

Survival Strategies and Health Repercussions in Forced Displacement

Switzerland Country Report (Draft)



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Abbreviations

FGD	Focus Group Discussion
IDI	In-Depth Interview
KII	Key Informant Interview
MH	Mental Health
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Plus
SOGIESC	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics; “queer” is used as an umbrella term for people of diverse SOGIESC in this report
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TS	Transactional Sex

Definitions

Asylum-Seeker: Any person who is seeking international protection. In some countries, it is used as a legal term referring to a person who has applied for refugee status or a complementary international protection status and has not yet received a final decision on their claim.

BAG: The Bundesamt für Gesundheit, or the Federal Office of Public Health (FOPH) in English, is responsible for federal healthcare policies and interests.

Cisgender: An individual whose gender identity is aligned with the sex they were assigned at birth.

Forced displacement: Involuntary displacement due to persecution, conflict, crisis, violence, human rights violations, or other reasons.

Gender Identity: A person's subjectively perceived and experienced sense of one's own gender. Gender identity is distinct from sexual orientation and sex characteristics.

Persons in a refugee-like situation: Groups of persons who are outside their country or territory of origin and who face protection risks similar to those of refugees, but for whom refugee status has, for practical or other reasons, not been ascertained.

Refugee: Under international law and the United Nations High Commissioner for Refugees (UNHCR) mandate, refugees are individuals outside their countries of origin in need of international protection because of feared persecution, or a serious threat to their life, physical integrity or freedom in their country of origin as a result of persecution, armed conflict, violence or serious public disorder.

SEM: The State Secretariat for Migration (SEM) is the Swiss federal authority responsible for the recognition of refugees.

Sexual Orientation: A person's physical, and/or emotional attraction towards other people.

Transactional Sex: A sexual activity with mutual understanding between parties that sex will be exchanged for material or non-material benefits. Our working definition of TS in this study implies agency while acknowledging concurrent vulnerability and the possibility of exploitation in forced displacement, where choices are limited.

Transgender: An individual whose gender identity is different from the sex they were assigned at birth.

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Introduction

The number of people displaced by war, armed conflicts and persecution, climate change, and natural disasters has grown incrementally over the past 12 years¹. The UNHCR estimates the number of forcibly displaced people worldwide to have surpassed 120 million in 2024¹. This global phenomenon has impacted many, with around 2% of all yearly asylum applications made in Europe since 2016 being processed in Switzerland². Concretely, the number of registered asylum seekers and persons in the asylum process in Switzerland at the end of 2024 was 226'706². In 2024, Switzerland received 27'740 individual asylum applications, the majority of which stemmed from forcibly displaced persons (FDP) from Afghanistan, Turkey, Algeria, Eritrea, Syria, and Morocco². In 2024 of all asylum seekers, 34,2%, or 10'390 people, were granted asylum². This represents an increase compared to only 25,7% in the previous year². Still, many asylum seekers remain in a liminal state, either waiting for the processing of their applications or continuing to live in Switzerland after the postponement or rejection of their application.

Asylum seekers in Switzerland are initially granted an N permit once allocated to a canton, at which point their asylum claim is still being examined³. People who are judged to be especially in need of protection (e.g. Ukrainian refugees) are granted temporary protection through an S permit. For those with N or S permits, moving to a different canton is complicated and only permitted in exceptional cases (for immediate family reunification or in cases of extreme endangerment). For these permit types, the amount of social aid received differs between cantons. Refugees who have been granted asylum receive B permits, while F permits are given to those whose asylum claims have not been granted, but who cannot be expelled from the country under the principle of non-refoulement. Finally, where an expulsion is considered permissible and reasonable, asylum claims are rejected. With a rejected claim, asylum seekers receive emergency aid, which is lower in comparison to the social aid received by other asylum seekers, and differs between cantons. Housing, different levels of support, and overall restrictions vary between the different permit types and cantons.³

Asylum seekers are housed in semi-closed federal asylum centers in a first phase of maximum 140 days⁴. Then, once they are allocated to a canton, the canton or municipality is responsible for offering accommodation, either in the form of a collective center, shared apartment, or private apartment for families⁴. Individuals do not have the possibility of influencing these decisions. In certain exceptional cases, people may put in requests for specific cantons or regions, but the final decision is beyond their control. Additionally, those with dismissed or rejected applications tend to be housed in so-called "departure centers", which are federal asylum centers without processing facilities⁴. These centers are often located in geographically remote areas. In 2022, the Swiss State Secretariat for Migration (SEM) activated an emergency plan to cope with increasing applications,

including an increase in temporary centers, such as military barracks and underground civil protection shelters.⁴

Besides the known number of refugees and asylum seekers, Switzerland is home to many FDPs who are undocumented. Exact numbers are unknown, but estimates on the number of undocumented people, or “Sans-Papiers”, in Switzerland over the past years range between 50'000 and 300'000^{5,6}. Though their legal situation differs from asylum seekers and refugees, many of them have been forcibly displaced from their countries of origin. Additionally, many support mechanisms for registered refugees and asylum seekers are not equally accessible to undocumented people. They tend to be employed in low-income jobs and are especially dependent on others to access housing and income. This makes them subject to exploitation by employers, housing providers, and other people who are aware of their status as undocumented.

In Switzerland, asylum seekers in federal processing centers do not have the right to paid employment^{4,7}. Upon allocation to a canton, asylum seekers with N permits can apply for a working permit, however, there is a prioritization of the domestic workforce³. People with S permits can apply for work permits, and B and F permits automatically grant migrants the right to employment. Those with rejected asylum claims are not legally employable. Even if they can request work permissions, FDPs are faced with considerable barriers, including language barriers and intersecting forms of discrimination. Statistics from the SEM for the year 2024 state that a mere 5% of asylum seekers between the ages of 18 and 65 were employed at the end of 2024^{4,8}. A result of this is that many FDPs are pushed towards the informal sector, working under precarious conditions with no safety nets. This situation may push certain FDPs towards various survival strategies, including transactional sex (TS) to meet their basic needs^{9,10,11}.

Basic and necessary health services, including sexual and reproductive health services as well as mental healthcare, are theoretically accessible to registered asylum seekers and undocumented migrants under the basic Swiss healthcare system. However, significant structural and cultural barriers limit this accessibility in practice. Because the Swiss health insurance system is a gatekeeper model, it can create obstacles on multiple levels. This refers to a model in federal asylum centers where patients rely on asylum centers and medical staff to decide whether medical consultations are deemed necessary and schedule appointments, usually with a general physician (GP)⁴. This means that a chain of people is involved before a specialist appointment can be made. The situation for undocumented migrants is similarly complex; people residing in Switzerland, regardless of documentation status, are legally bound to have health insurance. However, fear of interacting with authorities and financial difficulties mean that many undocumented people in Switzerland are altogether uninsured⁶.

