



Co-funded by the European Union's Rights,  
Equality and Citizenship Programme



# **GENDER-BASED VIOLENCE AGAINST REFUGEE & ASYLUM-SEEKING WOMEN - A TRAINING TOOL**

Training Manual CCM-GBV project

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## LIST OF ABBREVIATIONS

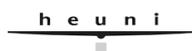
Bff	German federal association of rape crisis centres and women's counselling centres
CBSS	Council of the Baltic Sea States
CCM-GBV	Co-creating a Counselling Method for Gender-Based Violence victims
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFR	EU Charter of Fundamental Rights
Coe	Council of Europe
CRSV	Conflict-Related Sexual Violence
EASO	European Asylum Support Office
EBO	Emergency Barring Order
ECHR	European Convention on Human Rights
EIGE	European Institute for Gender Equality
EMN	European Migration Network
EPO	European Protection Order
FRA	European Union Agency for Fundamental Rights
GBV	Gender-Based Violence
GRETA	Group of Experts on Action against Trafficking in Human Beings
GREVIO	Independent expert body responsible for monitoring the implementation of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
MMP	Mixed Migration Platform
NAP	National Action Plan
NGO	Non-Governmental Organisation
OHCHR	Office of the High Commissioner for Human Rights
OSCE	Organisation for Security and Co-operation in Europe
PTSD	Post-Traumatic Stress Disorder
REC	Rights, Equality and Citizenship
STDs	Sexually Transmitted Diseases
THB	Trafficking in Human Beings
UDHR	Universal Declaration of Human Rights
UEFGM	United to End Female Genital Mutilation
UNHCR	UN Refugee Agency
UNODC	UN Office on Drugs and Crime
VAW	Violence Against Women
WHO	World Health Organisation

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# INTRODUCTION

The European Union Agency for Fundamental Rights (FRA) (2016) has highlighted gender-based violence (GBV) against refugee women as an area of concern in its June 2016 monthly report on the migration situation. In this monthly report, FRA concluded that one key problem for refugee women not reporting GBV crimes is the fact that there is a lack of training for personnel dealing with refugee women, as training on identifying and dealing with GBV victims is not provided (coherently) (Ibid.: 6-8). Capacity-building through training is therefore an important tool in increasing professionals' awareness for and understanding of refugee women's reactions and needs in the aftermath of gender-based crime in line with the Budapest Roadmap (Council Resolution 2011/C 187/01). This training manual has been developed under the framework of the project "Co-Creating a Counselling Method for refugee women GBV victims" (CCM-GBV) funded by the European Union's Rights Equality and Citizenship (REC) Programme and aims at closing the above mentioned gaps. The project aimed at informing, supporting and encouraging the reporting of refugee women GBV victims to NGO counsellors, the police and judiciary by offering them access to a specific support service with the involvement of the following project partners:



The terms "migrant", "asylum seeker" or "refugee" are often used as synonyms but refer to different migratory populations. While migrants are people that consciously and voluntarily decide to leave their country of origin and can at all times return to their home country without fearing for their safety (e.g. economic migrants), refugees and asylum seekers are forced to leave their country of origin. By refugee women, we do not only refer to women who have been granted a refugee status based on the 1951 Convention Relating to the Status of Refugees, but to all asylum seeking women that are in the refugee status determination process (i.e. seeking asylum), have received international protection (i.e. subsidiary or refugee status) or are in the deportation process having been denied a refugee status, subsidiary protection or another status<sup>1</sup>.

## Purpose and structure of the training manual & how to use the training manual

The training manual was developed on the basis of seven "train the trainer" trainings carried out during the CCM-GBV project. The purpose of this training manual is twofold: to serve

1. as a resource for trainers to explore the key forms of GBV affecting refugee women;
2. and as a tool to improve professionals' capacities on recognising and dealing with GBV in the refugee context.

It may be used by non-governmental organisations (NGOs), authorities or public and private stakeholders working directly in refugee accommodations or NGOs working with refugees outside of refugee shelters, meaning refugee reception centers, shared refugee accommodations, deportation centres and private housings. As GBV occurs globally and refugee movements are a matter of international concern, this manual can also be used by professionals beyond the EU, who are confronted with similar problems, as a learning resource for background theoretical and practical information.

Trainers may use the manual to tailor their training sessions according to the needs and interests of their training participants. The training should result in participants being able to see the problem and complexity of GBV in the refugee context and its underlying issues, be a source of reflection and be a further enrichment for professionals working with refugee women. The manual is divided into eight chapters covering different aspects around the topic of GBV in the refugee context.

- Chapter 1: How to conduct a training on gender-based violence
- Chapter 2: Introduction to the topic of gender-based violence
- Chapter 3: International and regional legal instruments tackling gender-based violence
- Chapter 4: Social context of violence and the consequences of gender-based violence
- Chapter 5: Different forms of gender-based violence in the refugee context
- Chapter 6: Cross-cutting issues
- Chapter 7: Protection and prevention
- Chapter 8: Self-care and dealing with traumatised victims of gender-based violence

If you are looking at these materials for the first time, you may wish to look through them all in a sequential order. The chapters are broken into subchapters. This means that you can also choose to deliver a training only on those subchapters that hold the most relevance to your training audience. Sometimes the chapters might be slightly repetitive, since the different forms of GBV are interrelated so as the legal instruments that address them. Each chapter contains an introduction to the given topic, key messages and "to-dos". The "to-dos" in each chapter give you recommendations on what to do as tasks before carrying out a training and should not be considered to be obligatory. Some chapters also include practical exercises that are aimed at raising awareness and promoting participant engagement with the purpose of helping them to identify their own attitudes and prejudices in their daily work with refugee women GBV victims.

For the readers interested in gaining more in-depth knowledge about the specific practical aspects of counselling refugee women, the *Handbook on Counselling Asylum Seeking and Refugee Women Victims of Gender-Based Violence - Helping her to reclaim her story* (2019), developed during the CCM-GBV project, provides relevant further information. We highly recommend that you hand out copies of the project handbook to your training participants. Both the training manual as well as the CCM-GBV project handbook can be found in English, Croatian, Finnish, German, Greek and Italian at [www.solwodi.de](http://www.solwodi.de).

<sup>1</sup> We consider women in the deportation process as refugee women, because they are returned to a country against their will, where there are very likely not to receive urgently needed protection from further GBV crimes.

# CHAPTER 1

## HOW TO CARRY OUT A TRAINING ON GENDER-BASED VIOLENCE

The purpose of this chapter is to show you what you should look out for as a trainer, give you ideas where you can find data on GBV and how to structure a training plan.

### 1.1 How to be a trainer

Before developing a training plan and carrying out a training, you should be aware of the below issues that you will be confronted with as a trainer on the topic of GBV:

- a) gender paradox: you yourself have a certain interpretation of what a woman or a man or a transgender person looks like, is like, and acts like. You should be aware that in your training setting you will be representing an interpretation or construction of gender. It is therefore very important that you carry out the training in a gender-sensitive manner and also reflect on your own understanding of gender prior to your training.
- b) ethical issues, diversity and the principle of non-discrimination: in our communications, we have learnt to associate the people we meet with our own interpretations. This consequently often leads to simplifications and attributions that do not necessarily reflect the reality and can lead to fatal disruptions in communication. For example: if a dark-skinned woman or woman of colour stands before you, you might immediately associate this person being an African. But this perception can be totally false: the person can e.g. have a European citizenship, be a Caribbean, etc. In some cases we might not even be aware that through our actions we are discriminating against a particular group. It is important that you reflect on your own understanding of ethnicity when preparing for your training. Your training should be conducted in such a way that diversity and non-discrimination are respected. If racial or other prejudices, sexism, homophobia, victim blaming or other discriminatory attitudes should be noticed from a participant, it is your duty as a trainer to question these opinions and e.g. point out that violence is not an issue of culture (see subchapter 2.4).
- c) intercultural competence: if you conduct a training in a multi-cultural environment, you must acquire intercultural competences. As a trainer, you should communicate effectively across cultures, promote acceptance and also respect the diversity of your multi-cultural participants.

#### KEY MESSAGE

- Keep the points of confrontation in mind when conducting a training.

#### ✓ TO-DOS

- a) Read through the first two chapters of the [Manual Honour Related Violence](#) (Kvinnoforum 2005: 10-26)

### 1.2 Designing a training plan

How to become a trainer on GBV is a valuable question that is not easy to answer. As you know the national circumstances you are working in best, this training manual is flexible in enabling you to decide on what training you want to carry out. This e.g. means that you can decide on what training unit topics you will focus on and what training methodologies you want to use. We suggest that you do a needs assessment on the GBV training demand in e.g. the NGO you are carrying out the training for (see e.g. MSB 2012: 15-17): which topics are of importance to the participants? Which topics are the participants not so much aware of? It will also be helpful for you to take into account the “to-dos” to develop your training plan further in order to fit your national working context. Please note that the mentioned links in the “to-dos” can be found in the reference list and sometimes also as hyperlinks<sup>2</sup>.

Once you have chosen your topics, you can start designing your training plan. You can use the information and exercises provided in the chapters for your own training. Then you could e.g. simply translate the needed chapters into your national language and use it as training material. It is also a very good idea for trainers to research country specific resources, legal information and data to support the development of the training plan. Highlighting the relevance for your own national context in this way is highly likely to increase the credibility of the training received. Here are some training tools you could implement into your national trainings:

<sup>2</sup> Some of the documents in the list of references are also available in other languages except for English.

- group discussion on the participants' own experiences and their understanding of certain definitions;
- individual or group exercises. You should consider translating the exercises and the given documents referred to in this training manual into your national language. Please use the list of references at the end of this training manual to access the documents mentioned in the individual exercises;
- role plays;
- training materials: e.g. Power Point Presentation, copy of the CCM-GBV training manual;
- refer to best practices: e.g. as identified in the CCM-GBV project handbook;
- consider inviting a guest speaker on a specific topic to carry out the training together with you.

You can also decide to do some more research by yourself and find new exercises, video clips, etc. Be creative! Do not forget to provide your participants with training materials (e.g. a printed version of the Power Point presentation or training handouts) during the training. If you should use the mentioned exercises, please note that you may have to adjust the recommended time frame according to the size of your training group.

At the end of your training, we recommend that you let your training participants fill out an evaluation questionnaire. This can help you to figure out what content was in particular interesting to your participants, what exercises they liked best, what you can improve and adapt for your next training, etc. You can e.g. follow the format of the evaluation questionnaire developed by the Health & Human Rights info (HHRI)<sup>3</sup> (2016: 174-183).

## KEY MESSAGES

- Use the topics covered in the training units in your training.
- Decide on the topics you want to train your participants on based on e.g. a needs assessment.
- Provide your training participants with training material.

## Ideas for further reading

**Abrams, D. M. & Mahar-Piersma, C. (2010): Training for the Non-Trainer: Tips and Tools, Cultural Orientation.**  
Resource Centre: Washington

**Logar, Rosa & Vargová, Branislava Marvánová (2015): Affective Multi-agency Co-operation for Preventing and Combating Domestic Violence - Training of Trainers Manual.**  
[http://files.wave-network.org/trainingmanuals/Effective\\_Multi\\_Agency\\_Cooperation\\_2015.pdf](http://files.wave-network.org/trainingmanuals/Effective_Multi_Agency_Cooperation_2015.pdf)

**Solter, C., Thi Minh Duc, P., Engelbrecht S.M. (2007): Advanced Training of Trainer - Trainer's Guide.**  
Pathfinder International: Massachusetts

**Training Today (n.d.): The Most Effective Training Techniques**  
<http://trainingtoday.blr.com/article/most-effective-training-techniques>

## ✓ TO-DOS

- a) Carry out a needs assessment with the to be trained professionals: What GBV training do the professionals need most?
- b) If needed, find additional literature on carrying out trainings, e.g. in your national language.

<sup>3</sup> The report is also available in Spanish, Russian, Arabic and Portuguese.

# CHAPTER 2

## INTRODUCTION TO THE TOPIC OF GENDER-BASED VIOLENCE

This chapter introduces you to the topic of gender-based violence - short GBV. Here you will learn some basic facts on GBV.

### 2.1 What is Gender-Based Violence?

GBV refers to “violence that is directed against a woman because she is a woman or that affects women disproportionately” (Article 3.d, Istanbul Convention). GBV is a violation of human rights, largely affecting women: “It is important to retain the ‘gender-based’ aspect of the concept as this highlights the fact that violence against women is an expression of power inequalities between women and men” (EIGE n.d. a). This is why the term “violence against women” (VAW) and GBV are both used to address violence directed against women.

#### KEY MESSAGES

- **Gender-based violence is a violation of human rights, largely affecting women.**
- **Violence against Women (VAW) is often used as synonym for gender-based violence.**

### 2.2 Forms of Gender-Based Violence

GBV takes many different forms and can be divided into five different categories (IRIN 2004):

1. sexual violence: rape, marital rape, attempted rape, (child) sexual abuse, defilement, incest, sexual exploitation, forced prostitution, sexual harassment, sexual violence as weapon of war and torture;
2. physical violence: physical assault;
3. harmful traditional practices: female genital mutilation (FGM), early marriage, forced marriage, honour killing and maiming, infanticide and/or neglect;
4. emotional and psychological violence: abuse, humiliation, confinement;
5. socio-economic violence: discrimination and/or denial of opportunities/services, social exclusion/ostracism based on sexual orientation, obstructive legislative practice.

Important European legal instruments have defined different forms of GBV that we have discussed in the course of the CCM-GBV project and that you will be introduced to in chapter 5:

- domestic violence or intimate partner violence (Art. 3b Istanbul Convention)
- stalking (Art. 34 Istanbul Convention)
- forced and early marriage (Art. 37 Istanbul Convention)
- honour-based violence (Art. 42 Istanbul Convention)
- female genital mutilation (Art. 38 Istanbul Convention)
- sexual violence including rape (Art. 36 Istanbul Convention)
- sexual harassment (Art. 40 Istanbul Convention)
- human trafficking (Art. 2 (1-6) Directive 2011/36/EU).

#### KEY MESSAGE

- **Gender-based violence takes many different forms.**

#### ✓ TO-DOS

- a) Check your national law: What forms of GBV are mentioned? How are these forms of GBV defined?

## 2.3 Data on Gender-Based Violence

For you as a trainer it is important that you foster your background knowledge on GBV. Background information in the case of GBV trainings entails, amongst others:

- definitions
- facts and figures
- important guidelines and tools
- human right issues and legal implications
- knowing important stakeholders - on international, regional and national level.

Although information on the overall extent of GBV within the EU is lacking, facts and figures on GBV can be found in various sources (EIGE 2017a: 1). Some data refer to refugee women in particular, while others might not do so. Following agencies, institutes, etc. can be referred to on the topic of GBV:

- European Institute for Gender Equality (EIGE)
- EUROSTAT
- European Union Agency for Fundamental Rights (FRA)
- the European Commission's annual report on equality between women and men in the EU (which entails a chapter on GBV)
- UN Women
- national ministries for women and/or migration.

Rather than knowing statistics by heart, you as a trainer should use GBV data to raise awareness, support policy-making, provide your listeners with independent information, etc.

### KEY MESSAGE

- **It is important that you as a trainer foster your background knowledge on gender-based violence.**

### ✓ TO-DOS

- a) Check the above-mentioned agencies and your national ministries on GBV data.
- b) Read through the FRA's (2014a) main result report of the study [violence against women: An EU wide survey](#)<sup>4</sup> to get an overview of the prevalence of GBV within the EU.

## 2.4 Repeat and multiple victimisation

As identified in the CCM-GBV project, refugee women GBV victims commonly are victims of repeat victimisation. Repeat victimisation entails that a refugee woman is a repetitive victim of a specific crime (e.g. rape). Falling victim of repeat victimisation is particularly high in personal crimes such as domestic violence, sexual violence, assaults, etc. (Farrell 2005: 145).

Refugee women GBV victims often suffer several different forms of GBV - two or more -, meaning they experience multiple victimisation (Olsvik 2009: 8-9). On the example of forced marriage, it can be shown that forced marriage seldom stands by its own, as the interlinkages between forced marriage and other forms of GBV are very strong. Forced marriage incidents are rather considered to be domestic violence incidents than cases of forced marriage (European Parliament 2016a: 4). Further, honour killings, sexual violence, child sexual abuse and human trafficking have been proven to be interwoven with forced marriage (Robbers 2008: 3; 37-38; Kvinnoforum 2005: 46; FEM Roadmap 2016: 5; Psaila et al. 2016: 26-29). It is important that you as trainers are aware of the fact that multiple violence does not only occur in cases of forced marriage, but also in all other forms of GBV discussed in chapter 5.

### KEY MESSAGE

- **Refugee women are often victims of repeat and multiple victimisation.**

<sup>4</sup> The report is available in several languages.

## 2.5 Gender-based violence and culture

Culture is as a system of shared beliefs, customs, behaviours and values that are used by members of a society to make sense of their world and of each other. It is difficult to determine the relationship between GBV and culture. Quite often there are prejudices in which refugee women's cultures are blamed for causing and tolerating GBV. It comes to a stereotyping of culture rather than reflecting the individual perpetrators' behaviour. Evidence suggests that as e.g. domestic violence is considered to be 'cultural' in some communities, the police and other authorities have not been following-up domestic violence cases in refugee communities as much, putting refugee women at greater risk of repetitive abuse. An important message for you as a trainer is that rather than culture, the lack of the host language skills, unemployment, isolation from the host society, trauma, structural gender inequalities, etc. are reasons for GBV (Rees & Pease 2006: 1-14; 2017).

GBV occurs in all societies irrespective of culture, religion and socio-economic status: when you look at the EU statistics on female EU citizens having experienced GBV - such as the FRA (2014a) study *violence against Women: an EU wide survey* - , you will see that GBV is prevalent in all societies and cultures. This is why you should focus on patriarchy rather than culture in explaining the root causes and toleration of GBV. The ecological model<sup>5</sup>, which you will also be introduced to in subchapter 4.1, offers a good tool for you to explain the occurrence of GBV.

With regard to culture, you should also be aware of the fact that support services to refugee women might be colour-blind and ignore the culturally specific needs of refugee women. White GBV victims are said to be in a more privileged situation when it e.g. comes to accessing support services (Sokoloff & Dupont 2005: 45-47; Crewswick 2017: 17-19). This is why you should stress to your participants that they need to be cultural-sensitive when dealing with refugee women in order to avoid secondary victimisation (see subchapter 6.2).

### KEY MESSAGES

- **Gender-based violence is present in all societies and cultures.**
- **Make use of the ecological model to explain why gender-based violence occurs.**

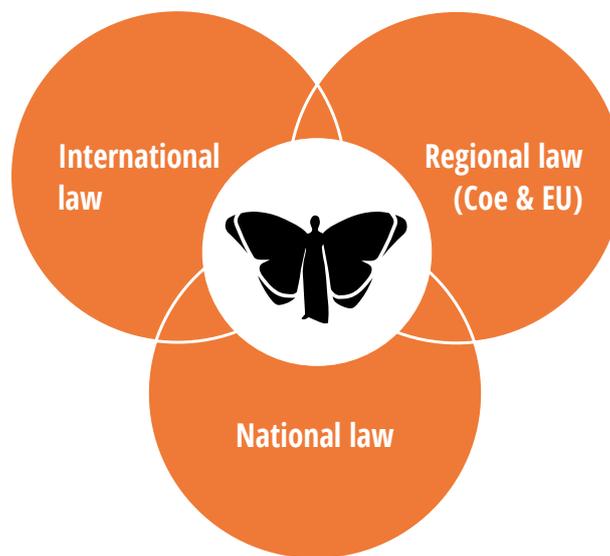
<sup>5</sup> This approach identifies individual, interpersonal, organisational and societal (structural) factors that determine risk of abuse. The ecological approach seeks to understand the circumstances and consequences of GBV without excusing individual perpetrators' behaviour (McCracken et al. 2013: 25).

# CHAPTER 3

## INTERNATIONAL AND REGIONAL LEGAL INSTRUMENTS TACKLING GENDER-BASED VIOLENCE

In order to understand what rights refugee women GBV victims have and where the rights derive from, it is important that you make yourself familiar with the main legal instruments addressing GBV and their implications for refugee women GBV victims. The aim of this chapter is to briefly introduce you to the main legal instruments discussed in the course of the CCM-GBV project with the different legal perspectives of criminal, civil and migration law that you as a trainer should be aware of. We suggest that you download the legal instruments in your national language. Some further practical legal problems and some specific legal instruments can be found in chapter 5.

### Key legal standards on addressing violence against refugee women



The graph has been designed by SOLWODI Deutschland e.V.

## 3.1 International Law

In this subchapter, you are introduced to important international legal instruments, mainly Conventions, but also some Guidelines. Knowing about international treaties is important as they set standards for national legislation.

### 3.1.1 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1971)

The purpose of this UN Convention is to ensure the equality of women and men without any discrimination, meaning without any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status (Art. 1). The provisions in CEDAW thus apply to refugee women. Art. 3 rules that States Parties shall in all fields - in particular in the political, social, economic and cultural spheres - take appropriate measures, including legislation, to ensure the full development and advancement of women for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men. CEDAW is the global prototype of the Istanbul Convention (see subchapter 3.2.1).

#### KEY MESSAGES

- State Parties shall eliminate discrimination against women.
- CEDAW is the global prototype of the Istanbul Convention.

## ✓ TO-DOS

- a) Check the CEDAW country reports ([CEDAW n.d.](#)) of your country - if available - for implementing the aims of the Convention into your national law. What problems are mentioned? Do these problems relate to refugee women?

### 3.1.2 Convention Relating to the Status of Refugees (Geneva Refugee Convention) (1951)

In order to qualify as a refugee, one needs to satisfy Art.1A(2) of the Geneva Refugee Convention:

*owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.*

In order to be considered a refugee, a refugee woman must firstly describe in detail that the GBV crime she has experienced is considered to be persecution. Secondly, the GBV crime needs to be for reasons of race, religion, nationality, membership of a particular social group or political opinion. Finally, the refugee woman needs to establish the causal link that she has experienced GBV (e.g. rape) “for reasons of” her gender.

As trainers, you should know that the Geneva Refugee Convention has been criticised for being male orientated as women as asylum seekers often fall outside the traditional interpretations of e.g. persecution for reasons of political opinion. With the emergence of human rights instruments such as CEDAW the interpretation of what constitutes persecution for women has been facilitated: gender-related persecution<sup>6</sup> describes persecution which is more likely to happen to women since they are women, suggesting that the persecution is the result of their gender (Palmer & Smith 2001: 13; Crawley 2001). The UN Refugee Agency (UNHCR) has set up Guidelines on gender-related persecution in the context of the Geneva Refugee Convention<sup>7</sup>. The acceptance that gender-based abuses constituting persecution, has particularly enabled women to be considered members of a specific social group, even when perpetrated by individuals (Palmer & Smith 2001: 14; Edwards 2003: 68; Türk & Nicholson 2003: 16-17). Also in the EU, the European institutions are increasingly implementing laws to enable refugee women GBV victims to make asylum claims on the basis of having experienced gender-specific persecution, such as e.g. in the EU Qualification Directive 2011/95/EU (see subchapter 3.2.3).

You should be aware of the fact that refugee women are seldom granted a refugee status although instruments for recognising gender-based persecution exist. When looking at the case example of domestic violence, you must know that it is difficult to apply the Geneva Convention reasoning to domestic violence victims because,

*domestic violence, where perpetrators are non-State agents and which for the majority of women, takes place within the context of a current or former intimate relationship, is consistently perceived as a private matter, affecting women as individual members of society, rather than as members of a ‘particular social group’ (Palmer & Smith 2001: 14).*

#### KEY MESSAGES

- Refugee women having experienced gender-based violence are most likely to be considered members of “a particular social group” in the context of the Geneva Refugee Convention.
- Gender-related persecution is hardly recognised as fulfilling the criteria for being considered a refugee.

