given that nearly 80 per cent of the respondents stated that there is no safe place along the route they are traveling and that this is their biggest concern related to safety during their journey, it implies the conclusion that the respondents have almost no feeling of safety at all. If we take into account the fact that safety is one of the basic human needs<sup>36</sup> and that the lack of satisfaction of this need prevents the satisfaction of higher needs (such as the need to belong) then a constant feeling of insecurity inevitably leads to the

#### An Afghani aged 30

*"The children have changed after we left our home. Along the way (migration route) is where our children suffer the most and experience great trauma. My daughter was searched by the police. They even touched her clothes that were on her. After that, my daughter said 'Mom, forgive me.' I told her 'My darling I have nothing to forgive you. It's not your fault. They are very bad people, you have nothing to do with it'."*

#### An Iranian aged 47

*"My children changed a lot. My son is 17 but he acts like he is 30. They have seen and heard a lot and their childhood has been taken away from them."*

<sup>36</sup> For more information see Maslow, A., 'A Theory of Human Motivation', *Psychological Review*, 50, pp. 370-396, 1943.

#### An Afghani aged 31

*"Married women, they get money from their families. Women who travel alone do all sorts of jobs. Some find guys along the way to support them. One in Greece persecuted my 16-year-old son. We barely drove her away from him. Some even sell their bodies to make money."*

#### An Afghani aged 24

*"Women usually get money from their family, but if they travel alone and run away from their family it can happen that they sell their bodies in order to get money."*

#### A Nepalese aged 23

*"I had savings but I also worked illegally to earn some money."*

#### A Cuban aged 28

*"It is more risky for adolescent girls on the move and they suffer more because of their vulnerable age."*

#### An Eritrean aged 20

*"Girls and single women are at higher risk because they may not be able to protect themselves."*

#### An Iranian aged 39

*"I don't really know... I am alone with my daughter."*

#### An Afghani aged 25

*"There is no really difference. Every woman can be equally raped, assaulted while in the toilet, exploited, forcibly married."*

impairment of their mental and physical health.

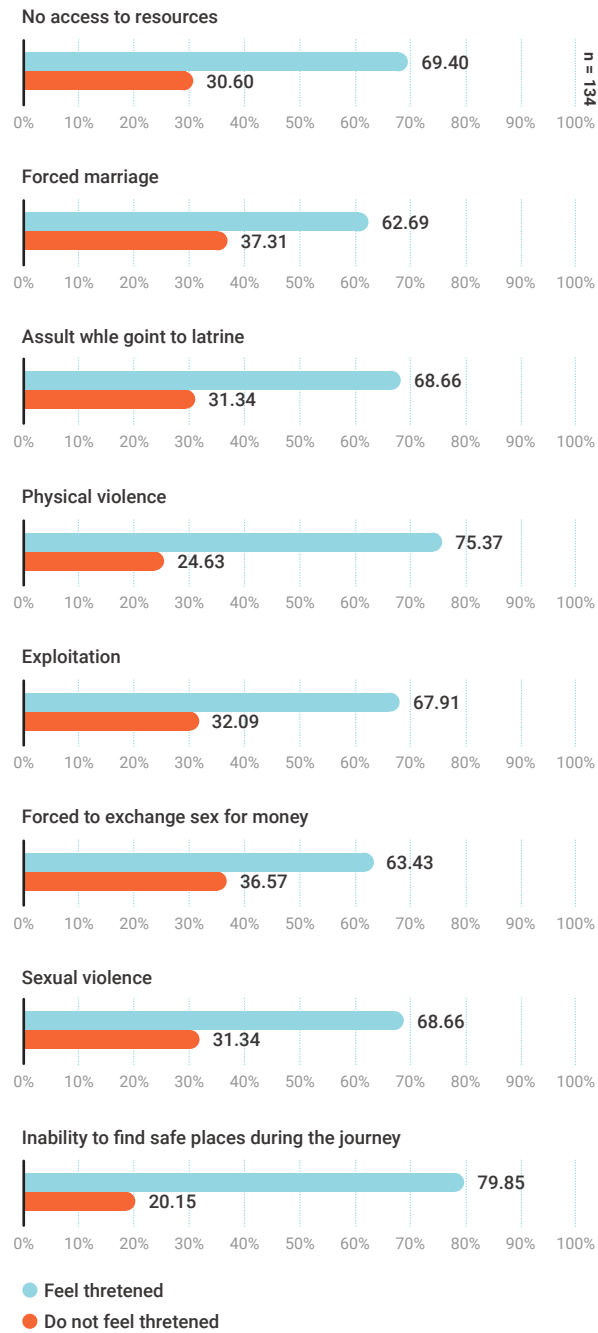
As many as 75 per cent of the respondents stated that exposure to physical violence is a danger that women and girls face during their migration journey, which made it the second most frequent problem. An inability to access services and resources constituted a significant difficulty for 69 per cent of the respondents. Sexual violence and the risk of being attacked when going to the latrine was emphasised by 68 per cent of the respondents as a difficulty that women face. Exploitation, being forced to exchange sex for money and to marry were difficulties mentioned by over 60 per cent of the respondents. It is important to emphasise that the largest percentage (over 90%) of adolescent girls mentioned each of the described situations as a significant difficulty faced by women during the migration journey (see Chart 26).

Considering the results described above, the conclusion was drawn that the respondents believed that women do not feel safe at all during their migration journey. They also believed that they are exposed to various extreme risks, which by their nature very often lead to traumatic experiences and which always have long lasting consequences for an individual's mental health.

