

Intersectional Feminist Approaches to Addressing Multilevel Vulnerability and Protection in Survivors of Sexualized and Gender-Based Violence: The Context of Migration

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In this paper I offer preliminary conceptual remarks on best practices in approaching multilevel vulnerability and protection in migrant populations, many of whom are also survivors of sexualized and gender-based violence.¹

Consistent with my feminist orientation, I start from the premise that best practices must be grounded within an intersectional framework from the perspective of those who work with migrant populations, researchers, and practitioners alike. Although sexualized and gender-based violence have been extensively documented in connection with flight and detention and immigration centres world-wide, there has been little connection established between these issues, recent feminist literature and best practices relating to working with individuals who live with trauma related to sexualized and gender-based violence.

Intersectionality as a framework for understanding identity: challenge and opportunity

As an analytical strategy intersectionality helps us see human subjectivity—the quality and experience upon which individual identity rests -- as constituted by “mutually reinforcing vectors” of oppression and privilege, thereby highlighting that individual identity ‘exists within and draws from a web of socially defined statuses, some of which may be more salient than others in specific situations or at specific historical moments.’²

The intersectional analytic lens allows us to see marginalization and oppression as they stem from a combination of factors, rather than treating each one separately. The intersectional lens also allows us to analyse multiple forms of privilege as they stand in interplay with multiple forms of oppressions. A systematic application of intersectionality as an analytic lens shows marginalization and privilege as operating in a dynamic, dialectical way: most persons, consistent with their specific set of intersectional identities, can and do experience forms of both marginalization and privilege in different settings and contexts.

Bringing privilege into the discussion of intersectionality is important for two reasons with significant implications for how migrant individuals are perceived and received in host countries.

¹ Instances of sexualized and gender-based violence in detention centres have been widespread. For studies on the subject, see for example, V. G. Zarate, Disposable Immigrants: The Reality of Sexual Assault in Immigration Detention Centers, 53 ST. MARY'S L.J. 619 (2022), available at: <https://commons.stmarytx.edu/thestmaryslawjournal/vol53/iss2/6>.

Also see, S. Perera and J. Pugliese, (2018) “Sexual Violence and the Border: Colonial Genealogies of US and Australian Immigration Detention Regimes”, *Social and Legal Studies*, 1-14; S. E. Tan, K., Kuschminder, (2022) “Migrant Experiences of Sexual and Gender-Based Violence: A Critical Interpretive Synthesis,” *Global Health* 18, 68, available at, <https://doi.org/10.1186/s12992-022-00860-2>.

² Nash, J. “Rethinking Intersectionality,” in C. R. McCann, S-K. Kim, & E. Ergun, (2021) *Feminist Theory Reader: Local and Global Perspectives, Fifth Ed.*, Routledge, 117-123, 117.

Both reasons highlight the need for radical self-reflection on the part of host country officials, researchers, and practitioners:

1. Power asymmetries are quickly and effortlessly established and re-created across all communicative contexts, unfortunately. Focusing on the operation of privilege in the context of migration and support for migrants places an *ethical burden* on those whose identities bring them largely unearned privileges to remain continually cognizant of such power asymmetries and work to deconstruct them. Positional privilege, i.e., the privilege and authority inherent in one's professional or official position, is part of this dynamic that impacts communication. The ethical burden is of increased relevance when the host country is predominantly White and located in the Global North, possessing unfair concentration of wealth and other forms of resources, and who receives migrants arriving from sending countries that are predominantly Black or otherwise racialized in the eyes of the host country. The ethical burden therefore primarily demands heightened self-reflexivity and the ability to offer support in terms that are informed by *empathy* but also *intellectual humility*, to minimize or eliminate discursive exchanges that reinforce and reinscribe injustice, inequality, and a harmful binary understanding of identity. The ethical burden of radical self-scrutiny is a collective responsibility as well: It is relevant across various international and national policy frameworks, especially when it comes to policy frameworks originating in the resource-rich Global North.
2. Intersectional analysis applies to two levels: the individual and the social or structural. At the individual level, it reveals how the intermeshing of systems creates a broad range of challenges and opportunities for the expression and performance of individual identities.³ This means that each identity—including that of each migrant—is marked by a specific interplay of privilege and oppression which is context dependent. At the societal/structural level, intersectional analysis reveals the ways systems of power are implicated in the development, organization, and maintenance of inequalities and social injustice.³ Inherent assumptions about who is more likely to be deserving of help, why, and how, can impact migrants in multiple ways, both from a geo-political, macro standpoint and from a micro standpoint, as it plays out 'on the ground' in their interactions with host officials. *Radical self-scrutiny* and respect for the complexity of each migrant identity is therefore required on the part of host officials to minimize or eliminate harmful assumptions.

