



# THE HIDDEN CRISIS

Sexual violence crimes along African-European migration routes



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DIIS · DANISH INSTITUTE FOR INTERNATIONAL STUDIES



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This report, commissioned by the Danish Red Cross, reflects the views of the authors alone.

We would like to thank all the professionals working with survivors along the route for their contributions: despite challenges and danger, they are constantly trying to bring light, hope and humanity back into this darkness.

Warning: This report deals with sexual violence and contains graphic descriptions. This report is intended for an informed audience and should be read with discretion.

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# ABSTRACT

This report examines the pervasive yet under-recognised issue of sexual violence affecting refugees and other migrants along the Central Mediterranean migration route, which stretches from sub-Saharan and East Africa through transit countries such as Sudan, Niger and Libya towards Europe. While widely known as one of the deadliest migration routes, the report argues that its most overlooked feature is the systematic and normalised perpetration of sexual violence throughout the journey.

Based on a review of 286 sources and 15 interviews with professionals working with survivors, the study finds that sexual violence is not incidental but widespread and nearly unavoidable. Estimates suggest that between 50% and 90% of women experience sexual violence, with some specific contexts – such as human trafficking for ransom – approaching almost 100% prevalence. Despite this, the issue remains under-reported due to stigma, fear, lack of services and the challenge of collecting ethical data in the migration context. This silence contributes to a hidden crisis, the normalisation of abuse and the lack of political and humanitarian prioritisation.

Sexual violence occurs at all stages of migration and in multiple locations, particularly in Libya, the Sahara Desert, and key transit hubs like Agadez in Niger. Perpetrators include smugglers, traffickers, armed groups, state officials, civilians and even individuals within migrant or humanitarian communities. The violence takes many forms, including rape, gang rape, sexual torture, forced witnessing of abuse and transactional sex. It is often used deliberately as a tool of control, coercion, extortion and humiliation, but can also occur opportunistically due to migrants' severe vulnerability.

The report highlights structural drivers behind this crisis, including the lack of safe migration pathways, which forces reliance on smuggling networks operating in lawless environments. Weak governance, armed conflict, economic dependence on migration-related criminal activity, and entrenched gender inequality all contribute to a context where abuse can occur with impunity. Historical and racial dynamics, particularly in North Africa, further dehumanise migrants and normalise violence against them.

Despite these risks, migrants demonstrate agency and resilience. Many adopt strategies to reduce exposure to violence, such as travelling in groups, forming relationships for protection, disguising identity or using contraception before

departure. However, these strategies often involve trade-offs and can expose individuals to new forms of exploitation. Social networks play a dual role, offering both protection and risk, while transactional relationships may provide temporary safety but are often shaped by unequal power dynamics.

A major consequence of sexual violence is unintended pregnancy, with extremely limited access to safe abortion along the route due to legal restrictions, lack of services and practical barriers, even in countries where it is technically legal. As a result, many women resort to unsafe abortions, leading to serious health complications. Others are forced to carry pregnancies under harsh conditions, further compounding trauma and vulnerability.

The report also identifies significant gaps in humanitarian and legal responses. Services for survivors are insufficient, difficult to access and often not adapted to the realities of transit contexts. There is a lack of accountability for perpetrators, and sexual violence is frequently obscured under broader terms like 'gender-based violence', which can dilute attention to its specific impacts.

In conclusion, sexual violence along the Central Mediterranean migration route is a systemic and defining feature of the migration experience, driven by structural inequalities and enabled by widespread impunity. The report calls for greater recognition of the issue, improved survivor-centred care, stronger legal accountability and more effective humanitarian strategies. Without urgent action, sexual violence will remain a hidden but central crisis affecting migrants on this route.

# ABBREVIATIONS

<b>CM</b>	Central Mediterranean
<b>CMR</b>	Clinical management of rape
<b>DCIM</b>	Department for combatting illegal migration
<b>FFM</b>	Independent Fact-Finding Mission
<b>HTR</b>	Human trafficking for ransom
<b>ICC</b>	International Criminal Court
<b>ICT</b>	Information and communication technology
<b>IOM</b>	International Organisation for Migration
<b>MSF</b>	Médecins Sans Frontières
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights
<b>SGBV</b>	Sexual and gender-based violence
<b>SOGIESC</b>	Sexual orientation, gender identity and expression and sex characteristics
<b>SV</b>	Sexual violence
<b>SVRP</b>	Sexual violence-related pregnancy
<b>TOP</b>	Termination of pregnancy
<b>UN</b>	United Nations
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNSC</b>	United Nations Security Council
<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>UNSMIL</b>	United Nations Support Mission in Libya

# INTRODUCTION

The Central Mediterranean (CM) migration route usually refers to the migration routes originating across sub-Saharan and the Horn of Africa, transiting through (or from) Sudan and Niger, towards North Africa (mainly Libya and Tunisia, but also Algeria and Egypt) and continuing with sea crossing attempts towards Europe (mainly Italy and Malta). The CM route has regularly made the headlines over the past 10 years, particularly due to two distinctive aspects.

First, this is one of the main irregular migration routes to Europe, composed of population movements driven by labour, armed conflicts, the need for protection or economic reasons, as well as human trafficking. Thus, this route is the focus of significant externalisation efforts by the EU and its member states, through support, assistance and cooperation with national and local actors in a position to control or halt these population movements. Although this route derives its name and notoriety from its destination in the Central Mediterranean, it would be misleading to focus solely on this aspect. This is merely the tip of the iceberg, as this route is also made up of non-linear movements, not necessarily heading for Europe: those who travel along it may stop at various points, sometimes for several years or indefinitely, turn back, be forced to return home, or travel along it on a cyclical basis.

Secondly, it is one of the deadliest migration routes, with at least 26,690 deaths and disappearances during the Central Mediterranean crossing since 2014 (IOM, 2026). This route is also well known for the brutality endured by those who undertake it and its high level of violence committed by state and non-state actors alike (UNSMIL and OHCHR, 2018; IOM et al., 2024). In particular, numerous testimonies provide common, yet fragmented, evidence of the prevalence and ubiquity of sexual violence

on this route. Rape for instance, is described as an 'almost inevitable part of migration' (de Foucher, 2023), and as 'a key component of the journey, as "normally" present as fatigue, thirst, fear, racketeering, sadness, etc.' (Laacher, 2019).

Through discussions on shared experiences, initiated aboard a rescue ship in the Mediterranean Sea, we noted the following points: although sexual violence and its prevalence are well known, it has not emerged as a political priority; humanitarian responses in the countries along this route remain limited, and the perpetrators of this violence have not yet been brought to justice.

We embarked on a one-year research, enabled by funding of the Danish Red Cross, to respond to the following main guiding questions:

- What are the patterns of sexual violence affecting refugees and other migrants along the CM route?
- How do those patterns affect refugees and other migrants' lives and how do they deal with it?
- How do humanitarian organisations and professionals respond to sexual violence along this route?
- What are the challenges refugees and other migrants they encounter and how could these challenges be addressed?
- And finally, what is the current legal response to these crimes, and how could perpetrator accountability and victim recognition be improved?

Our main guiding framework is based on the two following points of departure: first, an understanding of sexual violence not as an aggressive expression of sexuality, but as a sexual expression of aggression intended to degrade, humiliate and subjugate (Seifert, 1993). Within this framework, sexual violence along migration routes constitutes a demonstration of power, misogyny and/or racism, requiring us to take into account the multiple social identities of individuals and the ways in which it overlaps and intersects within the experience of the migration journey. Secondly, the aim is to generate knowledge that is both person-centred and relevant to healthcare workers, as well as the professionals in the humanitarian and protection sectors. Beyond violence and its criminology, we must therefore explore the

intersection between migration and sexual violence, its direct consequences on refugees and other migrants, and the care and support they receive throughout their journey.

Our findings and answers to these questions will be presented in five chapters:

The first chapter focuses on migration and sexual violence itself: its prevalence, forms, perpetrators and the meanings and culture surrounding it. This chapter will also provide quantitative data illustrating the extent of violence in migration, as well as a reflection on the extent of the 'normalisation' of sexual violence along the journey, be it by humanitarian actors or people on the move themselves.

The second chapter presents elements regarding the survivors' perspective and agency, focusing on what are the strategies, the preparation, the response and coping mechanisms used by people on the move. In particular, this chapter pays specific attention to unintended pregnancies as a result of sexual violence.

The third chapter analyses the current responses to sexual violence provided by humanitarian organisations and health infrastructures along the Central Mediterranean route. The objective is also to understand the obstacles that victims/survivors encounter to access existing services, as well as the obstacles and challenges encountered by humanitarian actors to obtain access to people in need and to provide assistance safely.

The fourth chapter draws from the experience of the professionals interviewed to propose different strategies and set-ups of assistance and protection programmes, specifically adapted for the migration/transit context. This chapter relies on the findings of the previous chapters to see how humanitarian and medical, social and legal assistance can be articulated with survivors' experiences and perspectives.

The fifth and final chapter discusses how survivors could access justice and protection and draws conclusions and recommendations for further activities on this topic.



# METHODOLOGY

An in-depth review of the existing literature was conducted, with a total of 286 documents analysed. Several databases were used (e.g. Google Scholar, Cairn.info, Jstor and ScienceDirect), using keywords from the research questions. Publications dating from 2015 to 2025 were considered, with a focus on data published after 2022 (see Bibliography).

Additionally, data was collected from 15 individual and group interviews of professionals who have worked directly with survivors of sexual violence along the CM route. The professionals interviewed had a wide range of backgrounds: medical, protection, as well as team and project management. Twelve were women and five were men. They worked or are working for non-governmental organisations, United Nations agencies, Red-Cross national societies or public institutions, in Libya, Niger, Sudan, Italy, France or onboard ships in the Mediterranean Sea. Thus, the methodological approach is multidisciplinary and intersectional and integrates knowledge from both the medical field (sexual and reproductive health, paediatrics, psychiatry, public health), as well as social sciences (psychology, anthropology, sociology, criminology/victimology).

This report also relies on shared longitudinal experience and data collection by the two authors of this report. Loan Torondel has worked in protection and social care for people on the move along the CM route for more than six years in Libya, Tunisia, France and onboard rescue ships. Sine Plambech has researched migration, gender and trafficking in multiple geographical contexts for more than twenty years, including along the West African routes to Europe.

For ethical reasons, all information relating to the identity of the professionals interviewed and their place of intervention has been anonymised. Existing research on the care and assistance provided to survivors of sexual violence currently often lacks the perspective of the victims themselves. One of the initial objectives of this research was to address this knowledge gap by seeking to include the voices of those most directly affected. This perspective requires an ethical and working framework as well as a timeframe that we did not have. To fill this gap as much as possible, we encouraged the professionals interviewed to base their reflections on their clinical practice.

Sexual violence is usually encompassed within Gender-Based Violence (GBV), a broader, umbrella term that comprehends different forms of 'harmful acts directed at an individual based on their gender rooted in gender inequality, the abuse of power and harmful norms' (Global Protection Cluster, n.d.). Using 'GBV' is intended to highlight that the violence is a result of structural gender inequality and covers a wide range of abuses.

While the use of this term in the humanitarian sector has led to a more comprehensive and systemic understanding of violence as well as more inclusive responses, the authors' previous experiences showed adverse effects, with the term being used to avoid talking specifically about what constitutes sexual violence, the discomfort associated with it and the tensions it can cause within a team (a point confirmed later in multiple interviews). As a result, the specific nature of the intimate impact and the social and cultural dimensions of sexual violence are often not properly explored. Authorities may also push for the use of gender-based violence in order to silence the sexual forms of this violence for political reasons. In this report, to highlight the issue, sexual violence is purposely the chosen term.

Furthermore, to acknowledge sexual violence in migration as a crime, this report discusses sexual violence, based on the International Criminal Court's (ICC) definition:

An act of a sexual nature against one or more persons or caused such person or persons to engage in an act of a sexual nature by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person or persons or another person, or by taking advantage of a coercive environment or such person's or persons' incapacity to give genuine consent.

(Elements of Crimes, 2013: 7).

Similarly, we rely on the ICC's definition of rape, as an act where:

The perpetrator invaded the body of a person by conduct resulting in penetration, however slight, of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body.

The invasion was committed by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person or another person, or by taking advantage of a coercive environment, or the invasion was committed against a person incapable of giving genuine consent.

(Elements of Crimes, 2013: 5).

Finally, the report focuses primarily on sexual violence against women in migration. Women are over-represented among those reporting a risk of sexual violence en route. While many of the ramifications of sexual violence and the motivations behind it seem to target women in particular, and target them as such, we have also documented that these forms of sexual violence can be perpetrated against male refugees and other migrants and individuals with diverse sexual orientation, gender identity and expression and sex characteristic (SOGIESC). This status is commonly accepted as an additional vulnerability to GBV "due to stigmatisation, discrimination and lack of access to services" (Sullivan et al., 2021: 35). While conducting our research, there was no evidence to suggest that people with diverse SOGIESC are specifically targeted, which seems to be due in particular to the fact that this identity is often kept hidden during the migration process. However, the extremely high prevalence of sexual violence means that individuals with diverse SOGIESC are also affected because they are identified as migrants or refugees, regardless of their sexual orientation or gender identity and expression. Thus, lesbian refugees and other migrants appear to suffer sexual violence, not because of their sexual identity, but because all migrant women are targeted on this route. Targeting for exploitation of SOGIESC refugees and other migrants remains possible once their status is known (Chynoweth, 2019: 31–34).





Migrant women and men wait by the United Nations High Commissioner for Refugees (UNHCR) headquarters in Tripoli, Libya. October 2021. Photo: Hussein Eddeb / Shutterstock.com .

## THE CONTINUUM OF VIOLENCE IN MIGRATION

A range of reasons were identified for the current dearth of data and knowledge on sexual violence in migration (Tan and Kuschminder, 2022). Firstly, there is a fear of generating stigma by the family or community of the victim if the information is revealed. Secondly, the common impossibility of meeting the needs that the patient might disclose during a discussion about sexual violence means potentially creating additional psychological distress for the patient in a context where there is neither the framework nor the capacity to support it. In a situation where it is not possible to take care of sexual violence, it is the clear perspective of the professionals involved in this work that we interviewed, that it is more protective for a victim 'to remain silent' (Confidential, personal communication, 2025).

This principle does not only apply for care and protection activities: the difficulty or even impossibility of collecting data on this subject in a safe and ethical manner, particularly in a transit context, seems also to explain why some humanitarian actors are reluctant to explore this issue in their data collection (Confidential, personal communication, 2025).

Lastly, the subject of sexual violence covers sensitive or taboo notions that affect all societies (deviant behaviour and violent acts, abortion, sexual encounters outside marriage, virginity, etc.). This subject can therefore create discomfort within a project, tensions within an organisation's team or with local/national authorities, leading humanitarian actors to remain discreet on this topic to avoid security incidents (criminalisation, staff detention, etc.), loss of access, or expulsion from the territory.