Every third respondent believed that safety risks are different for women with certain difficulties and for

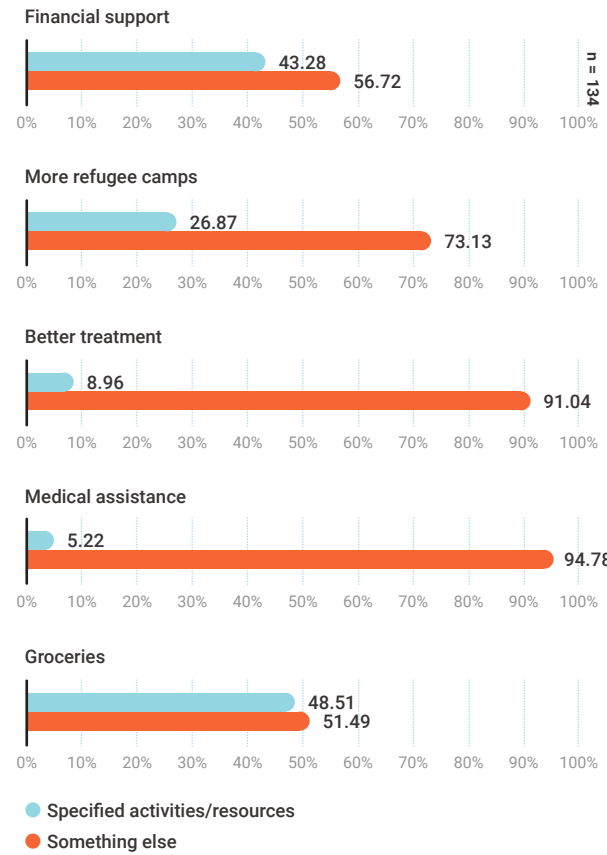


✕ **Chart 26:**  
Main reasons  
for a feeling of insecurity  
during the journey



adolescent girls/young women, women from the LGBT population and single women. There were no differences in the stated perceptions of the different age groups of respondents. In the context of assistance or the lack of it and support or the lack of it that the respondents received within the group they were traveling with, 37 per cent stated that the group members helped them and

✕ **Chart 27:**  
What can be done to ensure safe  
environment for women and girls  
during the journey?



almost one in three stated that the group members made them feel safe. A significant factor is that 27 per cent of the respondents did not answer this question or the answers they gave were unclear.

The answers given by the respondents to the question about what non-governmental organisations could do to make the migration journey easier for women and young girls were classified into several categories (see Chart 27). Almost every second respondent believed that it would be of significant benefit to support women financially in order to make their journey easier. After money, the respondents stated that it is necessary to provide more basic necessities of life (water, food, clothes and means for maintaining hygiene). Every third female respondent believed that more formal camps along the route would contribute to making the journey easier and that better treatment and medical assistance would be a relief for less than 10 per cent of female respondents.

### 3.4. Perceptions of the current situation and the vision of the future

#### { Chapter summary }

A total of 73 per cent of the respondents expressed positive feelings about the TRCs in Bosnia and Herzegovina (BiH). Those who did not share this opinion stated that they felt tired, bored, scared and angry and that this most often related to their experiences on their migration journey.

The respondents stated that they spend their time at the TRCs participating in various empowerment activities (34%) or in their room (31%) (sleeping, resting, staying in the room with others, spending time with the family, etc.).

The research shows that the women and girls mostly felt safe in the TRCs in BiH, since this answer was given by 87 per cent of the respondents. Those respondents who did not feel safe mostly associated their sense of insecurity with going to the latrine (there is no key, no light, men sometimes enter, etc.), which was mentioned by every fourth woman or girl.

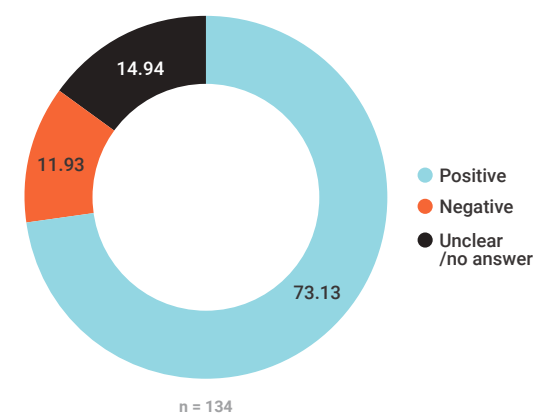
In terms of their greatest wish for their future, every seventh woman or girl (15.5%), most of whom were adolescents, emphasised the possibility to continue their education.



#### 3.4.1.

#### Feelings at the TRCs in BiH and perceptions of the current situation

✕ **Chart 28:**  
Current dominant feeling  
among respondents in TRCs (%)



After their journey along the route, for all women and girls, especially those who had experienced violence, the perception of their current situation and the conditions under which they lived were very important. When asked about how they felt in the TRC, 73 per cent of the respondents expressed positive feelings (see Chart 28), whereby the following answers are implied: *safe, calm, happy, good, not bad*. On the other hand, 12 per cent of the respondents stated that negative feelings currently dominated, whereby the following answers were implied: *tired, I'm bored, I'm scared, I'm angry, etc.* Other respondents either gave too general or non-specific answers or did not answer this question at all.

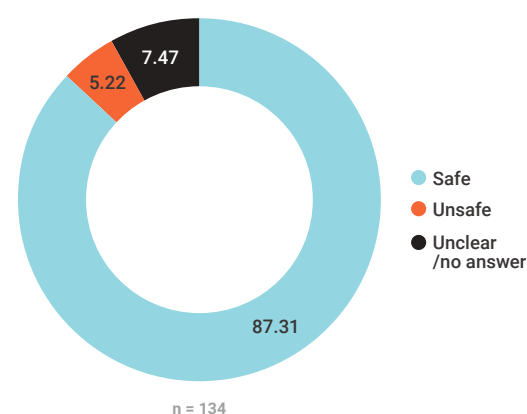
In their responses to the question about how safe they felt in the TRCs in BiH, 87 per cent of the



respondents stated that they felt safe and 5 per cent that they did not feel safe (see Chart 29). They felt the least safe when they went to the latrine (there is no key, no light, men sometimes enter, etc.), which was mentioned by every fourth woman or girl (27%).