Psychiatric screening and care are important for FDPs, many of which arrive in Switzerland traumatized¹⁸. An external evaluation by the Federal Office of Public Health (FOPH or BAG) and SEM of healthcare accessibility for asylum seekers has suggested that early screenings are extremely important in suicide prevention^{4,18}. Although mental healthcare is covered by the basic healthcare system in Switzerland, it can be difficult for asylum seekers, refugees, and undocumented people to gain access to appropriate care. Language is a significant barrier alongside cultural beliefs, norms, and prolonged waiting periods due to overrun, insufficient supply of expert MH services, and understaffed providers. Additionally, as asylum seekers experience frequent displacements across asylum centers in Switzerland, the accessibility and continuity of MH care are compromised^{4,18}.

TS refers to adults engaging in sexual activities with the implicit or explicit understanding of accessing material or non-material benefits, such as money, gifts, goods, services, favors, or other necessities. TS can arise as a strategy during the migration journey and in transit or host countries in response to the hardships that FDPs face. These may include difficulties in access to formal employment and other forms of income and housing, livelihood insecurity, family separation, and social exclusion, among others. While engaging in TS may indicate some level of agency to navigate the challenging circumstances, it can be associated with a greater risk of sexual and gender-based violence. Additionally, those engaging in TS may face serious health repercussions such as unwanted pregnancies, HIV and other sexually transmitted infections (STIs), and adverse mental health (MH) outcomes^{12,13,14}. A significant proportion of migrants acquire HIV after arrival to Europe, a phenomenon that has recently been researched in Switzerland^{15,16}. This research shows how the intersectional vulnerabilities migrants face upon arrival in Switzerland can negatively impact sexual and reproductive health^{15,16}.

Despite growing recognition of TS practices among FDPs, research on TS has remained limited and oftentimes fails to incorporate an intersectional gender lens. A lack of evidence and stigma surrounding TS has resulted in an evidence gap, thereby inhibiting service providers and policymakers in Switzerland and beyond from responding appropriately. In response to the gap in research on these phenomena, our research aimed to generate nuanced and robust evidence on the hidden phenomenon of TS and its health consequences in displaced populations. We approach this by analyzing why, when, and how displaced people across sexuality and gender spectrum engage in TS, which structural, social, interpersonal, and individual factors facilitate TS, and what SRH and MH consequences arise for FDPs involved in TS.

This report provides findings of data collected in Switzerland as part of a larger research endeavor across multiple countries. Besides Switzerland, research was conducted in Greece, Jordan, Lebanon, and Turkey. The findings across countries have been

synthesized in a multi-country report. The focus of this report will be on the findings in Switzerland.

Methodology

The qualitative data upon which this report builds was gathered through in-depth interviews (IDI) and focus group discussions (FGD) with FDPs in Geneva, St. Gallen, and Zurich, Switzerland. Additionally, key informant interviews (KII) were carried out with different service providers.

Study participants were recruited through purposive and snowball sampling methods in collaboration with a wide range of networks and organizations working with forcibly displaced persons in Switzerland. Inclusion criteria for IDIs and FGD participants included being above 18 years of age and residing in Switzerland at the time of research. Participants included people who had been forcibly displaced, including refugees, prospective or actual asylum seekers, and people in refugee-like situations regardless of country of origin.

Study participants were asked to provide informed consent to be included in the research process. The information about study objectives and participants' rights, as well as the interviews themselves, were held in participants' preferred languages. The support of translators was utilized where necessary. After receiving detailed information about the study, participants provided informed verbal consent either in the presence of a witness or while being audio-recorded; no signatures or other personal identifying information were collected to guarantee participants' anonymity. Once informed and understood consent was obtained, basic demographic information was collected, before transitioning to the interview questions.

The research protocol, including semi-structured in-depth interviews (IDIs), followed an interview guide which was developed in collaboration with the research team. The questions asked during interviews were related to the migration journey, challenges in current living situations, health repercussions, and future aspirations. To reduce desirability bias or under-reporting, researchers did not pose direct questions about engagement in TS but rather asked whether participants had heard of or witnessed others engaging in similar practices during their migration journeys or in Switzerland. Previous knowledge of or experience with TS was thus not a criterion for study participation. Researchers also refrained from using the term TS in interviews. Interviews were audio-recorded with the permission of the participants. All data were transcribed and translated into English by members of the research team. They were then qualitatively coded and analyzed using the qualitative data analysis software Dedoose.

Findings

Overview of Data

The study process resulted in 80 separate interviews, consisting of 62 IDIs, 18 KIIs, as well as 2 FGDs. Demographic information is provided in Table 1.

Table 1: Overview of IDI Participants

	Geneva	St. Gallen/ Zurich	Total
Women (cisgender-heterosexual)	18	9	27
Men (cisgender-heterosexual)	11	10	21
People of diverse SOGIESC	5	9	14
Total	34	28	62

Table 2: Overview of Queer IDI Participants

	Geneva	St. Gallen/ Zurich	Total
Lesbian/bisexual cisgender women	0	0	0
Gay/bisexual cisgender men	2	3	5
Transgender women	1	4	5
Transgender men	0	1	1
Non-binary individuals	2	1	3
Total	5	9	14

Data shows that participants’ places of residence include the Swiss Romandie, with a focus on Geneva, as well as broader German-speaking Switzerland, with participants residing in Zurich, St. Gallen, and Bern. Some of the study participants resided in other cantons and traveled for their interviews, meaning that experiences from different localities were included. Interview partners with different asylum and residency statuses were included, ranging from people with N, F, and B permits to people with rejected asylum applications. A small number of Ukrainian refugees with S permits and undocumented migrants were also interviewed.

As a qualitative study, the samples are not intended to be representative or offer an in-depth comparative analysis of the different study locations. Findings offer insights into the experiences of study participants, indicating patterns and trends across Switzerland and exemplifying how structural vulnerabilities are (re-)produced in local contexts. As many of the interview partners experienced multiple displacements across different centers in Switzerland, it becomes more difficult to distinguish between experiences across regions. For example, multiple IDIs held in Zurich and St. Gallen had previously been in camps in western Switzerland. The considerable overlap between experiences in



the different locations further points to the potential broader applicability of the findings for FDPs in Switzerland.

