PROTECT Workshop

Preventing sexual and gender-based violence against migrants and strengthening support to victims

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Overview

09:00 - 09:30	Arrival and welcome, tour de table		
09:30 - 09:45	An introduction to the PROTECT project		
09:45 – 10:30	SGBV within the context of migration		
10:30 - 11:00	Coffee break		
11:00 – 12:30	The experiences of migrants with different backgrounds affected by SGBV		
12:30 – 13:15	Lunch discussion: A focus on the future, good practices nationally and internationally		
13:15 – 13:30	Workshop conclusion		











Tour de Table: Why are we here?

We know there are migrants who need support, but we are not reaching them, and they are not reaching us

To gain some practical tips and advice about referral

The more I learn about migration and vulnerabilities, the better prepared I am to support migrants

Personal interest in the subject matter

I am not confident that I know how to speak to migrants in a way that is sensitive to their needs but also allows me to do my job effectively

To learn about different approaches to help migrants of different backgrounds

PROTECT



- Funded by: European Commission funds (DG Justice)
- Implemented in: 12 EU member states: Belgium, Bulgaria, Greece, Hungary, Ireland, Italy, Croatia, Malta, the Netherlands, Poland, Slovenia and Spain.
- Partners: Arq National Psychotrauma Center, Pharos and Rutgers.
- Target groups: Practitioners of the Centra Seksueel Geweld, 13 migrant ambassadors, migrant communities (adult newcomers).
- Timeline: November 2018 February 2020









Project Activities



Focus groups for information exchange



-Workshop for CSG professionals

Trainings for MigrantAmbassadors



Information sessions about SGBV by Migrant Ambassadors to migrant communities



National event to showcase good practice



European event in
Croatia for
international
exchange of good
practice



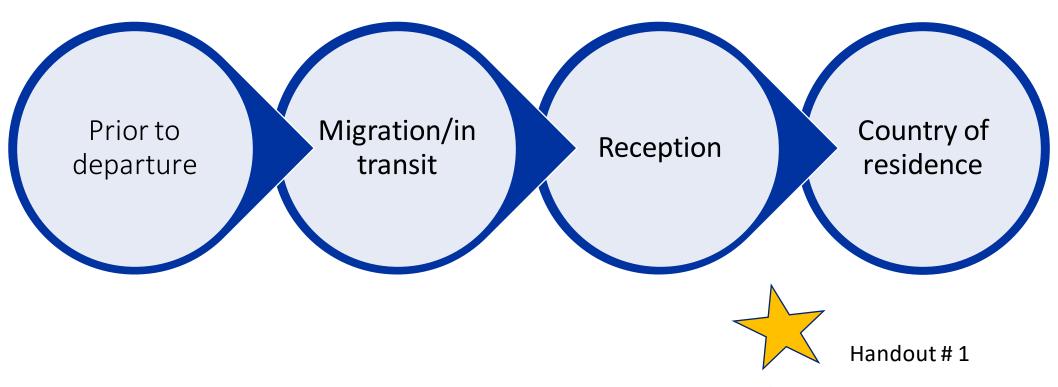
Migrant Ambassadors: our bridge to the target group



Subtitles available in 23 languages:

https://www.youtube.com/watch?v=L
4nNmCrvZ7M&t=4s

Phases of Migration



➤ IOM Displacement Tracking Matrix and survey findings 2017

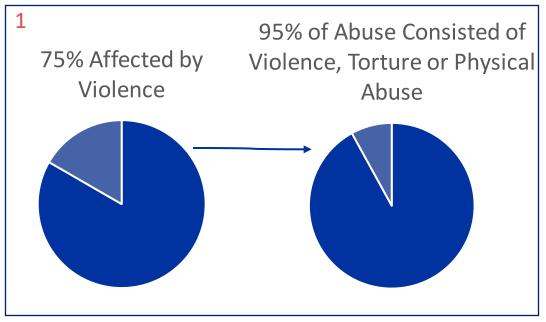
In Transit: Libya

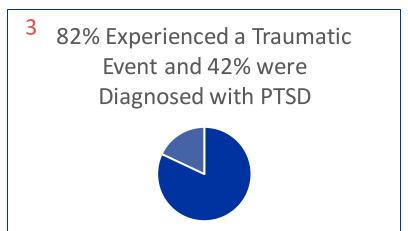


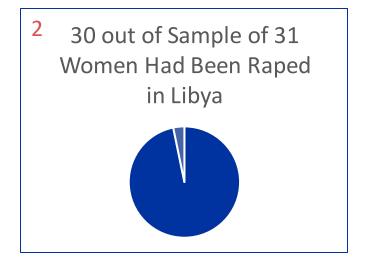
Euronews clip, women in Libya (3 mins)