## ✓ TO-DOS

- a) Check your national law on residence permits and and asylum status for cases of GBV. How can asylum seeking women be considered refugees in your national law? What other forms of international protection exist in your national law?

### Ideas for further reading

**Haines, Roger (n.d.): Gender-Related Persecution**

<https://www.refworld.org/pdfid/470a33b50.pdf>

**UNHCR (2003): Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons - Guidelines for Prevention and Response**, Chapter 8, p. 109-122

<https://www.unhcr.org/en-uk/protection/women/3f696bcc4/sexual-gender-based-violence-against-refugees-returnees-internally-displaced.html>

<sup>6</sup> If you are interested to learn more about the Refugee Convention, gender-based persecution and Convention grounds, you should read the paper by Haines (n.d.) (see Ideas for Further Reading below).

<sup>7</sup> UNHCR (2002): Guidelines on International Protection No.1: Gender-Related Persecution within the context of Art.1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees, HCR/GIP/02/01.

### 3.1.3 Other international legal instruments

If you are interested in learning more about international legal instruments addressing refugee women GBV victims, you can also look at following UN instruments recognising GBV as a violation of human rights:

- General Recommendation No. 19 of the Committee of the Elimination of All Forms of Discrimination of Women (1992);
- Beijing Platform for Action (1995);
- Convention on the Elimination of All Forms of Discrimination against Women and General Recommendation No. 32 (2014);
- The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984);
- The Convention on the Rights of the Child (1989), which implications can be important if your training participants work with minor girls;
- The Convention of the United Nations on the Rights of Persons with Disabilities (2006) that can be important for training participants dealing with disabled refugee women GBV victims.

Please note that the above mentioned list is just an example for further relevant UN legal instruments and should by no means be understood as a closed list.

## 3.2 Regional Law

With regard to regional legal instruments, it is important to look at European legal instruments from both the Council of Europe (Coe) and the European Union and how they address refugee women GBV victims. These instruments mentioned below, are binding to State Parties of the Coe and EU Member States.

### 3.2.1 Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention) (2011)

As first legally binding Convention in the field of GBV and domestic violence the Istanbul Convention introduced a comprehensive framework for preventing violence, victim protection and prosecution of perpetrators. The purpose of this Council of Europe Convention is to protect all women against violence and domestic violence, contributing to the elimination of discrimination, promoting substantive equality between men and women, designing comprehensive frameworks, policies, promoting international cooperation with the view to eliminating violence against women and domestic violence and providing support and assistance to all organisations and law enforcement agencies to effectively co-operate in order to adopt an integrated approach to the Convention's aim (Art. 1 a-e). The Convention lays down definitions of the different forms of violence, fundamental rights, measures of prevention, protection and support as well as assistance to all victims of violence against women and domestic violence. The included substantive law definitions as well as the aggravating circumstances in the Convention strictly describe all forms of GBV<sup>8</sup> and are fundamental for their detailed discussion in chapter 5 (Arts. 29 - 48). The ruled measures for investigation, prosecution, procedural law and protective measures for criminal proceedings are equally essential for all forms of GBV mentioned in chapter 5 (Arts. 49 - 61). In November 2016, all EU Member States signed the Convention and the majority of Member States have ratified it. The EU also became party of the Convention by signature. This means that both the EU and its Member States are legally bound by the provisions of the Istanbul Convention (European Parliament 2016a: 4; Coe 2018; Christofi et al. 2017: 11-12, 84). Once ratified, the EU will be under the supervision of the Group of Experts on action against Violence against Women and Domestic Violence (GREVIO), must implement relevant legislation to tackle GBV (see Art. 7(1)), etc. (De Schutter 2016: 48-49).

The Istanbul Convention is an important point of reference for counsellors dealing with refugee women GBV victims. For refugee women GBV victims, the implementation of the Convention means that forms of GBV are recognised as a form of persecution, the implications of the Geneva Convention is gender-sensitively interpreted to include gender-specific asylum grounds (Art. 60 (1)), the asylum procedure as such is gender-sensitive and that the principle of non-refoulement<sup>9</sup> is respected (Art. 61). The Convention also lies down that states shall develop gender-sensitive support services for asylum seekers (Art. 60(3)) (Coe n.d. a). Subchapter 5.2.1 will explain in more detail the migratory aspects of the Istanbul Convention on the example of forced marriage.

#### KEY MESSAGES

- **The Istanbul Convention is a legally binding Convention in the field of GBV and domestic violence.**
- **The Convention lays down minimum standards for dealing with and combating each of the mentioned forms of gender-based violence.**
- **Refugee women gender-based violence victims shall have access to specific support services in line with the principle of non-discrimination.**
- **Special provisions with regards to migration and asylum are laid down in the Convention.**

<sup>8</sup> with the exception of trafficking for human beings (THB), which is not mentioned in the Convention.

<sup>9</sup> The principle non-refoulement is a principle of asylum and of international refugee protection to ensure that victims of violence against women, who are in need of protection, regardless of their status or residence, are not returned to any country where their life would be at risk or where they may be subjected to torture or inhuman or degrading treatment or punishment.

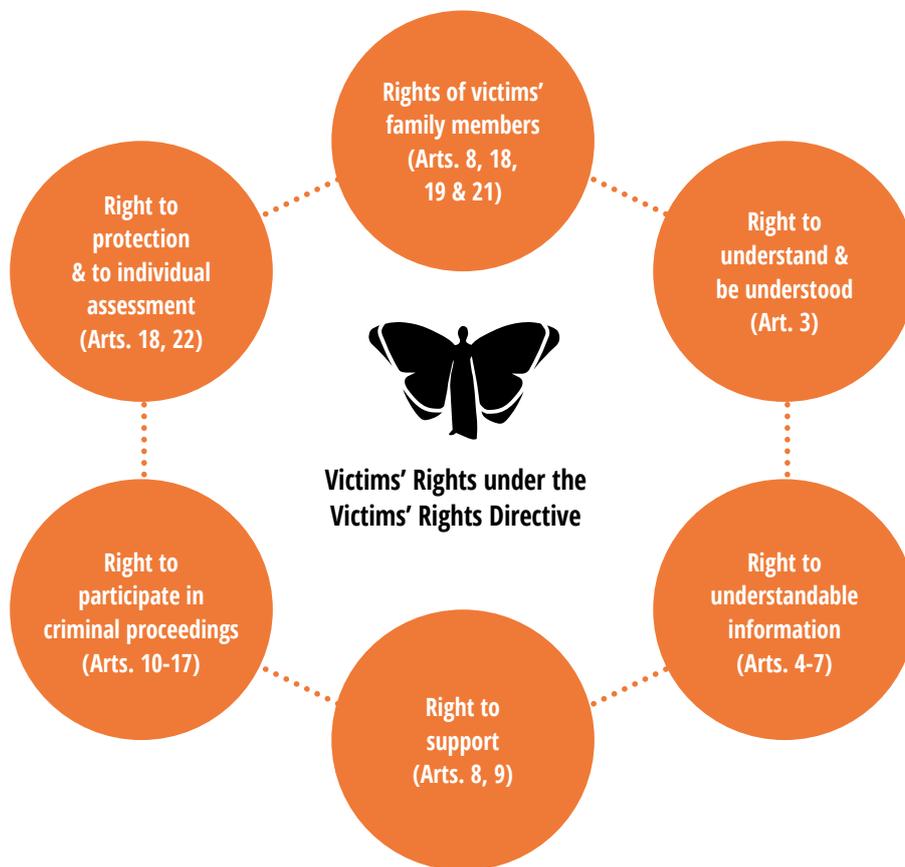
## ✓ TO-DOS

- Read through the [Explanatory Report of the Istanbul Convention](#)<sup>10</sup> (Coe 2011).
- Check your national legislation: has the Istanbul Convention been ratified in your country? Has the implementation been criticised e.g. NGOs, etc.? Does the criticism entail specific concerns as regard to refugee women?
- Check if there is a [GREVIO Monitoring Report](#) written for your country (Coe n.d. b).
- Do the [Coe's HELP online course on Violence against Women](#) (Coe n.d. c).

### 3.2.2 Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime (Victims' Rights Directive) (2012)

Previously the EU has only issued a number of minimum standards policies for victims of crime. The Victims' Rights Directive extends these rights and explicitly refers to GBV (e.g. Recital 17). Member States can do more, but have to ensure the minimum standards in their legislation are implemented. These include:

#### Minimum standards for the implementation of the Victims' Rights Directive for EU Member States



The graph has been designed by SOLWODI Deutschland e.V. on the basis of the European Commission graph on the EU Victim's Directive (EC 2017).

These rights should be available in a non-discriminatory manner so that refugee women can make use of these rights as long as they have been victimised within the EU (Art. 1(1)). In the case of female genital mutilation (FGM), the END FGM Network lists what procedural rights victims can refer to with regard to criminal proceedings in its publication (END FGM Network 2016a). The mentioned question and answers are also useful for the other forms of GBV mentioned in chapter 5.

#### KEY MESSAGES

- Refugee women gender-based violence victims are right holders as laid down in the Victims' Rights Directive.
- Member States are obliged to implement the mentioned rights into national law.

## ✓ TO-DOS

- a) Check your national legislation: In how far has the Victim's Directive been implemented into your national law? Has the implementation been criticised e.g. by NGOs, etc.? Does the criticism entail specific concerns as regards to refugee women?
- b) Read through the END FGM Network's (2016a) publication [\*Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime - Questions and Answers on the rights to support and protect victims of gender-based violence, including women affected by female genital mutilation\*](#)<sup>11</sup>.

### 3.2.3 Other important European instruments

In your training context, it could also be relevant to have a look at other important European legal instruments that recognise gender-specific types of persecution and GBV as a violation of human rights:

- European Convention of Human Rights (ECHR): in Europe, GBV crimes against refugee women cases can fall under the ECHR by arguing that GBV can deprive a refugee woman of her right to live (Art. 2), her right to be free from torture, inhuman and degrading treatment (Art. 3), and her right to physical and mental integrity (Art. 8) (Štirn & Minić 2016: 78; ECHR 2018: 1-13);
- Directive 2011/95/EU on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted i.e. the Qualification Directive, which recognises gender-based persecution in Art. 9(2 f) and 10 (1d) and that GBV survivors qualify for subsidiary protection;
- Directive 2013/33/EU laying down standards for the reception of applicants for international protection i.e. the Reception Conditions Directive, which entitles female asylum seeking women GBV survivors to specific social and legal support services as well as reception conditions and also requires states to prevent GBV to occur in refugee accommodations (Art. 18; 21);
- Directive 2013/32/EU on common procedures for granting and withdrawing international protection i.e. the Asylum Procedure Directive, implies that medico-legal documents are collected from your clients with their consent that might indicate past persecution or serious harm - e.g. FGM, sexual violence (e.g. Art.10(3d), Art. 15(3a)).

As with the other UN legal instruments above, this list is also not to be understood as a closed list.

## 3.3 National law

International and regional legal instruments have an impact on national law, but the support to refugee women GBV victims will vary in terms of their development and implementation into national law. We recommend that you as a trainer check how these above mentioned laws and also some specific legal instruments addressed in chapter 5 are implemented in your country. If you are not familiar with how the above mentioned legal systems work (UN, Coe, EU), we advise that you additionally research on how international and regional law have an impact on your national law.

<sup>11</sup> This publication is also available in French.

# CHAPTER 4

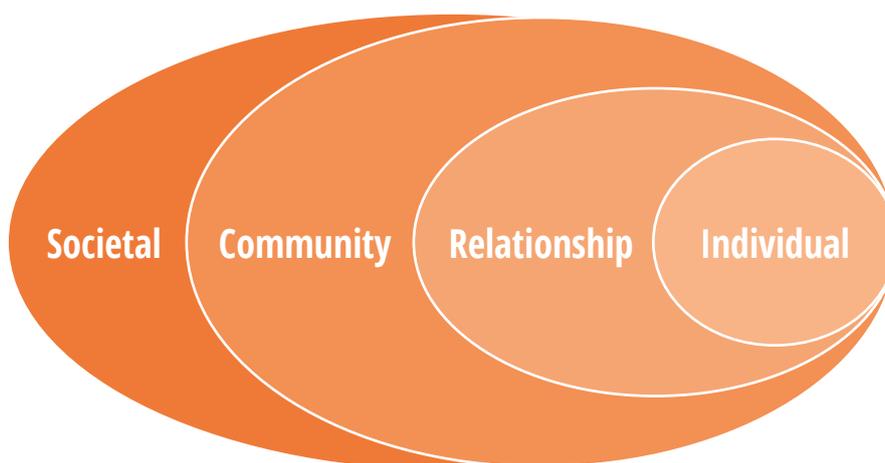
## SOCIAL CONTEXT OF VIOLENCE AND THE CONSEQUENCES OF GENDER-BASED VIOLENCE

This chapter deals with the social context of violence and different consequences GBV victims suffer from. Here you will learn about the social context of violence as a whole and different types of consequences the women experience. A specific reference is also made to the social context of migration and its implications for GBV victims. The below mentioned consequences apply to all forms of GBV that will be discussed in chapter 5. It must be pointed out that in how far refugee women suffer from these types of consequences always is dependent on their individual circumstances, their character, their personal resilience and the help and support they receive.

### 4.1 Social context of violence

The World Health Organisation's (WHO) ecological model for understanding violence is often used to explain how complex the nature of violence is. The model uses four different levels to explain how each of the levels influences the occurrence of violence.

The WHO's ecological model for understanding violence



WHO 2002: 12

On the individual level, there are a number of factors that can lead to refugee women becoming victims of GBV, because of their

- gender: violence is directed against refugee women because of their gender (Perry 2012).
- age: age can be a risk factor, exposing refugee women to different forms of gender-based violence during their lifetime<sup>12</sup>:

Phase	Type of violence present
Pre-birth	Sex-selective abortion; battering during pregnancy; coerced pregnancy
Infancy	Female infanticide; emotional and physical abuse; differential access to food and medical care
Girlhood	Child marriage; FGM; sexual abuse by family members and strangers; differential access to food, medical care and education; trafficking
Adolescence	Violence during courtship; economically coerced sex (e.g. for school fees); sexual abuse in the workplace; sexual harassment; arranged marriage; trafficking; other acts of sexual violence
Reproductive age	Physical, psychological and sexual abuse by intimate male partners and relatives; forced pregnancies by partner; sexual abuse in the workplace; sexual harassment; rape; abuse of widows, including property grabbing and sexual cleaning practices
Elderly	Abuse of widows, including property grabbing; accusations of witchcraft; physical and psychological violence by younger family members; differential access to food and medical care

<sup>12</sup> The table is based on UNHCR's (2003) table on Sexual and Gender-Based Violence During the Life Cycle (Ibid: 20).

- disability: refugee women with disabilities may be more vulnerable to violence, such as physical and sexual assault, because disabled people are often least able to recognise danger and are the least able to protect themselves.
- unemployment: refugee women that e.g. have been victims of human trafficking believed in the words of the traffickers, who have promised them a better life in Europe, etc. They have been vulnerable due to their financial situation. High levels of unemployment forces refugee women into prostitution, which places them at greater risk (e.g. health risks) (Perry 2012).

The risk of violence is not only dependent on individual circumstances, but also can be a result of circumstances in relationships (second level), communities (third level) or the position in the society as a whole (fourth level).

### KEY MESSAGE

- **“Violence is a complex problem rooted in the interaction of many factors – biological, social, cultural, economic and political” (WHO 2002: 10).**

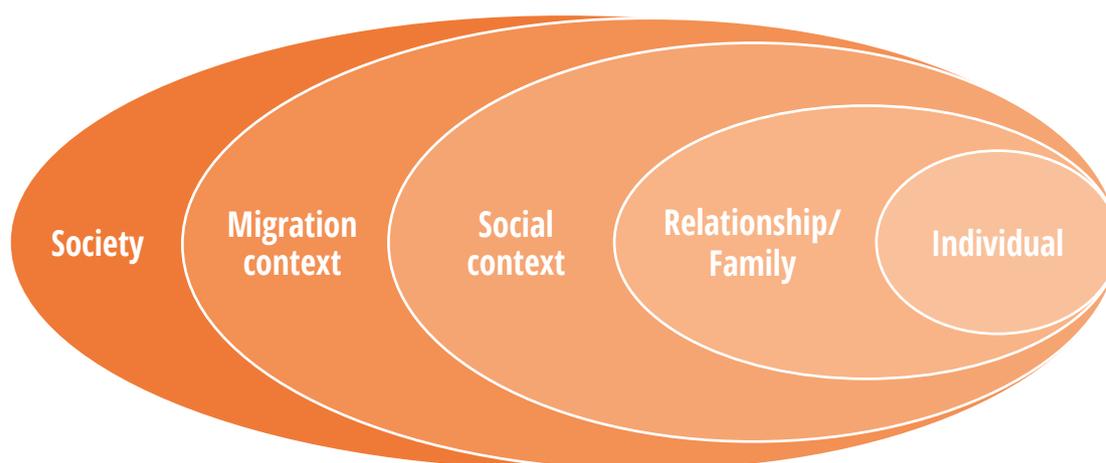
### ✓ TO-DOS

- Read to the WHO's (2002) *World Report on Violence and Health*<sup>13</sup> (Ibid.: 3-19).
- Read through the CCM-GBV project handbook (2019) on the risk factors of GBV (Ibid.).

## 4.2 Migration status and violence

Refugee women are of greater risk of experiencing violence not due to their ethnicity, but because they face various forms of social exclusion or discrimination in everyday life: insecure residence status, restricted access to the social welfare system of the refugee hosting country, lacking access to the health care system and the job market, etc. The move to a new location also means a relative loss of social capital, which can lead to social isolation that can also increase the risk of violence. These factors lead to refugee women being exposed to further abuse and violence (Logar & Vargová 2015: 35). During the CCM-GBV project, the project beneficiaries sought to extend the ecological model by also including the migration context as a further level. This migration level entails how the migratory situation in itself, the pressures of being on the move and an uncertain future, also challenge gender roles and heighten tensions within families, sometimes leading to violence. For more information on how the migration status is a risk factor of violence read through the CCM-GBV project handbook.

### The ecological model for understanding violence including the migration context



The graph has been designed by SOLWODI Deutschland e.V. on the basis of WHO's ecological model.

### KEY MESSAGES

- **Refugee women are at greater risk of being exposed to violence due to social exclusion or discrimination in everyday life.**
- **Use the ecological model with the extended level of the migration context for your training.**

<sup>13</sup> The report is available in several languages.

## EXERCISE 1 - Ensuring inclusiveness

<b>Aim</b>	The aim of this exercise is to make organisations aware of possible discriminatory practices and implementing inclusive policies.
<b>Time</b>	Group work (30 minutes); discussion in the plenum (20 minutes)
<b>Exercise</b>	Work in groups of 3-4. Read through <i>Exercise 3.1 Inclusion instead of discrimination</i> in Logar's and Vargova's (2002) <i>Effective Multi-Agency Cooperation for Preventing and Combating Domestic Violence - Training of Trainers Manual</i> (Ibid.: 28). Follow the instructions of the exercise and use the provided handout <i>3.1 Table for applying a human rights-based approach for ensuring inclusiveness</i> (Ibid: 29) (30 minutes). Discuss the group work outcomes in the plenum. Are there certain groups of refugee women that your organisation is excluding? How could they be included into your organisation's work? (20 minutes)

### ✓ TO-DOS

- Read through the chapters on the risk factors of GBV and GBV in the refugee context in the CCM-GBV project handbook.

## 4.3 Social consequences

Violence has severe implications for refugee women GBV victims. As a trainer, you should know that there are three main social levels that have an impact on refugee women having experienced GBV: the micro, meso and macro level. On the micro level, violence causes refugee women to lack participation in society. Intimate partner violence can e.g. lead to individuals not developing ideas, skills and talents that can contribute to society, as GBV victims are preoccupied with family problems and because the perpetrator of violence often restricts their freedom, movements and actions (Al Usta et al. 2012). This negatively impacts on refugee women's willingness to integrate. Social consequences - amongst others - entail: loss of friends and social connections; personal isolation and integration problems; loss of job or problems finding a job; loss of income and wealth; loss of social status; damage to relationship with own children and other family members; risking their residence permit due to contradictory statements in the asylum interview (UNHCR 2015: 14, 18).

On the meso level, violence creates an unstable and unsafe family life, especially if the perpetrator is a family member, intimate partner, etc. Particularly if refugee women are mothers that e.g. suffer from traumatisation, health problems, etc., the children are also consequently at risk of suffering distress in their psycho-social well-being. As "violence is contagious", GBV helps promoting gender stereotypes, gender inequality and discrimination as well as increasing GBV crime rates within societies at macro-level (Al Usta et al. 2012).

### KEY MESSAGE

- The social consequences of gender-based violence against refugee women has lasting impacts on the affected women, their families and the society as a whole.

### ✓ TO-DOS

- Carry out Exercise 2 to familiarise yourself with the topic. What social consequences of violence do you know?

## 4.4 Economic consequences

GBV crimes lead to direct and indirect economic costs for the victim. Direct costs e.g. entail medical (e.g. treatment expenses, emergency room visits) and non-medical costs (e.g. legal consultations). GBV victims also face a number of indirect costs caused through the GBV experience: loss of income through separation from the husband or loss of work due to traumatisation, loss of health insurance, etc. Although data on estimating the loss resulting from GBV crimes is lacking, it can be stated that GBV victims often have a deteriorating quality of life (Al Usta et al. 2012).

With regard to refugee women, you should know that the immigration to the host countries can lead to refugee women experiencing an additional economic vulnerability, which can lead them e.g. being exposed to human trafficking. Equally it has been reported that if refugee men are denied access to employment in the host country, they use domestic violence to compensate for their loss of autonomy, which also is an economic consequence that leads to violence against refugee women (Sansonetti 2016: 44). This economic burden has severe implications on refugee women's health and socialisation.

### KEY MESSAGE

- Refugee women gender-based violence victims often experience economic consequences.

## 🕒 EXERCISE 2 - Identifying social and economic consequences and risks of gender-based violence

<b>Aim</b>	The aim of this exercise is to make your participants aware of the different types of social and economic consequences of violence.
<b>Time</b>	Pair work (20 minutes); discussion in the plenum (10 minutes)
<b>Exercise</b>	Work in pairs. Each participant talks about a client case (please think of anonymity!) and what social and economic consequences she has experienced through GBV. The other participant listens. Take turns (10 minutes). Then discuss what type of social and economic consequences of violence you are aware of (10 minutes). Discuss your results and other group findings in the plenum (10 minutes).

### ✓ TO-DOS

- Carry out Exercise 2 to familiarise yourself with the topic. What economic consequences of violence do you know?

## 4.5 Health consequences

GBV health consequences can be grouped into three categories:

- Physical consequences:
  - injuries: functional impairments, chronic disabilities;
  - reproductive health: disorders of the menstrual cycle, lower abdominal surgeries, complications during pregnancy, miscarriages and premature birth, sexually transmitted diseases (STDs);
- (Psycho-)somatic consequences:
  - somatic disorders: gastro-intestinal disorders, cardiovascular disorders, skin diseases, respiratory disorders;
- Psychological consequences:
  - Post-Traumatic Stress Disorder (PTSD): increased stimulation, sleep disturbance, fear associated with being in bed, irritability, anger, aggression, misplaced hostility, hypervigilance, physical reactions to events resembling the abuse;
  - depression: lethargy, suicidal ideation/suicide attempts, sleep disturbance;
  - social anxiety disorder/social phobia: phobias, eating disorders/difficulties, loss of self-respect and self-esteem, suicidality;
  - dissociative reaction: disengagement, depersonalisation, multiple personalities;
  - unhealthy coping strategies: risky sexual behaviour, smoking, alcohol and drug abuse, self-inquiry (National Centre on Domestic Violence, Trauma & Mental Health 2014: 1-4; US Department of Veterans Affairs n.d.).