Experiences of Life in Switzerland

Descriptions of the migration journey were oftentimes fraught with hardships and trauma, leaving long-lasting mental and physical health impacts. Many refugees, asylum seekers, and undocumented persons had already experienced violence in their home countries and/or during migration prior to arrival in Switzerland. These experiences potentially presented a tremendous challenge to the capabilities of individuals upon arrival and in the following stages of integration.

Upon arrival in Switzerland, some FDPs found their expectations of a better life shattered, as they faced economic struggles, liminal legal status, subpar living facilities, and social isolation. Many shared the enormous financial pressure and financial hardships due to limited employment and livelihood opportunities in Switzerland.

“The first challenge is food because it is the most important thing and it is like you have to think about what you are going to eat to make that money last, think about where you are going to buy it, search for places that help refugees, which are always full of people and have a line. And then when it’s your turn there is no more left. Or there are only leftovers. So that is very difficult.” -cisgender heterosexual woman

“The other stress is my mother. I couldn’t take her with me on the migration journey, she couldn’t survive that. Now my mother is in Afghanistan and I can’t help her and these thoughts about how can I improve my mother’s life a bit- I don’t make any money and how does it work with what I get, it’s too little, I can’t send anything to my mom. These thoughts about my mother worry me and break me.” – cisgender heterosexual man

Different participants expressed that the cash assistance they received from the government was not enough to cover their basic needs, impacting the quality and amount of food and other consumption items they were able to access. Some lamented their inability to offer financial support to their family members, with certain people reversely becoming reliant on money from family abroad or the goodwill of acquaintances in Switzerland. Some FDPs experienced exploitative work environments, especially being unable to access formal jobs and becoming reliant on informal opportunities, where their vulnerable situation could more easily be taken advantage of.

Many participants expressed difficulties finding work, which some felt further impacted their mental health and self-esteem, potentially leading to coping mechanisms including substance abuse. Different interviewees complained about feeling like a burden or parasite to the Swiss government and society. The role of employment was also discussed by certain key informants:

"Refugees need to feel they are useful for society. When we do not give them the opportunity to work and be independent, we see a lot of them falling down, and their mental health deteriorates, and many use alcohol and hashish or crack to cope with this. The void they feel inside and the uncertainty of what is going to happen to them makes things worse." – key informant

"From the very day I arrived here, I told the Swiss government not to give me money, but to let me work. I'm a photographer and I can work in my field so as not to be a burden on the government. I could even be an entrepreneur. I've taught photography to more than a hundred people in Greece. But no one listened. I'm tired of sitting idle in this country, like an unused car." -cisgender heterosexual woman

Certain research participants explained that the lesser benefits they received due to their uncertain, rejected, or delayed asylum permits made them feel dehumanized in comparison to recognized refugees with residence permits. Federal and cantonal procedures tended to be long and complicated, making affected people feel a sense of insecurity and hopelessness. The lived realities of people in the asylum procedure thus contributed to adverse mental health impacts. Additionally, some people were housed in very remote places, including so-called "departure centers", as they waited for their cases to be processed or after their requests had been denied. The remoteness of some of these accommodation options further inhibited FDPs from accessing the labor market as well as social support from NGOs that were often more concentrated in urban areas and larger cities. Remote housing was additionally perceived as a higher barrier to accessing healthcare and contributed to further feelings of social isolation.

"In the asylum process, we face the problem that access to basic things is so precarious. We have several women with very heavy bleeding who receive silly comments from medical care, like, "Now you need pads again. Are you selling them or what are you doing with them?" Really, the whole BAZ [Bundesasylzentrum – federal asylum center], it's a step backward. It wasn't great before, but now it's even worse. It's really awful. Especially for highly vulnerable individuals. It's a horror because there are no retreat options. There is a separation between men and women, but many report to us that they are constantly harassed on the way to the toilet or during meals." – key informant

Research partners additionally explained the difficulties faced in asylum facilities. Besides the above-mentioned gender dynamics, these were generally related to subpar hygienic conditions and overcrowding. The quality of food was a recurrent issue, where the food made available in asylum facilities was criticized by certain participants. Certain people chose to forego such offers altogether, either due to allergies and intolerances or for fear or discomfort eating in crowded spaces surrounded by other refugees. Accessing alternative food sources was complicated by the financial insecurity that most participants faced. Some people explained that they felt forced to skip meals or to eat low-quality and

low-nutrient food items. These challenges contributed to overall negative sentiments regarding access to housing and income.

Access to Healthcare

Many factors complicated healthcare access for refugees and asylum seekers, as well as undocumented migrants. Language served as a significant barrier to access to healthcare regardless of the area. Upon arrival in federal asylum centers, asylum seekers go through a compulsory medical screening in the form of a computer program which can be made available in 38 different languages, meant to cover the main asylum languages^{4,17}. However, later in the asylum process, the accessibility of translators for general healthcare and specifically mental health care is limited. This limitation is a question of funding, where certain KIIs underlined that a significant barrier would be dismantled if translation services were covered by basic insurance. An external evaluation of asylum healthcare services named availability and administration of translation services as barriers to the accessing health care⁷. In many cases, online translation programs or family or community members become involved in translation, which is problematic due to data security and confidentiality¹⁸. Many of the study participants shared similar experiences. Where family or community members were present, patients often did not want to speak openly about their SRH or mental health concerns, in particular due to social stigma or shame. In some cases, even the presence of professional translators could inhibit FDPs from requesting the care they needed, as they may have had common acquaintances with translators or stem from a small community and fear repercussions.

"It's about money and for example my father needs a prosthesis. They did it wrong in the first place. Although that was their fault, the money is already gone and we have to fight a lot for them to do it again. And we are still waiting until now. [...] And the foot is always bleeding when he walks." -cisgender heterosexual woman

"And also with gynecology for example and teeth, I have no idea how people search for that. I know it's not covered by insurance and I'm afraid because already all the time I'm here I haven't checked these very important things. Okay I understand like everything is impacted everywhere but no, my teeth is checked normally and what if somehow teeth hurt you what should you do then? Where should I go? I have no idea now like where is the clinic for teeth, what should I do?" -cisgender heterosexual woman

Financial means and a lack of knowledge surrounding health services acted as barriers to healthcare in certain cases where services were not covered by basic insurance, as exemplified in the quotes above. Additionally, FDPs awaiting asylum decisions who found themselves in liminal legal situations experienced barriers in healthcare access, as they felt providers were uncertain about what level of care they could offer them, given the uncertainty of their legal situation in Switzerland. Although many participants felt that

basic healthcare was straightforwardly accessible, examples such as the above exemplify that issues still arise where FDPs do not have the financial means to cover additional costs.