"Sexual violence against men and boys is a massive issue. I've met so many men and boys who are deeply traumatized on a level I have not experienced before because of their experiences in Libya." —Health provider in Italy. "More Than One Million Pains"

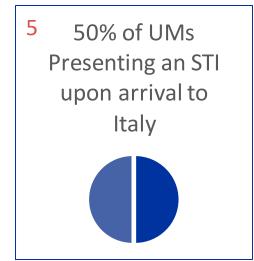
Drawing some conclusions about rates of those affected:



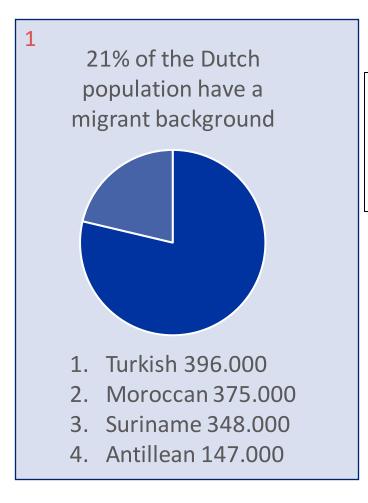








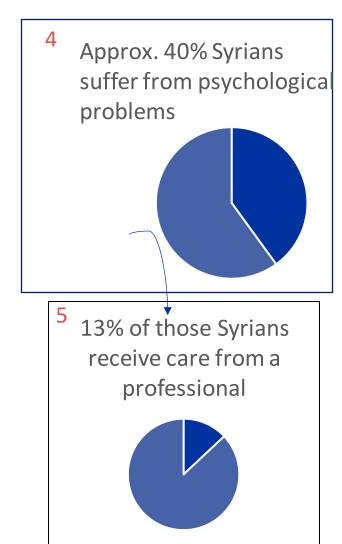
And in the Netherlands?



- 2013: approx 14.000 asylum seekers made a first claim
- 2015: approx 62.000
- 2017: approx 33.000

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of 233 migrant respondents, 87 identified as a victim of SGBV, and 78 knew someone close to them who was a victim (Belgium)



Impact on Integration and Participation:

Film: Als je familie een moordenaar op je afstuurt (NOS)

PTSD	Depression	Anxiety	Hallucinations	Paranoia
Memory Loss	Intrusive Thoughts and images	Sleep Disturbance	Decreased Sexual Libido	Headaches
Disassociation	Chest/Back Pain	A Sense of Skin Itching and Crawling	Emotional Instability	Heightened Effects of Pre-Existing Psychiatric Disorders
Shame	Fear/Distrust	Guilt	Identity Crisis Religious/Ethnic/Sexual Orientation	Anger/Desire for Revenge
Self-harm	Suicidal Thoughts	Mental/Physical Isolation	Exhaustion	

Film: Discussion points

- Do you recognize this phenomenon of honor killings as a form of SGBV?
- Are there differences in approaching men versus women?
- The GZ psychologist advices in this case the 'regie' should be more with the client, do you recognize/agree, and how could you organize this?



Coffee Break!



Simulated discussion with a client



Case Study: Ibrahim's Story



A cultural sensitive approach

Important consequences of SGBV

- Basal assumptions are shattered like illusion of control, invulnerability and trust in others
- Sequential traumatization (besides traumatic experiences in the country of origin and during the flight, potential traumatization continues including stressful experiences such as receiving bad news from the native country, difficulties in cultural adjustment, language problems, social isolation, uncertainty related to the request for political asylum, problems in finding housing or work)
- Loss is dominant: of people, status, belongings, self esteem, culture

Knowledge/awarenss

• own (cultural professional) background & own bias/stereotypes; world view client (social/cultural, historical background, idioms of distress)

Attitude

respectfull & flexible

Skills

• intercultural communication (interpreters), provide lots of *psycho-education*, *validate* somatic complaints, include *contextual* factors (SES, system, acculturation), explore *Explanatory Model* of Symptoms (cause, timing, symptoms, course (severity, duration), consequences, expectations of treatment)

Tools

- Cultural Formulation Interview (CFI)
- Anamneseprotocol (Limburg-Okken & Sidali, 2010)



Lunch!





Lunch Discussion: What Can We Do?

Involve migrants into CSG plans and discussions

Small groups can be effective to discuss sensitive topics

Use 'invisible' information platforms i.e. Online chat, Facebook, WhatsApp groups

Include information and care to family members of the victim

Focus not only on sexual violence, but also on positive relationships, gender norms, mental health etc.