In comparison to EU citizens, studies have noticed that refugee women have made more severe and multiple long-lasting traumatic experiences, the reason being that refugee women have experienced intentionally inflicted violence. The insecure residence situation, lacking job possibilities, etc., additionally promote psychological problems to become more severe. Not only PTSD is high among refugee women, but also other psychiatric disorders and somatic health problems. If refugee women GBV victims left their homeland, having already been traumatised or having experienced traumatisation while fleeing and their residence status and future in the country of destination is still uncertain, it can make the PTSD and other forms of psychological distress worse (Lethi et al. 2016: 19-20). For more information for you to advise your training participants to deal with traumatised clients, please look at subchapter 8.1.

### KEY MESSAGE

- Refugee women gender-based violence victims often experience physical, (psycho-)somatic and psychological consequences.

## 4.6 Legal consequences

If a refugee woman decide to report a GBV crime, filing a complaint will mainly result in two legal consequences: firstly, the participation in a criminal proceeding through reporting the crime to the police as well as the justice system; and secondly, the refugee woman has the possibility to claim a civil lawsuit on material and non-material damages in line with the Victims' Directive (see subchapter 3.2). Further Art. 6 ECHR, entailing the main principles of criminal law and of criminal proceedings, needs to be respected - e.g. the right to fair trial, the principle of legality, etc., if a refugee women GBV victim decides to go through with a court case.

There might also be other legal consequences as regards to her residence status being considered independently from her partner (e.g. see subchapter 5.2.1), matters of divorce (see subchapter 5.2.1), family law and custody issues (see subchapter 6.4), etc.

# CHAPTER 5

## DIFFERENT FORMS OF GENDER-BASED VIOLENCE IN THE REFUGEE CONTEXT

This chapter outlines different forms of GBV refugee women commonly experience and also addresses their particular implications in the refugee context that you should be aware of. The different forms of GBV are introduced to you chronologically on the basis of how they are mentioned in the Istanbul Convention with an additional discussion on human trafficking, which is not mentioned in the Istanbul Convention. You will find further information on how to assist and protect refugee women suffering from GBV in chapter 7.

### 5.1 Domestic Violence



In Art. 3b of the Istanbul Convention, this type of violence is defined as “all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim” (Ibid.). This type of abuse is described as hidden, as it takes place in the private sphere of the home. Domestic violence can be divided into two broad categories: intimate-partner violence between current or former spouses or partners and inter-generational violence, which typically occurs between parents and children (Coe 2011: 7). Intimate partner violence or family violence is often used as synonym since domestic violence is in most cases committed by a family member (e.g. husband, brother, stepmother) or an intimate partner (Bonewit & de Santis 2016: 13; Creswick 2017: 159).

As women are mainly affected by domestic violence, it is referred to as the form of GBV, which is most insidious and frequent: nine out of ten victims of domestic violence are women. Although domestic violence is widespread, domestic violence cases still remain underreported (Štirn & Minić 2016: 8; EIGE 2013: 3). This form of GBV is often a repetitive crime as it often repeats and escalates over time (WAVE 2017: 43). Due to the experienced physical, mental and economic violence, domestic violence is a public health issue, leading to great human and economic costs (e.g. health, legal, police and other services) (Alhabib et al. 2009: 370).

#### KEY MESSAGES

- Domestic violence is a hidden crime that mostly takes place within families or intimate heterosexual or homosexual relationships.
- Domestic violence can comprise physical harmful violence (including sexual violence), emotional abusive behaviour and economic restrictions.
- It is a repetitive crime.

#### ✓ TO-DOS

- a) Check your national legislation: how is domestic violence dealt with in your national legislation? What types of violence does the definition incorporate?

#### 👤 EXERCISE 3 - Myths on Domestic Violence

<b>Aim</b>	The aim of this exercise is to find out what common myths exist on domestic violence and GBV.
<b>Time</b>	Discussion in the plenum (20 minutes)
<b>Exercise</b>	Discuss in the plenum what common myths exist about domestic violence and GBV (15 minutes). You can then read up on the myths mentioned by Štirn and Minić (2016: 22). Which ones did you miss? Do you agree with all myths? (5 minutes)

## 5.1.1 Power and Control Wheel

Relationships, in which domestic violence occurs, are highly complex: while the perpetrator gradually gains more control over the victim of domestic violence so that he/she can perform violence, the victim finds it more and more difficult to break free from the violent relationship (Štirn & Minić 2016: 28). In order to portray the complexity of the relationship, the Domestic Abuse Intervention Programs developed the so-called Power and Control Wheel. This wheel can be a helpful tool for you to use in your training. The Power and Control Wheel shows how power and control to dominate a person is used as centre of the wheel. Further, the use of systematic threat, intimidation and coercion by the perpetrator are made visible as spokes, while the rim of the wheel is held together by physical and sexual violence. The wheel can be used for perpetrator work, whereby the abuser can use the wheel to break his violent habits. For victims of domestic violence, the wheel can offer a possibility to point out what has happened to them. The wheel makes the pattern, intent and impact of violence visible (Duluth Model n.d. a).



Duluth Model n.d. b

### KEY MESSAGES

- Domestic violence circulates around the power and control of the abuser.
- The Power and Control Wheel makes the pattern, intent and impact of violence visible.

### ✓ TO-DOS

- Check: is the [Power and Control Wheel](#) available in your language? If not, you should consider translating it into your national language. It might also be helpful for you to check in advance, if the wheel is also available in the refugee languages your participants' clients mainly speak and that they can use e.g. in counselling sessions with refugee women (Duluth Model n.d. c).
- Watch the [videos on the use and purpose of the different wheels](#) (Duluth Model n.d. d). Is there another wheel that you would like to introduce your participants to?

## EXERCISE 4 - Reasons for staying in an abusive relationship

<b>Aim</b>	The aim of this exercise is for your participants to learn to understand what reasons exist why refugee women decide to stay in an abusive relationship.
<b>Time</b>	Discussion in the plenum (30 minutes)
<b>Exercise</b>	Discuss in the plenum what the reasons are why victims of domestic violence remain in abusive relationships (15 minutes). You can then later read up on the reasons mentioned by Štirn and Minić (2016: 32) and also take the different wheels created by the Domestic Abuse Intervention Programs into account (Duluth Model n.d. c) for further discussion. What reasons did you miss? (15 minutes)

## EXERCISE 5 - Own understandings of an abusive relationship

<b>Aim</b>	The aim of this exercise is to discuss what types of power and control exist that form an abusive relationship.
<b>Time</b>	Discussion in the plenum (25 minutes)
<b>Exercise</b>	Work in the plenum. Draw the Power and Control Wheel onto a big white sheet of paper or onto a black board. Leave the individual wheels blank and only write "Power & Control" in the middle of the circle. Discuss in the plenum what categories exist to use power and control and what this entails. Then look at the Duluth Model (Duluth Model n.d. c). Have you forgotten anything? (25 minutes). You can also carry out the same exercise by using the different wheels (i.e. the Cultural Wheel) mentioned on the Duluth Website (Ibid.).

## 5.2 Honour Crimes

Honour crimes or violence in the name of honour is a type of violence used in order to safeguard or regain what is perceived as the family honour. Honour based violence should be understood as an umbrella term rather than being a specific offence. It can take many forms, ranging from psychological violence to physical and sexual violence (Terre des Femmes n.d.):

- forced marriage (see subchapter 5.2.1);
- forced abortion, hymen repair and virginity testing. In cases, in which women have sex before or outside the marriage, forced abortion or a surgical hymen repair maybe sought by women themselves and/or their families (HBV n.d.). Virginity testing is also a form of honour crime (UNWomen n.d.);
- abduction and imprisonment: runaway girls and women may be abducted or imprisoned after fleeing their families (HBV n.d.);
- rape and gang rape (UNWomen n.d.) (see subchapter 5.4);
- torture including stove burning, acid attacks, maiming and breast ironing (UNWomen n.d.; Hampshire Safeguarding Children Board, n.d.);
- forced eviction (UNWomen n.d.);
- harassment including threats (Ibid.) (see subchapter 5.3);
- honour "suicide": families might force women into suicide in order to avoid being sentenced for murder (HBV n.d.);
- honour "killings": is considered to be the ultimate sanction, if a woman dishonours the family (Ibid.);
- female genital mutilation (IOW 2013: 10-11) (see subchapter 5.5).

What does honour exactly mean? There currently is no definition of honour crimes that is accepted cross-culturally. In patriarchal societies, honour can be understood to be the "correct" conduct of female family members, as they are considered to be men's property. This means that men must ensure that the family's honour is not destroyed by the female family members' misconduct, such as premarital sex, adultery, rape, etc. Honour crimes are hence justified as a need to defend or protect the honour of the family (Terre des Femmes n.d). To relate the term of honour to such crimes has been criticised as reinforcing discriminatory misconceptions that women and girls embody the "honour" of the male community and that there is "honour" in acts of violence against women (UNWomen n.d.). As the victims of these types of crimes are usually female, while the perpetrators are usually male relatives (e.g. fathers, brothers, husbands, sons, priests, etc.), honour crimes are considered to be a form of GBV (Gill 2006: 1-2).

Little is known about the scale of the problem of honour crimes. Only recently the EU Member States have acknowledged that honour crimes are a problem within the EU and no longer only an issue perceived as problem outside of the EU borders, particularly due to migratory flows. Data also hardly exists as honour crimes are hidden crimes. It is also common that if crimes are reported, they are rather classified as domestic violence incidents than honour-based violence (European Parliament 2016a: 4). In order to help refugee women suffering from honour-based violence, it is important for your participants to acknowledge the differences in order to provide the necessary help to such clients (see Exercise 9).

### KEY MESSAGES

- Honour crimes can take many forms.
- There is no cross-culturally accepted definition of honour crimes.
- Honour crimes are often wrongly classified as domestic violence incidences.

## 👤 EXERCISE 6 - Meaning of honour

<b>Aim</b>	The aim of this exercise is to show the differing meaning of honour.
<b>Time</b>	Discussion in the plenum (20-30 minutes)
<b>Exercise</b>	Work in the plenum. Carry out <i>Exercise 6.1. Brainstorm: what is the meaning of honour</i> as described in the <i>Manual Honour Related Violence</i> (Kvinnoforum 2005: 65) (20-30 minutes).

## 👤 EXERCISE 7 - Four corner exercise

<b>Aim</b>	The aim of this exercise is for your participants to take a standpoint on honour based crimes and maybe challenge it.
<b>Time</b>	Discussion in the plenum (2 minutes per participant)
<b>Exercise</b>	Work in the plenum. Carry out <i>Exercise 6.2. 4-corner exercise</i> as described in the <i>Manual Honour Related Violence</i> (Kvinnoforum 2005: 68) (2 minutes statement/ participant).

## 👤 EXERCISE 8 - Indicators for honour-based crimes

<b>Aim</b>	The aim of this exercise is to recognise indicators for honour-based crimes.
<b>Time</b>	Group work (25 minutes); discussion in the plenum (10 minutes)
<b>Exercise</b>	Work in groups of 3-4. Brainstorm on indicators that could speak for honour-based crimes. Brainstorm on indicators for a) women, b) men, c) girls and d) boys. What are differences between the genders? Does age play a role? (20 minutes). Then look at the indicators mentioned in the <i>Manual Honour Related Violence</i> (Kvinnoforum 2005: 81). Did you miss anything? (5 minutes). Discuss your findings and thoughts in the plenum (10 minutes).

## 👤 EXERCISE 9 - Differences between domestic violence and honour-based violence

<b>Aim</b>	The aim of this exercise is to find out what differences between domestic violence and honour-based violence exist and how strongly interlinked these two forms of GBV actually are.
<b>Time</b>	Group work (40 minutes); discussion in the plenum (10 minutes)
<b>Exercise</b>	Work in groups of 3. Carry out <i>Exercise 4.3. Power structures and HRV</i> as described in the <i>Manual Honour Related Violence</i> (Kvinnoforum 2005: 45-46) (40 minutes). Discuss your findings in the plenum. Have you found it hard to differentiate between domestic violence and honour-based crimes? Where do you see the interlinkages between honour-based crimes and domestic violence? (10 minutes)

## ✓ TO-DOS

- Check your national legislation: how are honour crimes defined? What forms of honour crimes are mentioned in your national legislation?

### 5.2.1 Forced Marriage

In this subchapter particular attention to the issue of forced marriage is paid to, because it is the most known form of honour crime affecting refugee women in the EU (Terre des Femmes n.d.). Forced marriage is a human rights violation and can be understood as a form of GBV, as it disproportionately affects women and girls (Psaila et al. 2016: 9). Forced marriage can also be considered a form of child abuse, if the victim is under 18 (FEM Roadmap 2016: 8).

In the 2014 Annual Report of the UN High Commissioner for Human Rights, the Commissioner defines forced marriage as any marriage which occurs without the full and free consent of one or both of the parties and/or where one or both of the parties is/are unable to end or leave the marriage as a result of duress or intense social or family pressure (Ibid.: 16).

Like honour crimes, forced marriage is an umbrella term that includes:

- arranged marriage;
- unconsummated marriage;
- child marriage;
- fictitious, bogus or sham marriage;
- early marriage;
- marriage to acquire nationality;
- marriage as slavery;
- forced marriage by armed groups during conflict or used as means for a girl to escape post-conflict poverty;
- putative marriage;
- marriage in which one of the parties is not permitted to leave or end it.

These forms have in common that consent to marriage is absent (Rude-Antoine 2005: 7; EIGE n.d. b).



Forced marriage cases that are reported in the EU Member States' crime statistics do not reflect the real nature of this type of GBV, as it is a hidden crime. Moreover, due to different definitions of forced marriage in the Member States, the data is not comparable at EU level; i.e. not all EU Member States criminalise forced marriage<sup>14</sup>. Most international data focuses on child marriage involving minor girls under the age of 18 (Psaila et al. 2016: 34). The website *Girls Not Brides* (n.d.) gives a good overview of where child marriages take place and can be used as a tool in your training to show your participants, if forced marriage is prominent in their clients' countries of origin (Ibid.). From the desk research on five EU Member States - France, Germany, the Netherlands, Sweden and the United Kingdom - , FRA (2014b) identified that the victims of forced marriage are mostly female with immigrant backgrounds and are between 16 - 25 years. The origins of the victims vary from Member State to Member State: while in the United Kingdom the majority of victims have a South Asian background, many victims in Germany are Turkish or from the Western Balkans or are descendants of these immigrant groups. In France, victims are usually French nationals, but have foreign descendents (Ibid.: 12-14). Cases of forced marriage cannot be understood as something typical for certain ethnicities, migrant or religious communities, as it is also common within European countries, e.g. Bulgaria, Greece or Italy (European Parliament 2016 a: 3; Robbers 2008: 35).

The reasons for forced marriage vary from country to country. Refugee women are at heightened risk of forced marriage because of economic (e.g. ensuring that older family members are cared for, poverty of families), religious (ensuring that traditions are kept) and patriarchal reasons, etc. (Rude-Antoine 2005: 7-30; Psaila et al. 2016: 39). Research indicates that forced marriage is particularly common among the world's poorest people. Women and girls with learning disabilities are at heightened risk (FRA 2014b: 3). Forced marriage often is a reason for refugee women to flee their country and seek international protection either, because they are being forced to marry someone against their will or because they are trying to flee from an already entered forced marriage (Seelinger 2010: 56-57). There are three different types of forced marriages within the EU that can affect refugee women (Robbers 2008: 28-35):

- 1) "import marriages": refugees go to their country of origin in order to find a spouse to "import" into the EU.
- 2) "holiday marriage": refugee women become engaged or married in their family's home country without being informed beforehand.
- 3) "marriage for immigration ticket": refugee women, having a residence permit in the EU, are promised to fellow countrymen in the family's country of origin. This type of forced marriage functions as a means for being able to reside in the EU.

Forced marriage has psychological, emotional, medical, financial and legal consequences for the victims (see chapter 4). Identifying forced marriage cases, is a challenge we also came across in the course of the CCM-GBV project. Appendixes 1 and 2 of the FEM Roadmap (2016) offer a good guidance for counsellors to identify and deal with forced marriage victims (Ibid.: 32-34), which you should consider introducing your training participants to.

## KEY MESSAGES

- Forced marriage is an umbrella term that describes many different types of marriages.
- Forced marriage cannot be attributed to a specific religious group or culture.
- Data on the extent of forced marriage within the EU is lacking.

## ✓ TO-DOS

- a) Check your national legislation: how is forced marriage defined?
- b) Research on whether you can find data and statistics on forced marriage in your national context. Look at the *Pystel Website* (n.d.).
- c) Do the Online Training on Forced Marriage by the *Virtual College*<sup>15</sup> (n.d. a).
- d) Check the website *Girls Not Brides* (n.d.) to get an overview of where child marriage takes place.
- e) Look at the Appendixes 1 and 2 of the *FEM Roadmap*<sup>16</sup> (2016: 32-34).

## 🗨 EXERCISE 10 - Potential indicators for forced marriage

<b>Aim</b>	The aim of this exercise is to exchange experiences and ideas on indicators for forced marriage.
<b>Time</b>	Group work (15 minutes); discussion in the plenum (10 minutes)
<b>Exercise</b>	Work in groups of 3-4. Brainstorm on different indicators that could speak for forced marriage. Then look at the indicators mentioned in the FEM Roadmap (2016: 12) (15 minutes). Did you miss anything? Should something be added? Discuss in the plenum (10 minutes).

## 🗨 EXERCISE 11 - Risks of forced marriage

<b>Aim</b>	The aim of this exercise is for your participants to find out what risks can arise, if a refugee woman refuses a forced marriage.
<b>Time</b>	Group work (15 minutes); discussion in the plenum (10 minutes)
<b>Exercise</b>	Work in groups of 3-4. Brainstorm on different consequences that can happen to refugee women that want to refuse a forced marriage. Then look at the potential negative consequences for victims of forced marriage CMY's (2016) has listed (Ibid.: 6) (15 minutes). Did you miss anything? Should something be added? Discuss in the plenum (10 minutes).

<sup>14</sup> The 12 Member States that criminalise forced marriage are AT, BE, BG, CY, DE, ES, HR, LU, MT, PT, SE, SI, UK (data from 2011-2015) (Ibid.).

<sup>15</sup> Please note that you will need to register for this training and will need to select an English county, when registering for the training.

<sup>16</sup> The Roadmap is available in several languages.

## 5.2.1.1 Different means of addressing forced marriage

In this subchapter, you are given a brief overview of how forced marriage can be addressed from a civil, criminal and migration law perspective.

### Criminalisation of forced marriage

Because honour crimes and forced marriages take place within families, they have for a long time been considered a private matter - similar to domestic violence - and only recently legal instruments emerged that are dedicated towards punishing forced marriage (Gill 2006: 1). There are several legal instruments addressing forced marriage on an international, regional and national level that aim at criminalising forced marriage.

#### a) International law

At international level, forced marriage is recognised as a violation of human rights: Art. 16(1) and (2) of the Universal Declaration of Human Rights (UDHR), Art. 23(2) and (3) of the International Covenant on Civil and Political Rights (ICCPR) as well as Art. 10 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) prohibit a marriage where free consent from both parties is lacking. Art.16(1) of the CEDAW also explicitly refers to the fact that both women and men shall have the same right to freely choose a spouse. Forced marriage has internationally been recognised as being able to count as a crime against humanity (e.g. in the Appeals Chamber of the Special Court for Sierra Leone) and can form an asylum ground (Loiberas 2014: 911-914; Seelinger 2010: 90; FRA 2014b: 17; 29).

#### b) Regional law

The Council of Europe has also issued several non-binding resolutions and recommendations such as the 2005 Resolution No. 1468 on forced marriage and child marriage calling State Parties to criminalise forced marriages. The Istanbul Convention regulates civil as well as criminal law consequences of forced marriage. State Parties are obliged to ensure the criminalisation and punishment of forced marriage (Psaila et al. 2016: 28). Art. 37 of the Istanbul Convention recognises two different forms of forced marriage that should be criminalised: firstly, the conduct of forcing a person to enter into a marriage; and secondly, the conduct of luring a person abroad with the purpose of forcing that person to enter into marriage (Christofi et al. 2017: 66).

As regards to the EU, you should know that the topic of forced marriage is directly or indirectly addressed by EU legislation on anti-discrimination, asylum, immigration, free movement, criminal justice and data protection (FRA 2014b: 9). The EU has issued non-legally binding measures to tackle forced marriage such as the 2015-2019 Action Plan on Human Rights (Psaila et al. 2016: 30-31). The EU however has not criminalised forced marriage at EU level.

#### c) National law

Although the Istanbul Convention obliges State Parties to “take the necessary legislative or other measures to ensure that the intentional conduct of forcing an adult or a child to enter into a marriage is criminalised” (Art. 37), only half of the EU Member States – Belgium, Bulgaria, Croatia, Cyprus, Denmark, Germany, Spain, Luxembourg, Malta, Portugal, Slovenia, Sweden and the United Kingdom – have introduced forced marriage as specific criminal offense in their national law by 2016. While the definitions and interpretations of forced marriage vary from Member State to Member State, they all recognise that force, coercion, violence and duress are the key elements in forced marriage situations. Spain, Sweden, Germany, Greece and Austria have also criminalised forcing another person to leave a country in order to force a person to marry, or entering the/another country (Germany) for the purpose of forced marriage. In Member States that do not explicitly criminalise forced marriage other acts (e.g. coercion, violence, threats, etc.) are instead criminalised: forced marriage can be punished through constituting another crime such as rape, attempted rape, sexual violence, false imprisonment, physical and psychological violence, coercion, etc. In this context, it is interesting to reflect that criminalisation can be a tool to address forced marriage, but does not constitute a method to tackle the root cause of this form of GBV (FRA 2014b: 18-20).

How the Member States address forced marriage in their national laws, automatically also determines how forced marriage is dealt with in the refugee context (Lobeiras 2014: 909-910). The FRA (2014b) shows on the basis of its five country analysis (see previous subchapter) that if refugee women are granted a refugee status, it is not on the basis of forced marriage, but another ground of persecution. Rather it is common practice that forced marriage victims receive subsidiary protection, provided that the refugee woman can prove that she is a victim of forced marriage (Ibid.: 29), which in most cases is not possible as discovered during the CCM-GBV project.

### KEY MESSAGES

- **The aspect of consent is a crucial factor regarding forced marriage in international, regional and national legal documents.**
- **Not all Member States have introduced forced marriage as criminal offense in their national laws in line with Art. 37 of the Istanbul Convention, but instead criminalise other acts.**

### Civil law and migration law issues

While the criminalisation aspect of forced marriage was focused on above, this section turns to the civil law consequences of forced marriage by discussing martial law. Civil law provisions in the context of forced marriage are important for you as a trainer to know about, as

*civil law provisions to operationalise free consent for marriage, safeguards for marriage contracted by persons under 18 years of age and effective opportunities to annul a forced marriage can contribute to preventing forced marriage and protecting victims. Marriage law provides specific tools to combat forced marriage (FRA 2014b: 20).*

In this subsection references to migration law are also made, as it can impact on the protection of forced marriage victims that are refugee women.