Psychosocial Health

"My daughter has a lot of fears, she wakes up in the night with nightmares, screaming and crying. This fear is still here. This fear is so strong now that when I go to the bathroom at home my daughter says I have to leave the door open. I cannot go with the door closed. Even in school, in kindergarten she said that and the teacher realized that my daughter still has a lot of fears." -cisgender heterosexual man

"I have met many people at different asylum camps and everywhere they have different issues but most of all is that they're depressed. This is a big shock, everything is different, they don't know the society, they don't know many of the rituals. They don't know the language. That depresses you and makes you isolate yourself and this lonely feeling was really a commonality [...] depression was the main problem that people have." -cisgender heterosexual man

Key informants and research participants alike spoke of the myriad MH repercussions faced by FDPs. Psychological trauma related to the migration journey and experiences in home countries, as well as signs of major depression surfaced during many interviews, elevated the burden of disease and associated strain, and widened the gap to healthcare further. Although MH care is covered under basic insurance, many faced barriers in accessing appropriate care.

"I do not think that we provide enough tools for mental health. There are psychologists of course, but not all of the refugees can understand what psychologists are here for, and many have prejudices that "we are not crazy" so they refuse to see psychologists." - key informant

The social stigma surrounding MH was described as another significant barrier, where cultural preconceptions and mistrust towards MH care providers coalesce. Depending on cultural beliefs, some research participants exhibited distrust towards psychological care as a concept. Additionally, some were skeptical of Swiss psychologists and psychiatrists' abilities to understand them due to the difference in cultures and natures of their trauma. MH screening and care are important for FDPs, many of which arrive in Switzerland traumatized. KIIs suggested that it made a difference whether organizations and centers introduced and suggested forms of accessing mental healthcare.

Some research participants seeking MH care experienced long waiting times. The frequent location changes that interviewees experienced further complicated the accessibility to and continuity of psychiatric care. Those participants who had access to proper care recognized its importance for their own well-being and stressed the accessibility for other FDPs as well.

Societal Isolation and Language

"I feel like they want us to not be able to build social contacts, so that's why they give us these 600 francs so that we can eat something and aren't starving but so that we are isolated and aren't able to build social contacts and are stuck in one place, like this. The politics that they perform are such that you arrive to these thoughts on your own and say now it's enough, I've had enough." – nonbinary person

"It's very difficult for people who are forced to leave their country to gain a foothold in a new country. [...] Maybe you can empathize, you're taken and placed in a foreign country, you don't know this country or the language, you feel completely alone, you don't know your way around, you don't even know where you can go get bread. Of course, I know you can get bread in a store, but with what money? How can you earn any money? How can you express yourself? It's all so foreign. You can't even buy bread. [...] You flee from a country but you never arrive anywhere. There are people that look at you like you're vermin. I really wish that you could explain it to these people. I didn't come here to get better life circumstances, I already had that. I was forced to flee. I would really like to get that across to these people." -cisgender heterosexual woman

A range of factors hindered societal integration and the ability to build necessary social networks in Switzerland, leaving FDPs socially isolated. Financial precarity amplified the isolation of many FDPs in Switzerland, as they were unable to participate in many social events due to low spending power. As a result, some experienced a sense of shame and resorted to staying in. Additionally, FDPs in centers dealt with abrupt and frequent resettlements between asylum centers, as well as housing in geographically isolated places. These factors further contributed to the feeling of isolation and social barriers that made the integration process difficult for FDPs in Switzerland. The intersections between structural obstacles such as financial precarity and geographic isolation were an experience shared by many interviewees. On top of this, people regularly explained that the high costs of public transit tickets isolated them further, contributing to feelings of loneliness.

A large number of IDIs cited language as a considerable barrier they were working to overcome. The social isolation that many experienced further inhibited their learning process, with people in remote locations facing higher barriers in access to language courses. Additionally, language barriers hindered access to the job market, pushing FDPs towards work in the informal sector. Factors such as language and societal integration functioned as isolators, creating barriers to services, and pushing FDPs towards alternative livelihood strategies and coping mechanisms, including TS.

Patterns of Transactional Sex in Forced Displacement

Participants crossed many countries on their journeys to Switzerland, oftentimes spending long periods of time in one place along the route. Many had heard about or witnessed stories of TS practices in these places abroad, with some stating that they did not see or hear about TS to the same extent in Switzerland. Overall, 61%, i.e., 38 (22 in Geneva, 16 in St. Gallen/Zurich) of the 62 participants interviewed reported having heard about, witnessed, or personally experienced TS. Eight participants, comprising 13% of interviewees, reported personal engagement in TS, with four being interviewed in Geneva and four in St. Gallen/Zurich, although most were not residing in St. Gallen/Zurich at the time of the interview. Out of the participants who reported personal experiences of TS, the vast majority (seven out of eight) were of diverse SOGIESC, which constitutes 50% of all queer participants interviewed.

Comparing the Swiss data with data from our multi-country report which was initially made public in 2024 shows a consistency in findings on people witnessing, observing, or experiencing TS (61% in Switzerland compared to 65% across countries)¹⁹. A slightly higher proportion of Swiss participants had personally engaged in TS (compare 13% in Switzerland to 11% across countries). The findings in Switzerland showed a lower level of first-hand TS experiences for cisgender, heterosexual individuals regardless of gender, but a notably high incidence for queer refugees (compare 50% in Switzerland to 33% across countries).

In our multi-country analysis, we distinguish between four categories of TS; these are sex work, transactional sexual encounters, intimate transactional relationships, and temporary or convenience marriages¹⁹. We adopt these categories for the present report. Sex work was characterized by the exchange of sexual services for money and was discussed as something occurring in different countries of origin as well as in Switzerland. Transactional sexual encounters were one-off or short-term exchanges of a sexual nature where different benefits such as food, shelter, services, or other necessities were traded. Different participants talked about hearing about such encounters during migration journeys, and a few also reported to have heard about them in Switzerland. Intimate transactional relationships were short- or long-term relationships where non-monetary benefits and support were traded. Temporary and convenience marriages were entered into informally or formally to secure safe passage, legal status, or financial benefits. In some cases, the promise of a legal status was used to manipulate a person into maintaining the relationship.