While staying at the TRCs, the largest number of women and girls spent their time predominantly in various empowerment activities<sup>37</sup> (34%) or in their room (31%) (sleeping, resting, staying in the room with others, spending time with family,

**Chart 29:**  
Feeling of safety in the TRCs



#### A Nepalese aged 35

"I feel good in reception centre here. I spend time in workshops of different organisations. I freely walk outside the centre."

etc.). The smallest number of them predominantly spent their time 'planning their departure' (8%) or doing activities outside the TRC (9%). The obtained data is shown below in Chart 30.

Although every second respondent did not give an answer or a clear answer to the question about the most common problems they face during their stay at the TRCs in BiH, the largest percentage of those who answered (43%, n=56) mentioned hygiene and the lack of privacy as key problems (36%, n=56). This was mostly because the doors of the rooms and latrines cannot be locked and they felt that there are too many people in the room. A lack of food and clothing was the primary problem for 21 per cent of the respondents who answered this question (n=56).

More than half of the respondents (59%) stated that the people close to them (husband, friends, family) most often support them when they had a problem or when they felt bad. Every fourth respondent (23%) stated that they are supported by the TRC staff whereas 16 per cent of them stated that no one supports them in such situations (see Chart 30). The highest percentage of respondents who stated that no one supports them in solving their problems came from Afghanistan (68%), which is expected given their numerical dominance in the sample.

When asked who they would like to talk to when a problem arises the number of respondents who said that they would like to talk to the TRC staff increased significantly (30%), while the number of respondents who did not want to talk to anyone decreased significantly (down to 9%) (see Chart 31). This result contributes to the conclusion that a large number of women and girls have a high level of confidence in the UNFPA staff who perform their duties within the TRCs in BiH.

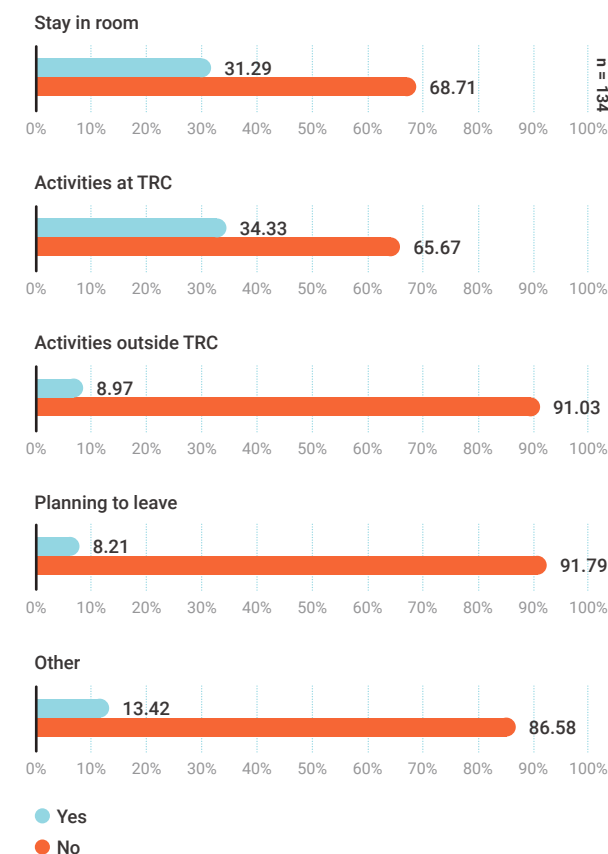
#### An Iranian aged 33

"I felt depressed. I come to UNFPA women and girls space and then I'm in the room the rest of the time."

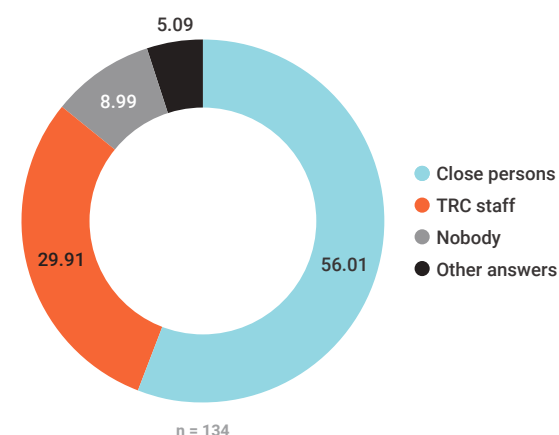
#### A Syrian aged 47

"Absolutely safe. I was with the baby in the hospital for 25 days and I had complete confidence that my other kids were safe here in the centre."

**Chart 30:**  
How they spend their time?



**Chart 31:**  
Seek assistance when necessary (%)



<sup>37</sup> For more information see Vujovic, S., and Pezerovic, A., *Women and Girls Safe Spaces: A Guidance Note based on the Humanitarian Response in Bosnia and Herzegovina*, UNFPA, 2022.

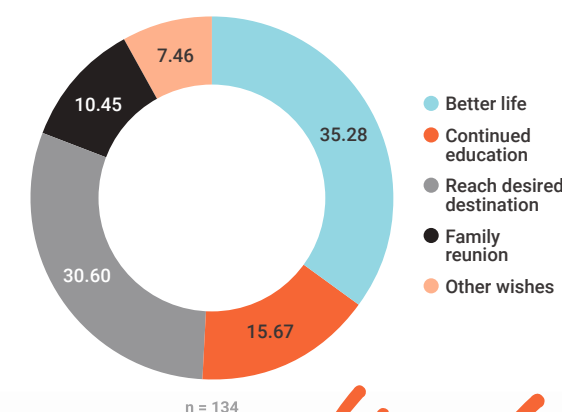
### 3.4.2.