**Depending on the sample population of women, the incidence rate of rape victimisation along the CM route found in the above-mentioned studies ranges from 50% to 90%, and from 70% to 93% for sexual violence (SV).**

While these constraints and limitations for data collection on sexual violence detailed above are real, they should not contribute to the current hidden nature of the problem. Other factors (temporality, prioritisation of needs, stigma) mean that it will probably remain complex to obtain comprehensive data on sexual violence in migration. Delaying attention to this issue, to wait for a more opportune moment, means taking the risk of invisibilising the topic. Indeed, a recurrent issue in the humanitarian community is that situations are often considered as an emergency/crisis only when quantitative data is illustrating it. Qualitative data tends to be considered as anecdotal, which is therefore a problem for topics where such data collection is not feasible, such as for sexual violence. As researcher Joanne Neenan (2018: 21) explains on the issue of children born as a result of sexual violence in conflicts, 'over-reliance on quantitative data to "measure the size" and urgency of this crisis' will ensure that the topic 'remains politically invisible'.

Maintaining this protective silence has led to a lack of awareness of the extent and types of needs, and plays a role in normalising this violence and the current under-resourcing of services along the CM route. Therefore, without questioning the absolute necessity of safety and confidentiality, this issue needs to be explored and

documented using other methods of data collection (see below). Although these may not directly reveal the precise prevalence of victimisation, they should be regarded as sufficient to prompt a response to sexual violence.

### **BOX 1. HOW MANY?**

In a report published in 2017, UNICEF 'reported that nearly half of the women and children interviewed after' taking the Central Mediterranean route 'were raped' (UNICEF, 2017). Nearly 70% of the migrant women met by Gynécologie Sans Frontières in northern France had been raped or sexually assaulted during their journey to Europe, or in the camps in France (Boitiaux, 2017).

A cross-sectional study with migrants who transited through Libya in a Médecins du Monde's reception and healthcare centre in Seine-Saint-Denis, France, found that 53.3% of women suffered sexual violence, and 79.2% of all participants witnessed sexual violence. Related to the frequency of sexual violence episodes reported among this group 41% of participants reported daily violence, 25% weekly violence, 34% less than weekly and 5% rarely (Reques et al., 2020).

In a cohort study of female asylum seekers over the age of 18 registered in the south of France, the incidence rate of sexual violence prior to their arrival in France was 75.2% (Khouani et al., 2023). Of a sample of 136 African women who took the CM route and who were consulted at a Turin rape centre (between 2007 and 2016), 127 (93%) reported sexual assault.

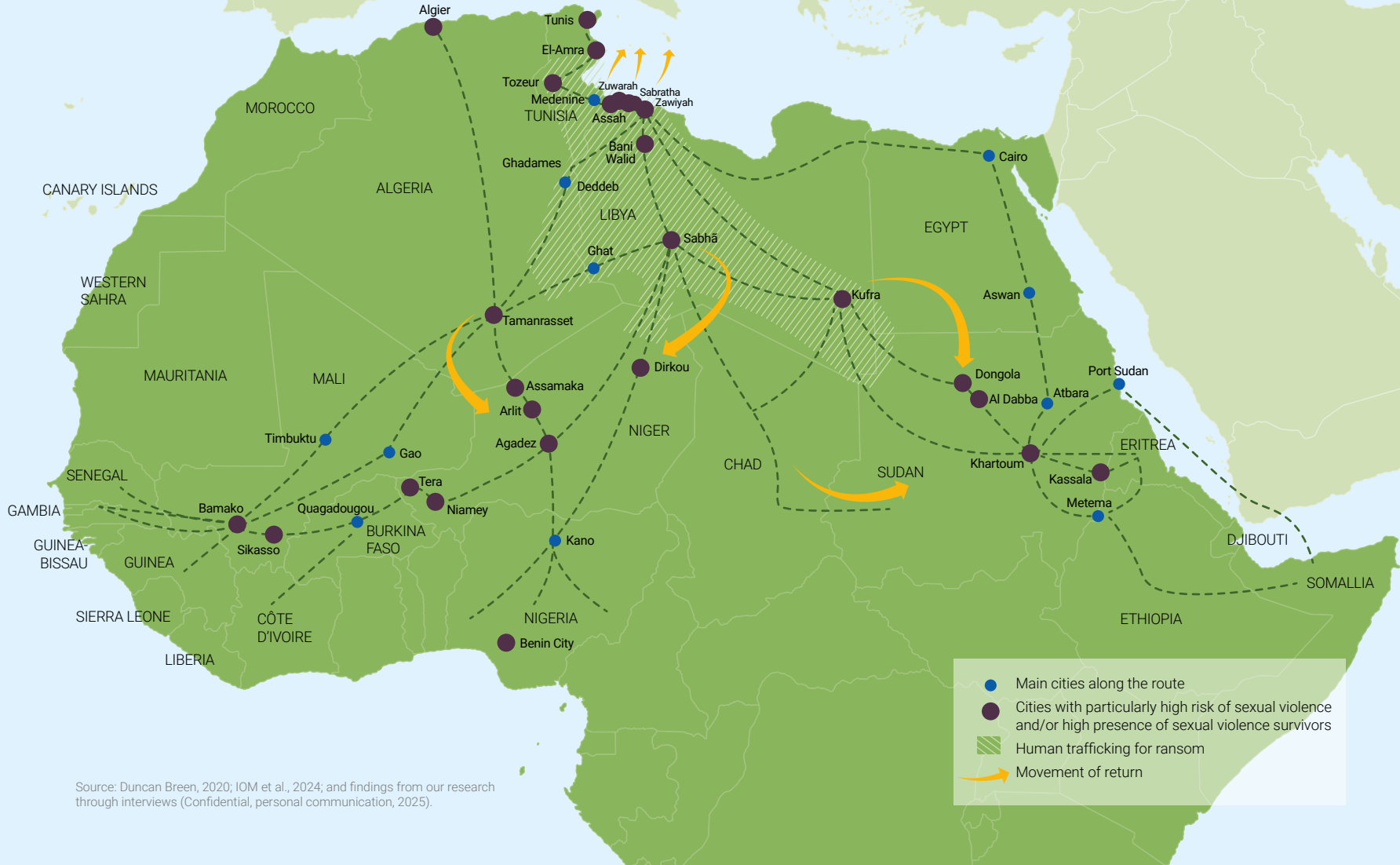
Depending on the sample population of women, the incidence rate of rape victimisation along the CM route found in the above-mentioned studies ranges from 50% to 90%, and from 70% to 93% for sexual violence (SV).

Individuals interviewed for this report estimated an incidence range for SV from 75% to 'almost 100%', with SV incidents being frequently repeated over time and along the way.

### **BOX 2. WHERE DOES IT HAPPEN?**

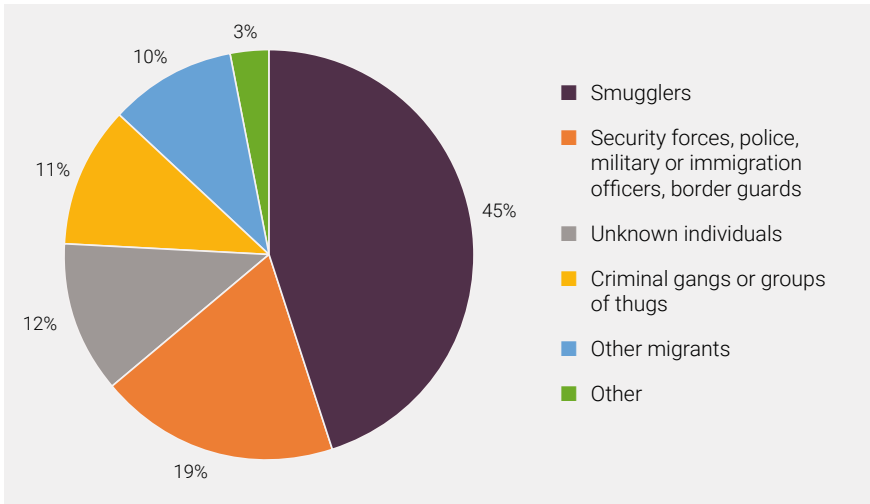
The places most frequently reported for sexual violence-related risks were Libya (including Tripoli, Bani Walid, Zawiyah, Zwara), the Sahara Desert (including Tamanrasset, Sabha, Kufra), Niger (Agadez, Tera), Sudan (Khartoum, Kassala) and Mali (Bamako, Sikasso). By far, the main country where sexual violence as part of migration occurs is Libya (IOM et al., 2024).

**Map 1. Mapping sexual violence along the Central Mediterranean route**



Source: Duncan Breen, 2020; IOM et al., 2024; and findings from our research through interviews (Confidential, personal communication, 2025).

**Figure 1. Perceived perpetrators of sexual violence along the Central Mediterranean route**



Source: Based on Duncan Breen, 2020: 20.

## THE CONTEXT OF SEXUAL VIOLENCE

Multiple reports and scientific articles have studied the different perpetrators and contexts of sexual violence on the Central Mediterranean migration route (see Wirtz, 2023; ECCHR et al., 2021). Whilst the vast majority of perpetrators of violence are men, existing data show that there exist different layers of roles, positions, legal status, nationality and/or ethnicity, illustrating how this criminality intersects.

In many cases the victim is unable to determine the exact identity of the perpetrator (Castagna et al., 2018; Reques et al., 2020). According to one of the professionals interviewed for this report, this is a strong indication of the level of insecurity experienced by victims. Whether in the public or private sphere, danger can come from anywhere, with victims being targeted by a wide variety of individuals who do not necessarily have any direct connection to them.

The prevalence of sexual violence on the CM route takes place within a particularly fraught historical context. In Libya, for instance, rape and other forms of sexual violence were allegedly used before, during and after the 2011 revolution, both by forces belonging to or supporting the former Libyan dictatorship, including Muammar Gaddafi himself, and by opposition forces (Wirtz, 2023: 682).

The particularly alarming tone of the Special Rapporteur on violence against women and girls, Reem Alsalem, following her visit to Libya in December 2022, also points to a broader context of violence against women and children (Alsalem, 2022). The Independent Fact-Finding Mission (FFM) in Libya pointed out the country as ‘a patriarchal society, whose culture overlaps with deeply rooted ideas of masculinity, militarism and elements of religious conservatism’, making sexual violence both widespread and taboo (FFM on Libya, 2021, para. 53). One of the professionals interviewed for this report also raised the question of how to directly and meaningfully challenge members of Libyan authorities’ representations regarding sexual violence, instead of constantly trying to navigate around them (Confidential, personal communication, 2025).

Significantly, there is a historical context for the sexual violence during migration which occurs on the CM route: the trans-Saharan slave trade. Though abolished in North African countries during the 19th century, the perceptions of black individuals during that era persist today, as seen in Tunisia (Dumont, 2025), as well as in Libya.

Furthermore, the impact of colonial history is not limited to North African countries. Linthout et al. also highlighted situations of forced transactional sex in the context of migrant solidarity hosting in homes in Europe: ‘Such relations of solidarity are closely intertwined with heteronormative and racialised representations – notably the hyper-sexualisation and exoticisation of Black bodies – rooted in colonial history. These stereotypes may render it even less likely that their victimisation will be taken seriously by others’ (Linthout et al., 2025: 9–10).

These factors are in addition to the fact that refugees and other migrant women’s bodies are ‘constructed as undocumented/disposable, allowing and legitimising sexual violence against them’ (Mouriki, 2021: 123), all of which leads to the normalisation of sexual violence as part of the migration journey and higher levels of risk in public and private spheres.

### **Security, political and economic factors contributing to sexual violence**

The global failure of states to provide adequate quotas of safe passage and resettlement leaves refugees and other migrants with no option but to resort to smuggling and crossing these dangerous transit areas to reach safety and obtain immigration status, exposing themselves to the risks of sexual violence (Sullivan et al., 2021). Even worse, this criminal activity relies precisely on these border closures for its growth (Margherita, 2025, at 21m:49s).

This phenomenon is often added to the loss of protection from traditional and/or informal social systems in migration. It also happens in areas devoid of any accountability, geographically distant from institutional protection mechanisms, in so-called failed states or with the complicity of them. This notion of political default plays a key role in this level of abuse (Mestre et al., 2022). In situations of human trafficking for ransom (HTR) Kuschminder and Triandafyllidou refer, for example, to a 'transit space of exception':

What is special about the Toubou region is the fact that the smuggling industry along the Sudan – Libya route operates within a "space of exception", a void of both national and international law. [...] returning to a pre-modern system of rule. Eritreans in Libya are not simply victims, they become "homines sacri" in the sense that Agamben (2005) has argued – they can be killed without anyone being sanctioned for murdering them.

(Kuschminder and Triandafyllidou, 2020: 221).

Today's CM route developed partly due to the tightening of controls and security in Morocco since 2006 and the armed conflict in Mali since 2012, causing the flows that used to pass through those countries to be redirected to Niger, through Agadez, and Libya (Grégoire and Pellerin, 2019). It should be added that the post-revolutionary situation in Libya in 2011, with the breakdown of state institutions and the deterioration of the security situation (over-paramilitarisation, installation of Daesh in 2015) left considerable space for smugglers, traffickers, criminals and other migratory actors, opening this new route to the Mediterranean for refugees and other migrants from East and West Africa.

Following the EU support to migration management in Libya, several armed groups and state actors turned into security operations against smuggling and trafficking activities, but mostly by using 'their dominant military and political positions to exert control over human smuggling and bring the numbers of migrant crossings down in a competitive bid for legitimacy' and international resources (Micallef et al., 2021: 15). But the EU support did not remove the financial incentives for migrant smuggling, leading armed groups to profit 'both of prevention and facilitation of irregular migration at the same time. The balance between the two created some regulation of migrant smuggling without stopping it' (Eaton, 2025). At the same time, the expansion of HTR schemes seems to be correlated to the involvement of Libyan armed groups in security operations against smuggling and trafficking activities.

As such activities became more challenging, some criminal networks went underground and sought greater profit through extortion and HTR than only transportation of migrants (Micallef et al., 2019).

Criminal activities related to smuggling also represent a source of survival and adaptive economy, enabling populations in transit zones to cope with the consequences of regional conflicts, marginalised/collapsed economies and/or neglect by government authorities. Without excusing or justifying these activities, the fact is that they have become particularly well established in the local economy, generating direct jobs, businesses and services (Molenaar et al., 2017). The criminalisation of smuggling, as Niger did through a law in 2015 (until it was repealed in 2023), without offering viable economic alternatives, has essentially driven it underground, which may lead those involved in these activities closer to other forms of criminality such as narco-trafficking or arms trafficking (Grégoire and Pellerin, 2019).

The professionals interviewed for this report shared a number of insights drawn from their experience, which shed light on the various types of sexual violence as well as the perpetrators. We compile and compare them with findings from the existing literature in the sections below.

### **Human trafficking for ransom (HTR)**

After being deceived by smugglers or taken by force (see dedicated paragraph below), victims find themselves captives in houses, compounds or warehouses (also called muzra), where their captors contact their family or relatives to demand a ransom. This scenario forms part of large-scale kidnap-for-ransom schemes, particularly in southern Libya. Living conditions in the places of captivity are particularly brutal with lack of water and food, as well as the prevalence of contagious diseases and prolonged periods of forced immobility.