Of the refugees with personal engagement in TS, five had been involved in sex work, either in their home countries or after their arrival in Switzerland. There were two cases of transactional sexual encounters in transit. Additionally, two cases of convenience marriages were discussed, where one began as a form of protection in preparation for

the migration journey, and later led to a coercive relationship upon arrival in Switzerland. The other case of such a marriage happened upon arrival in Switzerland, where the interviewee felt coerced into marriage and made to suffer through unequal power dynamics.

Many key informants were directly involved with FDPs who had been severely traumatized, experienced sexual violence, and/or sex trafficking. These experiences do not fit our definition of TS due to the extreme levels of exploitation involved. Still, several informants had also observed different transactional relationships and provided tangential knowledge on other forms of TS. One informant cautioned against making assumptions when it came to transactional relationships:

"Just because a person fled and is in a relationship, for example, with someone in Switzerland, doesn't necessarily mean it's an exploitative situation. But one must be aware that it could be. That there is a certain power imbalance. I think there are examples where you've seen the potential for someone to find a certain social and emotional support through a relationship, as well as meeting more people. It also provides a bit of economic security or, well, it's not really security, but a better situation. But there are situations where you can see there's a dependency, and the person would actually, if it weren't for the uncertainty of their status, detach from that relationship" – key informant

Concrete insights into TS patterns were complicated as key informants explained that many people do not talk about TS due to stigma, shame, and the potential for retraumatization. Some explained that they did not directly pose questions about TS and would only discuss it if people decided to open around the topic.

"I think it's up to each person to decide when to bring up which content. Sometimes it doesn't need to be explicitly stated. You can sense that something terrible likely happened, but it's not the right time to talk about it. This is based on the assumption that during this unstable phase when people are with us, there's a defense mechanism to be able to freeze these stories. This defense is quite functional and needs to be respected and protected. At a later time, it may be possible to address these issues." – key informant

Various informants felt that they could sometimes deduce that a complicated sexual history had been present based on body language cues and people's hesitance to broach certain topics. One key informant suggested that certain queer refugees seemed more open to discussing TS compared to cisgender heterosexual people. This could suggest that the higher proportions of queer involvement in TS could partially relate to queer participants in this study being overall more likely to disclose TS experiences.

"I also encounter LGBTQ individuals working in the sex industry who are exploited from all sides [...] Even with male sex workers—I believe, at least the ones here with us are

doing it voluntarily. Or what I often see, especially with [A region] individuals, are combined variations. They are not just sex workers; they might have multiple jobs. I see that a lot. Some speak very openly about their sex work. They come in and say, "I work as a [role] and do that, and I need this." They do it with a sense of self-confidence. Others don't talk about it at all." – key informant

Many research participants viewed TS practices as more common along the migratory route, with multiple people having no knowledge of TS in Switzerland. Certain participants suggested knowing about such practices but were unwilling to speak about TS in-depth. The willingness to discuss TS may be associated with the societal stigma surrounding such practices.

"Nobody wants to talk about it because it's too dirty, it's very sad afterwards. No one wants to talk about it and most of the time it's difficult to speak about it. I told you this just because it's a confidential participation and my name and information will not get out. This is the reason why I opened up more about myself and my example. But it's something that I won't tell most people, because they don't really like it. We can't talk about it. It feels dirty. You feel a little diminished. There's a feeling that you have devalued yourself just for a service. But hey, sometimes you really had to do it because you were really in the middle of a difficult time." – cisgender gay man

Certain research participants who had engaged in TS shared similar sentiments of feelings of shame and fearing stigma, while recognizing that their engagement in TS was the result of their difficult conditions and limited alternatives. One participant suggested that young women engaging in TS in Switzerland were heavily impacted by past trauma:

"The girls who do that [TS] are usually very [psychologically] damaged and no one believes them [when they talk about their experiences with TS], so to speak." – cisgender heterosexual woman

Other participants' views on and experiences with TS highlighted a level of agency:

"In [city in Switzerland], sex is for pleasure! The Swiss population has no challenge. So calm and easy! I did sex for money! When I arrived, I did Sex work to get some money as I did not know the language and my psychological health was destroyed because of the toxic guy. Sex work in Switzerland is good money and you can find it easily. I did the sessions [in sex work] which depend on the person that wants sex [the session he wants] I was the one to define the money and the time. Now I'm working in a bar and I stopped the sex work." –queer person

This represents certain shared beliefs that when it did happen in Switzerland, TS happened under very different circumstances than during the migration journey. TS here became a strategy that allowed the participant to engage with people on their own terms, actively shaping the nature of interactions.

Drivers of Transactional Sex in Forced Displacement

Security and Protection during the Migration Journey

Participants' stories of their migration journeys were fraught with hardship, insecurities, and challenges. Access to food and housing as well as hygienic and health issues were some of the challenges, alongside violent and life-threatening encounters. These conditions can facilitate engagement in TS due to a lack of alternatives. Certain refugees turned to transactional relationships for protection or entered into transactional encounters under threat and coercion. Particularly women, girls, and minors were perceived as at risk of such encounters under extortion and intimidation by border security officials while crossing borders. This phenomenon falls under *de facto* sexual exploitation and is thereby not considered as TS here^{7,20,21,22}. Many reported experiencing extreme violence at the hands of border police forces abroad. These experiences were not necessarily of a sexual nature. Different strategies arose in response.

"Some of the girls who are traveling alone are afraid. So, they find a man and propose this to them, that they act as though they are married so that other people leave them alone. Some girls do this out of fear." - cisgender heterosexual woman

Several interviewees recognized opting for temporary relationships or even marriages as a strategy for safety and protection during the migration journey or in host countries. Especially young women, being perceived as more at risk during the journey, may find reason to enter such transactional relationships. Upon arrival in the host country, these women sometimes found themselves unable to leave the relationship for fear of social sanctions or due to perceived and real threats. They were thus especially at risk of coercion and intimate partner violence.

While numerous transactional sexual encounters were observed between FDPs and police along the migratory route prior to arrival in Switzerland, similar experiences were not reported involving Swiss border police. In transactional encounters with police forces abroad, the lines between agency, consent, and coercion were evidently blurred. Potential solicitors of TS during the migration journey were not limited to border officials and smugglers; in some cases, other FDPs, as well as aid workers or other actors, were observed to engage in such practices. One participant shared a personal experience where they were offered more favorable housing conditions during their migration journey in exchange for sexual favors. In this case, the would-be solicitor was the tenant of dwellings made available to FDPs in Serbia. This represents the broader phenomenon of people taking advantage of the situations FDPs find themselves in along their migration route.

