

BASE



Migrant and refugee child-friendly support
services in cases of sexual and GBV



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Challenges and solutions to support migrant/refugee girls and women survivors of sexual and gender-based violence. Outcomes from the 1st BASE Transnational Cooperation meeting.

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Editors

CESIE, Italy

Authors

“Hope For Children” UNCRC Policy Center, Cyprus

Associacao Portuguesa Conversas De Psicologia, Portugal

GENDER ALTERNATIVES FOUNDATION, Bulgaria

KENTRO MERIMNAS OIKOGENEIAS KAI PAIDIOU – KMOP, Greece

Rinova Limited, UK

Wissenschaftliche Vereinigung Fur Analyse, Beratung Und Interdisziplinare Forschung – abif, Austria

Znanstveno-Raziskovalno Sredisce KOPER – ZRS KOPER, Slovenia

CESIE, Italy



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Introduction

The present report is the outcome of the 1st BASE project Transnational Cooperation meeting that was held in Coimbra, Portugal on the 1st of July 2019 and attended by the total of 32 participants from Italy, Portugal, Bulgaria, Greece, UK, Slovenia, Austria and Cyprus.

The meeting was aimed to analyse country contexts regarding sexual and gender-based violence (SGBV) against migrant and refugee women and girls and debate common strategies with representatives from support services working with victims of SGBV, public entities and migrant/ refugee women themselves. During the dedicated sessions, that were focused around 4 main themes: gender-related vulnerabilities and communication, access to services and facilities, sexual and reproductive health issues, partnerships and inter-institutional collaboration, the participants discussed the challenges to support migrant/refugee girls and women survivors of SGBV and proposals to respond to the challenges. The main outcomes from the discussions about the main challenges in Italy, Portugal, Bulgaria, Greece, UK, Slovenia, Austria and Cyprus and proposed solutions are presented in this report.



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Gender-related vulnerabilities and communication

Main challenges

- The **issue of confidentiality** is sometimes challenged from the fact that, due to the lack of qualified resources, most of the times the cultural mediator is the interpreter/translator, and this creates **trust issues since victims do not feel safe** knowing that the information might be transferred back to the community of the victim and this could lead to **criticism as well as victim blaming**.
- There are **limited numbers of translators/interpreters** for a **specific language** (i.e. In Cyprus there are 6 men translators/interpreters and 1 woman translator/interpreter for Vietnamese which creates a huge gap, especially when the victim is reporting SGBV and/or SGBV) and **dialects** (i.e. division of Congo, Somalia etc.).
- Translators/interpreters are **not always certified**, therefore when they undertake the role of cultural mediators (for which in some countries they often have no training), it is not always successful.
- **Police officers do not always know what Female Genital Mutilation is** and NGO officers might need to explain it.
- Interpreters/translators are not aware of the **“cultural codes”**. Some examples emerged from the participants: “in some cultures a little bit of violence is acceptable”; sometimes physical violence is the **“only”** recognised form of violence; professionals should not be making comments as “it’s in your culture to act in such a way”.
- Most of the times **gender relations and related expectations are not mutually understood between women and men**.
- **Public services are sometimes insufficient** and many people are forced to request private services.

Proposals to respond to challenges

- Having someone not from the community of the victim to interpret the case to **avoid personal information to be shared with that community** would be relevant.
- **Specific training for interpreters** should be implemented. The lack of qualified resources leads to the recruitment of almost anyone who speaks the required language without taking in consideration their background or connections to the victim, which can expose them in delicate situations like judicial procedures, etc.;
- A **Network of referral contacts** from the communities should be formed. Those referral contacts should be aware about support services at the local level to support the victim.
- An **ongoing training for all professionals**, but, especially for **first-line officers** should be delivered.
- **Awareness raising for both migrant/refugee communities and stakeholders** (i.e. ‘family education’, since education should start at home and continued at school) should be provided.
- Cultural mediators and interpreters **should have a specific knowledge and share the definition of SGBV**.
- **Languages master’s degrees should expand the curriculum** of the cultural mediators according to the context demand, including namely Arabic, Turkish, Farsi and Urdu.