HTR typically relies heavily on the use of different forms of torture, information/communication technologies (ICTs) and complex, coded money transfer system. The kidnappers commit acts of torture, sexual violence or other forms of abuse, which are filmed and recorded by phone. The audio/photo/video files are then sent to the relatives to pressure and/or speed up the payment of the ransom. Traffickers can also call the relatives while committing the acts of torture to make them hear the victim's pleas and cries of pain. Relatives sometimes use the videos and re-post them social media to alert more people and gather the necessary money. Ransom payments are usually made through hawala and/or bank transfers (see Hayden, 2019; Micallef, 2017: 35; Panel of Experts on Libya, 2017: para. 262).

Survivors described different ways in which they ended up in these systems. Some described being kidnapped by force, while migrating across Libya, or transnationally, for example in refugee camps or urban areas in Sudan or Ethiopia (UNSG, 2022). Others described being deceived by their smugglers, who may be part of the traffickers' criminal group or collaborating with them (Van Reisen et al., 2019). The different types of scenarios seem to have some correlation with the smuggler being paid fully in advance or in smaller payments throughout the journey (see Malakooti, 2019: 40; Micallef, 2017: 34–35).

A victim not able to pay the ransom can be sold to another HTR group or to a group who conducts other kinds of exploitation of the victim, such as forced sex work (Micallef, 2017), or forced labour in farming, construction or gold mining (Molenaar et al., 2018). Being killed is also a possible outcome, as several survivors reported witnessing the killing of detained migrants as a way to manage the number of people detained.

A group of researchers led by Mirjam Van Reisen estimated the capacity of the HTR camps across Libya at 46,500 people, and a financial benefit of over USD 1 billion from 2017 to 2021 from Eritrean victims alone (van Reisen et al., 2023).

Forced witnessing of sexual violence of relatives, as well as forced rape between detained migrants including relatives seems to be a frequent practice in HTR system, described by several survivors encountered by the lead researcher as well as in the literature:

I had a case recently – a brother and sister from Somalia were travelling together with the brother's best friend. The best friend was going out with the sister, he was her boyfriend. They were held captive in Al Kufrah for a few months. The captors gang-raped the sister for six days in a row in front of the two boys. They did that to exert pressure on the boys to have their families send money. She was in a serious condition – she had internal injuries from the rape and died after 15 days. She died one week before we rescued them. These boys were 16 and 17 years old. This sexual violence was used as a method of torture for extortion – to force her brother and her boyfriend to witness this, unable to defend or protect her. They were then forced to ring their families and they begged for help. By the time the money came, she was dead.

(Chynoweth, 2019: 34).

Survivors also described that when ransom was not paid, sexual violence was used as a means of payment. For those who could not pay the money, their bodies became a currency (Gerard and Pickering, 2014). Lastly, sexual violence could also happen while captive in HTR schemes, perpetrated by individuals managing the detention, in an opportunistic behaviour, without another purpose.

Two professionals interviewed who work with survivors indicated that they never encountered a women survivor that went through human trafficking for ransom schemes without being a victim of sexual violence, leading them to consider the prevalence of sexual violence against women as '100%' in HTR schemes.

### **The trafficking-smuggling continuum**

Several findings show that it is not possible to make definite distinctions between the patterns of sexual violence victimisation in the contexts of human smuggling versus human trafficking, along the Central Mediterranean migration route.

First, because the criminal groups carrying out these activities are often interconnected, sometimes carrying out the two activities at the same time, in parallel or associated ways. Other accounts indicate that groups previously focused on smuggling are turning to trafficking (Reitano et al., 2018). In terms of violence and human rights violations perpetrated within situations of smuggling or trafficking, the types of acts suffered by victims overlap, making it similarly difficult to draw a clear distinction (Bish et al., 2023). Finally, the distinction between smuggling and trafficking has its origins in political and ideological issues, which are based in particular on a binary opposition between 'victims' and 'perpetrators', 'migrants' and 'refugees', which does not allow for a systematic account of lived experiences (Guillemaut, 2008).

For this reason, the approach of a trafficking-migration continuum seems relevant to the issue of sexual violence, 'which asserts the idea that the point at which tolerable forms of sex work-related migration ends, and human trafficking begins will vary according to political, individual and moral values and experiences not easily captured by legal definitions' (Plambech et al., 2022; see also Save The Children, 2022 for more details).

### **Sexual violence by armed groups and state actors**

Because of their responsibility and power in the migration context, state and security actors have greater opportunities to commit criminal deviance if not adequately supervised and controlled (see also section about 'sextortion'). Many sources

reported sexual violence committed along the CM route by militias, military/police officers, border guards/immigration staff or government personnel (ECCHR et al., 2021; Duncan Breen, 2020). When questioned by UNICEF, more than one third of the women and children interviewed said their assailants wore uniforms or appeared to be associated with military and other armed forces (UNICEF, 2017). During the authors' previous fieldwork along the CM route, many survivors said they were unable to tell whether the perpetrators they encountered were members of the military, paramilitaries or other officials, due to the impossibility of distinguishing between uniforms and the particularly high number of active armed forces along this route.

The risk of sexual violence is particularly high in migration-related detention, by staff or other detainees, and reports of violence in detention in Libya are not new (see HRW, 2006; HRW, 2009).

First mentions of sexual violence in detention started with the Surman Detention Centre, before its closure in October 2017 (UNSMIL and OHCHR, 2018: 46). In 2022, the UN 'received consistent reports of sexual violence' in the detention centre of Shari' al-Zawiya in Tripoli, before it too was closed (FFM on Libya, 2022: para. 40). At the time, the UNHCR indicated that 'a majority of women evacuated from detention centres where they had been held more than nine months had children/were pregnant due to being raped by guards' (Cochetel, 2021). Médecins Sans Frontières (MSF) also collected several accounts of rape in the detention centre of Abu Salim, in Tripoli, in 2022 and 2023 (MSF, 2023). The last report of the FFM on Libya also reported sexual and gender-based violence (SGBV) in places of detention in Mabani, al-Shwarif and Zwara (FFM on Libya, 2023). In 2024, UNSMIL and OHCHR received reports of SGBV in the Bi'r al-Ghanem and Assah detention facilities, but could not corroborate them independently (UNSG, 2024: para. 36). Further cases of 'rape and trafficking for the purposes of sexual exploitation' were verified by the UNSMIL 'in various detention centres operated by the DCIM, including in Kufrah, Abu Salim (Tripoli), Zwara, Sabratha and Assah' (UNSG, 2025: para. 38).

In Libya, the sexual violence often occurs, sometimes at gunpoint, when victims are deprived of liberty and under the control of the perpetrators, who are guards of the detention centre. It could happen in the same room where the victims are detained, or they could be taken away. Forced witnessing of sexual violence by relatives, including children, was also reported, as well as witnessing by other witnesses, such as other guards or other detainees, in order to exacerbate humiliation. Sexual

exploitation schemes were also reported in official detention centres, with detained migrants being sold or offered by the guards and chiefs to be sexually abused, for a day or for longer periods (Wirtz, 2023).

In Tunisia, professionals interviewed for this report explained that several of their beneficiaries confirmed incidents of SGBV (rape, sexual assaults, forced undressing) perpetrated by members of Tunisian authorities/security forces, or perpetrated by civilians with the authorities' complicity. Most reported sexual violence incidents occur during expulsions/arrests operations by security forces, and during forced displacement to border areas with Algeria or Libya (OMCT, 2023: 56; OMCT, 2024: 67). In a press article, a survivor gave the following account of sexual violence during an interception:

Lava\*, 23, is from Sierra Leone. She explains she has been raped twice since arriving in Tunisia in May 2023. The first time was in September 2024, when the young woman was trying to board a boat on the Tunisian coast to reach Europe. Tunisian police officers or members of the National Guard wearing the national uniform stopped the group of migrants and seized the boat. Lava says she was raped by the men and then fell unconscious. Other migrants took her back to one of the camps in Sfax.

(Dumont, 2025).

### **Sex work and survival sex**

Several documents and interviews with professionals describe sexual acts for financial, material or other forms of compensation. While referred to and distinguished by using different terms – sex work, survival sex, sextortion – all are considered 'forms of transactional sexuality' or 'economic-sexual exchange' (Adam-Vézina, 2020: 82). Though often overlapping, these different acts can be distinguished by the nature of the compensation and the contexts in which they occur.

Sexual services in exchange for payment, or sex work, seems to be more common in key places, to gather the money to fund the next step of the migration journey. One of the professionals interviewed pointed out the lack of recognition of the prevalence of sex work on the CM route, which is one of the 'professional activities on the migration route' most reported by women and a 'primary means for women to support themselves'. The interviewee went on to suggest a broader need to reflect

on the consideration of sex work along migration routes as a violence and not solely as a means of survival. Sex work seems to be commonly considered as a 'less serious' form of violence when compared to the other ones described in this report.

Agadez, in Niger, is one of the places where migrant sex work is common. The length of time spent in this city engaging in sex work can vary from a few weeks to several years. Dirkou, also in Niger, is another city where sex work is reported by a professional interviewed. The Niger Red Cross described situations of sex work by unaccompanied adolescent girls, 'many coming from Nigeria', and 'estimates that there are 150 brothels in the Agadez region', with poor sanitary condition (IFRC, 2018: 14). Besides Niger, Algiers in Algeria was also reported as a place with several neighbourhoods with migrant sex workers in transit.

Violence against sex workers can occur in various ways. Firstly, by the clients, who may abuse the person. One of the professionals interviewed recalled patients describing clients bringing them to their homes in order to take control of the situation and force them to perform acts.

Also, as professionals aid workers in Niger and Libya who were interviewed explained, even in situations where sex work is not directly controlled by a pimp, different people may take advantage of a sex worker's situation, which in some cases leads to a form of exploitation. For example, some individuals specialise in providing accommodation for sex workers in exchange for a part of their earning, or more experienced migrant sex workers who, under the pretext of supporting or protecting sex workers, will in reality end up in a relationship of 'management' and control, which may include physical and/or sexual violence, such as beating and gang rapes.

Along the CM route, sex workers are rarely, if ever, protected by national laws and are most often criminalised, adding to the irregular administrative situation of migrant sex workers. This exposes them to fines, detention and abuse of their vulnerability by local clients, who are aware of this context and can force sex worker into specific practices, negotiate prices or even refuse to pay, by threatening to report them to the police station (Confidential, personal communication, 2025).

Several professionals interviewed described these transactional patterns against women, mainly in Niger and Libya. There are, on one side, refugees and other migrants with few resources and little social anchoring, who are vulnerable to the

authorities. On the other side are people with greater resources (people from the same community, or from a more settled one, from the host country, or aid workers, see below), who will use this relationship of dominance to demand sexual acts in exchange for accommodation, food or other basic services to continue their journey. In some cases, this is opportunistic, for example a landlord taking advantage of a tenant who is no longer able to pay the rent initially agreed. In other cases, it is targeted, for example when people visit neighbourhoods with high levels of immigration or train and bus terminals to find new arrivals looking for shelter and 'suggest' their accommodation solution. This type of situation can be used to establish relationships of control (called 'emprise' in French) and/or can lead to situations of sexual exploitation. Professionals interviewed in Niger and Algeria reported that several of the victims they encountered requested legal/police action against the perpetrators of this violence (Confidential, personal communication, 2025). Yet, this did not lead to any prosecutions.

In Libyan detention centres, some guards and other officials have demanded sexual acts in exchange for food, water, means of communication or even the promise of release (FFM on Libya, 2021: para. 58; 2023: para. 157). This kind of sextortion is also used in border areas, in exchange for passage. This is particularly the case for women, who have less access to the labour market along the CM route and therefore fewer financial resources, and who are then forced to pay bribes in the form of sexual acts.

### **Sexual violence by civilians**

Although less well known or highlighted, violence against migrants also stems from civilian actors, whether from host communities, migrant and refugee communities or within the family unit.

Several professionals interviewed for this research pointed out that migrant/refugee communities, usually identified as a source of protection and support, should also be considered as a potential danger, either between them or within one. One professional in Niger described situations of tension and violence between communities, which could result in sexual violence against women from the other group in order to target the community.

Situations of sexual exploitation of unaccompanied girls by boys of their age or older men of their community, were also reported. Professionals interviewed described different methods of recruitment, as 'loverboy' techniques, as well as the use of ICT for grooming.

So if it's an Eritrean [unaccompanied] girl, often they're talking to Eritrean men or women [...], which makes sense because they're often traumatised, they're isolated, they're alone, they're looking for care, attention, safety and connection. And if they're talking to people online, it's very natural that they would kind of lean into those kinds of connections. They are also individuals in desperate situations, so they can engage in activities that might give them a sense of power, or control or access to financial support.

(Confidential, personal communication, 2025).

Adults are not spared either. These recruitment techniques are used by pimps coming from the same community aiming to build a romantic relationship with a woman, gaining her trust and affection, in order to subsequently exploit her sexually.

Intimate partner violence, marital rape and incest, as in all contexts, is also a form of violence present on the CM route. Sexual violence against children, boys and mostly girls, were reported by professionals during interviews for this report, including with incestual sexual violence situation.

Professionals interviewed for this research observed that vulnerable children were being targeted, particularly those whose ability to defend themselves and speak up to report incidents was impaired: those with mental health conditions resulting from trauma suffered during their migration journey, those with disabilities, and those with medical conditions (Confidential, personal communication, 2025).

Several of the professionals interviewed also described family customs/social practices involving sexual violence. They reported a high prevalence of child marriage within the Sudanese community, as well as the practice described as widow inheritance/levirate marriage. In this context, the paternal uncle is described as a powerful figure in the family structure, who, in the event of his brother's death, can remarry the widow, or one of his nieces if the couple had children. Professionals interviewed also reported that the uncle may force his nieces into marriage if he or the wider paternal family considers the girl to be of marriageable age. Boys were not exempt from risk: they could also be abducted in order to reach and put pressure on their mothers (Confidential, personal communication, 2025). These situations may result in the family being pursued along the CM route in order to enforce these practices and return the women and/or girls to Sudan.

One professional interviewed explained that individuals perpetrating those practices rely on very active support/social networks within the Sudanese community to obtain information on relatives' locations (Confidential, personal communication, 2025). The social and cultural embedding of these practices does not mean that they are necessarily accepted. The women and mothers of children who are victims of these practices are the ones who proactively seek help from organisations to protect themselves and/or may be one of the factors leading to exile.