### a) International law

In 1964, the UN Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and the accompanying Recommendation (1965) were issued. The Convention and the Recommendation lay down a framework for accepting marriages in countries, the minimum age of marriage, addresses the aspect of consent, etc. However, both texts do not provide how State Parties should ensure that the spouses enter the marriage with free and full consent (Psaila et al. 2016: 25; 42).

### b) Regional law

There are several legal regional instruments that address legal marriage issues. Art. 12 ECHR guarantees men and women that are full of age the right to marry (Psaila et al. 2016: 28). Art. 9 of the EU Charter of Fundamental Rights (CFR) lays down the right to marry and the right to found a family (FRA 2014b: 17).

While Art. 37 of the Istanbul Convention concentrates on the criminalisation of forced marriage (see above), Art. 32 of the Istanbul Convention lays down the civil consequences to annul and dissolve a forced marriage (Coe 2011: 31). The Istanbul Convention also has migratory implications in cases of forced marriage. In Art. 59, the Istanbul Convention outlines that if a spouse or partner is a GBV victim, her residence status should not be considered depending on the residence permit of her spouse or partner, but autonomously (Ibid.: 15). The Convention further lays down that in cases of forced marriage, it is important that authorities grant refugee women an autonomous residence permit, even in cases in which the marriage ends before the end of the probationary period, as forced marriage victims otherwise see themselves forced to remain married during this period or are prepared to be deported upon divorce (Art. 59(1-2)). In cases in which a refugee woman is brought outside of the EU to undergo a forced marriage and overstays the guaranteed or expiry period of time outside a Convention State Party's country, the affected refugee woman shall regain her residence status on the basis of being a victim of forced marriage (Art. 59(4)) (Coe 2011: 51-52).

At EU level, in the context of forced marriage reference is often made to the Family Reunification Directive 2003/86/EC. In line with the Directive, Member States are able to establish a minimum age for a spouse to join his/her sponsor (Art. 4(5)), can reject an application for entry and residence for the purpose of family reunification or withdraw or refuse the extension of a family member's residence permit (Art. 16(2b)) (Psaila 2016: 29). According to Art. 15(3), Member States can grant an autonomous residence permit in cases of "particular difficult circumstances", which also includes forced marriage.

### c) National law

As the understanding of forced marriage varies from country to country, so does the understanding of civil marriage from Member State to Member State (Europa n.d.). With regard to civil marriages, although all Member States require the minimum age for marrying to be 18 years<sup>17</sup>, most Member States enable a prior marriage with the consent of the parents and/or a judicial or administrative body (FRA 2017). Civil law also deals with the aspect of marriages involving two different nationalities, which also varies from Member State to Member State. If the marriage is concluded in an EU Member State, the law of the given Member State regulates the marriage conditions. However, in cases in which the marriage is concluded outside the EU, the national law of the home country may apply according to private international law.

With regard to forced marriage, it is also important to discuss how EU Member States deal with religious marriages. Reference will here be made to the case study of Sharia law<sup>18</sup> (Oguinniran 2010: 5). Sharia is evident in every part of everyday life. This means that in countries or regions, in which Sharia is practiced, Sharia law shall exclusively be applied. In the case of forced marriage this e.g. means that the Quran can be interpreted in such a way that it allows for underage marriage of minor girls. Another aspect that needs to be discussed in matters of forced marriage, is the issue of polygamous marriages. The Quran permits polygamy for men, but does not encourage it<sup>19</sup>. Muslim marriages without having a civil marriage are not legally recognised. Under Sharia law, a divorce is also possible and often needs to be done, as civil divorces are not accepted to terminate an Islamic marriage. While men can at all times issue a divorce to a wife, women need to go to a religious authority - usually a Sharia Council - and provide a reason for divorce, such as unreasonable behaviour, adultery, long imprisonment of the husband, etc. Then a *talaq*, a divorce, is issued. Islamic divorces or annulments must generally also follow a civil divorce in an EU Member State in order to be accepted (MWNUK 2016: 5-43).

The courts of the EU Member States have the possibility to annul a marriage contracted abroad. In such circumstances, the courts must prove that the marriage or custom conflicts with the protection of human rights and fundamental freedoms. In cases, in which refugee women were brought outside the EU to marry by force, the EU Member States must enable refugee women to return back to the given Member States in line with Art. 59(4) of the Istanbul Convention. The right to re-enter however might be difficult to fulfill (age, prospects for integration, etc.), even though conditions for victims of forced marriage can be waived. The Member States can limit family reunification in cases of where they suspect forced marriage e.g. through a minimum age requirement for spouses for family reunification. Some Member States have also raised the age for spouses in situations of family reunification as a mechanism to tackle forced marriage (FRA 2014b: 7; 22-25; 38).

## KEY MESSAGES

- **The UN Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and the accompanying Recommendation lays down a framework for accepting marriages.**
- **The Istanbul Convention regulates civil as well as criminal law consequences of forced marriage.**
- **Member States can refer to migration law - e.g. the Family Reunification Directive - , as it can impact the protection of forced marriage victims.**
- **Islamic divorces or annulments require a civil divorce or annulment according to the give Member State's national legislation.**

<sup>17</sup> with the exception of Scotland where the minimum age is 16 years (Ibid.).

<sup>18</sup> Sharia is a legal system highly upheld by the adherents of the Islamic faith (Oguinniran 2010: 5).

<sup>19</sup> Polygamy is based on the ideas of caring for orphans and marrying widows. It is meant to be a solution for a social problem of people that cannot support themselves (MWNUK 2016: 5-15).

The designed graph summarises the main findings regarding how to address civil, criminal and migration law issues of forced marriage at European level:

### Addressing forced marriage from different legal viewpoints at European level



The graph has been designed by SOLWODI Deutschland e.V.

### ✓ TO-DOS

- Check your national civil law legislation: what are the legal marriage conditions in your country? Check e.g. the [Couples in Europe](#) website<sup>20</sup> (Couple Europe n.d.) and [FRA's \(2017\) website](#) on data on marriage with consent.
- Check your national criminal law legislation: how is forced marriage defined? Is it criminalised? If not, how are forced marriage cases commonly dealt with?
- Research on the law on family reunification in your country: where and how are references to forced marriage made?
- Check the rules on polygamous marriages in your country. You can e.g. refer to the European Migration Network (EMN) (2016) [link](#).

## 5.3 Psychological Violence - Stalking and Harassment

Although psychological violence per se does not have to be gender-based, it is important for you to acknowledge that there generally is a high number of cases in which women suffer from psychological violence and emotional abuse (Bonewit & de Santis 2016: 16). Psychological violence is recognised as a form of GBV in Art. 33 of the Istanbul Convention. It refers to a type of violence in which a person uses threats and causes fear in order to control another person. Psychological violence often constitutes a form of intimate partner violence. This form of violence includes:

- threatening to harm the person or the person's family if he/she leaves;
- threatening to harm oneself;
- threats of violence;
- threats of abandonment;
- verbal aggression;
- inappropriately controlling the person's activities;
- withholding companionship or affection;
- etc. (Violence Prevention Initiative 2011).

Psychological violence is present in all forms of GBV we are discussing in this chapter. In this subchapter, we would like to introduce you to stalking and harassment as distinct forms of psychological violence, as they are commonly referred to when the topic of psychological violence is discussed. Stalking and harassment share some common behaviour patterns. Harassment is often used as a generic term that includes stalking behaviour, but can in no way be understood as a synonym to stalking. Harassment "is unwanted conduct that occurs with the purpose or effect of violating the dignity of an individual or creates an intimidating, hostile, degrading, humiliating or offensive environment" (University of Exeter n.d.). The term stalking originates from hunting and is associated with the hunter remaining on the lookout to hunt down wildlife species. According to the psychiatrist and stalking expert Meloy, stalking is the continued harassment or pursuing of other persons, which may make them feel that they are no longer safe (Ortiz-Müller 2017: 26). Stalking is in particular characterised by a repetitive and systematic form of a specific action directed towards a concrete person that the victim does not wish for. The victim can consider this action to be annoying, terrifying or disturbing (van der Aa 2017: 108). It commonly covers a



<sup>20</sup> The website is available in different languages.

pattern of harassing and/or threatening behaviours. This may include: following a person, making phone calls at all hours of the day and night, sending e-mails, faxes, letters or objects, vandalising a person's property, etc. (Bonewit & de Santis 2016: 16). Stalking is prominent in hetero- as well as homosexual relationships. Stalking victims usually fall victim of stalking from their former intimate partner (Siepelmeyer & Oritz-Müller 2017: 38-39).

Art. 34 of the Istanbul Convention has pushed for all State Parties to implement anti-stalking laws with the exception of Denmark (van der Aa 2017: 109-110). By including stalking in the Istanbul Convention, the Convention underlines that stalking is a form of GBV, as data suggests that victims are often female, while perpetrators tend to be male (Coe n.d. d). At EU level, anti-stalking provisions have e.g. been made in the Directive 2011/99/EU i.e. the European Protection Order (EPO) Directive that Member States are required to implement (see subchapter 7.2) (Bonewit & de Santis 2016: 16). Presently 21 Member States have implemented specific anti-stalking legislation. While in some Member States such as in Spain, Italy, Malta, Austria, Poland, Portugal, Slovenia and Finland, stalking is criminalised as specific offence, Member States such as Belgium, France, the Netherlands and Romania deal with stalking as a conduct of harassment (Christofi et al. 2017: 63). In the Member States of Bulgaria, Estonia, Denmark, Greece, Latvia, Lithuania and Cyprus stalking or rather harassment is not recognised as independent criminal offence. The different definitions of stalking in the EU Member States show that some Member States have a different understanding on stalking than portrayed in the Explanatory Report of the Istanbul Convention (van der Aa 2017: 110-121). As regards to harassment, Art. 40 of the Istanbul Convention addresses sexual harassment (see subchapter 5.4). The EU has addressed the issue of sexual harassment in particular in the workplace context such as e.g. in Directive 2006/54/EC. It must be stressed that harassment does not only need to be sexual in nature, although legislative measures within the EU have focused on sexual harassment. The University of Exeter (n.d.) has set-up a table<sup>21</sup> showing what unacceptable physical and verbal conduct can constitute a form of harassment:

Unnecessary physical contact; jokes of a sexual nature; displaying sexually explicit material; indecent demands or requests for sexual contact	Can constitute sexual harassment
Intrusive or inappropriate questioning, derogatory name-calling, offensive remarks or jokes	Can constitute harassment
Making fun of personal circumstances or appearance	Can constitute personal harassment
Unmerited criticism, isolation, gossip or behaviour that is intimidating or demeaning	Can constitute bullying
Leaving repeated or alarming messages on voicemail or email, following people home, or approaching colleagues to ask for personal information	Can constitute stalking
Any inappropriate communication sent via social media	Can constitute harassment

Through digitalisation cyberstalking and cyber-harassment are on the rise within the EU, also affecting refugee women. Cyberstalking e.g. includes stalking by means of e-mail, text messages, social media or other online communication facilities, posting offensive comments about the victim or sharing intimate photos or videos of the victim on the internet. Cyber-harassment includes means of women being harassed via the internet e.g. such as through receiving unwanted, offensive, sexually explicit e-mails. The FRA in its study on violence against women found that 11% of women in the EU have experienced cyber-harassment (Bonewit & de Santis 2016: 17).

In comparison to physical abuse, psychological violence is hidden as constant insults, humiliations, confinement to the home and threats of violence, cause psychological scars. Refugee women experiencing this form of violence are living in a state of constant insecurity. A study by Al-Modallal (2012) on female Palestinian refugees living in refugee camps in Jordan found that there is a great difference in the mental health between women having suffered from psychological violence and women that have not experienced this type of violence. 77% of 267 refugee women had experienced psychological violence by their partners. These women had higher depression scores compared to those who were not victims of psychological violence (Ibid.: 561-563). What do these findings mean for refugee women GBV victims? Due to cultural factors, lack of information on where to seek help and possible isolation they may face in the host country, they will not report GBV and this is another reason they suffer in silence (see subchapter 6.1) (FRA 2014: 89-90; 112-116). It increases the risk of mental illness (e.g. depression) and also suicide (Al-Modallal 2012: 560). As a trainer, you should point out to your training participants that it is important that they carry out a danger diagnosis. The *Stalking Risk Profile (SRP)* or the *Stalking Assessment and Management Instrument (SAM)* can be a helpful tool for them to support their clients (Hoffmann & Streich 2017: 243-244). The German federal association of rape crisis centres and women's counselling centres (bff) has developed and published pictures symbolising stalking on their [website](#). You can make your participants aware of the pictures during your training that they can use to discuss psychological violence with their clients (bff n.d.).

## KEY MESSAGES

- **Psychological violence - especially stalking and harassment - can constitute a form of gender-based violence.**
- **Psychological violence is difficult to identify.**
- **Refugee women are at heightened risk of suffering from psychological violence.**

## ✓ TO-DOS

- a) Check your national legislation: How is stalking and harassment dealt with?
- b) Watch the [Training Videos](#) on Stalking by the Stalking Resource Centre (n.d.).
- c) Research if there are anti-stalking and anti-harassment guidelines available in your national language and in your national country context.

## 5.4 Sexual Violence

Similar to honour crimes, sexual violence is an umbrella term. Sexual violence is:

*[a]ny sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work (WHO 2002: 149).*

Sexual violence involves a range of offences:

- rape is said to be the most serious form of sexual violence, as it is especially hurtful and damaging and has long-lasting consequences (Bonewit & de Santis 2016: 14). Broadly speaking, rape is “physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object” (WHO 2002: 149);
- marital rape is a form of rape that happens within marriages. In some societies it is difficult for this type of sexual violence to be recognised as rape. Even in some EU Member States marital rape is not recognised as crime (Bonewit & de Santis 2016: 14);
- attempted rape: a crime in which rape was the motive for an assault, although no rape was carried out (IRIN 2004);
- sexual abuse: Actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions (Ibid.);
- sexual violence as a weapon of war and torture (see subchapter 5.4.1) (UNHCR 2003: 17);
- sexual exploitation or forced prostitution (see subchapter 5.6);
- sexual harassment (see subchapter 5.3);
- child sexual abuse: any sexual relation/interaction with a child, in which the child is used for sexual gratification (IRIN 2004);
- denial of the right to use contraception or to adopt other measures to protect against STDs (WHO 2002: 149);
- other acts: incest and being exposed to forced pornography can also constitute other acts of sexual violence (UNFPA & WAVE 2014: 21). Having to perform oral sex, being forced to masturbate or watching somebody masturbate also count as other acts of sexual assault (Nova n.d.). The WHO also considered other forms of violence against the sexual integrity we discuss in chapter 5 - e.g. FGM, virginity testing, forced abortion, human trafficking for the purpose of sexual exploitation - to be a form of sexual violence (UNFPA & WAVE 2014: 21).



Sexual violence constitutes a form of GBV, as women are disproportionately affected by it. On a global scale, data suggests that in some countries nearly one in four women may experience sexual violence (WHO 2002: 149). The FRA study (2014a) showed that one in ten female EU citizens has experienced a form of sexual violence since the age of 15. 97% of the perpetrators are said to be male (Ibid.: 20-51; Bonewit & de Santis 2016: 13). Perpetrators can be partners, husbands, family members, acquaintances, strangers, etc. (De Schrijver et al. 2018: 1-2). Rape is the mostly reported sexual violence crime (EUROSTAT 2017).

Sexual violence has severe consequences for both physical and mental health. Sexual violence can cause physical injuries as well as sexual and reproductive health problems that can have immediate and/or long-term consequences. As regards to mental health, sexual violence can lead to suicide, negative impacts on the psychological well being of the victims, etc. Victims might also face social exclusion and stigmatisation from their communities and families. Due to sexual violence physically and emotionally relating to reproduction, acts of sexual violence can lead to unwanted pregnancy, having gynaecological consequences (bleeding, infection, pain, genital irritation, urinary tract infections, pelvic pain, painful intercourse, etc.) and being exposed to HIV and other sexually transmitted diseases (Bonewit & de Santis 2016: 13-14; Walby et al. 2013: 48; WHO 2002: 162-164). If possible, your training participants should refer clients that have experienced sexual violence to health professionals as soon as possible, as they can support the clients medically. This must not be done against their clients' free will! Depending on the form of sexual violence experienced, they can also support your clients to collect evidence, if they want the perpetrator to be prosecuted or want to keep the evidence for storage in order to make a decision about reporting sexual violence to the police sometime in future (Ibid.: 174; Walby et al. 2013: 61). Please stress the fact that sexual violence victims do not only need medical or psychological help but also will need economic support and long-term protection that your training participants need to keep in mind when counselling a refugee woman victim of sexual violence (MSF 2009: 17).

There are several tools available for practitioners to facilitate the identification and support of victims of sexual violence: the International Rescue Committee (2008) has issued the multimedia training tool [Clinical Care for Sexual Assault Survivors - Facilitator's Guide - A Multimedia Training Tool](#), Basile et. al (2016) have issued the technical package on preventing sexual violence in communities [STOP SV: A Technical Package to Prevent Sexual Violence](#) and the WHO (2010) has issued the publication [Preventing intimate partner and sexual violence against women - Taking action and generating evidence](#) on setting up sexual violence prevention programmes. Although these documents are not directed to refugee communities in as such, it can be helpful for your training participants to use them in their work with refugee women.

## 🕒 EXERCISE 12 - Understanding the nature of sexual violence

<b>Aim</b>	The aim of this exercise is to make your participants aware of the nature of sexual violence.
<b>Time</b>	Group work (90 minutes); discussion in the plenum (15 minutes)
<b>Exercise</b>	Carry out <i>Activity D2: Sexual Violence - Is it or Isn't It?</i> as described in Plan's (2015) <i>Module 5 Being Non-Violent in Personal Relationships</i> and also use the accompanying handout (Ibid.: 22-26 [pages 223-227 in the PDF Document]) (90 minutes). Discuss your findings in the plenum. What things were you not so aware about regarding the nature of sexual violence? (15 minutes)

## 🕒 EXERCISE 13 - Reflecting your work with refugee women that have experienced sexual violence

<b>Aim</b>	The aim of this exercise is to engage the participants into a reflection exercise in order for them to better understand current attitudes, priorities and experiences of their work with refugee women victims of sexual violence.
<b>Time</b>	Individual work (15 minutes); discussion in the plenum (15 minutes)
<b>Exercise</b>	Let each training participant fill out <i>Appendix 1 WAVE Working Group on Sexual(ised) Violence (including Prostitution and Pornography) Questionnaire</i> (Blank et al. 2018: 32-35) (15 minutes). The results should then be discussed in the plenum. Where and how could the training participants improve their work on supporting refugee women that have experienced sexualised violence? (15 minutes)

### KEY MESSAGES

- **Sexual violence is an umbrella term.**
- **Data on sexual violence is lacking.**
- **Sexual violence victims suffer from immediate and long-term consequences.**
- **Guiding tools can be helpful for your training participants to identify victims of sexual violence.**

### ✓ TO-DOS

- Research on statistics on sexual violence in your national context.
- Do the [Online Training on sexual violence by the Sexual Assault Services Training Academy](#) (n.d.)<sup>22</sup> or carry out an [Online Training from the National Sexual Violence Resource Centre](#) (n.d.) that is of interest to you.
- Read through the FRA (2014a) Study *Violence against women: An EU wide survey* (Ibid.: 21-50) and WHO' (2002) *World Report on Violence and Health* (Ibid.: 147-182). What facts and figures from these two studies would be interesting for you to include in your training?

### 5.4.1 Sexual violence in the refugee context

Sexual violence is an issue that needs special attention in the asylum context. Refugee women are said to be especially vulnerable to sexual violence, although data is scarce because of a high level of underreporting. Compared to female EU citizens, there are also more likely to have experienced multiple or gang rape (De Schrijver et al. 2018: 2-5). We will here address three specific phases in which refugee women GBV victims experience sexual violence that were of importance in the CCM-GBV project: the situation in the country of origin, experiences made during the flight and experiences made in the EU. You can use this table<sup>23</sup> and the below information to show your participants how sexual violence can be a reason for refugee women seeking asylum in the EU and/or point out to further risks of sexual violence while fleeing and when having arrived in the EU.

Phase	Type of sexual violence experienced
<b>In the country of origin/prior to flight</b>	Abuse by persons in power; sexual battering of women; sexual assault; rape; abduction by armed members of parties in conflict, including security forces; mass rape and forced pregnancies
<b>During flight/in transition countries</b>	Sexual attack by bandits, border guards; capture for trafficking by smugglers;
<b>In the country of destination (EU)</b>	Sexual attack, coercion, extortion by persons in authority; sexual abuse of separated children in foster care; survival sex/forced prostitution; sexual exploitation of persons seeking legal status in the country of destination (EU Member State) or access to assistance and resources

<sup>22</sup> There will be no need for you to carry out the modules that refer to the state of West Virginia, unless you are interested in learning more about it as case study.

<sup>23</sup> The table was adopted based on UNHCR's (2003) table on Sexual and Gender-Based Violence During the Refugee Cycle (Ibid.: 20) and extended by the authors to include information identified in the course of the CCM-GBV project.

Sexual violence can be a reason for why refugee women decide to flee their home country, e.g. because they have experienced gang rape, child sexual abuse or FGM. Sexual violence might also be experienced during war and conflicts as well as briefly after conflicts. This type of sexual violence is also known as Conflict-Related Sexual Violence (CRSV). It includes sexual violence as a weapon of war and torture, ethnic cleansing or genocide. CRSV differs from other types of sexual violence as it is used as a strategy to achieve power and dominance over a specific group, which is considered to be inferior (De Schrijver et al. 2018: 11; WHO 2002: 156). In transition countries, refugee women can also experience sexual violence. During flight, refugee women often cover smuggling costs with transactional sex (Phillimore et al. 2018: 5). Several studies show that refugee women have experienced rape or another form of sexual violence in an EU host country (De Schrijver et al. 2018: 6). Evidence suggests that especially their restricted legal status and lacking access to health care services places refugee women at risk of suffering further sexual violence. Refugee women experience sexual violence at the hands of people in authorities, refugee accommodation staff, husbands or other male family members and also strangers (Phillimore et al. 2018: 5).

### KEY MESSAGES

- Sexual violence can be a reason why refugee women decide to flee their country of origin.
- Refugee women are exposed to differing risks of sexual violence during their flight and the EU.

### ✓ TO-DOS

- a) Research on whether data on sexual violence experiences made by refugee women exists at your national level. If not, research on recent regional or international data on refugee women's experiences of sexual violence.

## 5.4.2 Consent and sexual violence

Sexual violence is forbidden and recognised as GBV crime at international, regional and national level. In this subchapter, you are introduced to the main instruments addressing sexual violence. What you should take from the below subchapters is the fact that international and regional human rights standards have evolved to the understanding that sexual assaults including rape should be defined by the lack of consent to sexual activity. It will be here exemplified on the basis of rape.

### a) International law

In the international legal regimes, sexual violence has been conceptualised in four ways: as a violation of women's human rights, as a form of torture (e.g. in the case of rape), as a war crime (e.g. in the case of rape) and as a form of gender discrimination (Walby et al. 2013: 83). Several instruments - such as CEDAW, ICCPR, UDHR and the Beijing Declaration and Platform for Action - address sexual violence as a human rights violation and a form of gender discrimination (UNHCR 2003: 8).

Developments in international criminal law have led to the recognition that consent can be given freely and genuinely only where the free will of one consenting parties is not overpowered by coercive circumstances and when the person is capable of consenting. Consent can be rescinded at any time. The definition of rape in the International Criminal Court regime refers to the non-consensual "[invasion of] 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" (Amnesty International 2018: 6).