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- A **state program** should be created to support **accessible training for interpreters**, because the demand is very high, and especially women translators are very much needed.
- Qualified **professionals in translation** should be **well paid**.
- **Training on how to work with interpreters** should also be developed and provided **to professionals**. It is especially important in cases with unaccompanied minors (for instance, if not appropriately guided, the minor can develop stronger bonds and open up more to the interpreter, than to the caseworker)
- **Awareness on the specific job** responsibilities and challenges should be raised among **interpreters** (how difficult it is to be an interpreter in cases of SGBV, for instance).
- Broader **language availability** for materials like **flyers & brochures** should be needed.
- **Funding for legal aid** is much required.
- **Networks of organizations** should be created to give a voice to professionals and create the opportunity to learn from each other, and to promote inter-institutional cohesion.
- Organizations and interpreters should be carefully trained on work **ethics and confidentiality**, and the importance of protecting people's data
- Social workers, psychologists, educators, police officers, etc., should be trained **on SGBV**, have an appropriate background on risk assessment and get a **professional certification** for it.
- **NGOs** should be **specialized** and coordinated according to their **target groups** (specific ethnical backgrounds/ women/ children), and cooperate more with each other, instead of trying to mingle between each other.
- **Health care professionals** should receive **training on SGBV and cultural aspects**, and services should have at least one specialized contact person, that would be available on a phone and could provide counselling when needed.



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Access to services and facilities

Main challenges

- Support services are not always accessible for all women: professionals don't know the main **languages** necessary to work with the majority of migrant girls' and women victim of SGBV.
- **Anonymity** of the victims is not always ensured.
- There is a **lot of bureaucracy** in support services, especially public ones, hindering the efficiency and 24/7 availability of the services.
- Women have difficulties **to become independent** after having left their perpetrators: they are scared and usually they are not employed, they don't know the language, they don't have medical insurance, no place to live, etc.
- **Victims of SGBV lack trust** in professionals and organizations.
- It is often difficult to convince and prepare **professionals to go directly to the field** (schools, community centres etc.) **to reach victims and help them.**

Proposals to respond to challenges

- Training in **different languages** (those that majority of migrant women speak) for professionals should be a priority.
- Creating an **atmosphere of empowerment** where women feel less afraid to come forward through work with women and the training of professionals should be promoted.
- The training for and presence of **female interpreters** should be ensured as it can be difficult for women victim of violence to trust male interpreters to give accurate account.
- The **communication process** between professionals and women should be improved.
- The **materials** (on women rights) should be made **more accessible and the information** in the language of the migrants in community centres / hospitals (assuming that migrants/refugees have literacy skills) should be provided.
- Places where SGBV victims receive support should be redesigned with **friendly and relaxing environment** and a more informal design.
- Interpreters need to be trained **not to be influenced by their own opinions** and experiences.
- Service providers should be able to **directly reach the people** in an informal place; it is important to ensure that service goes to the people rather than the other way around.
- **Professionals from frontline** (working on the border, police officers, teachers, doctors etc.) should be **trained** regarding SGBV.
- **Interpreters** should be trained and supported as they can experience **secondary trauma**.
- **Awareness-raising** activities regarding SGBV and support services should be implemented with the target starting from the **young age** and it should be done consistently through their lifespan.
- Joined up working and **collaboration between stakeholders / service providers** should be promoted, so they can effectively refer women and sustain support.
- **Wellbeing for women** victims should be promoted and enhanced through workshops and activities to improve their self-esteem.



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- Service providers (doctors / housing) should be educated to **set boundaries** and have positive policies and protocols that protect women.
- **Awareness raising among teachers** should be encouraged; it is a successful tool because teachers can in turn empower the educational community, especially parents because they trust them.
- Professionals should be active and **raise awareness** through different **social media** and **innovative approaches/methods** (e.g. leaflets as recipe books – creative ways to share information).



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Sexual and Reproductive Health issues

Main challenges

- There is a **lack of research on sexual and reproductive health issues of migrant and refugee women and girls.**
- The knowledge of the migrant/ refugee women **on sexual and reproductive health (SRHR)** issues is usually poor and depends on different factors: their country of origin, on their age, cultures and religious barriers and also on where they are based – if there is a support system in place, if there is a sufficient coordination of services, availability of services etc.
- Women and girls sometimes feel reluctant to take part in training and workshops addressing **SRHR issues** because of their **religious constraints.**
- Migrant women often **lack knowledge** on basic information on **women's health/body/mind and soul.** There is often a misconception on contraception methods and on what is healthy or not.
- Professionals from support services often **lack knowledge** on how to recognize **what is violence and what is culture**, thus they lack of knowledge on how to prevent violence and protect a woman or a girl at risk.
- **Language barriers** limit people's access to information or education.
- Women and girls sometimes feel reluctant to share or learn due to **confidentiality reasons.**