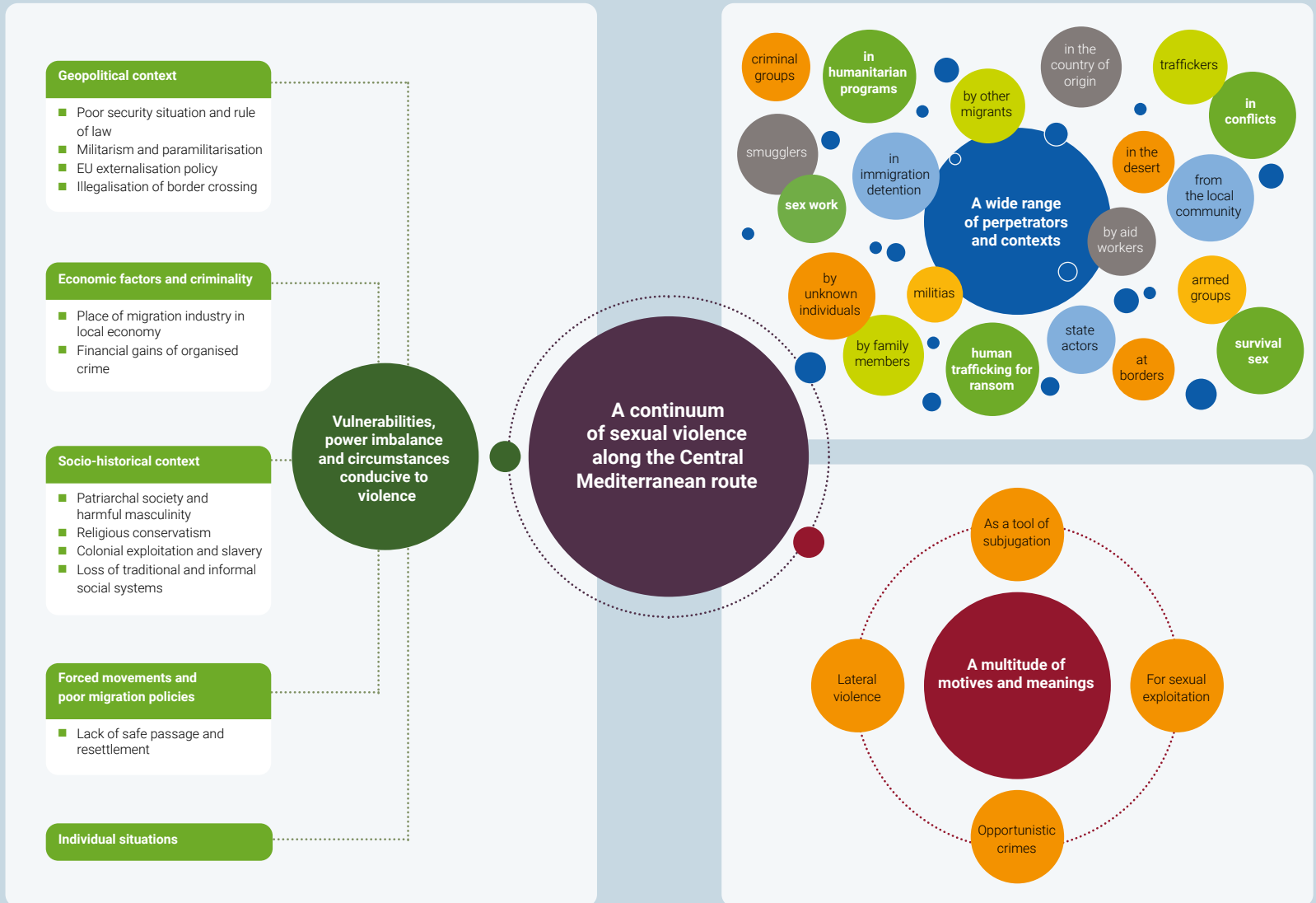
In addition to the different forms of sexual violence described above, professionals interviewed also described opportunistic individual criminality by the local host community, taking advantage of the vulnerability of the migrants and refugees' population to commit abuse. This exposure to sexual violence by host community members doesn't stop after crossing the Mediterranean: they are still at risk in European countries given the combination of vulnerability factors such as language barriers, social isolation, limited access to public services, lack of employment and lack of housing.

### **Sexual violence in humanitarian settings and/or by aid workers**

Professionals interviewed described sexual violence also occurring in shelter and accommodations managed by humanitarian organisations in several countries of North Africa as well as in Europe. Such places become intimate and particularly essential spaces for refugees and other migrants, allowing various individuals to establish relationships of domination conducive to sexual violence.

On several occasions, people involved in solidarity work (professionals or volunteers) have been pointed out as perpetrators of sexual violence. A professional interviewed who had worked in a North African country gave the example of a colleague who, as part of his job, visited beneficiaries' homes and took advantage of this to have sexual relations with several of them, one of which led to an unintended pregnancy requiring an abortion, in a particularly restricted and risky context for the woman. The same professional pointed to the sometimes-poor recruitment process of certain staff members as well as the lack of a reporting mechanism, leading to laxity and impunity for the perpetrators (Confidential, personal communication, 2025). Such situations were also reported in solidarity accommodation programmes in Europe (Linthout et al., 2025: 9). This illustrates that the programmes and individuals tasked with protecting refugees and other migrants from abuse are, by the very nature of their mission, in a position of power over them, which must be counterbalanced (see also Satke et al., 2022).

**Figure 2. Global set-up**



Source: Findings from our research through interviews (Confidential, personal communication, 2025)

### **Sexual violence in the country of origin – a possible contributing factor to migration**

Sexual violence is not only committed on the journey: refugees and other migrants may have been subjected to sexual violence in the country of origin/departure and face the consequences of this violence on the journey. Fear of being exposed (or re-exposed) to sexual violence could be a factor in the migration, as well as possible challenges for social reintegration post-victimisation (Chynoweth, 2019: 11). It may be sexual violence that takes place in peacetime (including domestic sexual violence, forced marriage, forced genital mutilation), or conflict-related sexual violence:

Twenty-eight women [survivors of torture along the CM route] (70%) reported having suffered gender-based violence in their countries of origin, including sexual intimidation and rape by family members, members of their community, or armed forces and groups in contexts of instability and insecurity.

(MSF, 2025).

All of the above-mentioned details on context point to the extreme scale, the various forms and patterns, and the severity of sexual violence along this route. It shows that the crisis of sexual violence on the CM route isn't about the risks taken by refugees and other migrants on the way: the primary issue is a high number of perpetrators present in very diverse positions along this route who abuse refugees and other migrants, especially women, enabled by a particularly deteriorated context.

#### **BOX 3. THE MULTIPLE USES OF SEXUAL VIOLENCE IN MIGRATION**

- As a tool of subjugation to bring someone under domination or control.
- As opportunistic, defined as not systematic, but committed against refugees and other migrants because they were there and easy to abuse.
- As lateral violence,<sup>1</sup> a concept used by some of the professionals interviewed to describe situations of violence between people with the same migration background or within the same family.
- As a currency and means of payment.



Landing migrants from the German Rhein military ship from which they landed in 990 including 203 unmarried minors and children, 191 women and 2 whole Syrian families. Most of the refugees come from Africa. Corigliano Calabro, Italy. July, 2017. Photo: Independent Photo Agency Srl / Alamy.com.

## IT CAN HAPPEN TO ANYONE: THE SURVIVOR PERSPECTIVE

This chapter analyses the tactics and techniques used by individuals who have taken this route to reduce risks and 'get by'. Those tactics and techniques show their agency despite their difficult circumstances. It is therefore important to be able to identify them, but also to determine how humanitarian assistance can be articulated with them.

## BEFORE DEPARTURE

Existing publications indicate very different levels of details of pre-departure knowledge and connections on the migratory route, depending on the reasons for departure (and therefore the time available to prepare for it and the need for discretion). It also varies according to the country of origin, particularly the size and strength of the diaspora in those countries, which will influence the networks available along the route and in the destination countries. Research on girls on the move in North Africa has shown that the sharing of information about migration routes is socially based: family, friends, neighbours, social networks (via vlogs or Facebook groups, for example, see Churchill et al., 2023). Age and gender also affect decision-making and preparation:

Younger girls (aged 9-13) were consistently far less in control of the decision-making process than boys interviewed. In most cases, their journeys were decided by parents or other family members. In these cases, the adults also undertook much of the planning, often leaving younger girls with little practical information regarding their travel plans. Older girls (14-24) viewed themselves as driving the migration process. Some even pushed their partners or spouses to migrate.

(Churchill et al., 2023: 22).

Regarding the risk of sexual violence, studies and professionals interviewed described heterogeneous levels of knowledge and awareness prior to departure, from individuals 'who knew nothing at all and for whom it was a major shock, [...] to women who have taken it as part of their travel preparation, for example with looking for birth control beforehand' (Confidential, personal communication, 2025). The research previously quoted indicates that women and girls were unaware of the full extent of the violence (Churchill et al., 2023). Another one described that if there was awareness within communities of the risks as a whole, details about it as well as information on how to protect oneself seemed less shared (Hovil and Oette, 2017). Several professionals interviewed also explained that women and girls' awareness of sexual violence on the road unfortunately stems from their experience of sexual violence 'in the places where they grew up', making them aware that it will be a possibility (Confidential, personal communication, 2025).

The authors of this research and the professionals interviewed also met several refugees and other migrants who, at the time of departure, were aware of the risks of sexual violence along the migration route but believed or hoped that they could avoid them, that the stories they had heard would not apply to them:

I also think that a lot of them, it's not necessarily that they knew or didn't know, but the need and will to go was so big that even if they had been warned, they wanted to think "no, it's not going to be this bad for me. I'm going to try. I'm going to take the risk and potentially it's not going to be like this" [...] But I think it's also like a mechanism of protecting yourself'.

(Confidential, personal communication, 2025).

This refers to the concept of self-deception, which is used here in relation to the risks of sexual violence 'to protect oneself and one's psyche from the hostilities in the world', 'in order to propel themselves forward' (Kuschminder and Triandafyllidou, 2020: 218). It is worth noting that awareness of the risks and/or preparation doesn't change the initial circumstances in the country of departure, leading individuals to still choose to make the journey.

## **THE JOURNEY**

Professionals interviewed and testimonies in the literature described how particularly difficult it is to find places that are safe from perpetrators, in safe neighbourhoods, without depending on other people. This forces women to choose dangerous accommodation solutions or to engage in transactional relationships. Professionals interviewed described situations where patients were exposed to violence in their neighbourhood, came to seek care in a hospital but had no choice but to return there, given the absence of alternatives. This difficulty leads some women 'to remain in one place when they found a safe place to stay', which 'led to a loss of social ties that isolated them' (Jeremy et al., 2024: 4).

Another way to move more safely is by gathering information about the smugglers and their reputation to guide their choice (Churchill et al., 2023), or seeking alternative, less frequented routes. Other measures were aimed at reducing the risk of being forced into sexual relations (economic-sexual exchanges, survival sex, etc.), for example by travelling without documents to prevent them from being

confiscated and used as a means of pressure, or by trying to learn the local language and understand the legal/social system of the place (Confidential, personal communication, 2025).

Furthermore, several individuals encountered in previous fieldwork by the authors explained that violence can be mitigated with money, first to gain access to safer means of passage, or as a means of payment to a possible perpetrator in exchange for non-perpetration of violence (see Gerard and Pickering, 2014). Still, several of them explained that this mitigation is not systematic.

Giving oneself the ability to flee and fight back easily also seemed important, whether by travelling light or by positioning oneself in places that allow for a quick escape (Confidential, personal communication, 2025).

Finally, beyond attempts to avoid being noticed, to try to be as discreet and invisible as possible, numerous techniques have been described for manipulating appearance and other factors of victimisation. For example, with religion. Catholic women might try to pretend to be Muslim, who seem to be less exposed to sexual violence, by wearing a hijab and hiding any sign related to the Catholic faith. Changing clothes to look like a man was also a technique reported (Confidential, personal communication, 2025). Pretending to be pregnant could likewise be a way to deter perpetrators of sexual violence:

Whenever they came at night for sex, I usually forced out my stomach because I have a big stomach and that would make them think that I am pregnant.

(Ovie, 30 years old, Nigeria) (Plambech et al., 2022).

The use of pills to cause vaginal bleeding has also been described, in order to give the impression that they were menstruating and discourage the perpetrator. The type of pills used has not been described, but it appears to be able to cause complications (Nicot et al., 2021).

These different techniques show that refugees and other migrants are aware of the intersectionality of gender with other factors regarding sexual violence and will use it in different ways to reduce the risk.

It should also be noted that certain protection strategies may expose them to greater danger, for example travelling without documents which might expose them to the risk of immigration detention; likewise, lying about their religion.

Religious coping has also been described, with prayer for protection, to ask that this does not happen to them. This aspect may be particularly important for survivors and must also be taken into account (Confidential, personal communication, 2025).

Finally, the topic of isolation and social connections with others, whether partners, family or groups, came up frequently. We will examine this point specifically in the following section.

### **Role of social networks and relationships during the journey**

Articles and interviews with professionals done for this report highlight what Sullivan describes as the 'contradictory and multifaceted role that community can play' (Sullivan et al., 2021) as a potential protector and danger at the same time. The loss of the social belongings and networks of the country of origin is often considered as a loss of the social and economic support, making individuals more at risk of violence (UNICEF, 2025). Across the humanitarian sector, community tends to be considered primarily positive, as a source of protection and moral support.

Professionals interviewed witnessed group dynamics of support and mutual protection, especially between women: sharing specific information, sharing a safe place to sleep, 'they were squeezing, giving more room for more women coming with their children or women alone'. This support and protection was also demonstrated when women created non-mixed spaces, whether a house, a floor in a building, a shelter, a whole squat or a camp, in order to create their own safe space, with the idea that they can't protect themselves outside, but 'at least here, at least for a moment, it cannot happen' (Confidential, personal communication, 2025).

The idea of forming a duo or a group was not necessarily conceived with the aim of preventing violence and being completely protected, which is in any case difficult to achieve, but also with the aim of getting through these ordeals together, rather than alone, as a way of coping with it (Confidential, personal communication, 2025). Friendships or romantic relationships can develop along the migratory route and can play a very important role for girls and women (Churchill et al., 2023).

Conversely, as we have seen previously, perpetrators of violence can also come from within migrant and refugee communities. In those situations, the stigma surrounding domestic violence and relationship breakdown might lead to isolation and barriers to disclose violence and seek help (see next chapter).

### **Family and partner**

Similarly, being accompanied by family members is usually perceived as protection, a safety net. But as we have seen, this is not guaranteed, and migrants can even be targeted for sexual violence exposed to their relatives, for the purpose of humiliation and subjugation. Protestation and attempt to stop the violence can lead to more violence being perpetrated (Mouriki, 2021: 122).

One professional interviewed reported that she encountered women explaining how they would travel separately from their partner, boyfriend or husband, in specific places known to be particularly exposed to sexual violence, knowing their partner would want to step up and protect them and that it could get him killed (Confidential, personal communication, 2025).

On the other hand, many women described being accompanied by a man (brother, uncle, husband) as an advantage, limiting the hardships they would normally encounter on the road. Regarding sexual violence specifically, being perceived as married was reported as an element that could deter different kinds of perpetrators (Confidential, personal communication, 2025).

### **Relations and transactions**

A phenomenon frequently reported in literature and by professionals interviewed is transactional relationships (or couples of circumstances), where a woman or a girl travelling or ending up alone decides to initiate a relationship with a man to receive his protection and assistance, with compensation that may include sexual relations. However, the nature of the relationship and its transactional aspect are often more complex and can take many different forms and the trade-offs are very diverse. The question of protection comes up a lot, particularly in terms of allowing women to rely on the status of married/partnered women and the respect that comes with it. As seen previously, this is a factor that reduces the risk of sexual violence by other actors, although not systematically. Tan and Kuschminder described those relationships as 'an attempt to gain power in facing other, potential perpetrators' (Tan and Kuschminder, 2022: 10).

The financial aspect is also central. As seen previously, women's reduced access to the labour market along the route diminishes their financial resources, which they can compensate for through these relationships by obtaining financial support from their partner to cover their basic needs and/or expenses for the various passages.