Multilevel vulnerability

Migrants and asylum seekers, but especially those who have also survived sexualized and gender-based violence, exist in a state of exacerbated corporeal vulnerability. This means that the nature of harm they have endured at the hands of another has likely affected the most intimate

³ Webber, L. (2009). *Understanding Race, Class, Gender, and Sexuality: Text and Cases*. Oxford University Press, 2d edition.

part of their identities, what as human beings we often identify as the core of one's subjective sense of selfhood.⁴

Migrant experience can be understood in the context of **three different sources** of vulnerability:

1. Inherent
2. Situational
3. Pathogenic

And **two different states** of potential and/or actual vulnerability:

1. Dispositional
2. Occurrent

Inherent vulnerability refers to the sources of vulnerability that are intrinsic to the human condition because of our corporeality, our neediness, our dependence on others, and our affective and social natures. While we are all inherently vulnerable to hunger, thirst, sleep deprivation, physical harm, emotional hostility, social isolation, etc. at the time they have arrived at the border, migrants and asylum seekers have endured a significantly greater level of deprivation in relation to all these due to the often-perilous nature of their journeys. Their age, gender, and sexual orientation may exacerbate deprivations associated with the inhospitable physical conditions that typify the migratory journey, as do their previous and current health status, national and/or cultural belonging, and disability. In the case of those who have experienced sexual violence, their health status – physical and psychological-- is additionally and severely compromised.

Inherent vulnerability will vary depending on a person's resilience and capacity to cope. The sources of resilience are also varied. Women, mothers, and grandmothers, who are most often the primary caregivers of children at home as well as on the migration journey, and the children themselves, are among those who are most likely to be most inherently vulnerable. The care of children is an active, committed process, that is both undertaken in the long term and in a daily capacity. Protection and support to women and others who have been caring for children must consider the additional burden of responsibility that this care entailed, both for themselves and for the children.

In cases where the women endured sexualized violence, because they are suffering from trauma associated with this type of violence, separate and additional forms of care will be required for the women on the one hand, and the children, on the other. The children's ages will be relevant to consider here, as well as the women's individual ability to cope. In many cases, her ability to provide care for the children will be severely diminished due to her own PTS symptoms and a decreased ability to care for herself. Prior health conditions and dispositions, as well as other

⁴Thornton Dill, B. & E. Zambrana, R. (2009). 1. "Critical Thinking about Inequality: An Emerging Lens." In B. Dill & R. Zambrana (Eds.), *Emerging Intersections: Race, Class, and Gender in Theory, Policy, and Practice* (pp. 1-21). Ithaca, NY: Rutgers University Press. <https://doi.org/10.36019/9780813546513-003>, 109 (FTR).

In my account I draw upon and adapt the vulnerability framework discussed in Mackenzie, C., W. Rogers, & S. Dodds (Eds.) (2013), *Vulnerability: New Essays in Ethics and Feminist Philosophy*, Studies in Feminist Philosophy, New York.

identity vectors will additionally impact individual migrants in their ability to cope, as well as how they come to interact with various officials.

Situational vulnerability, when considered in isolation, is defined as context specific. For example, a young woman walking home from work after dark through a secluded alleyway is situationally vulnerable. The same walk home in daylight and along well lit and crowded streets is likely not to result in the creation of the same type of vulnerability. In the multidimensional context of migration inherent and situational vulnerability are mutually reinforcing, as the conditions associated with migration both exponentially exacerbate existing and produce further situational vulnerabilities.