### b) Regional law

While there are no specifically enumerated human rights violations relating to rape in the ECHR, the European Court of Human Rights has developed jurisprudence under the articles relating to torture, inhuman and degrading treatment. The European Court of Human Rights has used Art. 3 (prohibition of torture) in supporting complaints of victims of rape against the inaction of their own state in e.g. *Aydin v. Turkey* (no.23178/94) (Walby et al. 2013: 78). The landmark case of *M.C. v. Bulgaria* (no. 39272/98) shows that the lack of violence does not mean that the victim has consented.

The Istanbul Convention requires State Parties to criminalise rape and all other forms of sexual violence of non-consensual nature, also with a third person (Art. 36). Sexual violence acts are defined as crimes against a person's bodily integrity and sexual autonomy (Amnesty International 2018: 28). Consent also plays a decisive role in the Istanbul Convention, which recognises that all forms of sexual acts that are performed on another person without her/his freely given consent and are carried out intentionally, constitute acts of sexual violence. The interpretation of the word "intentionally" has been left to domestic lawmakers to interpret (Coe 2011: 32).

As regards to refugee women having experienced sexual violence, Art. 9(2) of the EU Qualification Directive recognises sexual violence including gender as a persecutory ground. Further Art. 25 of the Reception Conditions Directive recognises that victims of torture and rape are a particular vulnerable group needing to receive necessary treatment, in particular access to appropriate medical and psychological care.

### c) National law

Some Member States have failed to meet the standards of the threshold of consent as ruled in international standards, but rather focus on the more restrictive threshold of force: from 28 EU Member States having ratified the Istanbul Convention, 22 Member States' provisions on rape and sexual violence are not in line with the provisions of the Istanbul Convention (Amnesty International 2018: 9-12; Walby et al. 2013: 81). Further, the case example of rape can shed light on the limitations of definitions of GBV crimes. For example in cases of forced marriage, it might be difficult to

prove rape, although non-consensual sex is taking place, as in law it is not clear that the man, who did not coerce the marriage but his/her family, is, in law a rapist. The provisions of the Istanbul Convention Art. 36 are hereby not necessarily sufficiently considered in the provisions of the above mentioned Member States (Ibid.: 30).

As regards to refugee women, sexual violence in the form of rape has been considered as amounting to persecution in some EU Member States, e.g. Belgium, Hungary, Italy, Malta, Romania, Spain, Sweden and the UK (Ali et al. 2012: 39). Here the same problems exist with receiving a residence permit based on sexual violence similar to victims of domestic violence (see subchapter 3.1 on the Geneva Refugee Convention).

## KEY MESSAGES

- Sexual violence can be addressed in four ways: as a violation of women’s human rights, a form of torture, a war crime and a form of gender discrimination.
- Although the Istanbul Convention urges State Parties to include the aspect of consent in provisions on acts of sexual violence, the majority of EU Member States fail to meet the provisions of Art. 36 of the Istanbul Convention.
- Refugee women victims of sexual violence constitute a particular vulnerable group.
- Sexual violence is hardly recognised as constituting an asylum ground.

## ✓ TO-DOS

- a) Research on how sexual violence is defined in your country.
- b) Research on how consent and rape are defined in your country.

## 5.5 Female Genital Mutilation (FGM)

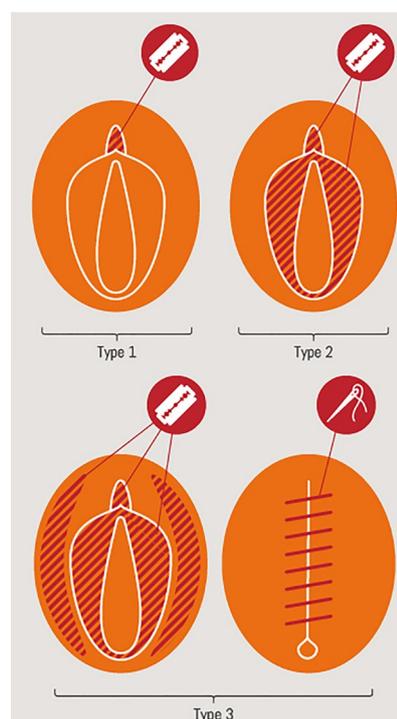


Female genital mutilation (FGM) constitutes a form of GBV as it only is carried out on women and girls (Ibid.: 1). Synonymously FGM is also referred to as female genital cutting or female circumcision (Population Reference Bureau 2008: 2). But what exactly is FGM? FGM

*includes all procedures that intentionally alter or cause injury to the female genital organs for non-medical (e.g. traditional, cultural, religious or non-therapeutic) reasons. It entails the cutting, stitching or removal of part or all of the female external genital organs and can take diverse forms, which have been classified by the WHO into four types, of varying severity (European Parliament 2016a: 4).*

The four FGM types can be classified as follows:

- *Type I: Also known as clitoridectomy, this type consists of partial or total removal of the clitoris and/or its prepuce.*
- *Type II: Also known as excision, the clitoris and labia minora are partially or totally removed, with or without excision of the labia majora.*
- *Type III: The most severe form [...]. The procedure consists of narrowing the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, with or without removal of the clitoris. The appositioning of the wound edges consists of stitching or holding the cut areas together for a certain period of time (for example, girls' legs are bound together), to create the covering seal. A small opening is left for urine and menstrual blood to escape. An infibulation must be opened either through penetrative sexual intercourse or surgery.*
- *Type IV: This type consists of all other procedures to the genitalia of women for non-medical purposes, such as pricking, piercing, incising, scraping and cauterization" (END FGM n.d. a).*



FGM Network n.d. a.

The above graph illustrates these four types. The majority of FGM types performed are Types 1, 2 and 3 in which girls' genitals are "nicked" but no flesh removed (Type IV), whereas around 10% experience infibulation (Ibid.).

FGM is carried out by traditional practitioners and not by medical personnel and is commonly performed with rudimentary tools such as razors or blades without any anesthesia (SIDA 2015: 11). This form of GBV has many health implications, which can be grouped into immediate and long-term consequences:

- immediate consequences: excessive bleeding, septic shock, infections and even death, fever, urinary problems (European Parliament 2016a: 4; Victim Support Europe n.d.);
- long-term consequences: chronic pain, infection of the reproductive system, decreased sexual enjoyment and painful intercourse, as well as increasing the risk of childbirth complications, newborn deaths, mental health problems, urinary, vaginal and menstrual problems (Ibid.). FGM can also be considered a transmitter of AIDS/HIV as the practitioners are not aware of this pandemic, posing a great risk of AIDS/HIV infection on the women and girls (Ibeagha n.d.: 4).

FGM is strongly connected to women's gender role as child bearer. The reasons for FGM vary from community to community (European Parliament 2016a: 4). Ibeagha (n.d.) categorises the reasons for FGM into five main categories:

1. *“psychosexual reasons: It is carried out as a means to control women's sexuality. It is thought to ensure virginity before and fidelity after marriage and/or to increase male sexual pleasure.*
2. *sociological and cultural reasons: It serves as part of a girls' initiation into womanhood and as an intrinsic part of a community's cultural heritage/tradition, in other word. It is part of social integration.*
3. *hygiene and aesthetic reasons: In some communities, the external female genitalia are considered dirty and ugly and are removed ostensibly to promote hygiene and aesthetic appeal.*
4. *religious reasons: Although it is not sanctioned by either Islam or by Christianity, supposed religious prescripts are often used to justified the practice.*
5. *socio-economic reasons: In many communities, female genital mutilation is a prerequisite for marriage. Where women are largely dependent on men, economic necessity can be a major determinant to undergo the procedure. It sometimes is a prerequisite for the right to inherit and may also be a major source of income for practitioners” (Ibeagha n.d.: 3).*

It is most widespread in Sub-Saharan Africa and the Middle East, but FGM cases are also reported in Northern Africa, Europe, Asia and the Americas. The percentage of affected girls and women varies from country to country: while in some countries such as Ghana, Togo, Niger, Cameroon and Uganda less than 5% of women and girls are said to have experienced FGM, 90% have been subject to FGM in Somalia, Guinea, Djibouti and Egypt. The majority of women and girls experience FGM by the age of five, while the other half undergo FGM between the age of five and fourteen (SIDA 2015: 11). Adult women are also occasionally affected by FGM. After childbirth, women might also be reinfibulated (European Parliament 2016a: 4). The WHO estimates that 200 million women and girls are affected by FGM worldwide, whereas one million are threatened by FGM (Desertflower Foundation n.d.).

Based on the 2012 Resolution on ending FGM, the European Parliament estimated that by 2012 500,000 women living in the EU have experienced FGM and 180,000 women and girls are annually at risk of FGM. There are also cases of FGM having been performed within EU Member States (European Parliament 2016a: 5-6). Underreporting and the lack of comparable data makes it hardly possible to get a full picture of the prevalence of FGM within the EU (EIGE 2017b).

Victim Support Europe (n.d.) lists following indicators that could indicate that refugee women are affected by FGM:

- have difficulty walking, standing or sitting;
- spend longer in the bathroom or toilet;
- appear withdrawn, anxious or depressed;
- have unusual behaviour after an absence from school or college;
- are particularly reluctant to undergo normal medical examinations;
- ask for help but may not be explicit about the problem due to embarrassment or fear (Victim Support Europe n.d.).

The country of origin of a refugee woman or the country of origin of her parents can also indicate, if a client could potentially be at risk of FGM (Leye et al. 2014: 111).

## KEY MESSAGES

- **There are several different types of FGM.**
- **FGM has severe short- and long-term consequences.**
- **FGM is also performed within the EU.**

## ✓ TO-DOS

- a) Look at the [UNICEF website](#) (2018) for their latest up-dated information on FGM. Also have a look at the country profiles of the countries where your participants' clients mainly come from.
- b) Do the [Online Training on Female Genital Mutilation by United to End Female Genital Mutilation \(UEFGM\)](#)<sup>24</sup> (n.d.) and/or the [Virtual College](#)<sup>25</sup> (n.d. b).
- c) Read through the UNICEF (2013) report [Female Genital Mutilation/Cutting – A statistical overview and exploration of the dynamics of change](#)<sup>26</sup>. What information can be helpful for your training?

### 5.5.1 FGM in the refugee context

The UNHCR (2009) has set-up a Guidance Note on Refugee Claims Relating to FGM, explaining how and in which cases FGM constitutes a refugee ground (Ibid.: 14-15). FGM can be considered to form an asylum ground, if a girl or woman is at risk of being circumcised. Under the Geneva Refugee Convention, FGM claims can be made on the grounds of political opinion, ethnicity, membership of a particular social group or religious beliefs. FGM is a form of persecution carried out by a non-state agent and also is a gender- and child-specific form of persecution. The experience of a severe FGM can lead to long-lasting traumatic psychological consequences so that a return to the country of origin is intolerable. If a woman has undergone FGM before seeking asylum, this does not mean that she no longer has to fear no further persecution. She may be at risk of being subjected to another form of FGM, re-excision or re-infibulation (Coe & Amnesty International 2014: 29). In the EU, the EU Qualification Directive refers to FGM as serious harm counting for a membership of a particular social group and qualifying for subsidiary protection (Art. 15) (Proudman 2018; Flamand 2015: 4).

The UNHCR estimates that 66,000 women and girls from FGM-practicing countries sought asylum within EU Member States in 2017. Although asylum numbers have been decreasing, there is an increasing trend of women applying for asylum from FGM-practicing countries. In the same year, the majority of these women applied for asylum in Germany, Italy, France, Greece and the UK. There are differences in the countries of destination in which FGM-affected or women at risk of FGM seek asylum: while Nigerians sought asylum in Italy and women from Côte d'Ivoire and Guinea in France, Germany mainly dealt with asylum applicants from Iraq, Eritrea and Somalia. How many women and girls actually seek asylum in the EU on the basis of FGM is difficult to estimate, as FGM is rarely considered as a ground for application. Belgium is one of the few countries that particularly refer to FGM, where in 2015 609 asylum claims were made on the grounds of this form of GBV (UNHCR 2018: 2-3). Country of origin information can be helpful to get a feeling of the prevalence of the problem in a given country. But this information must be considered with caution, as some country of origin information does not include a gender perspective in their analysis, which results in GBV issues such as FGM being undermined. Particularly in cases in which the country of origin is considered to be a "safe third country", gender-specific forms of persecution are said to often be overlooked (End FGM Network 2016b: 5-6).

Although FGM can be considered to constitute a refugee ground, FGM cases are often not seen as ground for asylum in Member States. Research on asylum claims based on FGM in the UK shows three main reasons of why immigration authorities refuse asylum claims on the basis of this form of GBV: firstly, "the woman can refuse to be cut" or "the parents can protect their daughters from FGM"; secondly, "the woman can relocate" and finally, "women can choose not to become cutters" (Proudman 2018).

#### KEY MESSAGES

- FGM can constitute a ground for asylum.
- FGM is rarely considered to be a ground for asylum in EU Member States.

## ✓ TO-DOS

- a) Read through the UNHCR (2009) [Guidance Note on Refugee Claims Relating to FGM](#)<sup>27</sup>.
- b) Research on how FGM is dealt with as asylum ground in your country: is it considered as a specific ground for asylum?

<sup>24</sup> The Online Training is available in several languages.

<sup>25</sup> Please note that you will need to register for this training and will need to select an English county, when registering for the training.

<sup>26</sup> The report is also available in French, Spanish and Arabic.

<sup>27</sup> The Guidance Note is also available in French, Greek, Russian and Spanish.

## 5.5.2 Legal issues around the topic of FGM

In this subchapter, you can find the most important information on the legal issues that you should address during a training focusing on the topic of FGM.

### a) International law

FGM has no official reference in international law. During international debates in the mid-1990s, it was decided to read Art. 25 UDHR in such a way that it can be applied to cases of FGM. FGM can also be interpreted in the context of CEDAW as a form of violence against women, the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and the Convention on the Rights of the Child (UNICEF 2013: 8). In 2012, the UN adopted the first-ever Resolution on intensifying global efforts for the elimination of FGM (Parliamentary Network “Women Free from Violence” et al. 2013: 15). In 2014, the UN issued the Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on harmful practices, in which harmful traditional practices were further defined and characterised as constituting a denial of individual integrity and dignity; discriminating against women or children; causing physical, psychological economic and social harm and/or violence; that are imposed on women and children by family or community members in the absence of free and informed consent and are perceived as being part of accepted cultural traditions (European Parliament 2016a: 2).

### b) Regional law

In its Resolution 1247 (2001) on FGM, the Council of Europe considers FGM forming inhuman and degrading treatment in line with Art. 3 ECHR, while also acknowledging that State Parties are increasingly confronted with cases of FGM, especially among immigrant communities. The issue of FGM was again addressed in Resolution 1662 (2009) on Action to Combat Gender-Based Human Rights Violations, Including the Abduction of Women and Girls (EIGE 2013a: 35). The Istanbul Convention also has implications for FGM victims: FGM is explicitly mentioned in Art. 38 as a criminal offence that needs to be combated by the State Parties. For refugee women FGM victims, the implementation of the Convention means that FGM is recognised as a form of persecution (End FGM Network 2016c: 14-15).

The EU itself has also constantly been expanding its laws on FGM. The End FGM European Network has issued a list of relevant EU legislation on their website that gives a brief overview of the main developments in EU policy on this matter that you should look at (End FGM Network n.d. b).

### c) National law

Although FGM is considered to be a crime in the EU, there are differing approaches in addressing FGM in the EU Member States. While some Member States might deal with FGM in terms of bodily injury, mutilation and removal of organs, etc., other Member States have introduced a specific criminal law to address FGM, as in Austria, Belgium, Cyprus, Denmark, Ireland, Italy, Spain, Sweden and the UK (EIGE 2013b: 43; Christofi et al. 2017: 67-68). Even so, prosecution numbers remain low (End FGM Network 2016c: 5). As women living in the EU might be brought to their country of origin to undergo FGM, the principle of extraterritoriality is of utmost importance, enabling the majority of Member States - with the exception of Bulgaria, Greece, Malta and Romania - to prosecute the practice of FGM when it is committed outside their borders.

As with differing means of dealing with the criminalisation aspect of FGM, national asylum authorities also differ in their approaches in FGM constituting a refugee ground, as e.g. there are different national understandings of the category of membership of a “particular social group”: while e.g. FGM is considered as a form of gender-based persecution in Belgium, Bulgaria, Estonia, Italy, Portugal and Slovakia, Croatia, Greece and also Belgium use the terminology of “vulnerable groups” that also include FGM victims (EIGE 2013a: 43-46). There are also examples of more comprehensive approaches, in particular due to the implementation of the Istanbul Convention. The UK has e.g. implemented an FGM unit (European Parliament 2016a: 1-9). Finland e.g. has introduced the Action Plan for the prevention of mutilation of girls and women (2012-2016), the main objective being preventing FGM in Finland and improving the welfare and quality of life of FGM victims (Coe 2018: 19).

## KEY MESSAGES

- FGM is criminalised on international and regional level.
- EU Member States have different approaches in dealing with FGM as criminal offence and as an asylum ground.

## ✓ TO-DOS

- a) Check your national legislation: how is FGM defined? How is the crime of FGM dealt with under your criminal law? Look at your [country fact sheet](#) EIGE (n.d. b) has prepared. Some countries are also referred to by UEFGM (n.d.).
- b) Look at the list of [relevant EU legislation](#) provided by the END FGM Network (n.d. b). It is also worthwhile looking at the Coe and Amnesty International (2014) guide [The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence - A tool to end female genital mutilation](#) that addresses how the “four Ps approach” - protection, prevention, prosecution and integrated policies - should be implemented by the Istanbul Convention in the case of FGM (Ibid.: 3-51).

## 5.6 Human Trafficking

Human Trafficking or trafficking in human beings (THB) is a severe human rights violation. According to Art. 3(a) of the Protocol to Prevent, suppress and Punish Trafficking in Persons, especially Women and Children, human trafficking is constituted by three elements (UNODC n.d. a):



Act (What is done)	Means (How it is done)	Purpose (Why it is done)
<ul style="list-style-type: none"> <li>• Recruitment</li> <li>• Transport</li> <li>• Transfer</li> <li>• Harboring</li> <li>• Receipt of persons</li> </ul>	<ul style="list-style-type: none"> <li>• Threat or use of force</li> <li>• Coercion</li> <li>• Abduction</li> <li>• Fraud</li> <li>• Deception</li> <li>• Abuse of power or vulnerability</li> <li>• Giving payments or benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Exploitation, including               <ul style="list-style-type: none"> <li>◦ Prostitution of others</li> <li>◦ Sexual exploitation</li> <li>◦ Slavery or similar practices</li> <li>◦ Removal of organs</li> <li>◦ Other types of exploitation</li> </ul> </li> </ul>

Human trafficking is a form of GBV: in 2015, 80% of the EU's human trafficking victims were female (EUROSTAT 2015: 13).

### KEY MESSAGE

- Human trafficking can take many forms.

### ✓ TO-DOS

- Check your national legislation: how is human trafficking defined in your criminal law? What forms of human trafficking are mentioned in your national legislation?
- Do HEUNI's [Online Training on Human Trafficking](#) (2018).

### 5.6.1 Trafficking in the refugee context

Women in general are of particular risk of falling victim of human trafficking, because of their vulnerability and the demand for sexual services. Refugee women are at heightened risk of becoming victims of human trafficking, as by fleeing violence in their country or origin, they can be exploited by traffickers through document confiscation, debt bondage, violence against family members (European Parliament 2016b: 1-8). GBV can be a root cause for human trafficking as can be seen in the CCM-GBV project handbook.

The TRACKS Project (Identification of Trafficked Asylum Seekers Special Needs) has identified that within the EU, there are great differences on what type of stay, work permit, medical and psychological support, asylum seeking THB victims receive. Although asylum seeking THB victims are entitled to these rights, the TRACKS Project shows that victims rarely know about their rights, are unable to talk about their traumatic experiences or mistrust authorities (Forum réfugiés 2017: 8-42). You should make your training participants aware of the rights refugee women human trafficking victims are entitled to by looking at the TRACKS report.

### KEY MESSAGES

- Refugee women are particularly vulnerable to human trafficking.
- Refugee women human trafficking victims rarely know that they are right holders.

### ✓ TO-DOS

- Read through the [TRACKS Report](#) (Forum réfugiés 2017). Do the key findings also hold for your country context?

## 5.6.2 UN legal instruments

You should know that there are several UN legal documents that are directed towards the human rights of human trafficking victims:

- The United Nations Conventions against Transnational Organized Crime - also called the Palermo Convention - is the main international instrument with regard to fighting transnational organised crime, such as human trafficking. There are three Protocols - the Palermo Protocols - supplementing the Convention: the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children; the Protocol against the Smuggling of Migrants by Land, Sea and Air; and the Protocol against the Illicit Manufacturing of and Trafficking in Firearms, their Parts and Components and Ammunition.
- The Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children: this legally binding document is the first to lay down a definition of human trafficking (see Art. 3(a)) with the intention "to facilitate convergence in national approaches with regard to the establishment of domestic criminal offences that would support efficient international cooperation in investigating and prosecuting trafficking in persons cases" (Ibid.). A further objective of this Protocol is the protection and assistance of human trafficking victims by taking a human rights-based approach.
- UN Resolution on trafficking in women and girls (A/RES/71/156): this Resolution e.g. addresses that age- and gender-specific components of human trafficking need to be taken into consideration when dealing with human trafficking victims.

You should know that whereas the Convention and its Protocol are binding to the Signing Parties, the Resolution is rather a recommendation for State Parties. These documents do not explicitly refer to refugee women in the human trafficking context, but in general speak about human trafficking being a form of GBV. You can use these international instruments to show your participants the legal definitions behind human trafficking.

### KEY MESSAGE

- **Human trafficking is recognised as international organised crime constituting a form of gender-based violence.**

### ✓ TO-DOS

- a) Check your national legislation: has your country signed and ratified the Convention and the Protocols thereto (see [UNODC n.d. b\)](#))?

## 5.6.3 Council of Europe Convention on Action against Trafficking in Human Beings (2005)

In February 2008, this legal instrument entered into force with the aim of preventing and combating all forms of human trafficking; protecting and assisting human trafficking victims; promoting international co-operation against human trafficking and ensuring effective investigation and persecution. The Convention has set-up its own monitoring system that is carried out by both the Committee of the Parties and the Group of Experts on Action against Trafficking in Human Beings (GRETA) (Coe n.d. d). For your participants it might be interesting to point out that in Art. 35 the Convention acknowledges the importance of NGOs in implementing the Convention e.g. through awareness raising activities, identification of human trafficking victims, provision of accommodation, provision of support services, etc. Moreover, the Convention stresses the significance of NGOs in monitoring the Convention's implementation (Coe n.d. e). NGO's have the opportunity to report on state failures, if states do not fulfill their obligations under the Convention (Anti-Slavery & La Strada, n.d.).

### KEY MESSAGES

- **The Convention aims at preventing all forms of human trafficking; protecting human trafficking victims; promoting international co-operation against human trafficking and ensuring effective persecution.**
- **NGOs have an important role to play in monitoring the implementation of the Convention.**

### ✓ TO-DOS

- a) Check your national legislation: Has your country signed and ratified the Convention?
- b) Read through the *Convention's Explanatory Report*<sup>28</sup> (Coe 2005: 1-59).
- c) Research if *GRETA* issued a report on your country (Coe n.d. f)?

<sup>28</sup> The Report is also available in French.

## 5.6.4 Directive 2011/36/EU on combating and preventing trafficking in human beings and protecting its victims (Trafficking Directive) (2011)

The Trafficking Directive is closely linked to Directive 2004/81/EC, described below. The Directive describes the main forms and elements of human trafficking for different purposes: sexual exploitation, forced labour, begging, slavery, servitude, exploitation of criminal activities, removal of organs as well as the forms of acting by incitement, aiding and abetting or attempting to commit an offence (Arts. 2 and 3). The Directive also lays down the obligation of Member States to provide assistance, support and protection to THB victims before, during and for an appropriate period of time after the conclusion of criminal proceedings (Art. 11 and 12). You should make your participants aware of the rights of human trafficking victims.