The different hardships experienced, and strategies employed on the migration route, including TS, continued to impact FDPs upon arrival in their host countries.

The next sections analyze different facets of life in Switzerland that drove people towards TS.

Financial and Livelihood Insecurity

In Switzerland, the financial strain and barriers in accessing formal employment functioned as push factors toward TS practices. Many who engaged in or witnessed others engaging in TS underlined the role that financial and livelihood situations played in drawing FDPs towards such strategies.

"It's hard because here in Switzerland it's very expensive. And the money they give you doesn't last for anything. It's not enough. And you have to do a lot of things that you don't really want to do [meaning TS]. But I think it is another survival alternative for a migrant person." – cisgender gay man

"There are a lot of people that get into prostitution and all that. [...] I have not been able to get a job for a year and it's so long. And sometimes you don't have a single coin in your pocket. I mean, that's frustrating. You don't even have enough to buy a water bottle or a loaf of bread or something like that. So, he [a friend] told me that he had made the decision to do the same [referring to sex work]." – cisgender gay man

One participant explained how limited livelihood opportunities pushed certain young men to engage in TS practices with older men in Switzerland.

"But for the young people that come here and don't have any options it's very difficult to accept these feelings. That's why they accept these propositions [of TS] that come, they immediately accept. I say difficult for the boys, and I mean the boys that don't have any money. There are those who work and have enough money, it's not difficult. There are different places, and they can comfort themselves well with that. But I mean for those who don't have any money, no options, that's why they accept anything." – cisgender heterosexual man

He saw the decision to engage in TS as one motivated by financial hardships combined with a lack of alternative ways of satisfying one's sexual needs. This interpretation suggests that while financial rationale is a key driver, there may be a certain sexual curiosity and satisfaction also co-existing in such transactional encounters or relationships.

Legal Status

"I know some women who are without guardians ("bisaprarast") in Lausanne, Zürich, Lucerne. These are women who find their monthly allowance is not enough because they have permit F or N. They befriend people in exchange for money. I heard this happens a lot in Geneva." – cisgender heterosexual woman

Participants explained how legal status and location influenced the amount of financial aid received and further inhibited them from entering the formal job market. This exacerbated their financial insecurities while also leading to wider insecurities and stress regarding their futures in Switzerland. A possible strategy to cope with the difficulties related to one's status could be found in TS.

"He [the partner] met a Colombian man who works in the massage thing and prostitution and all that, and the guy told him about it [an application used to meet people for massage appointments and TS] and I mean we almost had nothing to eat. And we didn't have money or anything. So, we opened that application [...] And so what can we do. Why not. And they wouldn't give us work or anything. Because of the permit. We looked all over the place for jobs. We sent out CV to everybody." – cisgender gay man

"I first tried to apply for asylum-seeking as a refugee but later I met a toxic person in Geneva. I call him a toxic person. I had no energy for the asylum-seeking procedure and this man just told me there was no need to apply for asylum. I did my biggest mistake in life when I married him. [...] He was asking me to do everything for him and when I was telling him NO, he was treating me badly and saying I was to go to the municipality and tell them I only wanted to stay here that's why I got married. Do you know the power relationship? It's reality!" – nonbinary person

The challenging, complex asylum procedures, including high uncertainty and high rejection rates, compelled certain FDPs to consider different survival strategies. In some cases, they accepted offers to enter longer-term relationships or marriages to increase their chances of staying in Switzerland. While entering such relationships or marriages can indicate some level of agency and choice, due to their insecure legal situation and lack of protection these relationships are inherently marred with an imbalance of power. Under this dynamic, relationships can quickly turn abusive and exploitative. Given their limited bargaining power and lack of protection, FDPs may have limited possibilities of exiting these relations. Multiple IDIs reported that marriage was considered by FDPs as one possible survival strategy to cope with the uncertainties of the asylum procedure, and increase their chances, although this strategy was not perceived favorably by many. While discussed as a viable option for some, others shared sentiments against relying on such marriages to secure a permit.

Housing and Accommodation

Many interviewees complained about the bad conditions of asylum facilities, naming a lack of cleanliness and overcrowding as recurring issues. One participant stated that certain employees of asylum centers engaged in TS with FDPs housed in the centers. She claimed to hear about members of Securitas, as well as social workers and interns sharing such encounters. When asked how such encounters were remunerated, she stated the following:

“Things, more than anything, things. Like I don't know, like clothes, food. Yes. A dinner, because sometimes they want to eat something good. Because what you eat is not good or especially the camps give you anything and it's for everyone and sometimes it doesn't taste good, so they want to eat, so they take them to dinner at a restaurant and then they ask for something in return.” – cisgender heterosexual woman

In such cases, camp conditions functioned as drivers of TS, where individuals enter into transactional encounters in order to gain access to certain benefits and meet their needs, such as clothing and better/more food. Multiple IDIs complained about food quality, and it was especially a challenge for those with certain intolerances. Although this was the only case where employees were explicitly known to solicit TS, another IDI in Zurich spoke about an FDP engaging in TS within an asylum camp:

“The first day I arrived at the camp [my partner] overheard some men talking in another room. They were saying: “there is this woman at camp, and you can pay her 50 Francs, and you can go out with her and can have sex with her.” – transgender queer woman

These accounts suggest that TS practices may arise in certain asylum centers, with camp conditions being a contributing factor to facilitating engagement in TS. This can be viewed in the context that many people in asylum camps are still awaiting their permits and are not yet able to apply for formal job opportunities. Additionally, depending on the locations of centers, they may find themselves geographically and socially isolated and less able to access outside services. In such cases, financial precarity, lack of livelihood opportunities, social isolation, and camp conditions may come together to push people towards diverse coping strategies, including TS.

Consequences of Transactional Sex

Sexual and Reproductive Health

Many of the refugees who were or had previously engaged in TS spoke about solicitors' preferences to not use barrier protection. The levels of awareness about SRH risks, such as HIV and other STIs differed. Some expressed fear and stress regarding STIs, as shown in the following quote:

“The thing is, it scares you. It really scares me. Because you don't know- you know all those little sicknesses that there are. It gives you the fear that you aren't healthy, clean and all that. I say it because the guy who told me about that [an application used for TS], he is positive for HIV.” – cisgender gay man

This particular participant was not aware of the possibility of being tested for STIs in Switzerland and had therefore not accessed such services. Participants in more urban areas reported STI testing to be available through public healthcare and/or NGOs. This participant however lived in a remote area, which appeared to serve as a barrier to accessing diverse services, such as accessible and anonymous STI testing. Additionally,

the shame he experienced after having engaged in TS practices further inhibited him from reaching out to local service providers and asking about SRH care.