Streamline cultural awareness activities into yearly plans and staff development

Engage with different professionals i.e. LGBTQI+ spokespersons, Huisartsen, migrant support groups, AZCs, integration policy makers

Translate the CSG website and link it to other migrant-centric website. Make it mobile phone compatible

Document good practice and personal testimonies. Report on it through central CSG meetings/communications

Grant special attention to 17-18 year old's, who are no longer eligible for child social care/benefits

Capacity to treat migrants = capacity to refer migrants

Useful Resources:

- Toolkit: <u>Seksueel misbruik in migrantenfamilies</u>: Voorlichting aan migranten over seksueel misbruik binnen de familie. 2016. Pharos.
- **Guidelines**: <u>Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Person</u>s: Guidelines for Prevention and Response. 2003. UNHCR.
- Interactive website: Migration flows to Europe, <u>Displacement Tracking Matrix</u>. IOM.
- Four-part web-series: <u>UNHCR in Libya</u>. 2019. Euronews.
- Film clip: Freeing girls trafficked to Italy for sex: 'You will not be a slave forever'. The Guardian, 2016. This 10-minute clip follows Princess, a Nigerian woman based in Italy who identifies and supports victims of trafficking as they arrive to the Italian coast.
- Survey Findings: Flow Monitoring Surveys: The Human Trafficking and other Exploitative Practices Indication Survey. Male and female respondents interviewed along the Central and the Eastern Mediterranean routes in 2017 and January 2018. IOM.
- Report: "More Than One Million Pains": Sexual Violence Against Men and Boys on the Central Mediterranean Route to Italy. 2019. Women's Refugee Commission.
- Report: | Want to Decide About My Future: Uprooted Women in Greece Speak Out. 2018. Amnesty International.
- **Report**: Alone and Unsafe: Children, migration, and sexual and gender-based violence. 2018. International Federation of the Red Cross and Red Crescent Societies.
- Report: Sociale Veiligheid van Bewoners in Asielzoekerscentra. 2018. Dutch Ministry of Security and Justice.
- Book: Interculturele communicatie in de zorg. R. Nunez Mahdi et al. (2019). Assen: Van Gorcum.

Inspiration, organizations and initiatives:

- > SAFE project: a Dutch E-learning course and support service for any female suffering from domestic violence;
- > Zanzu, a Dutch, interactive website with information in 14 languages about sexual health, tailored for low literate audiences;
- > <u>Huisarts-migrants</u>, a Dutch website for healthcare providers who care for people with migrant backgrounds. The website provides information about language barriers, cultural differences, expectation management, available in different languages;
- > <u>Stichting DMIT</u>, and <u>Stichting Lemat</u>: Trained cultural mediators who provide workshops to professionals (municipalities, universities, workplaces) in the Netherlands about migrant cultures, cultural awareness and tailoring support to meet the specific needs of migrants. Both organisations work with migrants as cultural mediators with stronger expertise in Eritrean and Syrian/Arabic cultures; Dima Najjar a practicing psychologist from Syria with expertise in cross-cultural care.
- Sesprekstool: Gezinshereniging, Hoe Dan. A comprehensive guide developed by the GGD for case managers who work with migrants in the field of family reunification. The tool guides case managers through culturally sensitive discussions with migrants. Much of this guide can be applied to discussions about other themes with migrants;
- Sociale Kaart: an interactive map of care and welfare institutions in the Netherlands, to allow citizens and professionals find and refer to care related to housing, welfare, work and income, children and youth;
- Pharos Sleutelpersonen map: an interactive map and contact details to reach trained cultural mediators who have migrant backgrounds;
- Verandering van binnenuit: a network of migrants and supporting organizations which promote the rights and welfare for LGBTQI+ migrants;
- Respect2Love: An initiative of COC. A network and social space for LGBTQI+ people with migrant/bicultural backgrounds;
- > Partnership Aanpak Seksueel Geweld (no weblink): a meeting of professionals 2-3 times per year. Led by Movisie, to discuss national challenges and developments on the broad theme of sexual violence. Contact: NicoleDoornink N.Doornink@movisie.nl;
- Referral questionnaire at Gemeente Amsterdam (no weblink). A set of 10 basic questions (in various languages) are issued on paper during the statusholder's first visit to the municipality. Municipality staff ensure that each person completes their questionnaire in private. Their completed questionnaire form is put inside a sealed envelope and sent straight to the GGD as a form of identifying signals in a confidential and efficient way. The GGD then follows up with the statusholder without the involvement of the municipality;
- Eritreers Gezond, Syriers Gezond Facebook pages: Interactive Facebook pages which provide information about health to migrants. Private messages and content are administered and responded to by health professionals with migrant backgrounds;
- Security (JenV) and the Association of Dutch Municipalities (VNG).



Thank You

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