### KEY MESSAGES

- **The Directive establishes minimum rules concerning the definition of human trafficking, the rules concerning investigation and as well as assistance, support and protection of human trafficking victims (Arts. 11 and 12).**
- **The Directive recognises the gender-specific phenomenon of human trafficking (Recital 3).**

### ✓ TO-DOS

- a) Check the implementation of Directive 2011/36/EC in your country.

## 5.6.5 Directive 2004/81/EC on the Residence Permit Issued to Third-Country Nationals who are victims of trafficking in human beings (Residence Permit Directive) (2004)

The purpose of this Directive is to define the conditions for granting residence permits of limited duration to third country nationals that cooperate in the fight against human trafficking or against actions facilitating illegal immigration (Art. 1). Member States are obliged to inform concerned third country nationals, who are or have been victims of human trafficking, about subsistence measures and emergency medical treatment, as the identification of victims is crucial for the effective application of the Directive (Art. 3 and 5). The information may be provided by a NGO or an association specifically appointed by the Member States (Art. 5). Member States are to ensure that concerned third country nationals are granted a reflection period allowing them to recover and escape the influence of the perpetrators so that they can take an informed decision as to whether they want to cooperate with the competent authorities (Art. 6). During the reflection period and while awaiting the decision of the competent authorities, Member States are obliged to ensure that the concerned third country nationals have sufficient resources of subsistence, access to emergency medical treatment including psychological assistance and - where appropriate - receive translation and interpreting services (Art. 7).

### KEY MESSAGES

- **Each refugee woman human trafficking victim has the right to:**
  - **receive information on rights and support (Art. 5 and 7);**
  - **be granted a reflection period as determined by national law, which is not allowed to be made conditional on the victim's cooperation with the competent authorities (Art. 6);**
  - **receive subsistence costs, have access to emergency medical treatment, psychological assistance and - where appropriate - translation, interpreting services (Art. 7).**

### ✓ TO-DOS

- a) Check the implementation of Directive 2004/81/EC in your country.
- b) Research who is responsible for decisions on granting residence permits. Also check your national assistance system and identify, who supports third country national human trafficking victims.

# CHAPTER 6

## CROSS-CUTTING ISSUES

When supporting refugee women that are GBV victims, there are not only specific aspects regarding different forms of GBV your training participants need to know about, but other aspects that need to be kept in mind in order to support their clients holistically. This chapter discusses these aspects that you should consider including in your training plan.

### 6.1 Unwillingness to report gender-based violence

Reporting GBV cases to the police can have a positive impact on refugee women: it can lead to victim compensation and improve the understanding of the victim on GBV. It can also ensure that refugee women GBV victims can make use of their rights as crime victims in line with the Victims' Rights Directive (see subchapter 3.2.2). As already pointed out in chapter 2.3, data on GBV is lacking. There is a discrepancy between GBV incidents reported to the police and findings from victim surveys that represent so-called "dark figures" of crime (Carcach 1997: 1-2). In the FRA survey (2014a), 66% of women did not report violence to the police or an organisation. It is important that you make your participants aware of reasons why refugee women might not decide to report a GBV crime or access support services in the EU. Knowing about these reasons might help your participants to become aware of GBV cases, as refugee women might show the below mentioned signs:

- immigration status: particularly, if refugee women are undocumented, they are least likely to seek help from support services or report GBV, because they fear deportation. The abusers also threaten refugee women that they themselves can be deported, leaving the women and their children to fight for themselves. Single refugee women may stay in an abusive situation, as they hope their abusive partner will marry them so that they receive a residence permit (Raj & Silverman 2002: 385-386; Menjívar & Salcido 2002: 912).
- isolation: refugee women fear isolation of their family and/or community, if they speak about their experiences. Moreover, they are generally isolated from the host society due to their residence status (Family Violence Prevention Fund 2009: 12).
- victim-blaming: culturally-mediated factors such as shame, marriage commitments, stigma of divorce, etc. also often lead to refugee women not reporting GBV. Victim-blaming leads to refugee women not trusting the legal system, contributing to underreporting and the victim feeling ashamed (Rees & Pease 2006: 5; 10-11; FRA 2014: 65; WAVE 2017: 12).
- little knowledge of support services, unfamiliarity of customs and rights: refugee women often do not know about available support services and that they are right holders (Raj & Silverman 2002: 385).
- financial deprivation: as men often control the family's economic situation, refugee women may see themselves economically dependent from their spouse, reducing their means to separate themselves from the abusive partner (Raj & Silverman 2002: 370; Bonewit & de Santis 2016: 24).
- limited host language skills: lacking language knowledge leads to refugee women not being able to express their experiences or feeling embarrassed to talk about the abuse in a language they are not proficient in. The partners/husbands can additionally silence the victims by acting as communicator in the host language on behalf of the family. This also serves as a barrier to access services (Raj & Silverman 2002: 386; Family Violence Prevention Fund 2009: 12).
- lacking support services: as social services are not always culturally tailored, refugee women may be reluctant to report crimes to services such as helplines (Ibid.: 4; Raj & Silverman 2002: 386).
- mistrust imported from the country of origin: refugee women reflect on their abusive situation by referring to the situation in their countries of origin. Refugee women might come from countries where GBV is not reported due to a lack of legal protection or GBV not being considered a crime. The country of origin perceptions also hinder refugee women to file a complaint with the police or report domestic violence to a NGO (Menjívar & Salcido 2002: 910; Davis & Henderson 2003: 567).
- not considering themselves to be victims: it must also be stressed that refugee women GBV victims may also refuse the label of being a "victim" (Alhabib et al. 2010: 375). Some women might e.g. accept hitting because of their cultural role as woman, as they are brought up by the idea that it is e.g. normal that men can be abusive towards a woman.
- fear of not being believed: refugee women may also fear to disclose their experienced violence as they fear that counsellors, police officers, etc. will not believe them (Štirn & Minić 2016: 43).
- fear of discrimination: some refugee women fear reporting crimes as they believe to experience insensitive or discriminatory attitudes (Raj & Silverman 2002: 384; Bonewit & de Santis 2016: 24).
- unwillingness to leave the partner: refugee women might not want to leave the partner, but just want the abuse to end (Štirn & Minić 2016: 42).

Based on evidence from the CCM-GBV project, we know that refugee women are more likely to disclose cases of GBV to female NGO counsellors. Nonetheless, it is important for all professionals working with refugee women to understand why refugee women might be unwilling to report GBV. We highly recommend that you read through Health & Human Rights Info's (HHRI) (2016) chapter on the reporting process and key points to look out for (Ibid.: 102-107; 145-148).

## KEY MESSAGES

- There are several factors that might influence a victim to decide not to report gender-based violence to the police or a NGO.
- Victims having experienced multiple violence are less likely to report crimes.

## ✓ TO-DOS

- Read through HHRI's (2016) chapter on the *reporting process* (Ibid.: 102-107; 145-148).
- Read through the CCM-GBV project handbook on the chapter on the cooperation with the criminal justice system and its actors.

## 🕒 EXERCISE 14 - Applying a non-discriminatory and human rights based approach

<b>Aim</b>	The aim of this exercise is to find out how to apply a non-discriminatory and human rights-based approach.
<b>Time</b>	Group work (30 minutes); discussion in the plenum (10 minutes)
<b>Exercise</b>	Work in groups of 3-4. Fill out the <i>Checklist 1 - Applying a non-discriminatory and human rights-based approach when combating violence against women</i> (WAVE 2017: 14). In which circumstances do your participants see problems in carrying out a non-discriminatory and human-rights based approach in their work with refugee women? How might this impact on their willingness to report a crime to e.g. a counsellor or to the police? (30 minutes). Discuss your results in the plenum and think of solutions how your participants' services could improve (10 minutes).

## 6.2 Secondary victimisation

When dealing with refugee women GBV victims, it is important that you as a trainer point out the implications of secondary victimisation, as it can also impact on the well-being of clients your participants are supporting. Secondary victimisation entails an unresponsive treatment GBV victims receive from social systems (personnel from police, judiciary, doctors, refugee accommodations, NGOs, etc.). Secondary victimisation refers to a situation in which a refugee woman is either denied help or the help she receives makes her feel revictimised. Secondary victimisation can cause further trauma in situations in which refugee women experience stereotyping and victim-blaming attitudes, behaviours, practices and processes by institutions, service providers, the media, community and/or the family. Some victims may experience this type of violence to be more painful than their primary victimisation (Logar & Vargová 2015: 38; Campbell & Raja 1999: 261-262). Why and in which situations can refugee women experience secondary victimisation?

The asylum process can cause refugee women to suffer secondary victimisation: during the asylum interview, refugee women are asked to speak about their traumatising experiences. Not only do they have to disclose their stories to the asylum interviewer, but quite often also to interpreters, lawyers and evaluators. As you know from subchapter 6.1, refugee women have various problems in reporting on their experiences of GBV. As the interview situation can have negative consequences for the asylum request and also the health of the asylum seeking women, refugee women are at heightened risk of secondary victimisation. Other examples of situations causing secondary victimisation for refugee women are institutional residential aspects such as the accommodation in refugee shelters, limited access to the health care system and not being allowed to seek an employment (Feltus et al. 2018: 13-14). Further, if refugee women decide to report a GBV crime to the police and even consider going to court, they are also at risk of suffering from secondary victimisation. Victim-blaming attitudes, participating as a witness in a criminal proceeding as well as the court ruling on whether to sentence the offender or not, can lead to secondary victimisation. Other forms of secondary victimisation can be experienced by refugee women, if she e.g. is a victim of sexual violence and goes to an overcrowded hospital where the sense of privacy and her sense of dignity cannot be cared for, doctors may not acknowledge signs that she is a victim of sexual violence, etc. Even agencies that aim at helping GBV victims may have policies and procedures in place that can cause secondary victimisation (UNODC 1999: 9). In the case of police officers, there is a lack of understanding on why refugee women may seem confused when filing a complaint. There is also existing evidence that professionals categorise refugee GBV clients into women "worthy of support" and "lost causes" (McCracken et al. 2013: 30-31). During the CCM-GBV project it was reported that counsellors of e.g. welfare NGOs might rather focus on helping refugee women with greater chance of receiving a positive asylum decision than refugee women that are likely to be deported to their home countries or are Dublin cases. Similarly, counsellors might favour clients that are proactive rather than e.g. stubborn or unreliable clients. This makes refugee women subject to repeat or multiple victimisation. Furthermore, reactions by individuals, such as the family, friends, communities that might distance themselves from a GBV victim by blaming the victim for what has occurred, can lead to refugee women suffering from secondary victimisation (UNODC 1999: 9).

The Istanbul Convention states that professionals need to be trained in order to avoid causing secondary victimisation (Coe 2011: 19). Addressing secondary victimisation can be a crucial topic for your training as it can help your participants to understand and reflect on how secondary victimisation can make refugee women distrust institutions and/or services and how this impacts on them not seeking help. It is important that your participants learn to understand why they must take a victim-centred approach and prevent additional trauma (Logar & Vargová 2015: 38). It also helps to understand why refugee women that suffer from secondary victimisation might find it even harder to open up. EIGE (n.d. c) has listed following examples for avoiding the risk of secondary victimisation you should make the training participants aware of that they should implement into their everyday work with refugee women:

- “ensuring information rights;
- respecting the victims’ dignity during questioning (abstaining from actions that can lead to the victim’s secondary victimisation during the investigation);
- ensuring anonymity for certain victims (trials behind closed doors in certain cases, screening from the perpetrator during testimony);
- finding officers specialised in victims’ issues;
- etc.” (Ibid.).

## KEY MESSAGES

- Refugee women GBV victims are at heightened risk of experiencing secondary victimisation.
- Secondary victimisation can occur at institutional level, but also through the refugee women’s direct social contacts.

## ✓ TO-DOS

- a) Read through the UNODC’s (1999) *Handbook on Justice for Victims* (Ibid.: 9).

## 🕒 EXERCISE 15 - Becoming aware of secondary victimisation

<b>Aim</b>	The aim of this exercise is to make your training participants aware of possible victim-blaming attitudes and the risk of causing secondary victimisation.
<b>Time</b>	Role-play (15 minutes); small group reflection (5 minutes); discussion in the plenum (15 minutes)
<b>Exercise</b>	Work in groups of 3. Carry out <i>Exercise 4.1 - Feelings and needs</i> as explained by Logar & Vargová (2015: 35) (15 minutes). Reflect on your main findings in your group (5 minutes). Discuss the results of your role play experience with the other groups in the plenum (15 minutes).

## 6.3 Interpreting issues

Language barriers can hinder the assistance offered by professionals to refugee women, because counsellors, refugee shelter staff, etc. might not be able to understand and provide for the refugee women’s needs, counsell her, refer her to leisure activities, etc., while refugee women might be unable to express their need for assistance (Wille 2018: 330-338). Interpreters also play a crucial role in the asylum interview of refugee women GBV victims. You must make your participants aware of the fact that as GBV victims are particularly vulnerable, they need a supportive and trusting environment, also in cases in which they have to disclose their experience to a second person other than e.g. the counsellor. The UNHCR (2017) describes the primary task of interpreters as “enabl[ing] communication between participants who do not speak the same language and do not share the same cultural background” (Ibid.: 52). Language and culture are closely interconnected, so that interpreters also need to know about intercultural differences in non-verbal communication; hence interpreters<sup>29</sup> also act as cultural mediators. Hereby it is of utmost importance that the interpreter is familiar with the ways sex characteristics and GBV is described in the country or origin. At all times, interpreters must be objective and neutral, while also being emphatic and avoid inappropriate body language or gestures. He/she must thus have linguistic, communicative and terminological knowledge, knowledge of interpreting methods, domain-specific knowledge and knowledge of information mining and management (Ibid.: 4-170). In GBV cases, female interpreters should be made available to refugee women.

Interpretation can be considered a chance, as the counsellor and client can communicate, but also brings risks: how can professionals ensure that the interpreter is interpreting correctly? In order for psycho-social counselling to work, it is important that the counsellor and the client can understand and react to each other. A general problem - also in cases in which the counsellor and client speak the same language - is to ensure that the recipient exactly understands what the sender has meant and vice versa (Wille 2018: 330-331). Typically misunderstanding in asylum procedures have been identified being names or expressions the interpreter is not familiar with, different use of time (e.g. calendar systems), interpreting ambiguous terms, etc. (UNHCR 2017: 160). Following problems are common in the context of interpretations for refugees that you should make your participants aware of in order for them to reflect upon their choice of interpreters:

<sup>29</sup> Interpretation differs from translation, as the interpreter transfers the meaning of spoken words to another language, whereas translators focus on written texts (Ibid.: 38)

- the limitations of country of origin as a proxy: the country or origin is often used as a proxy for hiring interpreters. This often leads to the fact that refugee languages are not correctly identified. E.g. Nigeria is home to over 500 first languages! How can one identify a first language on basis of the country of origin? Moreover, the importance of dialect has been ignored, particularly in cases where Arabic is assumed to be the spoken language (MMP 2017: 4; 8-9).
- lack of relevant language support: because concrete language data is lacking, service providers are missing adequate language support. One problem thereby is that NGOs never know which languages new arrivals speak, so that it is difficult to meet the demand of the required languages at a given time (Ibid.: 6)
- lack of resources and training: due to a lack of professional interpreters and a limited budget, smaller NGOs and even some larger NGOs turn to volunteer interpreters, who have not gone through professional training. This has been considered particularly problematic in cases in which legal, medical or protection information needs to be given. NGOs also report that once professionals have been trained, they turn to organisations that can afford to pay them regularly and also provide for better benefits (Ibid.: 11). There are hardly any special training programmes available on interpreting in asylum related contexts. Constantly changing migrant demographics and the lack of funding, further challenge full-scale language trainings (UNHCR 2017: 39).
- shortage of female interpreters: the shortage of female interpreters poses barriers for refugee women when seeking assistance, wanting to report a crime, etc. This shortage leads to an underreporting of sexual exploitation and other forms of GBV (MMP 2017: 12).
- different backgrounds: it can also be problematic, if the client and interpreter have different religious backgrounds or political opinions. In critical cases, the counsellor e.g. should hire another interpreter to foster the client's trust (Wille 2018: 340).
- integration: integration and learning the host language is sometimes used as a reason for not providing for interpreters (MMP 2017: 13)

The Mixed Migration Platform (MMP) (2017) concludes that the implications of this failure to collect appropriate language data are profound for: the effectiveness of assistance and protection; people's access to their rights; and people's ability to make informed choices (Ibid.: 15). The problem with interpretations is that language also always has a context, making it uneasy to "simply" interpret. In cases where an interpreter is needed, the counsellor needs to be aware that he/she has less control over the conversation and needs to trust the interpreter to do his/her work correctly. The presence of the interpreter leads to a change in the conversation, as e.g. the counselling session becomes less intimate. This is why it is important that the counsellor and interpreter establish a transparent relationship. It is advisable that the NGO counsellor, shelter staff, etc. has a preliminary talk with the interpreter prior to the counselling session and also a follow-up discussion (Wille 2018: 334-340). Why don't you recommend to your participants that they e.g. make the reading of the UNHCR's *Handbook for Interpreters in Asylum Procedures* (2017) compulsory for the hiring of interpreters for refugee women GBV victims, if a special training programme for interpreting in the asylum context is not available? Alongside the interpreter being trained on GBV, we advise to always do counselling sessions with the same interpreter, as this creates a more trustworthy and comfortable situation for the client.

## KEY MESSAGES

- Female interpreters should be hired for interpretations for refugee women.
- There are several problems in hiring interpreters for refugee women professionals must be aware of.

## ✓ TO-DOS

- a) Read through UNHCR (2017) *Handbook for Interpreters in Asylum Procedures*<sup>30</sup>.

## 🗣️ EXERCISE 16 - Professional interpretations and competencies

<b>Aim</b>	The aim of this exercise is for your participants to find out what professional competences are demanded of an interpreter.
<b>Time</b>	Group work (80 minutes); discussion in the plenum (10 minutes)
<b>Exercise</b>	Work in groups of 3-4. Watch the film clip 2 and carry out the group exercise with reference to clip 2 as described in <i>Activity 1 - Professional Interpreter and Competences</i> (UNHCR 2017: 47). What competences would the interpreter need in this situation? Brainstorm in the group (20 minutes). Then read through the section <i>Relevant Areas of Knowledge</i> (Ibid: 170) and Kondert's <i>Role Expectation</i> (Ibid.: 56) (10 minutes). Discuss your results in the plenum. Then discuss in the plenum what professional competences an interpreter needs, if the receiver is a refugee woman in a counselling situation (10 minutes).  Continue working in your group. Carry out <i>Activity 2 - Autobiographical Story-Telling</i> as described by UNHCR (Ibid.: 163) (50 minutes). Where do you see remaining problems? What would the situation be like if a refugee woman discloses her story to you as counsellor and interpreter? Discuss in the plenum (10 minutes).

<sup>30</sup> The handbook is also available in French, German and Russian.

## EXERCISE 17 - Feelings during interpreting situations

<b>Aim</b>	The aim of this exercise is to find out how interpreters and receivers feel in translation situations.
<b>Time</b>	Group work (40 minutes); discussion in the plenum (10 minutes)
<b>Exercise</b>	Work in a group of 3-4. Watch the film clips 2 and 4 and carry out the group exercise with reference to the clips 2 and 4 as described in <i>Activity 5-Interpreters in Films</i> (10 minutes) (UNHCR 2017: 65). Imagine the receiver to be a refugee woman. Do you see a problem in the case of refugee women? How does the interpreter feel in this situation? Discuss in the group (10 minutes). Read through Unit 12 (Ibid.: 187-190) and reflect your impressions in the group (20 minutes). Discuss your findings in the plenum (10 minutes).

## EXERCISE 18 - Consequences of poor interpreting

<b>Aim</b>	The aim of this exercise is to find out how poor interpreting can have a negative impact on refugee women seeking help.
<b>Time</b>	Individual work (20 minutes); discuss in the plenum (10 minutes)
<b>Exercise</b>	Work by yourself. Carry out <i>Activity 7 - Text Analysis - Poor Interpreters Put Asylum Seekers at risk</i> as described in the UNHCR's handbook (2017: 67) by yourself instead of in a group (20 minutes). Discuss your findings in the plenum (10 minutes).

## 6.4 Custody and Family Law Issues

The right to family life is respected in European law (Art. 7 CFR; Art. 8 ECHR). GBV incidences - in particular in cases of domestic violence and forced marriage - often poses custody and family law issues, as children often witness violence and/or also suffer from violence directed towards them. Under Council of Europe law, it is often mothers who have complained to the European Court of Human Rights about states not complying with their positive obligation to take appropriate action against domestic violence or child neglect, mostly referring to Arts. 2, 3 and 8 ECHR. Moreover, reference to the Istanbul Convention can be made as the Convention provisions apply to all GBV victims and victims of domestic violence within the home (Art. 2(2)). Under EU law, Art. 24(3) CFR expressly recognises every child's right to maintain in contact with both parents as also laid down in Art. 4(1) of the Coe Convention on Contact Concerning Children (2003) (FRA 2015: 79-123).

It is not uncommon that women decide to leave an abusive relationship once the partner becomes violent towards her or their children. In the case of refugee women GBV victims, the perpetrator might not only coerce and control the refugee woman on the basis of her residence status, but also threatens to take the children away from her either by abduction or by law. This is the most frequent fear of and real danger to refugee women in GBV cases. In other words, "[p]erpetrators often exploit the love that women have for their children by using the children as a weapon to intensify the immigration related abuse" (Creswick 2017: 151).

If a refugee woman e.g. decides to take a child away outside of the area of residence (e.g. another town or another EU Member State), she might be accused of child abduction in line with the Hague Convention (Ibid.: 142-150; HCCH n.d.). With regard to the Convention on the Civil Aspects of International Child Abduction (1980), refugee women that are mothers have the opportunity to refer to Art. 13b of the Convention, as e.g. a domestic violence case can be used as sufficient evidence for being considered to constitute a grave risk to a child's physical or psychological harm upon return. However, the refugee mother needs to carry the burden of proof that it would be unbearable to return the child/children back to the country, in which the perpetrator lives, as she will need to prove that the state, in which the perpetrator lives, is unable to protect the children from violence (Browne 2011: 1203-1211). In how far refugee women can make use of the Hague Convention is questionable since they might be limited in their free movement within the EU due to a restricted habitual residence permit (Wessel & Frings 2017: 17). Additionally, it should be taken into account that the perpetrator can also use the Hague Convention against the refugee woman victim, who decides to leave the perpetrator with their children. For you as a trainer, it is important that you shed light on the topic of family and custody law issues so that your participants can reflect on possible problems refugee mothers may be confronted with.

### KEY MESSAGES

- Gender-based violence often poses custody and family law issues.
- It is not uncommon that women decide to leave an abusive relationship once the partner becomes violent towards her/their children.
- Perpetrators can make use of children as a form of coercion and control.

### ✓ TO-DOS

- a) Check the implementation of the Hague Convention and the Convention on Contact Concerning Children in your country. Research on your national family and child custody law.
- b) Read through the CCM-GBV project handbook on the project's family law and custody findings.
- c) Watch the *Videos on the Power and Control Wheel and Using Children* (Duluth Model n.d. d). Also consider using and also translating the *Using Children Post Separation Wheel* in your training, if you discuss family and custody law issues (Duluth Model n.d. c).

