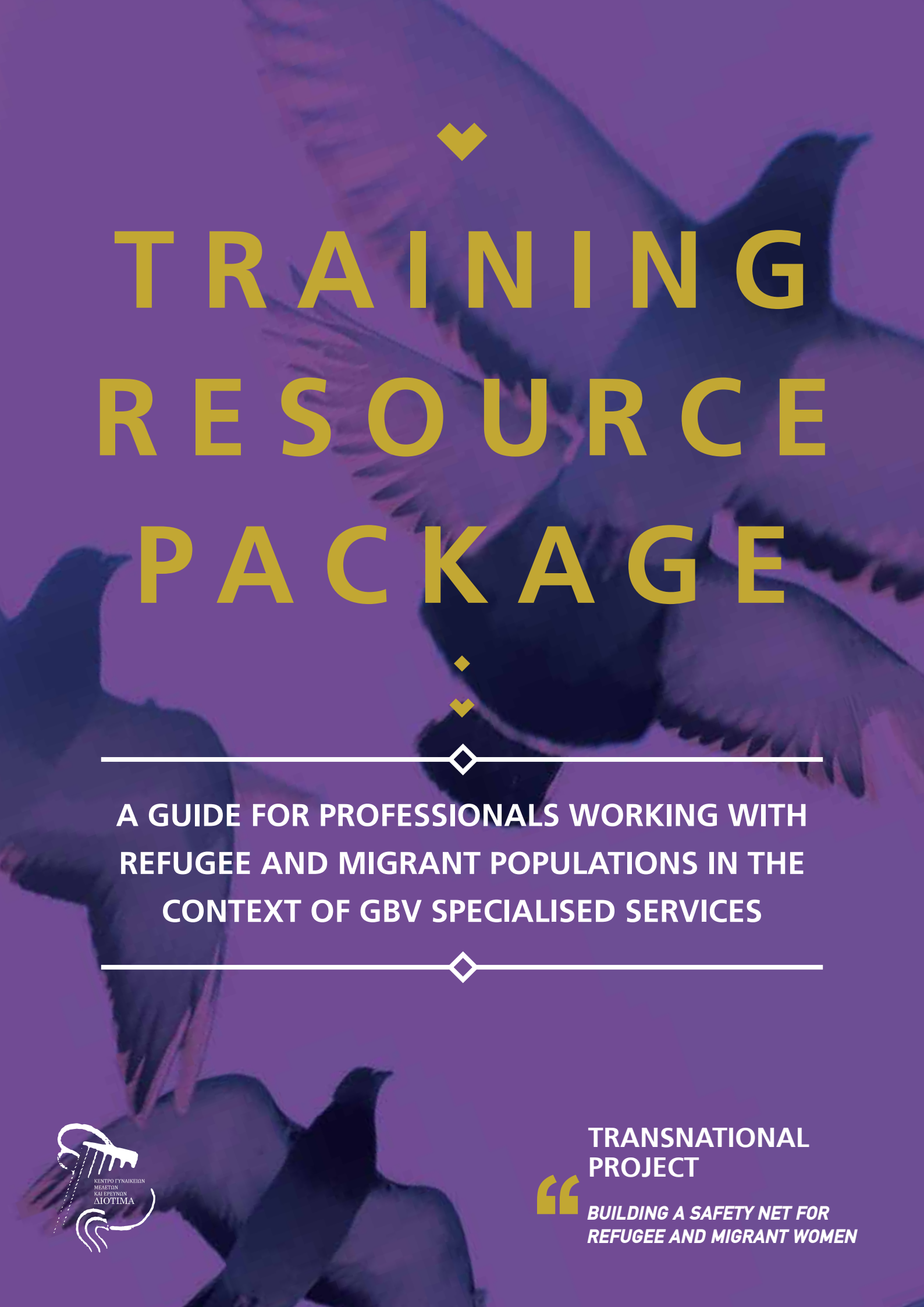

TRAINING RESOURCE PACKAGE

A GUIDE FOR PROFESSIONALS WORKING WITH REFUGEE AND MIGRANT POPULATIONS IN THE CONTEXT OF GBV SPECIALISED SERVICES

ΚΕΝΤΡΟ ΓΥΝΑΙΚΕΙΩΝ ΜΕΛΕΤΩΝ ΚΑΙ ΕΡΕΥΝΩΝ
ΔΙΟΤΙΜΑ

TRANSNATIONAL PROJECT

BUILDING A SAFETY NET FOR REFUGEE AND MIGRANT WOMEN

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This Project is co-funded by the Rights, Equality and Citizenship Programme of the European Union