From an intersectional perspective, there is variability in this category as well, depending on the duration and complexity of the journey itself. Those whose journeys were relatively short and safe will respond to the challenges and supports in the receiving/host country differently than those whose migration journey involved multiple crossings, was protracted, and affected by different types of violence. These differences will be compounded by the intersections of individual identity categories. Those who may have been marginalized in their home country based on one or more categories, those who have experienced especially arduous journeys, who may have been subjected to sexual violence, or who may have witnessed sexual violence inflicted on others around them, may be feeling additionally challenged by the need to interact with various agency officials, and thus may be especially vulnerable.

Each type of vulnerability, inherent and situational, can be associated with either of **two states: dispositional and occurrent**. For example: while most fertile migrant women of childbearing age may be inherently as well as dispositionally vulnerable to life threatening complications in pregnancy and childbirth resulting from the migratory journey, whether or not a pregnant woman is occurrently vulnerable to such complications will depend on a range of factors, both inherent and situational, such as her current physical health, medical history, the specific geography of her migratory journey, the situational context of that journey, and very significantly, whether or not she has endured sexualized and gender based violence during her journey.

A subset of situational vulnerabilities are **pathogenic** vulnerabilities. This type of vulnerability occurs based on a combination of inherent and situational sources, including morally dysfunctional or abusive interpersonal and social relationships, and sociopolitical oppression or injustice. Pathogenic vulnerability “may also arise when a response intended to ameliorate vulnerability either exacerbates existing vulnerabilities or generates new ones.”⁵ For example, migrants who are occurrently and situationally vulnerable due to their circumstances and their gender, are susceptible to pathogenic vulnerability, such as sexual assault or harassment by officials and others who are supposed to help them, or by other migrants around them.

⁵ Mackenzie, Rogers & Dodds, p.9.

10 guiding principles for providing survivor-centric, intersectionally grounded care and support for migrant individuals:

1. All migrant people have experienced at least one type of trauma, and they are all survivors. Many have experienced multiple traumas during the migration journey, that may compound prior traumatic experience.
2. No one program/service fits all.
 - o No coercion must exist for any type of treatment or adoption of service or support. Ongoing informed consent must be sought, obtained, and respected at every step.
3. Supports and services for individuals who have experienced violence must be designed to restore their capacity for self-determined agency through a complex and well-coordinated but flexible network that can be adapted to individual needs.
4. Empathy must never be confused with sympathy on the part of host officials and practitioners and support providers. True empathy stems from genuine intellectual humility.
5. Ongoing, radical self-reflection is required on the part of policy makers and support providers, interrogating their own intersectional positionality.
6. At each step of interaction, services and supports must enable and respect migrant self-identification.
 - o Respect survivor autonomy and agency: work to restore their human dignity and grant them all available means of control over the circumstances.
 - o Respect children's right to take part in decision making processes.
 - o Recognize and acknowledge resilience, especially if individuals see themselves and their actions in the context of resilience.
7. Programs, services, and supports must start from the following foundational questions:
What do you need right now to feel better?
What are your concerns?
What are the outcomes you would like to see?
The answers may involve reporting instances of violence, but they may also involve satisfying basic human needs.
8. Care, support, and communication must start from a position of trust: violence occurred when a person states that it has.
9. Gathering of information, testimonies, and documentation of violence or for purposes of identification by government officials, human rights and criminal documenters, investigators, journalists, researchers, and others must be done in survivor-centric, trauma-informed way. *The Murad Code* should serve as a guide.⁶
 - o Enable, as far as it is possible and safe, for survivors themselves to become documenters, gatherers of information about their own experiences.
 - o Gather information from alternative sources, not only first hand testimonies. In the case of those who have survived sexualized and gender-based violence, reinterviewing with multiple groups or individuals and being asked the same questions multiple times can and does lead to re-traumatization.
 - o Prepare survivors for interviews and provide follow up care.

⁶ The Murad Code is accessible via the pages of the Murad Code Project: <https://www.muradcode.com/>.

10. Knowledge of migrants' historical and cultural context and language is important for first responder teams as well as for medium- and long-term care teams.