#### Perception of the future

When the respondents in this study were asked about the future more than a third of them (36%) stated that their biggest wish is to live a better life, namely 'a life in peace', 'a safe environment', 'an adequate job' and 'sufficient livelihood'. Considering that they have left their country of origin precisely because of inadequate living conditions, this result was expected. Another third of the respondents (31%) stated that they 'do not look that far into the future' and so their greatest wish was to settle in their desired destination country. Regarding their greatest wish for the future, every seventh woman or girl (16%), among whom the majority were adolescent girls, cited the possibility to continue their education (see Chart 33).

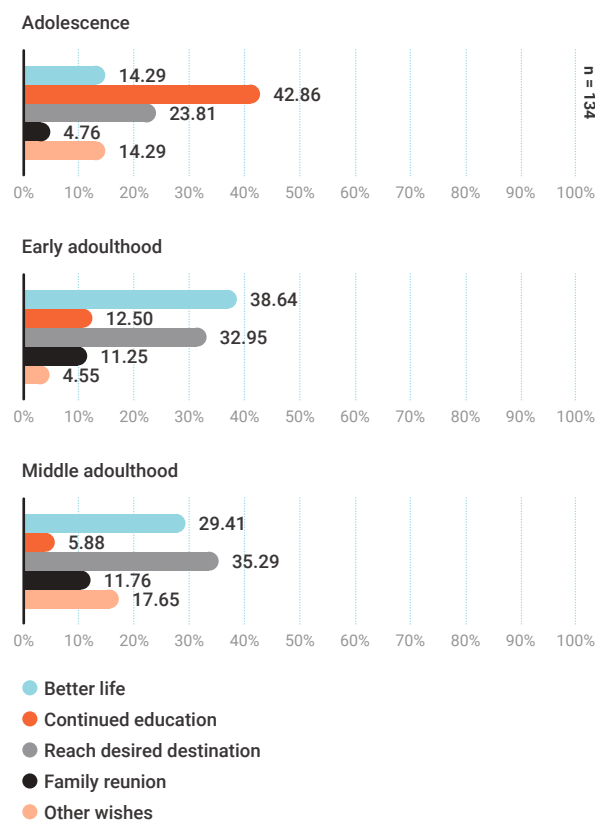
Significant differences were identified in relation to the age of the respondents and their greatest desire for the future (see Chart 34). The largest percentage of the respondents in adolescence wanted to receive education in the future. Given their age, this result is in line with the developmental tasks of the period of adolescence. The respondents who were in the period of early adulthood wished mostly for better living conditions in the future (by this they meant 'a peace-

**Chart 32:**  
Wishes for the future





✕ **Chart 33:**  
Differences in wishes  
for the future by age (%)



ful life in safety', 'more money', 'a job' and 'a better life for their children'), these are precisely the characteristics of the developmental tasks of people in early adulthood. Women in middle adulthood, probably exhausted by the migration journey, most often stated "arriving at the desired destination" as their greatest wish.

The respondents found the most resources for dealing with their current situation in their families (40%) followed by their hope for a better future (21%) and then in their faith or by practicing religion (16%). An interesting result is that every third respondent who did not have a child coped with their current situation by believing in a better future, while every second respondent who had a child found coping resources within their family.

When asked what else could be done so that the respondents would have more hope for a better future more than a third of the respondents (40%) answered that they did not need anything else or gave some vague answers to this question. The participants of the focus group discussions offered an explanation for this result stating that women and girls in the TRCs in BiH are mainly focused on how to cross the next border. Given that they only stay for a relatively short time in these centres it can be concluded that they probably deem their conditions good enough (B2, U3).

**An Iraqi aged 48**

"To reunite with my two daughters. Because I have been separated from them for years."

**An Iranian aged 39**

"I want my daughter to be educated and happy."

**An Afghani aged 16**

"I want to study, to work, to feel safe and to have freedom and peaceful life."

**An Afghani aged 31**

"That one day I will return to Afghanistan and see my family again."

**An Afghani aged 27**

"My biggest wish is to find a safe place and to be a nurse."

## 4

## Discussion and conclusions





## Chapter summary

Under equally dire circumstances any woman or girl would be almost equally likely to experience GBV, regardless of her national, religious, racial or other background. However, under the actual circumstances of irregular migration, in the period covered by this research (2018–2022), it is quite obvious that women and girls from Afghanistan were most often exposed to GBV.

The key causes of such a situation were the sociodemographic characteristics that made them vulnerable (early age, poor financial status, low level of education, family characteristics and circumstances that represent a source of insecurity and their insufficient resilience resources) as well as the characteristics of the migration journey, which in general they did not have any information about before their departure. Namely, the length of time they would spend travelling, the ways of crossing borders, accommodation along the route, how they would obtain the basic necessities of life, etc.

Women and girls from other countries, with similar characteristics of vulnerability and a low level of empowerment also experienced GBV, which more often than not remained unregistered. Because the necessary support was missing the violence against those same women and girls most often repeated. Therefore, work on their empowerment and their ability to recognise GBV indicators is of particular importance as building their resilience resources is a key means for them to escape the vicious circle of repeated GBV.

The types of violence experienced by women and girls differed (physical, psychological, sexual, child, early and forced marriage, etc.) but often appeared as combined forms of violence against one person. It frequently

arose because of the need among the women and girls to obtain the bare essentials of life. Nevertheless, this research established certain regularities among the group of women that were more likely to experience a certain form of violence. Such results have the potential to aid in the creation or improvement of GBV indicators among the migrant population.