Anaïk Pian described, for example, situations where Senegalese women 'can receive assistance with paying their rent without having to provide sexual services in return', but where 'men can find moral comfort', or Congolese women who arrange in their country of origin 'to find a man who will take them under his protection' in exchange for providing the 'financial capital necessary for the journey' (Pian, 2010: 198).

Kristin Kastner, in a study with Nigerian women, showed a less victimising picture of what certain forms of this type of relationship can be. It's not about survival, but rather a relationship that provides access to 'amenities that many migrants do not want to be without on the road', as women 'are not always mere victims' and can be 'accustomed to living in accordance with the principle of exchanging services or, in other words, sex for money'. It will allow them to improve their conditions, enhancing comfort and pleasure, by being well-dressed, and having better means of communication with phone credit (Kastner, 2010).

While most professionals interviewed describe relationships formed with a migrant or refugee man who is making the same journey, relationships can also be initiated with men who already have a power relationship with the woman, or who are even already perpetrators of violence (e.g. a smuggler, captor or pimp). In this case, the relationship is for the 'purpose of self-preservation', in order to foster an attachment that will mitigate violence and/or provide access to services, thereby ensuring their survival and improving their conditions (Adeyinka et al., 2023: 12).

Little is known about how these relationships evolve and end, particularly when the migration journey is completed. The professionals interviewed, who had mainly encountered women in transit, described scenarios for arrival at the destination that were thought out unilaterally by the women, and therefore not part of the negotiation with their partner, often with little structure, but rather as described in this quote from a migrant women: 'Once I reach there, I will figure it out and I will escape'. The separation can therefore be sudden and unexpected, or spontaneous, when both people realise that the needs that originally led to the relationship are no longer there (Confidential, personal communication, 2025).

Finally, the agreement, whether explicit or implicit, may be broken before arrival at the destination, either because one of the partners considers that it has not been fulfilled or no longer wants it, or because the persons are separated by circumstances (detention, separation during transit, etc.).

Although these relationships are constructed, the negotiations for the exchanges 'take place within asymmetrical social relations', with a 'margin for manoeuvre that is all the more reduced' given that women are in a precarious situation, socially and economically constrained, and with no immediate alternatives (Pian, 2010: 195). As we have seen earlier, occasional sexual relations might be part of the dynamics of the relationship during transit. They may be consensual, or be part of the negotiation processes under conditions of inequality, and/or experienced as violence:

Other women, like Ovie, explained to us how they sought the protection of men to stay safe. While many of the migrants interviewed would say they did not want to have sex en route because there was no privacy or nothing but a sand floor, they felt pressured to do so with the men they sought protection from.

(Plambech et al., 2022: 53).

One possible consequence is unintended pregnancy. If the pregnancy couldn't be terminated, professionals interviewed described the mother being left alone by the partner or forcibly separated from him in a lot of situations. Once having arrived at the destination, this can become twice as much of a burden for the mother, who has to look after her child in the country of arrival and support her family in her home country, if applicable (Kastner, 2010). It is illustrating how temporary these relationships can be – but also how they are both necessary and dangerous for women.

## **DURING THE VIOLENCE**

While taking care of patients, the professionals interviewed were able to identify techniques of coping used by victims during the incident of sexual violence. Some women described their attempts to gain a sense of control by trying to know and predict the unfolding of sexual violence, for example the number of attackers in gang rapes, and by not resisting, so that it would be over as quickly as possible (Confidential, personal communication, 2025).

One of the professionals described particularly extreme and concrete cases she had encountered, where the person was in a particularly precarious situation, often after fleeing their country of origin for survival, believing that they 'had nothing left'. These individuals defined rape as 'a limit', as they were feeling no longer 'able to cope with more suffering because they were in such a difficult situation already'. If they would end up in this situation, they described how they would not consider living anymore and instead push the perpetrators to kill them, by getting angry, shouting or kicking them. The idea was to create enough hate in the perpetrators that they eventually decide to kill them, as the ultimate way for the victim to keep control. The professional explained that this tactic was mainly present with individuals 'without anything or anyone to look forward to on the road, who escaped from very vulnerable situations, and without children or relatives to take care of' (Confidential, personal communication, 2025).

One of the professionals described one of her interventions with a group of detained migrants who were victims of sexual violence, with whom she had limited time, and no possibility to evacuate them from the detention centre. She taught them visualisation techniques, imagining a 'collective safe place' that they could visualise together, where they could 'meet' when one of them was taken away to be abused, in addition to the safe place of their detention room where they were together, and where they were brought back after the violence. The idea was 'to help them to feel that they have each other' and extend a little bit their feeling of safety by having a 'resource to escape' and 'feel distant from what is happening' (Confidential, personal communication, 2025).

Lastly, learning how to use condoms, males and female ones, was an important coping technique used. The women knew they could not prevent the sexual violence but at least they could try to protect themselves, 'even though they knew that it would be very complicated to have chances to use it' (Confidential, personal communication, 2025).

## **THE CONSEQUENCES OF UNINTENDED PREGNANCIES**

All forms of sexual violence described in the first chapter occur in situations of coercion (physical, psychological, economic, social), where the possibility of imposing or negotiating condom use or other forms of protective measures is reduced or even non-existent, leading women to a risk of unintended pregnancy. While all professionals interviewed described a high prevalence of this type of

situation, each having encountered several cases, they also indicated the great difficulty in accurately quantifying this phenomenon. One of the professionals described pregnancies as 'one of the biggest fears of many women' (Confidential, personal communication, 2025).

Two scientific articles concerning women who have taken the CM route contain quantitative data. In a sample of 43 adult migrant women patients subjected to sexual violence in the different phases of migration and accessing a specialist health service in Turin, Italy 14% reported pregnancy as a consequence of sexual violence (Rubini et al., 2024). On a sample of 136 African women who took the CM route and consulted in a rape centre in Turin after experiencing violence on the way, 30% of the migrants reported at least one pregnancy after the rape (Castagna et al., 2018).

In Libya, many survivors often reported being raped without protection (UNSMIL and OHCHR, 2018). FFM described unintended pregnancies as "a common outcome of rape" and reported several accounts of women giving birth and/or suffering miscarriages in detention without professional medical support and under highly unsanitary conditions (FFM on Libya, 2023).

The case of a survivor of sexual slavery from the Ivory Coast encapsulated the suffering of migrants in Sabratah. The woman, in her thirties, was raped several times in Sabratah while detained by traffickers and held for ransom. She became pregnant after she had sexual intercourse with a man who agreed to help. She did it to "pay him back, to survive". [...] She said she "never wanted a baby in such a place. You regret having a baby in Libya. I had lost my dignity. My self-image. It is painful, deplorable".

(FFM on Libya, 2023: para. 151).

With regards to Tunisia, both journalists and organisations working in country and in Italy reported an increase of sexual violence-related pregnancy (SVRP) since 2024, as a result of increasing trafficking, resort to sex work and other form of sexual violence. One organisation 'reported that 13% of pregnant women on the move in need of assistance said their pregnancy was unwanted' (OMCT, 2024: 83; Dumont, 2025).

In the Sudan conflict, the UN, the GBV sub-cluster in Sudan and NGOs reported a high number of unintended pregnancies and needs of those women in Sudan as well as in neighbour refugees-hosting states. All highlighted that the scope of SVRP is

underestimated, because of stigma, poor access and communication services (GBV Sub-Sector Sudan, 2023; SIHA, 2024). Several professionals interviewed explained that they were particularly surprised by the extent of sexual violence suffered by Sudanese women, with many saying they had never encountered anything on such a massive scale (Confidential, personal communication, 2025).

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Several professionals interviewed reported encounters with children pregnant as a result of sexual violence along the CM route, with cases including girls from 14 to 16 years old (Confidential, personal communication, 2025). Another consequence of the prevalence of sexual violence along the CM route and the multiplicity of perpetrators in the migration context is that mothers are unsure of the identity of the father, and of the date of conception, which can have implications for access to abortions and the child development (Vanessa et al., 2019: 15; Grotti et al., 2018: 6; Kastner, 2010: 23).

### **Terminating the pregnancy – safe and unsafe abortions**

Women will learn about their pregnancy through amenorrhea, or with the rare pregnancy test available on the route. Once known, they will face different decisions and consequences. Research into unintended pregnancies occurring on the CM route shows that the unintended pregnancies resulting from sexual violence are often perceived as a suffering by the mothers, added to the physical and psychological abuse already experienced on the way, and most wish to have them terminated (Grotti et al., 2018; Quagliariello, 2018; Castagna et al., 2018). But access to abortion along the way is often very limited.

Abortions are still criminalised in Libya, including in cases of rape, unless to preserve the life of the mother.<sup>2</sup> In Niger, abortion is illegal except in the cases of risk to life, health or foetal defects (WHO, 2020). In Sudan, abortion is illegal except in cases of risk to life or pregnancy from rape, within 90 days of pregnancy (WHO, 2020). But this access is under the condition of permission of both medical/legal services, requiring forms and requests to different offices and professionals. Already difficult

in peace time, the limited access to and operation of these services due to the conflict makes this procedure virtually impossible (FFM for the Sudan, 2024: para. 207).

In Tunisia, abortion is theoretically legal on request in the first trimester (WHO, 2020). It is provided for free in public facilities, but there are multiple obstacles, such as shortage in equipment/medication or staff reluctance (Dumont, 2025). Public facilities will also generally ask for the patient's identity documents to provide the service. The OMCT documented one situation where a woman was denied service as she had lost all her documents following an eviction (OMCT, 2023: 56). The women could have also looked for abortion access through private clinics, but those are generally out of reach financially (Plambech et al., 2022).

A possibility for those continuing the journey further in Europe would be to do it once having arrived. Medical teams onboard rescue ships in the Mediterranean Sea often receive requests for termination of pregnancy before disembarking survivors (Baumard, 2016). Even if it is more accessible than in other countries along the way, it may still be impossible to have an abortion at arrival if the woman arrives after the legal time limit, due to the length of the journey.

Also, access to abortion in Italy is limited because of budget policy as well as cultural and religious reasons. Difficulties in accessing abortion in Italy may lead women to make secondary movements within Europe in order to access this service elsewhere (Plambech et al., 2022). Women disembarking in Lampedusa won't get access to TOP services on the island as it isn't provided in its health centre. Abortion isn't considered as an urgent medical procedure (although the risk of miscarriage is), therefore not permitting medical transfer by helicopter to Sicily and forcing women to wait for collective transfer and risk missing the time limit, are among other obstacles (Quagliariello, 2018).

Limited access to safe abortions leads women to self-induced ones at home. Testimonies report the use of poisons or herbal mixtures to drink, recommended by friends and family, that would cause spontaneous abortions. Depending on the country, there are more or less developed black markets for misoprostol treatments (ranging from availability 'on Facebook Marketplace' to requiring connections with 'the right person'). Such options are often expensive and could be risky, as it does not include medical follow-up to detect contraindications, control posology and/or

treat complications (Confidential, personal communication, 2025). The use of prostaglandins by sex workers or trafficking victims, obtained on the black market or provided by connections, was described in Italy (Sulekova et al., 2021).

A cross-sectional study with migrants who transited through Libya in a Médecins du Monde's reception and healthcare centre in Seine-Saint-Denis, France, found that 17.6% of women had unsafe abortions during the journey (Reques et al., 2020). Several professionals interviewed reported particularly high patient admissions for vaginal bleeding, claiming they were having a miscarriage. But the high prevalence makes the professionals think the bleeding was a complication of backstreet abortion. Given sensitivity and legal risk, patients are treated (generally with curettage), without further exploration (Confidential, personal communication, 2025). Cases of forced abortion through beating or drugs (i.e. misoprostol) by the perpetrator were also reported (Castagna et al., 2018).

Two medical professionals in Italy suggested that the living conditions along the CM route were not allowing a state of health conducive to pregnancy, which might reduce its prevalence despite the frequency of sexual violence along the route (Ribul, 2017). Several women explained that they had a miscarriage because of stress, extreme weather, poor access to food and water and poor hygienic conditions (Plambech et al., 2022; Confidential, personal communication, 2025). Similarly, these factors can also cause premature or stillborn births and maternal mortality during pregnancy, childbirth or in the days following delivery (Plambech et al., 2022: 48).

While it is difficult to ascertain the prevalence of this phenomenon, different methods of contraception before and during migration to control the risk of pregnancy in the event of sexual violence has been described in several publications and by the professionals interviewed. One of the contraceptive methods described is the hormonal injection (of progestin, such as Depo-Provera), normally effective for 1 to 3 months. The testimonies describe the use of this method mainly by women from East Africa (Sudan, Eritrea, Ethiopia, Somalia), with injections administered in Ethiopia or Sudan (Leghtas, 2017; Confidential, personal communication, 2025). Another means used is the fitting of a contraceptive subcutaneous implant before departure to avoid unintended pregnancy, knowing the risk of sexual violence en route (FFM on Libya, 2022: para. 55; Confidential, personal communication, 2025). A last means reported is intrauterine device (IUD), without details regarding if they are copper or hormonal ones. One testimony indicated that such contraceptive can be provided by the madam (trafficker):

In one case only, a Nigerian woman was inserted with an IUD by her madam in Nigeria right before leaving for the journey. The IUD broke and the woman suffered painful vaginal infections for some time as a result.

(Plambech et al., 2022: 53).

The means of obtaining these items is not described in detail but appears to rely on supplies obtained without a prescription or implants not performed by healthcare professionals, which could lead to misuse or malfunction, as in the previous example. Other research mentions the use of different unreliable or inadequate means of contraception, such as 'natural remedies such as herbal beverages and infusions or water with lemon and salt', or 'birth control pills', but without consistent access along the way. It highlights a wider issue of misinformation about contraception among migrant women, often coming from 'home communities with little access to reproductive healthcare or health information' (Plambech et al., 2022: 48–49).



Overcrowded immigration reception center in the island. Lampedusa, Agrigento, Italy, September 2023. Photo: Tricani Alessio / Shutterstock.com.

## WHEN BORDER POLITICS CHALLENGE CARE

This chapter focuses on the current responses provided by humanitarian organisations and health infrastructures along the Central Mediterranean route and the challenges encountered. Based on the elements reported by the professionals interviewed and collected in the literature, three main challenges were identified: i) the obstacles that patients encounter to access humanitarian/medical services; ii) the limits of the international aid system; and iii) the limited access/acceptance of SGBV programmes in migration.

## **Niger**

The Niger Red Cross targets migrants in transit and asylum seekers by providing nursing care such as screening for infectious diseases, pregnancy testing, emergency contraception in a treatment room, psychological support, referrals for medical specialised care and legal assistance, as well as support activities for local health workers and volunteers. It operates in the cities of Agadez, Arlit, Assamaka and Niamey. These activities can be carried out on an outreach basis as well, in accommodation facilities, hostels and brothels, particularly in Agadez. The main nationalities encountered among those served are Sudanese, Nigerian and Chadian.

The professionals interviewed reported logistical difficulties in obtaining screening equipment and dignity kits (which contain non-food items to improve house and personal hygiene), and the need to provide 24/7 medical services, which are currently only provided in outpatient departments.