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Acknowledgements: Special thanks to all the participants the capacity building actions of the "Building a Safety Net for Refugee and Migrant Women" project for their invaluable contributions and commitment

Financially supported by:

This Project is co-funded by the Rights, Equality and Citizenship Programme of the European Union

Book Design: SUSAMI Creative Agency
https://susamicreative.com

This publication has been produced with the financial support of the Rights, Equality and Citizenship (REC) Programme (2014-2020) of the European Union. The contents of this publication are the sole responsibility of the authors and can in no way be taken to reflect the views of the European Commission.

INTRO

Welcome to the "Training Resource Package: A guide for professionals working with refugee and migrant populations in the context of GBV specialized services". This package is a result of the "Building a Safety Net for Refugee and Migrant Women" a project which is funded by the European Union – Daphne Strand and implemented in 2017-2018 through 5 partners in 3 different countries.

Gender power imbalances lie at the heart of the lived experience of women and girls worldwide, at their home communities but also during the migratory routes they might have to take. In light of the so called "refugee crisis", since early 2015, Greece, Italy, and Spain have continued to be entry gates to Europe for millions of persons, a significant number of whom are women and girls. For them, Gender Based Violence (GBV) remains a major concern. Prevention of and response to GBV is one step towards every person's right to an independent and autonomous life, the right to their body and the right to self-determination and self-fulfillment.

Case management has become an integral part of any specialized response to GBV, especially in humanitarian settings. GBV case management is a structured method for providing help to a survivor and involves a coordinated way of intervention, while establishing an ongoing provision of support as the case develops.

GBV happens everywhere and at all times. GBV happens next to us. By creating this training resource package, our aim is to move one step closer to meeting the protection needs of female survivors. Our ultimate goal is to enhance the guarantees that the EU and national legal frameworks –the ones that provide the full respect of the rights of migrant and refugee women who have survived or are experiencing GBV of all kinds (physical, psychological, financial)- will be implemented, ensuring the avoidance of their re-victimization.

PURPOSE AND AUDIENCE

This package was designed to be used as a non-formal learning tool. As non-formal learning we define learning that does not take place in a formal setting, placing the trainer/educator and the learner on a more equal level than the traditional and more formal approach. We also want to encourage trainers/facilitators that will use this material to structure future trainings to use personal reflections, recreational activities, role plays, case studies and media as means of acquiring and practicing new skills and knowledge with the trainees. These will increase the level of engagement of the participants and will make learning more personal, a fact that is crucial in order to achieve the full potential of gender and GBV related training.

The package is intended to serve as a reference material to the GBV practitioners and trainers, targeting specifically persons offering case management services to migrant and refugee women and girls. It is drafted along international guidelines and standards and corresponds to the needs expressed in the context of what has been described as a "refugee crisis" in the Mediterranean region. The selected topics have been developed based on feedback from organisations and actors in Greece, Spain, and Italy, over the course of 9 seminars delivered in 2017 and 2018, with the aim to enhance the national systems' response capacity.

Topics included serve to set standards for quality and compassionate care for GBV survivors as well as to provide professionals with the information and guidance they need to establish and provide quality case management services to GBV survivors.

THE MAIN OBJECTIVES OF THE GUIDE ARE:

I **To improve understanding of how a survivor's migratory experience is affected by or interacts with the existence of GBV in their lives**

II **To provide guiding principles, consent processes, case management methods and protocols, and technical guidance for specific types of abuse and populations**

III **To share a culturally sensitive approach to protection of GBV survivors or of women at risk**

GLOSSARY

OF TERMS

Adolescence: defined as the period between ages 10 and 19 years old. It is a continuum of development in a person's physical, cognitive, behavioral and psychosocial spheres.