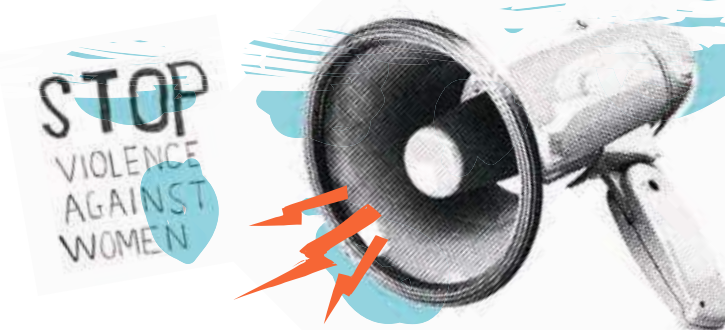
In addition to the individual empowerment of women, which represents one of the basic resilience resources during the migration journey, stability of support from the family was identified as an extremely important resource with the potential to influence the protection of women and girls from GBV. To protect themselves from violence women and girls resorted to different strategies, namely 'Don't stay alone' and 'Stay invisible'. However, such strategies often lead to other risks and sources of insecurity and lack of safety.

The TRCs in Bosnia and Herzegovina (BiH) seen from the perspective of women and girls on the move represent a safe place where they can receive protection and support. However, considering that their goal is to reach their destination country, the TRCs are usually only a short-term solution, because very quickly (usually a few days up to a few months) they continue their journey and again expose themselves to the inherent and increased risk of GBV.

Although their reasons for leaving their country of origin were as a rule multifactorial, women and girls singled out the issue of insecurity, economic deprivation and political instability in particular. Such findings, quite expectedly, can be connected with what girls and women wish for in their desired destination country.

Women's empowerment and their social position predominantly determine the likelihood of whether a woman or girl experienced GBV in their country of origin. The study confirmed two key causes of the predisposition of women and girls to experience violence along the migration route, namely their sociodemographic characteristics and the characteristics of their migration journey. Although both can be linked to the national or ethnic background of the women and girls such an interpretation and perspective could be a misconception and therefore has the potential to mislead decision makers and policymakers. Namely, although this study identified Afghan women as being most vulnerable to GBV, the correct interpretation of these results takes into account valid predictors for this group. These included, amongst others, a lack of empowerment, deprivation of rights, inequality, lack of support from the primary family, absence of institutional protection, a long time spent on irregular migration journeys (which includes contact with smugglers, illegal crossing of national borders, doing survival jobs and many other risky activities) and a lack of information about the migration journey and the destination country. Previous experience of violence in their country of origin also contributes towards a greater risk of encountering violence during the migration journey, especially if the survivor of violence travels along the migration route with the perpetrator of the violence. Thus, under such circumstances there would be nearly an equal likelihood that every woman or girl will experience GBV, regardless of her national, religious, racial or other background.

The results of this study show that adolescent girls and young women, women who travel alone, those with a lower level of education and those who spend a longer time on migration flows are more likely to experience GBV. However, they are the ones who most rarely report cases of GBV and therefore they usually remain within the domain of 'dark figures'. On the other hand, those girls and women who can be considered more empowered (those with a higher level of education and those who are supported by their family as well as women in middle adulthood) were more willing to report incidence of GBV. This is precisely the reason why the results obtained from the analysis of only registered cases could lead to partially incorrect conclusions about the most common types of GBV and the most vulnerable groups of women/girls on the move. The methodological approach of this study is intended to eliminate such shortcomings. Furthermore, it is interesting that the adolescent girls who have the least awareness of violence and recognition of the risk of violence were also the ones who most often believed that women and



girls who experience violence do not receive family support. This could potentially be explained by the fact that adolescent girls who came to UNFPA safe spaces were often unable to recognise the signs of violence or interpreted actual experiences of violence as general life experiences and not as violence. However, they clearly knew how to recognise family dynamics and sources of support. Many of these girls had left their countries of origin without completing their education and some got married before they turned 18 years of age. Such results are supported by this research wherein 31 per cent of the respondents were married before the age of 18 and 16.5 per cent of the respondents became mothers whilst they were still children themselves.

Among the forms of GBV experienced by the women and girls in migrant flows, which are also recorded in the GBVIMS database, physical and psychological violence usually dominate, but sexual violence is also very frequent. GBV often occurs as domestic violence and consequently such violence, which is supported through traditional harmful practices, were identified through this study among a large number of women who were forced into early marriage, in other words prior to their eighteenth birthday. What the research further shows as very alarming is that during the migration journey women get the money they need to meet their basic necessities of life by providing sexual services. This is particularly worrying since more than half of the respondents believed that women travelling along migration routes are exposed to sexual violence and forced to provide sexual services in return for money. The risk of gender-based violence is further increased by the fact that 80 per cent of the women and girls in this study believed that there are no safe places for women and girls along the migration route and that medical assistance is only available at the reception centres.

All this creates a fertile ground for gender-based violence along the migration route, which is in line with the practice that shows that the majority of women and girls who arrive in BiH with the experience of violence experienced that violence precisely during their migration journeys and therefore outside the safe spaces for women and girls and outside of the reception centres. Because of their increased exposure to risks during their migration journey women and girls resort to certain mea-





## References



asures, which can also be called protection strategies against GBV. Nevertheless, a significant number of them, especially those less empowered, did not indicate that they had some form of this type of strategy. **Two forms of protection strategies were the most common: 1) 'Don't stay alone' (stay in a group or with a man) and 2) 'Stay invisible' (keep silent, hide, remain inconspicuous, try to avoid trouble).** Unfortunately, for a certain number of women who sought to achieve protection through the first strategy it became a source of GBV or a reason for GBV to remain unreported. Namely, **fake marriages by which women tried to gain security and where men could access better conditions in the migrant camps were linked to an increase in GBV against women and girls.** On the other hand, the 'stay invisible' strategy, as its name suggests, had a great impact on GBV remaining undetected. As the focus group participants confirmed, these results are in accordance with developments in the field and in practice. Practice has shown that these protection mechanisms are actually often risk factors for violence. The moment a woman comes to the temporary reception centre with the person she claims is her husband they are given joint accommodation and are treated as husband and wife. If they are not legal spouses or partners and they fake this in order to receive a certain benefit or a sense of safety then that relationship is often abused and gender-based violence occurs. On the other hand, women and girls who were more inclined to the 'remain invisible' mechanism believed that they would not experience violence if they did not stand out, were not loud and noticeable. Yet the practice of not seeking information or assistance, not accessing services, not socialising with other people exposed them to the risk of violence and reduced reporting of violence. Consequently, both groups experienced violence and it remains questionable how many cases of violence remain unreported.