In addition to the different places where risks of sexual violence are high, as previously described, it is also important to consider places with a high concentration of sexual violence survivors. Regarding this aspect, two professionals interviewed called for greater consideration to be given to return movements, rather than focusing solely on the outward leg of the migration journey. In particular, people returning from Libya or Algeria towards Niger (whether voluntarily or by force, following deportation), where they may have been victims of sexual violence and therefore require care. They call for the response to be extended to the towns of Dirkou and Assamaka, which are closer to the points of pushback, and not just Agadez and Arlit, where the majority of NGOs are concentrated.

## **Sudan**

The prevalence of sexual violence in the conflict in Sudan has been highlighted by the United Nations and Human Right Watch, and raises the question of what happens to the victims, notably when they take the CM route. The FFM for the Sudan conducted extensive research on sexual and gender-based violence in the conflict, including the perpetrators, the victims and the contexts of violence (FFM for the Sudan, 2024: para. 165–215). In May 2025, MSF published several quantitative data highlighting the scale of sexual violence in the Darfur region (MSF, 2025). They also collected several testimonies of sexual violence occurring in the region of El Fasher (MSF, 2025), in addition to the OHCHR (OHCHR Sudan Country Office, 2024). In June 2025, the UNFPA published a new article highlighting the extent and severity of sexual violence in Sudan, as well as their generational, societal consequences (UNFPA, 2025). UNICEF also pointed out the sexual violence perpetrated against

children, in a wide range of contexts, with 221 rape cases against children since the beginning of 2024, and the youngest documented case being a 4-year-old (UNICEF, 2025).

Several pieces of evidence gathered by the FFM for the Sudan seem to indicate that sexual violence is being used as a tool of subjugation against individuals 'because of their alleged support to the opposing party to the conflict, the perceived or real affiliation of their relatives with the opposing party to the conflict, or their perceived or real activity of documenting human rights violations' (FFM for the Sudan, 2024: para. 172).

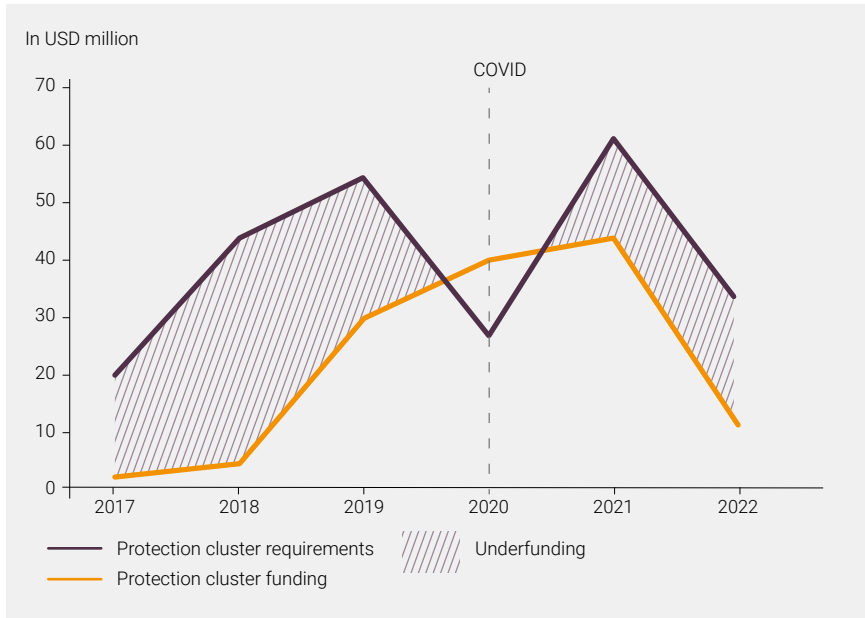
The intention to force pregnancy has also been reported by victims, and ethnicity seems to be a factor in the targeting and the violence of the assault (Ibid.: para. 182). When perpetrated during attacks on civilians, 'several witnesses consider [sexual violence] a tactic of warfare to terrorise families and force them out of their homes' (Ibid.: para. 177). The exposure of witnesses to the rape of their relatives, as described above, is also reported during attacks in the conflict in Sudan. The perpetration of sexual violence for opportunistic reasons has also been described, facilitated by the conflict context and its consequences (Ibid.: para. 173).

One major actor facing the scale of sexual violence is the Sudan Red Cross Society. Some of their staff working in the Northern State of Sudan explained during interviews that they encounter internally displaced persons (IDPs) who are survivors of sexual violence from other regions, with Al Dabba being an entry point, and Dongola as a major step on the way north to flee the conflict. Several professionals interviewed reported an increase of Sudanese women and girls' refugees in Libya reporting sexual violence perpetrated in Sudan or on the way fleeing the conflict, since the beginning of 2025.

The conflict has had a particularly strong impact on the prevalence of sexual violence in the country and on the resources available to respond to it. Health facilities are occupied, their staff targeted, and they face severe restrictions on medical supplies, including for clinical management of rape (CMR)/post-rape care. In response, doctors in Khartoum 'developed an alternative protocol for the clinical management of rape, with locally available medications. This 'emergency protocol' protected survivors against unintended pregnancies and some sexually transmitted diseases, yet it did not include anti-viral medication against HIV and hepatitis B'. Communication problems, mobility challenges, stigma and the risk of reprisals against survivors or staff remain major obstacles to obtaining assistance (FFM for the Sudan, 2024: paras. 211-215).

Similarly to the point about return flows regarding Niger, the return of Sudanese refugees, once the conflict has subsided or ended, must be considered and anticipated, particularly in light of the sexual violence suffered before departure or during the migration journey after fleeing.

**Figure 3. The chronic gap between budget requirement and actual funding of the Protection Sector (including sexual violence assistance) in Libya**



Source: Based on FTS UNOCHA, 2026.

## Libya

Humanitarian response plans for Libya suffer from chronic under-funding, resulting in numerous unmet needs. Several major humanitarian donors have withdrawn, while development actors/donors have not stepped in, as Libya is apparently not a priority or target for them, forcing remaining organisations to work with very limited funds. At the same time, there has been no commitment from the authorities on issues relating to the protection of refugees and other migrants, nor has any space been created for dialogue and coordination with them. Migration remains a source of considerable tension between the authorities and humanitarian organisations.

One of the professionals interviewed acknowledges the difficulty of maintaining a humanitarian response to a situation such as Libya, a rich country where needs of refugees and other migrants are mainly the result of an abusive, protracted legal and security context.

The professionals interviewed put forward various hypotheses for limited humanitarian funding for refugees and other migrants: political pressure from the Libyan authorities, who want to obtain more development funding for the Libyan population and reinforce the narrative of a stabilised country undergoing reconstruction; the desire of humanitarian donors to redirect their funds to other countries, notably Ukraine, as well as pressure from the European Union seeking to legitimise the narrative of migration management and its assistance to the Libyan authorities in this area, despite documented abuses (Confidential, personal communication, 2025).

Several NGOs working in Libya have reported a sharp increase in cases of sexual violence in 2024 compared to previous years, including among children, and suggest a correlation with the conflict in Sudan, with an estimation of over 552,170 Sudanese refugees having arrived in Libya since April 2023 (UNHCR, 2026). This increase has led to a very heavy caseload, from 50 individual cases to more than 130 cases for some caseworkers, resulting in very poor quality of care. Many cases of recent violence require emergency medical care (including CMR), further exceeding the capacity of teams working on GBV issues. This increase has also paralysed the referral system between organisations (Confidential, personal communication, 2025).

While some projects have the advantage of having multiple components, allowing for plans covering different aspects (MHPSS, protection at individual/community level, cash), the medical component (CMR, perinatal and obstetric, infectious diseases, including HIV treatment) remains the biggest gap, with no or very few humanitarian actors operating in this area, unsafe public facilities and private facilities that are financially unattainable (Confidential, personal communication, 2025). Other gaps reported include:

- There is a lack of medium and long-term protection solutions, leading to the prolonged extension of short-term solutions.
- Trauma care, due to the particular difficulty of finding qualified psychologists in Libya and the lack of a health systems in this area. The lack of an adequate response to the mental health issues that some adults and children who have been victims of sexual violence may have had a serious impact on their care, forcing teams and communities to deal with situations for which they were not equipped.

- There is a lack of continuity in follow-up and care during humanitarian evacuations, as actors in Libya have no visibility on what happens afterwards and no connection with the actors taking over in the country of arrival. This can lead to interruptions in treatment.
- Professionals also report difficulty in finding interpreters and cultural mediators for French-speaking populations, limiting engagement with them and the possibility of discussing sensitive topics such as sexual violence.

In terms of humanitarian architecture, the only plan currently in place is a Regional Refugee Response Plan concerning the conflict in Sudan and its consequences on neighbouring countries, which is considered an emergency by the UNHCR.

Services are therefore almost exclusively geared towards the Sudanese nationality, and there is no longer any space for coordination to address and discuss the needs of other populations, nor any common strategy or prioritisation, despite the persistence of needs. All these factors illustrate a real neglect of the issue of sexual violence within the migrant and refugee populations in Libya by the United Nations and the international community.

## **Tunisia**

Family planning and public medical services are theoretically accessible to refugees and other migrants, but their resources are very limited (including for Tunisians), and foreign populations face multiple barriers to accessing them (see next section). One of the professionals interviewed also explained that public services have a very poor understanding of migration and the specific vulnerabilities and needs associated with it.

With the exception of the IOM and Médecins du Monde, no other humanitarian organisation is currently working with refugees and other migrants in Tunisia on the issue of sexual violence (see section on 'access and acceptance'). Local actors wishing to work on this issue are forced to be particularly discreet. The areas where this population is concentrated, such as El Amra, are restricted, preventing any monitoring and detection of needs related to this violence (OMCT, 2025).

Forms of assistance within the community are being set up, particularly with individuals who have a medical background, but they are extremely limited (Dumont, 2025). The OMCT reported an increase in births without medical assistance,

unintended pregnancies linked to sexual violence and/or at risk, as well as needs resulting from the absence of clinical management of rape (genital injuries, STIs) (OMCT, 2025).

### **The Mediterranean**

As this research covers transit situations, it is relevant to examine how the issue of sexual violence is addressed on board rescue boats in the Central Mediterranean, based on interviews conducted with professionals from an NGO at sea and the experience of the authors of this report.

Boats with sufficient capacity usually carry mental health professionals and a midwife. The latter is a particular asset in establishing a connection with female survivors and carrying out additional related activities. All professionals (medical, mental health, protection, non-care staff) are also trained on issues of violence during migration so that a common approach and sensitivity can be established on this subject. The teams try to raise awareness of this issue among survivors through posters displayed in various locations on board and focus groups where the issue of violence and the help available on land are discussed. The aim, rather than encouraging survivors to talk about this violence, is to make them aware of the various options for help that are available to them when they decide to seek it: 'It is about initiating a trusting process – not with an individual or another organisation on land, but with the health system in general so that they will feel comfortable turning to them later' (Confidential, personal communication, 2025).

Issues of violence may also be raised by the patient or various professionals during individual consultations, and patients are referred among the professionals as needed. Depending on the ship, screening/treatments for STIs as well as pregnancy tests can be offered onboard or referred/recommended upon disembarkation on land. The information provided by the patient and the findings of the professionals can be transcribed into documents given to the patient before disembarkation to facilitate their procedures and requests with health, asylum and other services. The document can take the form of a medical certificate, which in theory can be used in legal proceedings.

There is also the difficulty of language barriers when it comes to languages not covered by intercultural mediators, with all the difficulties of online translation on a ship, as well as the near impossibility of obtaining feedback from patients themselves on the care they received on board, due to the lack of contact after disembarkation.

### **Pregnancy and access to abortion at sea**

In the event of a positive pregnancy test, a discussion follows on the different options available when they arrive in Italy. Following the consultation, the midwife can write a letter with her observation and recommendations. Pregnant women are referred to the USMAF (Maritime, Air and Border Health Offices), which are the health authorities present at disembarkation. Pregnancy is usually considered as an urgent medical matter, with immediate referral to hospital for antenatal care.

The issue of access to abortion after arrival in Italy might be particularly sensitive. It is very difficult to know what services were offered to the patient, due to the lack of direct links with health services and patient feedback.

### **STIGMA CREATES VULNERABILITY**

Beyond the humanitarian programmes themselves, the difficulties faced by refugees and other migrants in accessing them must also be taken into account. Primarily, the issue of stigma and associated discriminatory practices is described as a major barrier to care and services along the route. To fully understand the issues surrounding access to care and services in a given environment, it is important to distinguish between 'internalised' stigma and 'external' stigmatisation, the former being a psychological response to sexual violence and its consequences (often encompassing a sense of shame), which is the result of socially constructed, discriminatory norms, and the latter being acts and behaviours 'directed against a victim by others, often in a position of relative power' (Neenan, 2018,: 22).

Having made this distinction, different sets of discriminatory norms can be identified as sources of barriers to care. On the one hand, discrimination can be based on gender, sexual orientation and moral aspects (such as the social control of bodies and intimacy, or the stigma of sexual violence against men). Professionals interviewed and the literature describe patients who feel discouraged by judgement and guilt for having requested abortion care, experiencing sexual relations outside marriage (including victim-blaming in non-consensual ones) or having used risk reduction strategies (Plambech et al., 2022). A health professional interviewed explained that such discrimination can lead to very negative experiences of care, causing guilt and re-victimisation, which will discourage any follow-up or further attempts at treatment later on in the journey (Confidential, personal communication, 2025). This discrimination is often rooted in cultural practices, but can also be rooted

in national legislation such as legal texts penalising abortion or extramarital relations. In Libya, medical staff are obliged to report such cases to the authorities when they come to light, adding a risk of denunciation:

In a case documented by the Mission, a Sudanese asylum seeker was arrested after giving birth at a public hospital. Despite her claim that the child was conceived through rape, the victim was accused of engaging in sexual relations outside marriage, an act criminalised in Libya (FFM on Libya, 2023).

These same mechanisms are also described in relation to discrimination and racism towards black individuals, especially with a stereotype associating this population with HIV status, leading to rejection and discrimination in access to education or healthcare (Confidential, personal communication, 2025). This occurs even in public healthcare systems that are free and have no admission criteria, where the obstacle is created by individual healthcare professionals. Here too, this discrimination can also be institutionalised with regulations prohibiting access to services for people in irregular situations. Religious discrimination was also described by the professionals interviewed.

Finally, a number of other factors will act as barriers to care:

- The fear of detention and/or deportation, which poses a risk of putting an end to the entire migration project (see Plambech et al., 2022 and Weisner et al., 2024).
- A general lack of trust in the police, security forces, government officials or anyone connected to the state or perceived as such, which are often perpetrators of abuse on the road or even perpetrators of sexual violence themselves. It will discourage any approach to the justice system, especially as seeking justice is often seen as a low priority while the survivor is still in transit.
- The fear of reprisals from perpetrators of sexual violence, who may perceive seeking help from hospitals or organisations as a threat (several professionals report that victims may have been threatened if they were to seek help).
- Economic barriers, whether for healthcare services, which may be fee-based, or for transport, as services are often located far from the neighbourhoods where refugees and other migrants live, or may even be unavailable in the city or region.