Proposals to respond to challenges

- **SRHR education should be introduced in schools**, both for nationals and migrants /refugees.
- SRHR education course should be introduced also for **illegal migrants** and for **professionals** working with migrants and refugees.
- SRHR should be treated also as a **mental health issue.**
- Creating **self-supporting groups of migrants** and refugees supported by specialists can be useful for addressing sensitive issues.
- Information in the **support services** should be provided in **different languages.**
- **Intercultural education of medical staff** is needed and should be organized by the government (it should be a compulsory course at university).
- **Medical insurance for migrants** and refugees should be provided.
- EU legislation on the matter should be revised to ensure that **female products are free of charge** for vulnerable groups.
- **Respect for different cultures** should be promoted. Women/girls as well men need to be supported but **not judged** for their culture.



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Partnerships and inter-institutional collaboration

Main challenges

- Migrant and refugee women and girls, also some professionals **lack awareness and knowledge of different service** and support providers.
- The **language used by professionals** working in different field is not **heterogeneous** and there is **no agreement on the definition of SGBV**.
- There is lack of understanding between **NGO's and public actors** (e.g. police).
- Services seem to be fragmented: there is **few cooperation, lack of trust and mutual respect among professionals**. The roles played by the actors and their responsibilities are not clear. For these reasons, victims need to get in contact with various actors to receive all the support needed and often even professionals are not sure about who is responsible for what.
- **Different services pursue different priorities**.
- **Long procedures** and assessment causes stress for victims.
- **Competition among organisations** working in this field due to limited financing.
- **Data protection** of victims is not always ensured; **media** that often discloses **private information**.
- Migrant and refugee women **fear state institutions**, therefore more referrals are done to the NGOs.
- Communication between support services and **health care system** is often poor.
- **Health care professionals** don't have enough competencies to identify and support the victim with migrant background.
- **Professionals** from support services are not always aware about the existence of **protocols of cooperation**.
- There is **limited number of trained personnel** working within support services who find itself overloaded by work and financial issues.
- Cooperation between services and professionals is not sustained efficiently due to **lack of political willingness** to ensure.
- **Community leaders** are not involved in the support provision and awareness raising campaigns.

Proposals to respond to challenges

- An **online map of all actors involved in SGBV** services containing name, basic information and contact options of each organization should be developed and provided.
- **Meetings or joint trainings** for different actors to create better understanding of each actor's rationales and to find a common "language" should be organised. From the experience of participants such meetings are especially effective when actual cases are discussed and joint solutions developed.
- **Protocols** between social services, justice agencies and law enforcement bodies should be created.
- **Sanctions** should be introduced for those professionals and services that don't follow procedures.
- **Roles and responsibilities** of different support services should be clarified and should be officialised.
- **GDPR** must be respected by all actors working with victims and no information should be disclosed to the media.



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- Good-Practice Model: Barnahus Model (which literally means Children’s house) is a child-friendly, interdisciplinary and multi-agency center for child victims and witnesses where children could be interviewed and medically examined for forensic purposes, comprehensively assessed and receive all relevant therapeutic services from appropriate professionals. One of the rationales is to avoid subjecting children to repeated interviews by many agencies in different locations. Research has shown that when this happens, it can be very traumatic for the child. This “re-victimization” can even have more harmful effects on the child than the abuse itself.



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Conclusions

Insufficient funding ends up being the main issue, that creates many other problems, and produces fragmentation in partnerships. Awareness and appropriate training for professionals is very much needed, and also accessible training of interpreters. There are many people working as interpreters that have no specific qualification, which can lead to harmful situations. Accessible quality training is a major priority. NGOs and public support services shouldn't be afraid of aiming at specific target groups, and should coordinate more with each other, instead of constantly overlapping each other's intervention.

The proposals developed during the first Transnational Cooperation meeting of the BASE project by the migrant women and professionals from the public authorities will feed into the development of the BASE programme (Capacity Building programme for professionals and Cultural Advisor Curriculum for migrant women).

The proposals provided will also serve as a reference point for future project ideas and improvements in the support services that provide support to migrant and refugee women and girls victims of sexual and gender-based violence.



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