# CHAPTER 7

## PROTECTION AND PREVENTION

This chapter introduces you to the key issues around the protection of refugee women GBV victims and also preventing GBV from happening. Your participants should be trained on these issues, if you consider it necessary that they learn more about identifying, assisting and protecting refugee women GBV victims from further violence and how to initiate prevention programmes.

### 7.1 Identifying victims of gender-based violence

Identifying GBV victims can be quite challenging, but is important as early identification is essential for referring GBV victims to relevant assistance services so that they can receive the support they are entitled to (see e.g. subsection 3.2.2). The identification can sometimes be very time consuming as GBV victims often suffer from PTSD and need time to build up a trustworthy relationship with a NGO counsellor. You should be aware that there are several instruments available that aim at helping professionals to more easily identify GBV victims. Here is a list of instruments that you could use to show as a whole or introduce a given instrument to your training participants that can help them learn how to identify refugee women more easily. Please note that the below list of instruments is based on the case examples of human trafficking and FGM:

- indicators: the Council of the Baltic Sea States (CBSS) (2015) lists a number of general indicators that have proven helpful to identify human trafficking victims in its *Guidelines for Municipalities - Stepping Up Local Action Against Human Trafficking*<sup>31</sup>. These include: age (compare the age of the passport to the actual age of the person), gender, country of origin/nationality, sector of employment, signs of abuse or trauma, travelled routes, etc. Moreover, refugee women may show to be human trafficking victims, if they have a lack of control (e.g. they are not allowed to receive phone calls, their passport has been taken away from them, etc.), conditions of exploitation are visible (e.g. debt bondage, working under different conditions than expected, having certain injuries, etc.) and they live under poor living conditions (e.g. isolation from friends and family; unable to afford food, clothing or hygiene products, etc.) (Ibid.: 41-45). Similar indicators can be found in the Organisation for Security and Co-operation in Europe's (OSCE) (2011) publication *Trafficking in Human Beings: Identification of Potential and Presumed Victims - A Community Policing Approach*<sup>32</sup> (Ibid.: 55-56). There are also indicator lists available for specific professional fields. The National Human Trafficking Resource Centre has set up an indicator list for health care professionals in its publication *Identifying Victims of Human Trafficking - What to Look for in a Healthcare Setting* (Ibid.). Belgium has set-up an FGM Prevention Kit in the form of a decision-tree, in which professionals are guided to detect FGM and support (potential) FGM victims on the basis of risk indicators (SC-MFG 2017; Coe & Amnesty International 2014: 36).
- screening questions/tools: CBSS (2011) shows a set of questions that help professionals to identify, if a refugee woman might be a human trafficking victim in its *Handbook for Diplomatic and Consular Personnel on How to Assist and Protect Victims of Human Trafficking* (Ibid.: 45). The Vera Institute of Justice (2014) has issued the *Screening for Human Trafficking - Guidelines for Administering the Trafficking Victim Identification Tool*<sup>33</sup> for law enforcement, health care and shelter workers (Ibid.: 3-30). UNHCR and also the European Asylum Support Office (EASO) have issued screening tools - such as e.g. the *UNHCR, IDC and Oak Foundation Vulnerability Screening Tool*<sup>34</sup> that may be of help for your participants to detect refugee women and girls that have been subject to FGM (UNHCR et al. 2016: 1-27).
- guidelines: these aim at helping professionals to identify and deal with human trafficking victims. One example of such guidelines is the European Commission's *Guidelines for the identification of victims of trafficking in human beings - Especially for Consular Services and Border Guards* (EC 2013: 2-22).
- handbooks/guidebooks/protocols: handbooks such as the CBSS' (2011) *Handbook for Diplomatic and Consular Personnel on How to Assist and Protect Victims of Human Trafficking* help professionals to understand what human trafficking is, how to identify human trafficking victims, how to assist and protect them, etc. Anti-Slavery International's (2005) *Protocol for Identification and Assistance to Trafficked Persons* informs the readers on practical tools such as checklists to facilitate their contact with human trafficking victims. The REPLACE 2 project (2015) has issued the *REPLACE Toolkit and Community Handbook*<sup>35</sup> that help counsellors to acquire new skills on addressing FGM (Ibid.).
- toolkits: the UN Office on Drugs and Crime (UNODC) (2008) has issued a *Toolkit for Combat Trafficking in Persons*<sup>36</sup> with the aim of giving guidance and showing promising practices for professionals in order to prevent and combat human trafficking, protect and assist human trafficking victims and promote international cooperation (Ibid.: 1-562).
- checklists: the above mentioned UNODC toolkit provides several checklists for NGOs to facilitate the identification of human trafficking victims (Ibid: 296 - 299).
- apps: using an app might also be helpful for your training participants to identify a GBV victim. The *Petals App* e.g. could help raise the issue of FGM with a client, who might then disclose being at risk of FGM or having experienced FGM (Petals n.d.).
- there are also a number of tools especially focusing on minor human trafficking victims (e.g. UNICEF 2006: 7-32).

Such types of identification instruments can also be used for other forms of GBV addressed in chapter 5. It must however be stressed that practical experiences have shown that the above mentioned identification tools do not automatically lead to a successful victim identification (OSCE 2011: 18); they should rather be considered a practical tool that might help professionals in the identification process.

<sup>31</sup> The report is available in several languages, which you can access under the heading 2016 Municipalities against Trafficking: <https://www.cbss.org/psf/post-psf/projects/>

<sup>32</sup> The report is also available in Russian. <sup>33</sup> The screening tool is also available in Spanish. <sup>34</sup> The screening tool is also available in French and Spanish.

<sup>35</sup> The Toolkit is available in several languages. <sup>36</sup> The toolkit is available in several languages.

## KEY MESSAGE

- Identification tools may facilitate professionals to identify refugee women victims of gender-based violence, but need to be used with caution.

## ✓ TO-DOS

- a) Look through the above mentioned identification instruments. Where do you see their benefits for your training participants as a learning outcome of your training? Which instruments would you rather not like to use?
- b) Research on whether there are national guidelines on identification, protection and treatment of female refugee victims for all forms of GBV discussed in chapter 5.

## 7.2 Assisting and protecting victims of gender-based violence

Seeing that refugee women GBV victims often suffer from serious threats including death threats, immediate protection of victims is of utmost importance, especially since GBV is a repetitive crime (see subchapter 2.4). There are two decisive situations in which refugee women GBV victims need to receive support: firstly, when seeking help in order to leave an abusive situation; and secondly, support after leaving the abusive situation (Štirn & Minić 2016: 30). These are the two types of interventions, which you should address in your training, if you want to concentrate on the aspect of assistance and protection. Further intervention measures are described in a separate subchapter addressing the need for intervention measures in cases in which refugee women GBV victims are obliged to stay in a refugee sheltered housing. This is also an aspect you should consider discussing in your training as your participants might work with refugee women that are living in refugee sheltered housings and need specific types of interventions that are fit for these types of accommodations.

### a) Immediate interventions

Most Member States have issued a national action plan (NAP) against violence against women, mostly in the case of domestic violence, but sometimes also in cases of FGM. Not only do the NAPs differ according to the relevant national laws, but also the protective measures taken by Member States (Bonewit & de Santis 2016: 40). You should check if such a NAP is available for your country, find out for what form of GBV the NAP has been established for and inform your participants on the content of the NAP.

Another important European instrument alongside the Victims' Rights Directive in the case of GBV is the European Protection Order (EPO) (Directive 2011/99/EU), which affirms the recognition of GBV victims' protection orders in any EU Member State (Logar & Niemi 2017: 7). The EPO's aim is to safeguard a person's life, physical and psychological integrity, personal liberty or sexual integrity and corresponds to fundamental rights recognised by all Member States (Jiménez Becerril & Romero Lopez 2011: 76-78). Moreover, Art. 52 of the Istanbul Convention recognises the need of achieving safety for the victim by ensuring physical distance between the victim and perpetrator in situations of immediate dangers through emergency barring orders (EBO) through which the perpetrator is asked to stay away from the home of the victim, not to contact the victim, etc. There also is the opportunity to detain or arrest the perpetrator. EBOs are usually carried out by the police; but this varies from Member State to Member State (Logar & Niemi 2017: 10, 28; Bonewit & de Santis 2016: 40; EIGE 2013a: 25). EBOs are based on a risk assessment<sup>37</sup> (WAVE 2017: 43). It must be stressed that an EBO is an additional protection measure, as it is not meant to replace other measures such as e.g. the imprisonment of a perpetrator. But as other available measures may take longer for administrative reasons, EBOs are a quick method to provide immediate help. The needs for protection for GBV victims will vary from case to case. E.g. in the case of EU citizens that are victims of domestic violence a secure safe housing may be the primary concern, while for refugee women the access to bilingual services may be most important. Interventions must therefore take a cultural-sensitive approach (Sokoloff & Dupont 2005: 51). The EBO needs to be carried out efficiently as otherwise the victim or person at risk will be more endangered (Logar & Niemi 2017: 4-5; 43). E.g. in the case of EBOs that need to be implemented in refugee shelters, the case example of Germany shows that the police can seldom separate the abuser from the victim due to residence obligations (Rabe 2018: 179-181). Therefore, it is questionable in how far EBOs can be used in cases of refugee women experiencing GBV in refugee accommodations (see below section on violence protection concepts).

### b) Long-term support

Alongside immediate interventions, it is also important to provide victims or potential victims with long-term protection measures such as specialist services, 24-hour helplines and shelters. It is important that GBV victims have access to specialist support services, as they e.g. might not be able to stay in their place of residency although an EBO has been issued, because the victim e.g. needs to hide from the perpetrator (Logar & Niemi 2017: 10). It is also important for you to point out that the assistance needs to differ between immediate and long-term needs. Immediate assistance incorporates crisis intervention care (medical and psychological support, legal and social support, safe housing, etc.), while long-term assistance addresses issues such as educational and reintegration needs (CBSS & Ministry of Interior of the Republic of Latvia 2015: 44-45). Some Member States offer an emergency accommodation for women in shelters, while in other Member States emergency interventions are carried out by social services and hospitals (EIGE 2013a: 18). Most Member States provide special services for GBV victims and also offer shelters and helplines (Bonewit & de Santis 2016: 40). In your trainings, you should stress the fact that the provided assistance should be gender-specific, taking into account other forms and vulnerabilities refugee women might face (see chapter 4). Also age-sensitive approaches to support can be crucial for professionals, if the victims are minors. Particularly undocumented refugee women and their children are said to be excluded or hindered in accessing shelters and

<sup>37</sup> The aim of the risk assessment is not to predict risk, but rather to assess it (Ibid.: 43).

specialist support services, the reason being governmental policies denying people without residence permit or not being a resident of a certain province or town access to public funds and services (WAVE 2017: 10-11). Sheltered housing often lack the needed language skills, making it more difficult to accommodate refugee women and their children (Kampf 2018: 189). This makes it especially difficult for GBV victims to flee the violence.

### c) Violence protection concepts in refugee accommodations

In refugee accommodations, refugee women seldom have protected and retreat areas. The families often experience intense situations due to the living experiences and experiences made during their flight. Refugee women therefore are at a higher risk of becoming a victim of GBV in refugee accommodations by family members, other refugee inhabitants, security staff, etc. In the case example of Germany, this situation led to federal violence protection concepts to emerge in line with the Istanbul Convention. Federal states initiated measures regarding the sanitation areas, room lightening, staff training on GBV, etc. (BMFSFJ 2017: 3-46). These concepts however are mainly recommendations and non-binding (Rabe & Leisering 2018: 31). Further, the residence permit often causes problems in protecting refugee women from GBV crimes in refugee shelters: due to residence obligations (especially when refugee women live in a reception centre), GBV victims must obtain a relocation permit<sup>38</sup>. Moreover, refugee women cannot apply for a name change, if their asylum procedure is being processed. Restraining orders against refugee perpetrators impose problems, as a ban to return to a shared refugee accommodation could lead to refugee perpetrators breaching their residence obligation, if he/she is forced to live outside the accommodation (Wessel & Frings 2017: 17-20). As this is hardly done, refugee women are at risk of facing further GBV. But implementing a violence protection concept is an idea that you can discuss with your participants, if they e.g. are refugee shelter staff. E.g. you could make it an exercise how it is possible that e.g. your participants design such a concept.

## KEY MESSAGES

- Alongside immediate interventions, it is also important to provide victims or potential victims with long-term protection measures such as specialist services, 24-hour helplines, shelters, etc. so that they can re-plan their lives.
- Violence protection concepts in refugee accommodations are problematic to implement due to e.g. residence obligations.

## ✓ TO-DOS

- Research on the internet, if your country has issued a NAP. Which form of GBV does the NAP address? Do they take the vulnerable situation of refugee women into account?
- How are EBOs carried out in your country? Who is in charge? How does it work in the case of refugee women?
- Research on whether your country has concepts for the protection against gender-based violence in refugee accommodations in place.
- Work through WAVE's (2012) publication *Protect II - Capacity-Building in Risk Assessment and Safety Management to Protect High Risk Victims - A Learning Resource*.

## 🗣️ EXERCISE 19 - Rules of Protection

<b>Aim</b>	The aim of this exercise is for your participants to understand the right to protection, learn what victim support can do, take the needs of the victims into account, raise awareness on the mutual recognition of judicial decisions and its importance.
<b>Time</b>	Group work (45 minutes); discussion in the plenum (20 minutes)
<b>Exercise</b>	Work in groups of 15-20. If your plenum should be smaller, carry out the exercise in the plenum. Read through the <i>Activity 10 - Rules of Protection</i> (Victim Support Europe 2012: 163-169). What would happen to Eva, if she were a refugee woman, who is a victim of domestic violence? How would you describe the case study (Ibid.: 165-166)? How would you revise the handout? (Ibid.: 167-169) (45 minutes). Make suggestions in the plenum (20 minutes).

## 🗣️ EXERCISE 20 - Implementing emergency barring orders (EBOs)

<b>Aim</b>	The aim of this exercise is to understand the steps that need to be taken to issue and implement an EBO.
<b>Time</b>	Pair work (20 minutes); discussion in the plenum (10 minutes)
<b>Exercise</b>	Work in pairs. Read through the <i>checklist for implementing EBOs</i> (Logar & Niemi 2017: 44-45). Do you see a problem in the case of refugee women? Is a checkpoint missing (20 minutes)? Discuss your findings in the plenum (10 minutes).

## 7.3 Stakeholder Analysis

As a trainer, it is important that you stress the importance of multi-agency cooperation to your training participants during the training. A stakeholder analysis can help them to identify:

- the interests of all stakeholders, who may affect or be affected by their work with refugee women;
- potential conflicts or risks that could jeopardise their work with refugee women;
- opportunities and relationships that can be built on during implementation and the identification of possible gaps that can be filled;
- groups that should be encouraged to participate at different stages of the support service;
- appropriate strategies and approaches for stakeholder engagement;
- and ways to reduce negative impacts on refugee women (e.g. avoiding duplications in support services that could harm the beneficiaries) (WWF 2005).

Doing a stakeholder analysis with your training participants for aiding refugee women having experienced a specific form of GBV - e.g. human trafficking - or for GBV victims in general will help them to set up an adequate support system.

### KEY MESSAGE

- A stakeholder analysis can help to ensure to meet the needs of refugee victims of gender-based violence and provide them with the needed support.

### EXERCISE 21 - Stakeholder Analysis

<b>Aim</b>	The aim of this exercise is for your training participants to find out structured steps for the identification of victims and their handling of victim cases.
<b>Time</b>	Discussion in the plenum (45 minutes)
<b>Exercise</b>	Work in the plenum. Follow the stakeholder analysis as described by WWF (2005) (Ibid: 3-5). Consider using tools for developing your stakeholder analysis, e.g. a stakeholder analysis matrix, a Venn diagram, etc. (45 minutes)

### EXERCISE 22 - Multi-Agency Partnership

<b>Aim</b>	The aim of this exercise is to identify the needs of victims to be addressed through multi-agency work.
<b>Time</b>	Group work (45 minutes); discussion in the plenum (45 minutes)
<b>Exercise</b>	Work in groups of 5-6 people. Read through <i>Exercise 6.1 - Our Multi-Agency Partnership seen through the Eyes of the Victim</i> and use the accompanying handout (45 minutes) (Logar & Vargová 2015: 67; 70-72). Discuss your results in the plenum (45 minutes).

### ✓ TO-DOS

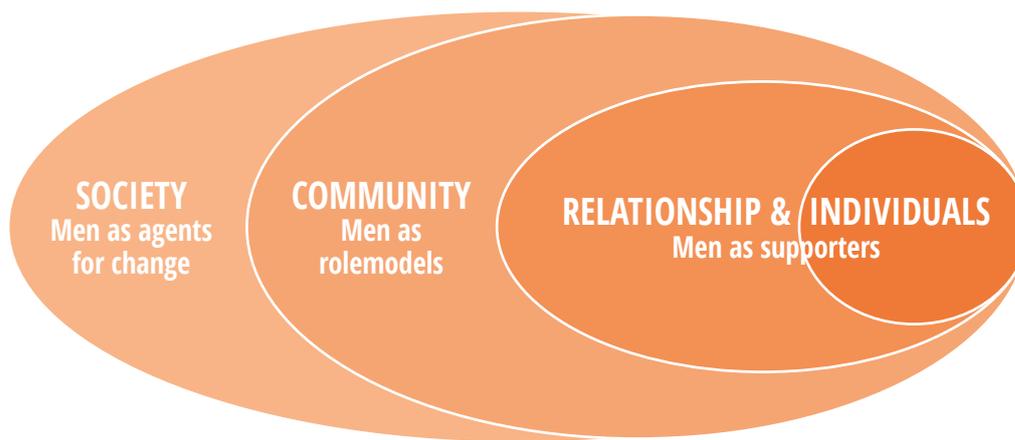
- a) Research on potential stakeholders for your training participants. Which stakeholders could they cooperate with to improve their support services for refugee women GBV victims?

## 7.4 Preventing gender-based violence - working with refugee men and refugee communities

Looking at the role of men in GBV crimes is important, because the majority of violence experienced by women is perpetrated by men (USAID 2015: 9-10). There are three main roles refugee men are attributed to with regard to the promotion of gender equality. Firstly, refugee men are presented as perpetrators of GBV. This perception implies that refugee men's violence needs to be stopped in order to enable gender equality as men are named as agents behind GBV. Men are thereby considered as target group that need to be educated and motivated to change their attitudes. Secondly, refugee men are presented as gatekeepers for gender equality as they are power holders within refugee communities and families and can thus bring about change. With this perception, men with particular privileged positions (e.g. leadership positions) are targeted as it is believed that they have the power and authority to bring about and influence change and contribute to community acceptance. Thirdly, refugee men can be seen as emasculated troublemakers in situations of displacement as they are unable to perform their attributed gender role (e.g. being the breadwinner), have problems dealing with their new identity and feel left out, if NGOs rather promote women's empowerment (Olivius 2016: 3; 7-14). If refugee men feel powerless, they might feel frustrated and try to compensate this violence through being violent towards others (MenEngage Alliance 2014: 12-17).

Based on the ecological model, as discussed in subchapter 4.1, men can act as change agents at different levels:

### Men as change agents



UNHCR 2016: 261

- *“at individual level: as husbands, fathers, brothers, uncles, sons promoting more equitable gender relationships in the home.*
- *at community level: as peer educators whereby men talk to men and challenge men on the acceptability of GBV; as supporters and carers of women experiencing violence and working to promote a safe environment so that women can report violence; as religious leaders with a responsibility to influence over their community; men in their role as community leaders - in many communities it is necessary to go through men to access members of the community of both men and women.*
- *at society level: as accountable government officials such as police, judiciary and legislators” (Irish Joint Consortium on GBV 2009: 2).*

The findings in this chapter show that your training participants should consider refugee men as stakeholders in GBV prevention programmes. You can argue that if more gender equitable relationships are formed, refugee women and men lead happier and healthier relationships and can also act as role models to their children, because the risk of GBV crimes in equitable relationships decrease (Fleming et al. 2013: 18). How can refugee men become change agents? Why is it important to involve refugee women and refugee communities as a whole? We will give a brief overview on the different types of prevention offered on the topic of GBV. It is important that you as a trainer look at and understand the different types of prevention. Here a difference is drawn between early prevention programmes and intervention strategies.

#### a) Primary and secondary prevention programmes

The aim of primary prevention is to reduce GBV and promote gender equality, while secondary prevention measures target potential perpetrators (VicHealth 2007: 8-14). Group interventions involving both men and women and single-gender programmes are said to be the most efficient intervention strategies (USAID 2015: 5). There are also prevention programmes available targeting the whole community (VicHealth 2007: 8-14). At first, we look at primary and secondary prevention addressing specific target groups before focusing on intervention programmes focusing on the community as a whole.

Children are often seen as the key target groups of early intervention strategies as violence often climaxes during puberty and adolescence and becomes manifested in adulthood. Here professionals have the possibility to counteract against violent behaviour to emerge. Primary prevention in e.g. school settings has proven to be effective. There are also particular early intervention strategies addressing solely one gender. Primary prevention targeting women usually focus on educational means to help women to resist and target violence. Parenting skills for women are also used to make behavioural change in eradicating GBV and promoting gender equality (VicHealth 2007: 16-17; 51). Intervention strategies solely for men also exist (MenEngage Alliance 2014: 7). In the work with men, Connell's concept of “hegemonic masculinity” is often referred to in order to show how their own masculinity is socially constructed as being more privileged, having the right to behave dominant towards women, etc. and also to show that there are means of breaking with these hegemonic ideals. A lot of efforts circulating on GBV prevention among men circulate under the term “positive masculinities” (USAID 2015: 1-10). You can e.g. suggest to your participants to meet refugee men where they feel safe e.g. in football clubs, drinking places, etc. and to launch a GBV prevention programme. The men should also have things in common, e.g. being of the same age, the same country of origin, etc. Communication skills are of utmost importance: the professionals should have good listening and negotiation skills and rather persuade than intimidate them (Irish Joint Consortium on GBV 2009: 3). Intervention strategies e.g. include men being coached to become bystander interveners or peers, meaning that they learn to challenge other men that are violent. The engagement of religious and traditional leaders has also proven successful to change attitudes such as e.g. on FGM (MenEngage Alliance 2014: 32-33; REPLACE 2 2015). Role plays have often been referred to as good technique to sensitise men about GBV issues (Irish Joint Consortium on GBV 2009: 3).

It is also important to engage refugee communities themselves in community prevention programmes by e.g. establishing peer to peer groups. In the case of forced marriage, the Lithuanian Institute for Ethnical Studies has noticed that it is more efficient if representatives of a given refugee community address the problem of forced marriage than e.g. a NGO counsellor in order to avoid further stigmatisation (Psaila 2016: 51). Your participants need to tailor their early prevention strategies according to the needs of a given community: while one strategy might prove successful for one refugee community, it might not be adequate for another refugee community due to differing understandings of gender equality, gender

roles, language issues, etc. (VicHealth 2007: 54). Giving ownership to refugee communities in planning, implementing and evaluating prevention strategies is important as it allows community members to have their knowledge and experience recognised. This is why your participants should foster refugee women leadership within community approaches, while in parallel men shall act as change agents (MCWH 2017: 12-14). For all violence prevention programmes, it is important that an equal dialogue between the genders is promoted in order to understand each other's viewpoints (Plan 2015: 264).

### **b) Tertiary prevention**

While early intervention programmes focus on situations prior to a violent incident, tertiary prevention deals with preventive measures once violence has actually occurred. The aim of this type of prevention is to avoid the reoccurrence of violence (VicHealth 2007: 8). As we have already discussed violence prevention concepts and barring orders as form of tertiary prevention from the perspective of the victim in subchapter 7.1, the focus now shifts to intervention strategies for perpetrators. Perpetrator work does not only help perpetrators to change their violent behaviour, but also acts as means for protecting (potential) victims.