"I know a trans person who is in sex work. I know that they have no choice but to do this job because they are really forced to do it. Then this person became ill, and I took her to the hospital. She had caught a skin disease. After a while, she recovered and went back into the business again." – transgender woman

An additional barrier to accessing SRH care was if community members functioned as caregivers or translators. One participant explained that it was difficult for her to make an OB/GYN appointment to receive birth control because she feared her family, especially her father, finding out about it. She explained how the person working in the asylum camp whose responsibility it was to schedule her appointments was a man who came from the same region as her family. This acted as a barrier for her, as she felt she could not anonymously confide in him without potentially facing negative repercussions within her community if anyone heard about her need for birth control.

Additional Vulnerability faced by queer displaced population

Multiple IDIs and KIs reported cases where FDPs were hindered in accessing proper medical care due to homophobic and/or transphobic doctors, including doctors working in asylum centers. Different participants witnessed or personally experienced gender-based discrimination when it came to accessing gender-affirming care. One non-binary participant was unable to access hormone treatment for three months and was finally only able to receive hormonal care by involving a lawyer. In many such cases, a lack of knowledge by the providers on gender-affirming care and lack of queer-friendly services is a critical barrier.

"They give you food at the center and a place to sleep, so you don't need more money. But as a queer, trans person it's really impossible to eat at the camp. Because you go to the food court and everyone is looking at you, making fun of you, so you don't have a chance to eat there. So, you have to eat outside of the camp. I try to stay out of the camp as much as I can." – transgender woman

Queer participants expressed additional challenges in terms of access to appropriate housing. Many queer individuals felt unsafe due to the stigma surrounding queer people in asylum centers. Some queer refugees felt forced to be around those communities they had fled from in the first place, causing significant distress. Additionally, certain transgender, non-binary, and genderfluid research participants were put into situations of extreme discomfort when it came to room allocations in asylum centers. Multiple IDIs shared stories of people being put into group rooms where they felt unsafe, including transgender and non-binary people whose gender identities were not initially considered when room placements were made.

Queer FDPs faced complex hardships concerning their identities. One non-binary participant spoke about the extreme difficulties queer, including transgender and nonbinary FDPs were confronted with along their migration journeys, sharing the story of a transgender woman and transgender man who reported sexual harassment, torture, and other forms of violence during migration. Similarly, the following quote exemplifies the sexual harassment and targeting experienced by one non-binary participant during their journey:

"From Serbia to Hungary in these forests we were being led by these Afghan traffickers, and they saw that I was dressed femininely and then they tried to approach me or even touch me. And that really bothered me, so I started to dress differently, but it still did not stop until I came to Hungary, it continued the whole trip." - transgender non-binary queer person

This quote exemplifies how some queer FDPs decided not to disclose their gender identities or sexual orientations due to fear of violence, discrimination, and sexual exploitation. This option is not equally accessible to everyone who has diverse SOGIESC, and many risk severe and life-threatening violence if they are found out. Alongside queer vulnerabilities, FDPs also shared different stories of children and underaged FDPs being sexually exploited in transit locations, additionally underlining the extreme vulnerabilities of minors along migration routes.

Violence

Many interviewees observed and experienced multiple forms of violence during their migration journeys, with multiple sources stating that it was common for people to experience rape and sexual violence. Although people considered women as being the most at risk of sexual violence, multiple sources stated that men and people of diverse SOGIESC were also at risk on the migration route. Various participants reported many young women being threatened with violence and even raped by smugglers and their contacts, as well as other FDPs along the journey.

"It always happens because of difficulties, you see? When you get there, the conditions are hard, you don't have anything to eat. You need a something at any price, you don't have the means to meet it [the needs]. And then, someone is offering you an alternative that's left, you're forced to do it. Not because you want to willingly. It happens, sometimes there is even a moment of force. There are men who are raped. There are women who get raped for a service, for anything. It's more common with the crossing, the path on the boat." - cisgender gay man

"So, she arrived here and she didn't know that she was in Switzerland. And then he [smuggler] kept her, he kept her in his house. And then he was just like inviting friends and so and then they were like sexually abusing her. But finally, after he was done with her like he decided to drive her to the camp and then he told her: "Oh yeah, yeah, you're

in Switzerland, you're in the place where your sister is living". And then he just drove her to the camp." – cisgender heterosexual woman

This participant shared a story of someone who was subjected to abuse at the hands of a smuggler in Switzerland. This story exemplified the role that smugglers were often described to have. The conditions that FDPs found themselves in on route to Switzerland were inherently vulnerable, where they depended heavily on smugglers and severely lacked bargaining power and alternatives. The boundaries between sexual violence and TS became blurred in such cases, where some engaged in TS for lack of financial or other means along their journey. Others were forced to do so under threat of violence or death, which were clear cases of sexual exploitation and abuse. One KII explained the role of smugglers as following:

"In summary, extremely restrictive border regulations, the impossibility of legal migration, naturally fuel exploitation. We saw this in Ukraine. I'm jumping ahead a bit, but it's very clear there; we have no one who became a victim of human trafficking or exploitation on the way. This supports the long-standing hypothesis: the main problem is that people are forced to hire someone illegally to take them from A to B, and very often, this ends in exploitation." – Key Informant

Here, the primary cause of sexual exploitation was found in restrictive border regulations, with smugglers being a symptom of the restrictions in entering Switzerland "legally". For Ukrainian refugees, temporary protection was granted under the status S, where asylum claims were fast-tracked and refugees did not need to go through the regular asylum procedures². Starting from a country within the EU, their mobility within Europe also differed in comparison to migrants who entered Europe irregularly. The example of Ukrainian refugees showed that where FDPs can safely enter the country, the risk of exploitation during the migration journey diminished. According to this KII, the experiences of Ukrainian refugees provided a best practice, where Ukrainian refugees were able to apply for S permits and forego lengthy asylum procedures. Certain participants felt that due to a lack of racial and religious discrimination of Ukrainian refugees, they do not share the same exploitative experiences as FDPs from other countries of origin. The sentiments surrounding Ukrainian refugees were however very mixed among participants. Some underlined their recognition of shared suffering with all refugees, regardless of origin, while others felt that the Swiss asylum system was unfairly preferential to Ukrainians.