**Good marital (partner) relationships as well as family support in general appear to be a strong factor in the resilience of women and girls to GBV.** On the other hand, those women who were forced into marriage or who described their marital relationship as 'bad' most often did not see their marital status as a protective factor. On the contrary, there were indicators that such marriages generated different forms of GBV taking place within the family.

Although the reasons for leaving their country of origin were usually multifactorial the women and girls emphasised the issue of insecurity, economic deprivation and political instability in particular. In relation to such reasons, certain regularities were determined in relation to the country, age and the level of education of the women and girls. Name-

ly, their wishes for the future. Adolescent girls who had attained the level of secondary education or less, for example, often cited security risks as their reason for leaving their country of origin and education as their greatest wish for the future.

Some of the women and girls **had no influence over the decision to migrate others decided to migrate alone** (most often those who had experienced GBV in marriage and within the family). **Depending on their country of origin, the women and girls were exposed to very different experiences and risks of experiencing GBV.** While the Cuban women arrived by plane to Serbia, BiH's neighbour country, the Afghan women were forced to travel by land and water for several months with numerous irregular border crossings. Most of those coming from Asia and Africa had little or no information about their journey when they embarked on it. They received the information mainly along the way. On the other hand, Cuban women are an example of those who were usually well informed, which is expected in view of their less complex journey.

The results of the study indicate that **women and girls who are involved in the activities of UNFPA safe spaces/centres generally feel positive and safe.** Although close persons were the most important link for them when they needed assistance or support, a significant number of the women and girls saw the **TRC staff as their most important link** in such cases. Thus, the **combination of empowering women/girls and building trust between them and professionals in UNFPA safe spaces is recognised as one of the most important ways to learn about GBV and the needs of GBV survivors.** Women and girls usually do not stay long at the TRCs in BiH, depending on the period of the year this ranges from a few days to a few months. This has been the case over the last two years, unlike before when women and girls stayed for a few months and some up to a year in the TRCs. This is why now they **most usually have no significant proposals for what they think should be done at the TRCs.** Their focus remains on continuing their journeys to their final destination.

Experience shows that women and girls who stayed for a longer period of time at TRCs most often expressed their suggestions, comments and ideas through the Women and Girls Committee, which was established by UNFPA. Although their wishes for the future differed more or less depending on their age, level of education and some other factors, **the women and girls from the sample for this study revealed their wishes for the absence of any form of GBV and other forms of insecurity and the opportunity to enjoy their basic human rights.**

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## Annexes

### ✕ Annex 1.

#### Description of the basic Characteristics of the Developmental period of Women and Girls from the Sample

The period of adolescence is characterised by sudden physical changes manifested by the growth of all parts of the body. Accordingly, persons in this period of life become interested in their physical body much more than they were in the period of childhood.<sup>38</sup> This is the period of sexual maturation and the first sexuality related activities. A person develops his or her personal identity that includes perceptions of an individual's physical body, social and sexual roles and abilities and competences. The importance of parents and other authorities in this period weakens, while peer influence increases. Some of the more significant developmental tasks are related to achieving emotional independence from parents, creating one's own view of the world, planning work and obligations as well as developing motivation for learning. Given that this developmental period brings numerous sudden and major changes (from childhood through adolescence to adulthood), due to the impossibility of quickly getting used to these changes, frustration is common and manifest in various forms of aggressive behaviour, defiance and disrespect for authority. This group of respondents is, in ac-

cordance with their developmental characteristics, the most vulnerable to violence and various forms of exploitation, because due to a lack of life experience and the need to 'grow up as soon as possible', they are very susceptible to various forms of manipulation by other people.

The developmental tasks of early adulthood are related to choosing a profession, choosing a spouse, founding a family and employment. Social life comes down to a narrow circle of friends and acquaintances, because a person no longer has as much free time as he or she had in adolescence. Women in the process of migration in this developmental period do not have the opportunity to achieve the aforementioned developmental tasks, particularly employment and choosing a profession they like, as they are mainly forced to do just any job to feed themselves and their families.<sup>39</sup> Accordingly, due to the impossibility of achieving developmental tasks, a crisis may occur, which results in various psychological and physical difficulties. Furthermore, such conditions increase the likelihood of experiencing violence, including domestic violence.

The period of middle adulthood is the period of stable and settled life, in which there should be no major changes in the person's abilities. In this period, the 'key life problems should be solved', both personal problems and the problems related to work and social contacts with other people. The process of migration as it exists in Bosnia and Herzegovina, however, places the population of middle-aged women in a completely unnatural situation that has the potential to leave strong consequences on the mental health and general state of the person.



<sup>38</sup> The story of an adolescent girl from a TRC who goes for a gynaecological examination for the first time as part of the UNFPA assistance programme illustrates one segment of the specificity of this age in migration (for more information see UNFPA, Humanitarian Response in Bosnia and Herzegovina: Supporting women and youth. Monthly operational overview in numbers, Report No. 21, 2022).

<sup>39</sup> The story of 'Mariam', a 29-year-old mother, illustrates one segment of the specificity of early adulthood in migration. (For more information see UNFPA, The Book of Life. Stories of migrants and refugees in Bosnia and Herzegovina, 2022.)