Finally, language barriers were also mentioned several times in the interviews with the professionals. For example, access to legal services, which are free in Tunisia, is only possible in Arabic, with no translation available to navigate the legal system. These barriers are often compounded by bureaucratic barriers, as access to healthcare relies on complex documents, forms and procedures that refugees and other migrants are unable to navigate. These barriers are often compounded by a lack of understanding of the healthcare system, which leads to a lack of adherence:

What was the barrier to come back? It was a misunderstanding about treatment or the medication. The prophylaxis for HIV, that they need to take for X number of days, has side effects. So, if they didn't understand about the side effects quite well, or they didn't feel reassured enough by the doctor, "you will experience this, this, this, but you still need to finish the treatment. It will not escalate to give you a heart attack, or it will not have further consequences", then they were stopping the treatment because of their beliefs and their own interpretation they were given to the side effects.

(Confidential, personal communication, 2025).

All these factors mean that even when services are available, refugees and other migrants may be forced to deal with sexual violence and its consequences without proper help or follow-up.

## **THE CRIMINALISATION OF CARE**

NGOs working on this issue face numerous obstacles when dealing with authorities. After years of hate speech and disinformation against migrants in Libya, ten international organisations operating in West Libya received stop-work orders from security authorities in March 2025, accused of violating national laws by supporting migrants and failing to comply with local regulations.

In 2023 and 2024, migrants, refugees and organisations working on migration issues in Tunisia were also severely affected, particularly after a xenophobic and conspiracist speech by the President of the Republic. Several organisations were targeted by judicial and administrative investigations on grounds of financial crimes, human trafficking or aiding illegal immigration. Such prosecutions continue in 2025 and now target civil society as a whole. This has led to the suspension and detention of

professionals and activists and prevents any organisation or structure specialising in sexual violence from providing assistance to refugees and other migrants (Confidential, personal communication, 2025).

In Niger, professionals have reported difficulties in obtaining authorisation to carry out mobile, outreach health activities, while awareness-raising activities on the dangers of migration are still permitted in remote areas. The implementation of large-scale responses, such as a reception centre for refugees, has also been blocked.

In Sudan, in the state of Khartoum, access to CMR care is in theory possible within some hospitals, but those are controlled by armed groups, 'the primary perpetrators of sexual violence in this war', exposing survivors to retaliation or the risk of being raped again while seeking care (SIHA, 2024).

In several countries, professionals interviewed also described logistical challenges in importing the treatments and equipment needed for sexually transmitted diseases, contraception and voluntary termination of pregnancy. This may also be combined with national legislation criminalising certain practices, such as abortion, as seen above.

Finally, in contexts where racism and/or colonial heritage remain very prominent, care and assistance programmes for migrant and refugee populations, particularly those from sub-Saharan Africa, and their differences with those of host communities can create misunderstandings and spark hostile behaviour. Several professionals interviewed also explained that the subject of gender-based violence is generally associated with the question of gender equality, as well as diverse sexual orientations and gender identities, and therefore with values that go against the traditional and/or conservative societies of these transit countries, requiring a very cautious approach to the vocabulary and manner in which these activities are presented.

These difficulties are also encountered by national staff in transit countries. Some professionals interviewed explained that they had noticed a lack of involvement on the part of their staff regarding these issues, or a lack of understanding on their part as to why NGOs are so insistent on issues of migration and/or sexual violence.

While this may be due to taboos and deeply internalised values (religious, cultural, etc.), it is also important to take into account the local political context, which can have serious, even life-threatening consequences for those working on these issues, who therefore prefer to keep their distance. Several professionals interviewed pointed to the lack of consideration of this aspect and the lack of a protection plan for their staff. One way that some organisations respond to this problem is to ensure that particularly risky tasks (such as safe abortion care) are carried out by foreign staff, who are less exposed to legal risks. While this approach reduces certain individual risks, the institutional risks remain high.

The sensitivity and taboo nature of the subject of migration and sexual violence inevitably means that local staff have less experience in these areas and therefore less expertise in supporting victims of sexual violence, requiring the intervention of external professionals.

**Today, several of the towns and areas reported as being the most dangerous are also areas where GBV support/protection services are reported to be lacking (UNHCR Office of the Special Envoy, 2024).**

However, we must also take into account the reality of this violence in this context, namely that it might also affect the teams themselves, at least the women, who are therefore familiar with it and may understand the issues faced by migrant and refugee populations in their own way. It is therefore important to explore how they deal with these issues, given that they themselves might be deeply affected by them.

Working on the issue of sexual violence against refugees and other migrants may involve working in restricted and/or detention areas, such as border areas, detention centres and prisons. The main challenge in such contexts is to ensure that those in control of these spaces provide working conditions that allow for privacy during consultations and confidentiality regarding diagnoses and care provided, otherwise detained migrants may be exposed to additional risks. The other issue is to ensure that the work has a meaningful impact, aiming to make a significant difference to patients, without becoming complicit in the abuses perpetrated by simply helping detained migrants to survive in order to suffer further abuse.

All these elements show that, whether among authorities, local professionals or host communities, this topic has the disadvantage of being at the crossroads of tensions surrounding migration and the sensitivity of gender and sexuality issues, creating major difficulties for access and acceptance of assistance and protection programmes. Today, several of the towns and areas reported as being the most dangerous are also areas where GBV support/protection services are reported to be lacking (UNHCR Office of the Special Envoy, 2024).

### **Being 'low profile' as a way to cope**

Many of the professionals interviewed described 'low-profile' programmes that did not seek publicity or communication at any level. The most sensitive activities are not specifically mentioned to the authorities in order to avoid provoking tension or even suspension, legal action or hostile armed acts. Certain activities or aspects of the programme may also be concealed from employees during meetings or in reports.

This sensitivity also limits activities at the community level with a wide audience, such as health promotion and awareness-raising activities among migrant and refugee populations, involving several staff members, which are difficult to conceal and carry the risk of information being passed on to people with malicious intentions, either via beneficiaries or staff.

Finally, being 'low profile' also has an impact on the working approaches used. One professional noted that these difficulties led some organisations to neglect intercultural aspects in their activities and communication, for fear that they would be misperceived.

The situation in Libya also showed that this approach doesn't offer protection indefinitely. One of the professionals interviewed sees the decision to suspend NGOs in Libya as proof of the limitations of this approach, the consequence of not having been able or willing to work more closely with the authorities and the network of local organisations. Indeed, this 'low profile' approach, which distances local actors, can also arouse mistrust and be perceived as obscure by the authorities.

## THE HUMANITARIAN SYSTEM – A CRITIQUE

Globally, sexual violence-related care suffers from under-funding, especially since the multiple UN budget cuts by the US, motivated by anti-abortion ideology and impacting sexual and reproductive health efforts as a whole. The professionals interviewed for this report described donors requiring organisations to ‘do more with less’, leading to a massive gap between resources available and the scale of needs. They also pointed out the discrepancy between the programme’s objective/mandate and the quality of care and tools available, with organisations having to focus more on the number of consultations rather than their quality.

One professional described the difficulty of mainstreaming sexual violence issues into other programmes, when the daily number of cases requires a dedicated and specialised mass GBV response.

The financial aid system and its almost complete dependence on institutional donors drew critical comments during the interviews for this report, with several professionals having experienced forced programme interruptions during budget cuts, which were perceived as particularly violent, and calls to accelerate the localisation of funding.

Challenges also occurred between organisations, with the funding system creating competition that undermined partnerships and the inter-agency referral system, pushing towards informality and opening up the risk of arbitrariness in case management.

One professional called for greater involvement by the United Nations and its agencies on sexual violence, arguing that its influence was needed at least on specific issues that one organisation could not resolve alone, such as addressing the difficulties of supplying and importing post-exposure prophylaxis with the Libyan Ministry of Health.

This issue of sexual violence presents a wide range of challenges: sensitive, rarely consensual, requiring complex responses, whose impacts are often only visible on the long term and difficult to quantify, and therefore difficult to promote to donors and the general public. On this aspect, several professionals pointed out the ‘lack of consistency’ and ‘ethical failure’ of the humanitarian community, which prefers to focus on other, less challenging contexts of interventions, leaving sexual violence poorly or not answered.



The humanitarian rescue ship Seawatch 3 disembarks in Pozzallo with 440 migrants on board. Pozzallo, Sicily, Italy. December 2021. Photo: Tricani Alessio / Shutterstock.com.

## CARING FOR PEOPLE ON THE MOVE

Drawing on their experiences, the professionals interviewed were able to offer several practical tips and lessons learned on how to provide assistance and care to refugees and other migrants on issues of sexual violence. These elements were collated and compared with existing data in the scientific literature in order to define several thematic guidelines. Here, the aim is not to propose methods for treating sexual violence, on which there are already numerous publications, but to focus on strategies and programming that are specifically useful in the migration context.

## ADDRESSING THE ACCESS BARRIERS

First of all, whatever the programme, it must be ensured that any barriers to accessing it have been minimised as far as possible. One way of doing so is using the no questions asked approach, i.e. providing care or services on request, without asking questions about the patient's history, their legal status or the reason for requesting these services, which is often preferred by patients (Plambech et al., 2022). One of the professionals interviewed also highlighted the challenges of verbalising incidents of violence, proposing that the provision of basic care packages should be triggered without waiting for the patient to ask for it, in order to avoid missing cases of patients incapable of doing so.

The establishment of hotlines and teleservices were also proposed, allowing refugees and other migrants to reach services and receive appropriate advice remotely. However, this is an expensive solution, requiring more staff, who could be overwhelmed by the number of calls depending on the existing response capacity.

In the case of a programme based within the public health system of transit countries, the use of local health professionals to conduct health mediation between services and refugees and other migrants was strongly recommended by several professionals, considering that this is one of the only ways to decrease discriminatory barriers.

In line with this, two professionals interviewed for this report pointed out that word of mouth should not be overlooked, talking to patients about information they can pass on to their friends and family. The use of community volunteers to disseminate information about programmes was also suggested, depending on the sensitivity of the activities in question.

Sexual violence-related pregnancies are often not detected or are detected too late, for several reasons detailed throughout this report (stigma, shame, protective silence). However, several professionals and the scientific consensus emphasise the importance of early detection in order to carry out CMR. For women who are pregnant and experiencing violence, early detection also allows them to receive more options, if available: termination of pregnancy, foster care or adoption after birth. In cases where the child is kept, this would make it possible to detect postpartum depression and child abuse and prevent deteriorating relationships later

on: follow-up and support that starts early is more effective (Anderson and Van Ee, 2018). Even if very complex, acting as close as possible to the violence and victims, where it occurs or nearby is key.

Finally, one last point mentioned in interviews with professionals and in scientific literature to ensure people in need reach to a programme is to make sure it doesn't perpetuate stigma. This involves ensuring the confidentiality and privacy of consultations and diagnoses (by avoiding any mention of sexual violence on doors, files or any other visible part of the facility). At the same time, activities gathering patients in the same situation are useful to decrease social isolation, but activities involving all refugees and other migrants with different backgrounds/history are also important to not perpetuate stigma.

## **MOBILE ASSISTANCE**

The needs of sexual violence survivors in migration are not only due to sexual violence and trauma, but are also caused or exacerbated by the restrictive or even hostile environment in which they live: administrative obstacles, isolation and lack of social/family networks, living conditions, limited financial resources, etc. It is therefore necessary to address social, mental and physical well-being alongside patients' health, taking into account all health determinants, within a single programme or in collaboration with other actors (Fair et al., 2020). The repercussions of sexual violence can affect all aspects of survivors' lives, which means that they could present multidisciplinary needs that require holistic care, both in terms of disciplines and temporality. According to the professionals interviewed, comprehensive care includes:

### **Medical care:**

Sexual transmitted diseases treatment/prophylaxis; emergency contraception; vaccination against hepatitis B and tetanus); family planning (access to safe abortion care, long-term contraception, birth control and sanitary pads).

### **Psychological support:**

Trauma care; awareness-raising activities; social support (cash, civil documentation, education).

**Protection:**

Provision of safe spaces; international protection; durable solution; legal support.

**In case of pregnancy/child born from the sexual violence:**

Perinatal, obstetric and paediatric care; child protection.

The types of interventions will vary depending on how much time has passed since the violence occurred: emergency (first 72 hours), short-term (first month), medium-term (one to six months) or long-term (more than six months). Other professionals interviewed emphasised the need for multiple levels of intervention, at the community, group, family and individual levels.

Several professionals emphasised the advantages of cash-based assistance, particularly in contexts where access to safety and basic needs is linked to monetary support: it empowers beneficiaries, enables access to proper housing through cash for rent, helps to avoid resorting to more dangerous income-generating activities, allows participation in the local economy and avoids material humanitarian assistance, which sets apart and differentiates host communities from refugees and other migrants .

**Work with elements that patients can take with them: whether documents, objects (e.g. contraceptive methods), knowledge or techniques (on first aid, sexual and reproductive health, etc.).**

In the case of knowing that the patient was going to leave and that the intervention would be short, several professionals interviewed used single-session protocols (in mental health, one professional explained ‘focusing on a priority, addressing it, and then closing it’), or planned interventions over a period of a few days or weeks at most. Some treatments, usually given gradually, can alternatively be given with the entire dosage. Several professionals also explained that they gave patients documents detailing their care and medical-legal certificates so that they could keep them and give them to the next person they met on the road who would take over their follow-up.

This approach is consistent with one mentioned several times in the interviews, which is to work with elements that patients can take with them: whether documents, objects (e.g. contraceptive methods), knowledge or techniques (on first aid, sexual and reproductive health, etc.).

Ongoing mobility and the multitude of people encountered along the way also mean that patients will be asked to recount their story several times. For this reason, it is important to design the programme in such a way that information can be shared between those involved, thereby limiting the number of traumatic disclosures by the patient, while ensuring informed consent (Khouani and Benazouz, 2024). In order to potentially monitor patients throughout different stages of the journey, the idea was raised of setting up a shared file between professionals working in different cities and patient identification systems using QR codes. However, this possibility of ensuring continuity must be weighed against the risks posed by the leakage/misuse of such a database, as well as the individual's right to privacy.

Beyond follow-up, one professional interviewed pointed to the lack of sharing of (non-personal) information between stakeholders in different countries, limiting the possibilities for analysis and understanding of needs across borders, taking into account the entire journey and the patients' perspective.

The strength of a programme working in a migration context therefore lies in adapting its activities to each patient's timeframe, whether long or short, while ensuring that the results of the assistance provided are resilient to sudden interruptions in follow-up, whether chosen/planned or not (placement in detention, departure for the next stage decided at the last minute). These factors demonstrate the need to take into account the mobility and temporality specific to the beneficiaries, in particular by ensuring that patients are able to ensure their own continuity of care. The issue of using interpreters and mediators becomes even more important in order to ensure a level of understanding that will enable patients to verbally relate their medical history (Vanessa et al., 2019).

One professional interviewed explained that she offered various options, depending on logistical availability: morning-after pill, implant, injection. Such a programme will also need to take into account different cultural fertility norms, depending on the country and environment of origin, socio-economic factors, and preferences based on the destination country and migration project of the beneficiaries.