Most commonly men are integrated into perpetrator programmes through court or through restorative justice models either on a voluntary or on a mandatory basis. State Parties of the Istanbul Convention are required to establish perpetrator programmes as laid down in Art. 16 of the Istanbul Convention (Logar & Vargová 2015: 73). There is no universal approach to perpetrator programmes. Several techniques are commonly referred to:

- The Duluth Model: one prominent approach in working with perpetrators is using the Power and Control Wheel (see subchapter 5.1.1). The wheel helps men to understand the violent and non-violent control mechanisms they utilise (Taylor & Barker 2013: 6).
- psychotherapeutic models and behavioural change treatment: in behavioural change treatment a mix of group and individual work with perpetrators are applied with the aim that the perpetrators understand abusive behaviour and raise their awareness on their active role in using violence. Such approaches commonly address the "masculine self" and emotional and cognitive deficits (Hester & Lilley 2014: 10). They learn skills to cope with peer pressure, addressing their former violent thoughts and beliefs, anger management, non-violent communication, etc. (USAID 2015: 103). The first US abuser education programme - referred to as the *Emerge Model* (n.d.) - has proven to be effective for immigrant men in the USA (Taylor & Barker 2013: 6).
- parenting interventions: this is a rather young approach, in which abusive fathers are targeted in a programme involving behavioural change approaches (Ibid.: 7).

Perpetrator programmes are lacking, because they only deal with a very small number of men. Not all EU Member States have nationwide perpetrator programmes in place, such as e.g. the Respect Accreditation Standard in the United Kingdom and the Federal Association for Work with Perpetrators of Domestic Violence (*Bundesarbeitsgemeinschaft Täterarbeit Häusliche Gewalt – BAG TäHG – e. V.*) in Germany, you could mention to your participants so that they could e.g. contact them for setting-up a project (Logar 2015: 4-5; Hester & Lilley 2014: 16). If you do a training on tertiary prevention, you should stress that evidence shows that intervention strategies addressing masculinities seem to be the most successful prevention programmes (Jewkes et al. 2012: 8-9). A holistic approach needs to be carried out so that the perpetrator does not only stop to be violent, but also creates positive attitudes (Logar & Vargová 2015: 73). Perpetrator and violence prevention programme have only recently started to include culture and ethnicity into the relevant programmes (Thandi 2012: 5). With regard to establishing perpetrator programmes for refugee men, you should stress that your participants must include integration aspects into their perpetrator programmes, as refugee men are e.g. not aware of the given host country legal system. They will also need assistance in establishing a new social system in the country of destination to e.g. avoid isolation. The topic of children, whereby men can be engaged in exchanging ideas about child up-bringing etc., can be an icebreaker topic. In the case of South Asian migrant men, Thandi (2012) found that group work proved to be particularly efficient as men could benefit from their peers and the peers prevented them from committing further GBV crimes (Ibid.: 6-7). You could also refer them to the *Emerge Model* mentioned above.

### **KEY MESSAGES**

- **Men have an important role to play in tackling the problem of gender-based violence.**
- **It is advisable to establish several prevention strategies addressing a given prevention target group (children, women, men) and the community as whole.**
- **Perpetrator programmes for refugee men are generally lacking.**
- **Perpetrator programmes for refugee men need to take cultural, ethical and linguistic aspects into account.**
- **In equitable relationships the risk of gender-based violence crimes is greatly reduced.**

### **✓ TO-DOS**

- a) Research on what early intervention and tertiary violence prevention programmes are in place in your country: are there any specific measures dedicated to refugee men/women/communities?
- b) Work through Module 4 - Engaging Men and Boys in SGBV Prevention Work of the UNHCR's (2016) *SGBV Prevention and Response - Training Package* (Ibid.: 223-280), Plan's (2015) *Manual for Facilitators 'Changing the World'* and also look at VicHealth's (2007) *Framework to guide primary prevention of violence against women* (Ibid.: 13).

## EXERCISE 23 - Preventing Gender-Based Violence

<b>Aim</b>	The aim of this exercise is to make the participants aware of the causes of GBV and the key areas of GBV prevention on the example of sexual violence.
<b>Time</b>	Individual work (10 minutes); discussion in the plenum (15 minutes)
<b>Exercise</b>	Work by yourself. Carry out the true-and-false exercise <i>Module 3: Preventing SGBV</i> (UNHCR 2016: Module 3 1-2 [page 205-206 in the PDF]) (10 minutes). After the exercise, discuss your answers in the plenum and use the answer sheet (Ibid.: 3-4 [page 207-208 in the PDF]) (15 minutes).

## EXERCISE 24 - Identifying barriers

<b>Aim</b>	The aim of this exercise is to sensitise your participants on the reasons why refugee men and boys might be reluctant to discuss GBV topics.
<b>Time</b>	Group work (45 minutes); discussion in the plenum (20 minutes)
<b>Exercise</b>	Work in groups of 3-4. Carry out the exercise <i>Identifying Barriers</i> as described by UNHCR (2016: 9-10 <i>Module 4</i> [pages 231- 232 in the PDF]) (40 minutes). Discuss your results in the plenum and add the <i>Notes to the Facilitator</i> (Ibid.: 10 [page 232 in the PDF]), if necessary (10 minutes). Then discuss in the plenum ideas how to overcome these barriers (10 minutes).

## EXERCISE 25 - Designing a prevention project

<b>Aim</b>	The aim of this exercise is to make your participants aware of the problems that could occur during a prevention project.
<b>Time</b>	Group work (60 minutes); discussion in the plenum (20 minutes)
<b>Exercise</b>	Work in groups of 5-6. Carry out the exercise <i>Designing a prevention project</i> as described by the UNHCR (2016: 183) and use the <i>Activity sheet 3 - Designing an SGBV Prevention Project</i> (Ibid.: 5 [pages 191-192 in the PDF document])). If you consider designing a tertiary programme, you can also hand out Hester's and Lilley's (2014) checklist on the perpetrator programme (Ibid.: 31-33) or handout the framework by VicHealth (2007) in setting-up a primary prevention programme (Ibid.: 13). What type of refugee men/communities would you target? What type of approaches would make sense (e.g. mixed-gender, one gender, community approach, etc.)? (60 minutes). All groups present their projects in the plenum. If necessary, also do a wrap-up in the plenum (UNHCR 2016: Module 3 22 [page 184 in the PDF document]) (20 minutes).

# CHAPTER 8

## SELF-CARE AND DEALING WITH TRAUMATISED VICTIMS OF GENDER-BASED VIOLENCE

Many refugee women GBV victims are traumatised. Because assisting victims of violence is mentally demanding, the need to offer support and supervision - also including self-help for the counsellors - was raised on numerous occasions during the course of the CCM-GBV project. It is important that you familiarise yourself with the topics of self-care and dealing with traumatised clients as it might come up during your training. It is good if you then have a few tools you know about and can refer to, which you are introduced to in this chapter.

### 8.1 Dealing with traumatised victims of gender-based violence

An issue identified in the course of the CCM-GBV project is that the NGO counsellors were often faced with challenges during the counselling process caused by their clients' trauma. In medicine and psychology "trauma" means major physical or mental injuries. GBV experience constitutes "a distinctive form of trauma because the violation involved is extremely invasive and gives rise to feelings of shame, self-blame and guilt. When combined with fear of being injured or killed, it is traumatising in almost all cases" (HHRI 2016: 14). The best solution for your training participants is that they refer traumatised clients to a therapy; but access to therapy varies from EU Member State to Member State (Zellmann 2018). It is therefore good for you to know a few basic points you can address and tools you can refer to:



- ensure that the client is safe from further harm: make sure your training participants have protection schemes in place (see subchapter 7.2) and avoid confrontations with secondary traumatisation (see subchapter 6.2).
- be aware of what it means to be a refugee: your training participants should be aware of situations in the home countries of refugee women, their situation during their journey to the EU and the situation in the destination country. You can refer them to Nickerson's et al. (n.d.) study on [Trauma and Mental Health in Forcibly Displaced Populations](#).
- stress the importance of psychoeducation: giving psychoeducation to their clients is really important e.g. by explaining that they are not "crazy", if they seek psychological help. Further you can recommend them to read up on the [APA: Cultural Formulation Interview \(DSM-5 CFI Supplementary Modules\)](#) (Multicultural Mental Health Resource Center n.d.), which can help counsellors to learn how to address psychological problems in a cultural-sensitive manner.
- seek networking partners on mental health: in cases where clients will not have access to therapy, you can recommend your training participants to research whether there are NGOs, organisations, hospital services, etc. available that offer psychological support programmes for traumatised refugee victims and/or GBV victims. You could i.e. consider carrying out a stakeholder analysis on this topic during your training (see subchapter 7.3).
- gain basic knowledge on the main symptoms of trauma: research on which organisations, institutes, therapists, etc. offer training on dealing with traumatised GBV victims in your country. You can also refer to online trainings such as by the [National Center on Domestic Violence, Trauma and Mental Health](#) (2018). You can also research whether there are online trainings available in your national language. We also recommend that you research on literature on trauma in your national language that you can recommend to your participants. You can also refer your participants to PROTECT's [Questionnaire and observations for early identification of asylum seekers having suffered traumatic experiences](#) that can help them to learn to identify clients that are traumatised or at risk of becoming traumatised (PROTECT n.d.).
- invite a guest speaker: if you know before your training that this issue is important to your training participants, you could consider inviting a specialised guest speaker to do a training on this topic.
- take care of the clients' health and nutrition: make sure that clients are referred to doctors, if they have other general health problems. You can also advise that the participants e.g. offer cooking classes to refugee women, as many traumatised clients develop eating difficulties (see subchapter 4.5). Here they have an opportunity to teach refugee women what a healthy diet is in a relaxing atmosphere.
- grounding exercises: grounding exercises can provide immediate support in situations in which a trauma is triggered during counselling. These exercises can help refugee women to calm themselves down or get out of a "freezing-mode". There are some simple things you can do right away when this happens; e.g.: address the client loudly with her name; ask her to give their hand to the counsellor; tell the client to stand up if possible; give the client a glass of water to drink; reorient them into the present moment by asking questions like "What time is it? Where are we? What is your name?"; etc. HHRI has listed a few grounding exercises you should look at and refer to during your GBV training (Ibid.: 47; 156-160). Here you should also suggest to your training participants that they should try the exercises out themselves or with a colleague beforehand.
- leisure activities: art and dance therapy, theatre plays, etc. are considered to be a useful tool for aiding refugee women that do not speak the given host language and can find expressions of their feelings in these activities (Kossolapow, Scoble & Waller 2005). It might be a nice idea to offer leisure activities to refugee women GBV victims, whereby they can escape their everyday life and maybe even express their feelings.



- using metaphors: metaphors can be helpful for traumatised clients and the helping professionals to figure out what their individual problems are and to track their transformative power. Guided imaginary work and storytelling has proven to be an effective tool when working with traumatised people. You could i.e. illustrate this idea by using the CCM-GBV butterfly project logo and refer to how the Health and Human Rights Info (HHRI) has used the butterfly metaphor, which can also be used in the counselling sessions of your training participants (Ibid.: 16; 40-45; 57; 78-79; 169-172). But be careful with highly dissociative clients, because this could make them fall into dissociative behaviour! Your participants should know their client well enough before they do imaginary work. Also it could help, if you tell them that their clients should keep their eyes open when doing imaginary work or inform them that they can stop the exercise at anytime or to agree on a sign they should make, if they feel like they are drifting away. You should suggest to your training participants that they should try the exercises out themselves or with a colleague beforehand.
- peer to peer support: refugee women GBV victims best understand the situation of other refugee women. They can have a special access to your clients and can e.g. reduce stigma in seeking mental health. These peers however should receive training through e.g. the participants' NGO by establishing an own curriculum and also continuously offering professional supervision to them. Through this technique refugee women can learn self-management skills from their peers immediately when they arrive in an EU Member State, which can increase their psychological well-being as well as improve their integration willingness in the destination country (Zellmann 2018: 13).
- client resources: it is important that you stress to your training participants that they shall put emphasis on the resources of their clients. Clients are not only victims, but also survivors. It is very important to strengthen their resources. It can be very helpful for the counsellor to plan a week ahead with her client and to plan at least one positive experience for every day of the week. This will give her structure and it will make it easier to implement the activities. It's important that the plan is realistic and concrete. You could also refer your training participants to the WHO's (2016) *Problem Management Plus Manual*<sup>39</sup>, which is also available in some refugee languages.
- refer to the following literature:
  - Bittenbinder, Elise (2010): Good Practice in the Care of Victims of Torture, Loeper Literaturverlag: Karlsruhe
  - Health & Human Rights Info (HHRI) (2016): *Mental health and gender-based violence - Helping survivors of sexual violence in conflict – a training manual*<sup>40</sup>
  - Lago, Collin (ed.) (2011): The Handbook of Transcultural Counselling and Psychotherapy, Open University Press: Berkshire
  - National Center for PTSD & National Child Traumatic Stress Network (2010): *Skills for Psychological Recovery - Field Operations Guide*
  - Office of the High Commissioner for Human Rights (OHCHR) (2011): *Manual on Human Rights Monitoring - Chapter 12 Trauma and self-care*
  - Shalev, Arieh; Yehuda, Rachel & McFarlane, Alexander (eds.) (2000): International Handbook of Human Response to Trauma, Springer Science + Business Media: New York
  - Regularly check the WHO's (n.d.) website on [mental health publications](#)

## KEY MESSAGES

- Dealing with refugee women gender-based violence victims that are traumatised is troublesome for professionals.
- There are different tools available that can help your participants to deal with traumatised clients.

## 👤 EXERCISE 26 - Understanding traumatic events

<b>Aim</b>	The aim of this exercise is for your participants to identify which situations constitute a traumatic event.
<b>Time</b>	Discussion in the plenum (20 minutes)
<b>Exercise</b>	Carry out Exercise 4 - What makes an event traumatic? in the plenum (HHRI 2016: 37). Discuss following questions in the plenary: in your society, what is considered a traumatic event? How are the survivors you meet affected by what has happened to them? What reactions are the same? What reactions are different? How do women themselves talk about their reactions? What symptoms do counsellors identify as speaking for trauma? You can double-check the answers your training participants have identified as trauma symptoms by looking at HHRI's Training Manual (Ibid.: 13) (20 minutes).

## 👤 EXERCISE 27 - Using a metaphor

<b>Aim</b>	The aim of this exercise is for your participants to share experiences and best practices on working with a GBV victim and also testing the technique of using a metaphor during counselling sessions.
<b>Time</b>	Discuss in the plenum (30 minutes)
<b>Exercise</b>	Do the Discussion Describe your Experience of working with Survivors by HHRI (15 minutes) (2016: 66). Ask the participants to reflect on what triggered trauma reactions in the butterfly woman. You will need to print the butterfly woman out and show it to the participants. At this stage, you should explain why using the butterfly woman might be a helpful metaphor for the clients (Ibid.: 16-17; 40-45; 78-79; 169-172). Ask them to clarify their thinking by drawing on their own experiences: what activates bad memories? Why are bad memories activated? What helps a survivor to cope? Ask the participants to talk about their own experiences of working with GBV victims, using the questions above (15 minutes).

## ✓ TO-DOS

- Research on what (online) trainings, literature, etc. are available in your national language on this topic.
- Read the recommended literature mentioned above.

<sup>39</sup> The manual is available in several languages.

<sup>40</sup> The training manual is also available in Spanish, Russian, Arabic and Portuguese.

## 8.2. Self-care

In the course of the CCM-GBV project, the issue of self-care received heightened attention. Our evidence shows that professionals working with refugee women commonly find it very challenging to deal with traumatised GBV victims and as a result experience emotional stress. Before introducing you to some ideas and references for self-care, it is important to understand why self-care is important for professionals supporting refugee women GBV victims: they are at heightened risk of suffering from secondary traumatic stress/secondary traumatisation - also referred to as vicarious traumatisation - or compassion fatigue (NCTSN 2011: 1-3). While secondary traumatisation is a form of trauma in which the helpers develop the same symptoms as their client, vicarious traumatisation is a situation in which professionals become pessimistic about the world they live in and become indifferent. Compassion fatigue is rather something that expresses professionals being overworked and can be understood as a form of “burn-out”, making them feel exhausted and unmotivated, demoralised, etc. Self-care is of utmost importance as it aims at maintaining their fitness for work and protecting their own health. Early recognition is thereby decisive in order to prevent burn out (HHRI 2016: 21; 139).

You should in general advise your participants to be sympathetic to themselves, that they should take care of their body (i.e. rest, get enough sleep, hydration, healthy and balanced diet, be physically active) and seek somebody to talk to about their stressful experiences. You can refer to the following instruments that might help the professionals to learn to deal with emotional stress and possible conflicts in a mindful and responsible way:

- A helpful tool to test a possible compassion fatigue or secondary traumatic stress is the [Professional Quality of Life: Elements, Theory, and Measurement - Compassion Satisfaction and Compassion Fatigue, Burnout, Secondary Traumatic Stress, Vicarious Traumatization, and Vicarious Transformation](#). The questionnaire [ProQOL measure](#) is available in several languages (ProQOL n.d. a). If you carry out the exercise and a participant's results show that the professional is suffering from a compassion fatigue or secondary traumatic stress, immediately tell him/her to seek professional help in order to avoid a burnout!
- Distribute basic rules for self-care: you should translate, print out and distribute the [ProQOL helper Pocket card](#) to your training participants that they can keep in their pocket at all times and remind themselves on basic self-care techniques (ProQOL n.d. b).
- workshops or trainings on self-care or mental hygiene: you could research on what institutes, organisations, therapists, etc. offer such trainings in your country and provide your training participants with the given information. You can also refer to online training courses your training participants can carry out such as i.e. the [Online Mindfulness-Based Stress Reduction \(MBSR\) course](#)<sup>41</sup> by the University of Massachusetts Medical School (n.d). Research, if online courses are also offered in your national language.
- invite a guest speaker: this is a training topic, where you should consider inviting a specialised trainer as a guest speaker to your training.
- supervision: supervision aims at helping professionals developing skills to better cope with their job through reviewing and optimising professional behaviours and methods with the help of a reflective process through the supervisor.
- peer review: discussing cases and situations with other practitioners working in the same field, can be a helpful tool in learning from the experiences of others and getting peer support. The more exchange your training participants have, the better. Particularly if there is an important and critical decision to make, it is always good to discuss about it with a colleague or with the whole team. It will be a relief to hear the opinion of your colleagues.
- journal writing: in the CCM-GBV project, journal writing was perceived as a self-care tool by the NGO counsellors (look at the chapter on counselling journals in the CCM-GBV project handbook).
- references to literature on self-care and mental hygiene:
  - Acknowledging self-efficiency can also be a tool to consider for training participants. A helpful reference can i.e. be the [Züricher Ressourcen Modell Online Tool](#)<sup>42</sup>.
  - Hawkins & Shohet (2007) Supervision in the Helping Professions. Open University Press: Berkshire

### KEY MESSAGES

- Professionals working with refugee women gender-based violence victims often experience emotional stress and are at heightened risk of suffering from secondary traumatic stress or a compassion fatigue.
- There are different self-care tools available that you can inform your training participants about.

## 🗨️ EXERCISE 28 - Confrontation with victims of trauma and their experiences - Peer to peer support

<b>Aim</b>	The aim of this exercise is for the participants to express their own feelings on dealing with refugee women GBV victims that are traumatised.
<b>Time</b>	individual work (20 minutes); discussion in the plenum (40 minutes)
<b>Exercise</b>	This exercise is built on <i>Activity 2 - Trauma/Confrontation with Victims of Trauma and Their Experiences</i> from UNHCR (2017: 193). All participants are asked to write down a story depicting the encounter with a refugee woman GBV victim, who has been in a traumatic situation and talked about her experience. The aim is for the participants to describe and express the emotions caused by this event in an individual exercise (20 minutes). The stories are then read out in the plenary and all training participants join forces to discuss possible ways of handling such feelings in future (40 minutes).

### ✓ TO-DOS

- a) Research on what (online) trainings, literature, etc. are available in your national language on this topic.
- b) Read the recommended literature mentioned above.

<sup>41</sup> The course is also available in Spanish.

<sup>42</sup> The tool is also available in French and German.

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## TRAINING OFFERS

We hope that you have found this training manual useful and have started to use it or some aspects of it in your own training. If you are interested in receiving a training on gender-based violence in your NGO, authority, etc., you can contact following project CCM-GBV project partners, who are happy to offer a training to you on gender-based violence in the given national language or in English:



**GERMAN & ENGLISH**

[eu@solwodi.de](mailto:eu@solwodi.de)



**ITALIAN**

[cir@cir-onlus.org](mailto:cir@cir-onlus.org)



**GREEK & ENGLISH**

[info@cyprusrefugeecouncil.org](mailto:info@cyprusrefugeecouncil.org)



**GREEK & ENGLISH**

[gcr1@gcr.gr](mailto:gcr1@gcr.gr)



**ITALIAN**

[info@giraffaonlus.it](mailto:info@giraffaonlus.it)



**FINNISH & ENGLISH**

[heuni@om.fi](mailto:heuni@om.fi)



**FINNISH & ENGLISH**

[setlementtipuijola@puijola.net](mailto:setlementtipuijola@puijola.net)

## Contact details of the project consortium:



### 1 Cyprus Refugee Council (CyRC)

Stasandrou 9, Flat 401, 1060 Nicosia (CYP)  
tel: +357 222 059 59 | email: info@cyrefugeecouncil.org  
[www.cyrefugeecouncil.org](http://www.cyrefugeecouncil.org)

### 2 Greek Council for Refugees (GCR)

25 Solomou Str., 10682, Athens  
tel: +30 210-380 09 90-1 | email: gcr1@gcr.gr  
[www.gcr.gr](http://www.gcr.gr)  
9 Danaidon Str., 54626, Thessaloniki  
Tel: +30 2310-250 045 | email: gcr1@gcr.gr  
[www.gcr.gr](http://www.gcr.gr)

### 3 G. I. R. A. F. F. A. Onlus

Via Napoli, 308, 70123 Bari (ITA)  
tel: +39 080 574 1461 | email: info@giraffaonlus.it  
[www.giraffaonlus.it](http://www.giraffaonlus.it)

### 4 Consiglio Italiano per i Rifugiati (CIR)

Via del Velabro 5/A, 00186 Roma (ITA)  
tel: +39 06 692 001 14 | email: cir@cir-onlus.org  
[www.cir-onlus.org](http://www.cir-onlus.org)

### 5 Jesuit Refugee Service (JRS)

Maksimirska cesta 286, 10 000 Zagreb (HRV)  
tel: +385 98 979 22 98 | email: info@jrs.hr  
[www.jrs.hr](http://www.jrs.hr)

### 6 SOLWODI Deutschland e.V.

Propsteistr. 2, 56154 Boppard (DE)  
tel: +49 67 41-22 32 | email: eu@solwodi.de  
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### 7 Suomen Setlementtiliitto ry, The Finnish Federation of Settlement Houses, Kuopion Setlementti Puijola

Tyttöjen Talo, Kuninkaankatu 26 b 26, 70100 Kuopio,  
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email: setlementtipuijola@puijola.net  
[www.puijola.net](http://www.puijola.net) | [www.setlementti.fi](http://www.setlementti.fi)



### The European Institute for Crime Prevention and Control, affiliated with the United Nations (HEUNI)

Vilhonkatu 4 B 19, 00100 Helsinki, Finland  
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### EUROPEAN NETWORK OF MIGRANT WOMEN

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