X
Annex 2.

Tabular presentation  
 of sociodemographic characteristics  
 of respondents as per APA standards

Sociodemographic characteristics  
 of respondents

Categories	N	%
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Age category

Adolescence (15-21)	21	15.67
Early adulthood (22-40)	88	65.67
Middle adulthood (41-60)	17	12.69
Total	126	94.03
Missing	8	5.97
<b>Total</b>	<b>134</b>	<b>100.00</b>

Marital status

Cohabitation	2	1.49
Divorced	4	2.99
Married but separated	11	8.21
Married	82	61.19
Single	33	24.63
Widow	1	0.75
Missing	1	0.75
<b>Total</b>	<b>134</b>	<b>100.00</b>

Children (no/yes)

No	49	36.57
Yes	85	63.43
<b>Total</b>	<b>134</b>	<b>100.00</b>

Education level

Unfinished primary school	17	12.69
Primary school	30	22.39
Secondary school	50	37.31
Higher education	37	27.61
<b>Total</b>	<b>134</b>	<b>100.00</b>

X
Annex 3.

Data collection protocol

Sociodemographic information

1. Date: .....
2. ID camp: .....
3. Age: .....
4. Marital status: .....
5. Country of Origin: .....
6. Level of education (primary school, secondary school, university degree): .....
7. Are they mothers? .....
- 7a. If yes, how many children do they have? .....

Questionnaire

1. For women/adolescent girls travelling on their own or those that are heading families, what prompted them to choose to leave their country of origin?  
1a. What prompted you to choose to leave your country of origin? .....
2. What were the experiences while trying to arrange the passage to Bosnia and Herzegovina (BiH)? For women travelling with adult males, were they part of the decision to undertake the journey or was it made by the male family member?  
2a. What was your experience while trying to organise/arrange passage to BiH? Who organised it all? Did you participate in decision-making? Were you asked for your opinion? .....
3. What kind of information do women and girls receive about the journey before they embark on it? .....
4. For women travelling alone, what prompted them to make the decision to travel on this journey? .....
5. During the journey, in which places did women and girls seeking shelter? Was this together with the males they were travelling with/relatives or just the group?  
5a. In which places, did you seek shelter? .....
6. During the journey, were there places where women and girls felt unsafe or tried to avoid? (Day? Night?) What was it that made that place unsafe?  
6a. During the journey, what were the places where you felt unsafe or tried to avoid? (Day? Night?) What was it that made this place unsafe? .....
7. Was there food or drink? How long did you have to stay at any particular place? .....
8. Along the route, from whom did/could women and girls seek assistance in case of a security problem? .....
9. Are the specific needs of pregnant women, persons with disabilities or persons with medical conditions considered at registration centres, camps/sites, along the route or other point? Please specify. ....
10. What are women and girls doing to generate income to meet basic needs? (Probe: begging, exchanging sex for money and/or goods, domestic work, utilising savings, other) .....



- 10a.** Have you been in a situation where you had to find a way in order to be able to meet basic needs? What did you have to do?
- 
- 11.** Do women and girls usually travel along the route in groups or alone?
- 
- 12.** What are the most significant safety and security concerns facing adult women/adolescent girls? (Select/type all that apply.)
- ▶ No safe place along the route
  - ▶ Sexual violence/abuse
  - ▶ Forced (survival sex) or exchange of sex for basic needs
  - ▶ Exploitation
  - ▶ Physical violence
  - ▶ Risk of attack when going to the latrine
  - ▶ Being asked to marry by their families
  - ▶ Unable to access services and resources
  - ▶ Don't know
  - ▶ Other
- 
- 12a.** Are these safety and security concerns different for adult women with disabilities?
- 12b.** Are they different for young girls, adolescent girls, lesbian and/or trans women, single women, elderly women? Please specify.
- 12c.** What is the role does the group you are travelling with have in supporting/enabling any forms of violence that women and girls may experience or in preventing this? What role does the group play in facilitating access to assistance for women and girls travelling alone, e.g. getting on the bus, getting a space in the shelter, etc.
- 
- 13.** Without mentioning names or indicating any one, according to you, which group(s) of women and girls feel the most insecure or the most exposed to the risk of violence?
- 13a.** Why?
- 13b.** Why? Which group(s) of women and girls feel the most secure? Probe: If not raised, ask "Is it different for women and girls with disabilities? Yes, No.
- 13c.** If yes, why?
- 13d.** Also ask about children, adolescent girls, single women.
- 
- 14.** What do women and girls usually do after they have experienced violence? Do they seek help? Why or why not? If so, who do they usually go to for assistance?
- 
- 15.** How does the family treat a woman or a girl who was the victim of rape or sexual assault? How do they support her?
- 
- 16.** For pregnant women and those women and girls in need of urgent medical support, have they been able to access any medical services during their journey?
- 
- 17.** What kind of information do women and girls want to receive during the journey and how can the information be transmitted to them?
- 
- 18.** Do you know of any situations of violence against women and girls that have been reported to the relevant authorities? If so, how did the authorities respond? If not, why?
- 
- 19.** What are the specific needs that people have during their journey that humanitarian agencies, NGOs and governments should be aware of? What could be done along the route to create a safe environment for women and girls?
- 
- 20.** Are you aware of any situation where after coming to BiH a woman or girl may have experienced a new experience of gender-based violence?