The preparation can also be psychological, discussing with the beneficiary the different possibilities for the journey, their agency, how the scenarios might unfold, the physical and psychological responses they might have (both healthy ones and those that should raise alarm), and providing visualisation techniques. This approach is used, for example, by some NGOs to prepare humanitarian workers before they leave for dangerous contexts.

Interventions in the context of sex work, circumstantial relationships and other forms of economic-sexual exchanges are often a source of discomfort for professionals. Faced with situations that are both violent and the only means of continuing their path, strategies aimed at prevention or awareness-raising are often perceived as without real impact. To make an intervention meaningful, it is necessary to take into account the continuum by considering the factors that lead to these situations. As we have seen, these forms of economic-sexual exchange are the result of relations of domination and structural limitations. The relevance of an intervention will therefore depend on its ability to offer an alternative to these practices in order to achieve the migration project: other sources of income, the possibility of protecting oneself and covering one's basic needs, and to take the next step in the journey.

Finally, the continuum of sexual violence can be taken into account in a programme's strategy in an even broader way. The inevitable and systemic nature of sexual violence along the CM route means that the only definitive way to avoid it is to not have to take to the road in the first place: setting up evacuation routes, offering resettlement places, etc. Although highly unpopular in the current geopolitical context, any means of protection that avoids the need to take to the road to achieve one's migration project remains today the most comprehensive, transformative response that focuses on the needs of individuals.

### **An intercultural approach**

Lastly, attentiveness to migrants' needs and the discrimination they face as foreigners also means allowing room for the cultural factors at play. According to the professionals interviewed, cultural differences cover various aspects, beginning with the conceptualisation of acts and norms of violence, as well as the notion of victimhood. What is considered as sexual violence by a professional or an organisation (especially with a western background) might be different from each migrant. Secondly, the way social groups (community, family, neighbourhood, household...) deal with sexual violence (be it healthy or harmful) is also an aspect to explore, in order to assess how a programme can be articulated with it, when the

group can be a collaborator, and when the individual needs to be protected from it. Two professionals also mentioned parenting culture and practices, especially how care of babies can be perceived as a community responsibility, and therefore how programmes should consider them in addition to the patient/family unit.

The aim is therefore to design a programme that provides the space, time and skills for migrants to express these aspects of their lives and for professionals to explore the importance the migrants attach to these aspects.

This requires programmes take into account the whole social surrounding and not just the migrant and their immediate family: for example, by providing spaces where a mother can entrust her child to other women so that she can be alone or carry out other tasks, or if the mother prefers to look after her child alone, ensuring that she has the infrastructure to do so.

Succeeding in this approach will involve recruiting staff who are open to it: although difficult to achieve, particularly in a context where the place of migrant and refugee populations in society is not recognised, technical tests and interviews can help to ensure that candidates are open-minded about the cultural differences with their beneficiaries and able to question their own perspectives.

Finally, the collaboration with individuals coming from the same cultural background of the beneficiaries (national technical officers, community volunteers, traditional birth attendants, religious leaders, etc.) was recommended, in order to align care practices and narratives with religious, social, political values, in a process of cultural negotiation, but also because these are individuals to which victims may turn to (Confidential, personal communication, 2025).

## **CRIMINALISATION AND REJECTION OF AID: WALKING THE TIGHTROPE**

Regarding the authorities and the challenges to negotiate access with them, two professionals interviewed emphasised the importance of 'creating space and room for manoeuvre', however small, by finding allies within ministries, governing bodies, local authorities or civil society organisations. These actors can also help to find culturally appropriate narratives, which may sometimes require uncomfortable compromises but enable one to 'get a foot in the door':

We were doing training on gender empowerment. And with that, we never actually used the term gender-based violence. And it didn't come up once, but we would talk about ideas or concepts that align with gender transformative approaches. So, things like equity, fairness, inclusivity and intersectionality, why it matters, how it contributes to safe and healthy communities, and strong families and kind of tying in those core concepts to beliefs within the community, legislation that's put in place, and narratives within the community that contribute to those preventative or more protective ways of being that are culturally relevant.

(Confidential, personal communication, 2025).

One of the professionals interviewed suggested, for example, exploring exemptions to obtain an abortion, where it is permitted in cases of risk to the mother's health. The idea here is not to view this obstacle as a wall, an insurmountable barrier, but to explore the small spaces, the gaps that would allow care to be provided.

Another solution used is to 'dilute' issues of sexual violence within the broader topic of violence, which may resonate with more people and therefore cause less tension.

Faced with the tensions that can arise within local communities when refugees and other migrants are receiving care, one professional interviewed suggested that it might be necessary to reconsider this principle of referring people to and supporting local/public health systems. In contexts that are particularly hostile towards foreigners, their inclusion in the already precarious health system used by the host community only exacerbates tensions to the point of creating physical hostilities, without bringing about any change in mentality. In situations where the admission and care of a foreigner in a public facility goes well, this is often due to an individual in a given department, rather than the institution as a whole. The professional suggested setting up parallel health services to provide real access to care for these populations until the socio-political context evolves, and then considering integration.



ICC has jurisdiction to prosecute individuals for the crimes of genocide, crimes against humanity. International Criminal Court. Hague, Netherlands. May, 2023. Photo: SARATSTOCK / Alamy.com.

## RECOGNITION AND JUSTICE: MOVING FORWARD

Even though the experiences during the migration journey, and sexual violence in particular, can have particularly serious and long-term physical and psychosocial consequences, victims will often have to cope with it without any social or legal recognition or protection. The mere fact of having survived sexual violence during transit, however extreme, does not qualify them as refugees or victims of trafficking (Guidi et al., 2025).

This lack of recognition is painful for survivors, as they suffered violence due to 'the failure of states to provide adequate quotas of safe passage and resettlement', leaving 'refugees and other migrants with no option but to resort to smuggling and

crossing these dangerous transit areas to reach safety and access international protection' (Sullivan et al., 2021: 36).

How, then, can legal and social recognition be obtained for these acts of violence? An initial article called for consideration of both the situation in the country of origin and the hardships endured during transit in the asylum application procedures (Kuschminder and Triandafyllidou, 2020). A few years later, the same authors proposed the establishment of a special status, for example by codifying humanitarian permits to include the transit phase, in order to recognise the need for protection following the hardships endured:

At the European level such protection could take a variety of legislative forms. An appropriate and comprehensive form of protection would involve the introduction through a relevant Directive of an EU level permit for humanitarian protection that would apply to people who do not qualify for asylum, who have lived in the EU for a certain period of time (whether with or without status), who are unable to return to their country of origin or last country of residence for various reasons and who have suffered significant mental or physical health damage in relation to extreme hardship experienced while in transit towards the EU.

(Guidi et al., 2025: 266).

However, there are several limitations to this approach. Firstly, this solution only takes into account one aspect of migration along the CM route, considering only those who arrive at a destination where it is possible and desirable for survivors to seek protection. Those who stop along the way or return to their country of departure are therefore unable to obtain recognition for the violence they have suffered.

Secondly, extending the grounds for obtaining refugee status, or creating a specific status for survivors of such abuse, is unlikely in the current political context (see UNHCR, 2025). Even if this were achieved, this status would remain vulnerable to changes in public policy, meaning that recognition for survivors would collapse.

Thirdly, such status also has the disadvantage of linking issues of regularisation, immigration and life plans to the condition of being a survivor of sexual violence, which can impact the meaning given to this violence and the ability to process the trauma. It seems preferable that this legal and social recognition be dissociated from the survivor's ability to develop their life plans, so that they can give the violence the place and meaning they wish.

In an article on social support for asylum seekers and refugees, Khouani and Benazouz pointed out the link between administrative status and access to healthcare, which amounts to tying it to the judgement of the reliability of their life story, runs the risk of devaluing the survivors' voice. They therefore propose separating the issue of care and support for survivors from their administrative status and making this possible by institutionalising it in common law (Khouani and Benazouz, 2024).

Similarly, it seems appropriate to seek legal and social recognition of the violence and harm suffered through mechanisms that already exist and are enshrined in law. Victim status has several advantages: it is recognised in various national and international laws (see the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, or Victim status at the ICC), with different rights attached depending on the jurisdiction, particularly in terms of assistance; it places the concept of crime/criminal offence at the heart of this recognition; and it opens up possibilities for reparation for the harm suffered. The disadvantage is that it is often linked at national level to legislation that does not easily take into account crimes committed abroad, especially against non-nationals.

At the international level, the ICC provides for victim status in its proceedings, but examples of criminal prosecutions for crimes related to sexual violence remain limited. For these reasons, we wish to explore the various possibilities for criminal charges and prosecutions for the types of sexual violence in migration studied in this report.

At the moment, the only ongoing initiative of the ICC related to refugees and other migrants along the Central Mediterranean route concerns Libya, where several warrants related to war crimes and crimes against humanity have been issued. Likewise, there is a potential legal basis for the exercise of the ICC's jurisdiction over crimes against migrants, based on previous case decisions on Libya (Al Werfalli), which seem to indicate the possibility for the ICC to exercise its jurisdiction over any crimes, thus also sexual violence crimes, linked to the ongoing non-international armed conflict in Libya.

Several NGOs and academics highlighted multiple elements indicating that the commission of crimes against refugees and other migrants is directly and indirectly connected to the armed conflict in Libya and the actors involved in it, which therefore may fall within the jurisdiction of the court (Prosperi, 2018 and 2022; Meloni and Zhang, 2021; ECCHR et al., 2021).

Legal actions may also be taken under national legislation, with prosecution in the country where the violence occurred or in a third country where courts have jurisdiction.

Sexual violence and sexual exploitation can be criminalised in stand-alone offences (sexual assault, rape, human trafficking, pimping, etc.), or in connection with human trafficking charges or aggravated smuggling if it applies.

For violence perpetrated in countries of origin or transit, prosecution in the country where it happened should be more efficient, with the principle of territoriality. But scientific literature and interviews with professionals show that there are multiple limitations.

Several transit countries studied here have limited capacities to conduct proper investigations on organised and mobile criminal networks. Arrests and prosecution of perpetrators remain rare, and collusion between them and officials is also documented in multiple countries, especially Libya, as well as wide corruption.

As explained earlier in this report, refugees and other migrants can face particularly strong discrimination, criminalisation and violence from the host community in transit countries. In Tunisia, an attempt to file a complaint exposes the complainant to the risk of being deported towards the borders in Algeria or Libya (Dumont, 2025), and the procedures for reporting sexual violence in Algeria remain inaccessible to foreigners (Confidential, personal communication, 2025). It is also important to take into account potential provisions incriminating victims, as seen earlier (abortion, same-sex sexual relations, sexual relations outside marriage, sex work). Lastly, actions and initiatives to obtain justice, while still in transit, might not be perceived as a priority by the survivors.

For all those reasons, abuses and sexual violence will likely not be reported by refugees and other migrants in the country where they were perpetrated. So far, no case of prosecution of perpetrator of sexual violence against refugees and other migrants in Libya has for example been documented (UNSMIL and OHCHR, 2018: 33). Thus, in sum, most experts are still calling on the ICC to be in charge of the prosecution of sexual violence in migration given its ability to investigate such crimes and its capacity to overcome claims of immunity and potential political obstacles (Meloni and Xuchen Zhang, 2021).

# CONCLUSION

This study has highlighted the extremely high prevalence of sexual violence along the Central Mediterranean route, affecting almost all women travelling along it, as well as men, children and people of diverse SOGIESC. Sexual violence is universally rooted in harmful constructions of masculinity, power dynamics and gender inequality along with a long range of intersecting inequalities.

On this particular route, the social and cultural impact of colonial and slavery history, local economic, political and security conditions, as well as European foreign policies in the region, help to explain the prevalence and particularly high levels of violence against refugees and other migrants.

Our study revealed several ambiguities, repetitions and overlaps in sexual violence along the Central Mediterranean route. Acts of sexual violence can be repeated and suffered at all stages of the journey, but also at different stages of migrants' lives: as we have seen, violence can target children as much as adults or the elderly.

Furthermore, while the act of violence may be momentary, its consequences are felt over a longer period of time, potentially impacting the person's life in different places and at different times.

For all these reasons, an approach to sexual violence that focuses solely on an isolated incident – considering only what happened before and after, the victim and the perpetrator – fails to take into account the various continuities of sexual violence: across time, space and existence, but also a continuity across perpetrators

and meanings. All of this shows us that a meaningful approach to sexual violence – whether at the individual/clinical, organisational or public policy level – necessarily involves rejecting a binary approach based on rigid categorisations.

Another finding that emerges from this research is the tendency of various programmes, institutions and professionals to focus on a particular section of the population. Indeed, we have seen how security and ethical considerations mean that data is collected more frequently in contexts of arrival rather than transit. Similarly, humanitarian professionals' aim is often to preserve the beneficiaries' protective silence and to avoid intervention on this sensitive issue until they are in a context more conducive to assistance. Several professionals interviewed have highlighted the lack of support received by people returning after having passed through Libya or Algeria, due to a lack of financial resources, following deportation or as a result of the physical and mental consequences of the abuse they have suffered.

All these factors point to the presence of a survivorship bias on the Central Mediterranean route: there is indeed an assumption that those encountered in transit will continue their journey, leading to a focus on the migrant and refugee population that completes the entire journey to Europe, even though this represents only the 'surviving' part, failing to take into account those who were unable or unwilling to complete the journey. Certain forms, prevalence or consequences of sexual violence may thus be misjudged or even overlooked. This bias is unfortunately part of a trend in public policy towards focusing on preventing departures and reducing arrivals, where the emphasis on population movements comes at the expense of other aspects linked to migration and the abuse suffered by refugees and other migrants.

These findings give rise to a number of recommendations, whether regarding the prevention of sexual violence, support and protection for victims, or the pursuit of justice.

# RECOMMENDATIONS

## For humanitarian organisations and health professionals

**Assist beneficiaries to mitigate the risk of sexual violence** with programmes including family planning en route, safe spaces, and preparations to cope with sexual violence en route.

**Develop better connection between stakeholders along the route**, including information sharing across organisations and borders along the route, as well as information of beneficiaries on how to get assistance on the different stages of the journey.

**Conduct forensic activities.** It is essential that medical professionals who observe injuries and other medical consequences of sexual violence in patients en route issue medical certificates for use in court proceedings, if the victim chooses to pursue them.

## For policymakers

**Reform policies** shifting the focus away from smuggling, trafficking and immigration control towards the prevention of violence and the needs of people seeking protection.

**Provide legal institutions with the necessary financial resources** to open and conduct investigations on sexual violence-related crimes along migration routes and prosecute the relevant cases.

**For courts with jurisdiction, launch investigations into acts of sexual violence as crimes against humanity**, enabling an examination of the whole criminal system at work.

**Build an initiative towards setting up evacuation routes and offering more resettlement places**

# NOTES

- 1 'Lateral violence is aggressive behaviour that occurs among members of a group, because of accumulated and internalised stress and oppression. Helplessness and powerlessness to respond directly to psychological and systemic violence can result in redirecting this violence towards peers, colleagues, or neighbours. The impact of lateral violence flows "sideways" to other people – in other words, it spreads' (Enns, 2025).
- 2 Articles 391 and 392 of the Libyan Penal Code. Women willingly undergoing abortions can be sentenced to prison terms ranging from six months to three years.

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