Aspirations

"Looking towards the future, I yearn to become a contributing member of the society that has embraced my family and me. I aim to find work and engage in an activity that allows me to achieve success, not just for myself, but for my family as well. Despite the aid we receive from Hospice, it's not enough to comfortably sustain a family of five. But

we have learned to adapt, economizing on our expenses and minimizing our spending as much as possible. It's a struggle.” – cisgender heterosexual man

Participants' main aspirations were related to the aforementioned challenges, where many expressed their plans and goals of furthering their language skills and overall education. Many had hopes of gaining access to paid employment, as they were unable to meet many of their basic needs with the current aid they were receiving. The topic of social integration arose frequently during discussions surrounding future hopes and aspirations. Language, education, and employment were partially seen as factors that could further integration. Many explained that they wanted to be able to contribute to Swiss society and “give back”. For those who did not have residency permits in Switzerland, aspirations tended to focus on gaining clarity over their legal situation and residency. Finally, for those who were forced to leave family members behind during their forced migration, family reunification was an important aspiration.

Discussion and Conclusion

The data from this research reveals many challenges that FDPs across sexuality and gender continue to experience in Switzerland. Switzerland is often seen as a destination country, and many refugees have undergone long and perilous journeys and experienced trauma before reaching what they hope will be a safe place to start a new life without fear of persecution, war, conflict, and other hardships. Still, challenges often continue for FDPs in Switzerland due to the uncertainties, creating an extended legal limbo that hinders people from establishing a productive life.

Many research participants believed that Switzerland's asylum system and structure, which often provides accommodation, health services, and cash assistance, allowing registered FDPs to meet their basic needs, would make people less likely to resort to TS. Contrary to this belief, our findings reveal that TS is also practiced in Switzerland, largely driven by inadequate financial and legal support, and other barriers to legal employment. Despite the relative difference in asylum processes and aid in Switzerland compared to other countries included in the study, our findings in Switzerland align with broader cross-country analyses of TS.

However, given that many TS experiences discussed in this research happened during migration and in different countries prior to arrival in Switzerland, engagement in TS within Switzerland itself is likely lower than in other countries studied. This may be related to the support provided in terms of accommodation and financial aid, despite their limitations. However, quantitative findings indicating the prevalence of TS in Switzerland should be interpreted cautiously due to the qualitative nature of the study and a sample size that is not representative of all experiences in Switzerland. For example, although the study period coincided with a large influx of Ukrainian refugees to Switzerland, we were

unable to include a larger number of Ukrainian voices. This may be related to the difference in reception conditions and rights, which likely affected their representation in the different NGOs and organizations through which outreach was conducted.

Many participants reported accounts of TS prior to arrival in Switzerland. During the migration journey, financial and material challenges, as well as coercive interactions with border security forces, human traffickers, aid workers, other FDPs, and other actors, contribute to engagement in TS. Minors, women, and LGBTIQ+ refugees are especially vulnerable during migration. Establishing safe and legal migration routes is thus instrumental in minimizing the risk of exploitative transactional sexual practices linked to securing protection and reaching a safe country, as well as to preventing sexual and gender-based violence throughout the journey. Recognizing the prevalence of TS during migration should inform policymakers to ensure that affected FDPs have access to necessary health services upon arrival in Switzerland. Health screenings upon arrival could help mitigate further harm to FDP's SRH and MH, regardless of past engagement in TS, though they are of particular importance for those who have engaged in TS.

In Switzerland, many FDPs face a range of barriers that contribute to the liminality of their situation; these include limited livelihood opportunities, uncertain legal status and prolonged asylum processes, accommodation, asylum center conditions, and societal isolation. The uncertainty and discomfort caused by the complex interplay of these structural and societal barriers additionally play a role in certain individuals' choices to engage in TS. Lengthy asylum processes keep refugees in a perpetual state of insecurity and desperation, which potentially drives people toward TS to meet their basic needs or gain access to residence permits. Improving financial and social assistance during all stages of the asylum process would remove some of the barriers currently driving FDPs towards alternative practices such as TS.

FDPs who engage in TS have specific SRH and MH needs that fall short under current structures where significant barriers limit access to necessary services. Especially FDPs facing complex trauma-related problems, including those arising in conjunction with sexual violence and TS experiences, faced significant MH challenges and required relevant services. We recommend providing clear information on SRH and MH services for FDPs in their languages. Access to services must be ensured regardless of location, including those housed in remote facilities, and appropriate translation services are necessary. Our findings suggest that asylum and health specialists must be further sensitized and educated on the specific needs of LGBTIQ+ refugees. Additionally, early MH screenings and expedited allocation of MH specialists to traumatized individuals are necessary.

Our research additionally found recurring issues in accommodation and asylum camp conditions. Access to culturally sensitive and nutritious food should be enhanced, alongside other basic needs. Staff members must be educated on how to navigate the

vulnerabilities of FDPs in camps and transactional sexual encounters between staff and FDPs must be strictly prohibited. Seeing as our research only uncovered one claim of such interactions, asylum center staff comportment needs to be assessed further. On the other hand, our research shows multiple cases of queer refugees facing complex discrimination in asylum centers and healthcare. The asylum cases of LGBTIQ+ refugees should be treated with the utmost care for their well-being when it comes to accommodation and access to gender-responsive healthcare. Healthcare workers, asylum case workers, and other staff involved with FDPs must be educated on and sensitized to the needs of LGBTIQ+ refugees.

FDPs whose asylum requests have been rejected or postponed are especially vulnerable, particularly when they are relocated to remote areas in so-called departure centers. The inaccessibility of necessary services for residents of such centers is a serious issue, and our findings suggest they may be especially at risk of engaging in TS. Due to the remoteness of these accommodations, those who engage in TS face additional barriers to accessing the necessary SRH and MH services. We recommend reconsidering departure centers and other remote accommodations as a last resort for asylum seekers. Access to health and social services must be ensured for people housed in these locations.

Many IDI's aspirations were centered around improving their language skills, gaining access to the job market and education, and achieving greater societal integration. While some felt disillusioned by their lived realities in Switzerland, many expressed hopes for more security in their future. Many shared the belief that improving their language skills would be an important first step towards achieving more stability. Education and employment opportunities were also key topics in discussions of future aspirations. Current barriers to paid employment for refugees contribute to low rates of employment, exacerbate the discomforts faced in daily life, and function as drivers of TS.

Finally, motivations for engaging in TS are varied, and policies and services should ensure that, if and when people actively decide to engage in TS in Switzerland, it is done by their own accord and not as a last resort.

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