- 20a.** If yes, are there authorities or service providers who are available to offer support?
- 20b.** Were you in a situation where you experienced any violence after you came to BiH?
- 
- 21.** What do women and girls do to protect themselves from violence?
- 
- 22.** What in your view should be the nature of services and support required from humanitarian agencies, NGOs and governments to address the specific security and protection issues that are being experienced? What kind of services they found important, crucial and who should provide those services? How?
- 
- 23.** If you are travelling with a child, what impact has this experience had on your child? Have you noticed any differences in your child?
- 
- 24.** At what age did you get married?
- 24a.** At what age did you become a mother?
- 
- 25.** How would you describe your relationship with your husband?
- 
- 26.** Did you participate in choosing your husband?
- 26a.** If no, who chose him for you?
- 
- 27.** Do you and your partner participate equally in raising your children?
- 
- 28.** How do you feel now in the TRC here in BiH? How do you spend your days?
- 28a.** How safe do you feel here?
- 28b.** In which situation do you feel the most insecure?
- 
- 29.** What kind of activities do you attend at the TRC? Which services do you like to use? Do you have time for additional activities to benefit yourself?
- 
- 30.** As women what are the main problems (practical, social, personal) that you experience here?
- 
- 31.** Do you have any physical/physical illness? If so, do you use any therapy?
- 
- 32.** Who helps you when you feel sad or something bothers you?
- 
- 33.** If you would like to talk to someone about your problems whom would you talk with?
- 
- 34.** What do women/men do to cope with difficulties (for example, a lack of money)?
- 
- 35.** When thinking about the future, what is your main wish?
- 
- 36.** What gives you most strength and hope in facing the current situation?
- 
- 37.** What more could be done to give you more hope for the future
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Annex 4.

Respondent perceptions of the ways in which migrant women and girls obtain the basic necessities of life during the migration journey

Country of origin	Exchange of sex for money and/or goods		Begging		Domestic work		Utilising savings		Husband or family provide money		Selling personal belongings		Other	
	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Afghanistan	N=40	N=12	N=40	N=12	N=42	N=10	N=49	N=3	N=30	N=22	N=33	N=19	N=44	N=8
	76.9%	23.1%	76.9%	23.1%	80.8%	19.2%	94.2%	5.8%	57.7%	42.3%	63.5%	36.5%	84.6%	15.4%
Bangladesh	N=1	N=0	N=1	N=0	N=1	N=0	N=1	N=0	N=0	N=1	N=1	N=0	N=1	N=0
	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%
Burundi	N=14	N=0	N=14	N=0	N=11	N=3	N=14	N=0	N=13	N=1	N=14	N=0	N=4	N=10
	100.0%	0.0%	100.0%	0.0%	78.6%	21.4%	100.0%	0.0%	92.9%	7.1%	100.0%	0.0%	28.6%	71.4%
Cuba	N=9	N=1	N=9	N=1	N=2	N=8	N=10	N=0	N=4	N=6	N=9	N=1	N=10	N=0
	90.0%	10.0%	90.0%	10.0%	20.0%	80.0%	100.0%	0.0%	40.0%	60.0%	90.0%	10.0%	100.0%	0.0%
Eritrea	N=3	N=0	N=3	N=0	N=3	N=0	N=3	N=0	N=1	N=2	N=3	N=0	N=2	N=1
	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	33.3%	66.7%	100.0%	0.0%	66.7%	33.3%
India	N=6	N=0	N=5	N=1	N=1	N=5	N=6	N=0	N=6	N=0	N=6	N=0	N=6	N=0
	100.0%	0.0%	83.3%	16.7%	16.7%	83.3%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Iran	N=14	N=4	N=15	N=3	N=14	N=4	N=17	N=1	N=14	N=4	N=16	N=2	N=12	N=6
	77.8%	22.2%	83.3%	16.7%	77.8%	22.2%	94.4%	5.6%	77.8%	22.2%	88.9%	11.1%	66.7%	33.3%
Iraq	N=10	N=2	N=12	N=0	N=9	N=3	N=11	N=1	N=10	N=2	N=10	N=2	N=7	N=5
	83.3%	16.7%	100.0%	0.0%	75.0%	25.0%	91.7%	8.3%	83.3%	16.7%	83.3%	16.7%	58.3%	41.7%
Kuwait	N=1	N=0	N=1	N=0	N=1	N=0	N=0	N=1	N=1	N=0	N=1	N=0	N=1	N=0
	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Morocco	N=1	N=0	N=1	N=0	N=1	N=0	N=1	N=0	N=0	N=1	N=1	N=0	N=1	N=0
	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%
Nepal	N=8	N=0	N=8	N=0	N=3	N=5	N=8	N=0	N=5	N=3	N=8	N=0	N=6	N=2
	100.0%	0.0%	100.0%	0.0%	37.5%	62.5%	100.0%	0.0%	62.5%	37.5%	100.0%	0.0%	75.0%	25.0%
Nigeria	N=1	N=0	N=1	N=0	N=1	N=0	N=1	N=0	N=1	N=0	N=1	N=0	N=0	N=1
	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Pakistan	N=0	N=1	N=1	N=0	N=1	N=0	N=1	N=0	N=1	N=0	N=1	N=0	N=1	N=0
	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Sri Lanka	N=2	N=0	N=2	N=0	N=1	N=1	N=2	N=0	N=2	N=0	N=2	N=0	N=1	N=1
	100.0%	0.0%	100.0%	0.0%	50.0%	50.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	50.0%	50.0%
Syria	N=4	N=0	N=3	N=1	N=2	N=2	N=4	N=0	N=2	N=2	N=4	N=0	N=3	N=1
	100.0%	0.0%	75.0%	25.0%	50.0%	50.0%	100.0%	0.0%	50.0%	50.0%	100.0%	0.0%	75.0%	25.0%
SUM	N=114	N=20	N=116	N=18	N=93	N=41	N=128	N=6	N=90	N=44	N=110	N=24	N=99	N=35
%	85.1%	14.9%	86.6%	13.4%	69.4%	30.6%	95.5%	4.5%	67.2%	32.8%	82.1%	17.9%	73.9%	26.1%





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