Attitude: Opinion, feeling or position about people, events, and/or things that is formed as a result of one's beliefs. Attitudes influence behavior.

Belief: An idea that is accepted as true. It may or may not be supported by facts. Beliefs may stem from or be influenced by religion, education, culture and personal experience.

Child: Any person under the age of 18. Children have evolving capacities depending on their age and developmental stage. The following definitions clarify the term "child" with regards to age/developmental stages for guiding interventions and treatment:

Children = 0–18, as per the CRC
Young children = 0–9
Early adolescents = 10–14
Later adolescents = 15–19

Child Survivor: A person under the age of 18 who has experienced any form of gender-based violence.

Child Survivor of Sexual Abuse: A person under the age of 18 who has experienced an act of sexual abuse.

Consent: approval or assent after throughout consideration. The consenting person understands fully the consequences of consent and agrees freely, without any force or coercion.

Disclosure: The process of revealing information. Disclosure in the context of sexual abuse refers specifically to how a non-offending person (for example, a caregiver, teacher or helper) learns about a person's experience with sexual abuse.

Gender-based Violence: An umbrella term for any harmful act that is perpetrated against a person's will; it is based on socially ascribed (gender) differences between males and females. Gender-based violence encompasses a wide range of human rights violations, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices, including forced, early marriage.

Informed Consent: Informed consent is the voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent.

Perpetrator: A person who directly inflicts or supports violence or other abuse inflicted on another against his/her will.

Sexual Exploitation: Any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes. This includes profiting monetarily, socially or politically from the sexual exploitation of another (see also sexual abuse).

Survivor/Victim: A person who has experienced gender-based violence. The terms "victim" and "survivor" can be used interchangeably, although "victim" is generally preferred in the legal and medical sectors, whereas "survivor" in the psychological and social support sectors.

LIST OF ABBREVIATIONS

FGM →	Female Genital Mutilation	*SGBV* →	Sexual and Gender-Based Violence
GBV →	Gender-Based Violence	*STI* →	Sexually Transmitted Infection
LGBTQI →	Lesbian Gay Bisexual Transgender Queer Intersex	*SOP* →	Standard Operating Procedure
NGO →	Non-Governmental Organisation	*VAW* →	Violence Against Women
PEP →	Post Exposure Prophylaxis	*UASC* →	Unaccompanied and Separated Child

CHAPTER ONE

INTERSECTIONALITY

UNDERSTANDING HOW SOCIAL INEQUALITY SHOULD BE EXPLAINED BY TAKING INTO ACCOUNT THE VARIOUS FORMS OF OPPRESSION

Professionals specialized on the issue of GBV are well aware of the power imbalance of the different genders as well as the discrimination affecting disproportionately girls and women as well as gender non conforming individuals. It is important for these professionals to be able to grasp that women and girls-GBV survivors often experience multiple discriminations, because of their numerous identities and that violence and discrimination affects them in different ways due to this fact. For this, users of this guide are introduced to the concept of **Intersectionality.**

Intersectionality is a complex term that appears as a tool to identify how multiple factors and identities relate with each other to explain social oppression, and also to understand how these sets of identities cross and influence access to rights and opportunities or deny them, as they cannot be examined separately. The origins of the term can be traced back to 1977. The Combahee River Collective was pioneer on using the term "simultaneity of oppressions" in their feminist manifesto of that year, as they challenged the fight based on excluding identity so deeply rooted in the black and feminist movement of the moment.

On the same path, Kimberlé Williams Crenshaw, professor at Columbia University, UCLA School of Law, and black lawyer, was the person responsible for creating the term "intersectionality", in 1989. She began to theorize about intersectionality when in 1976 a group of black women decided to sue the General Motors Corporation.

The dispute was as follows: General Motors had been hiring white women to hold administrative positions, while the black men hired were directed to the industrial sector, leaving black women out of all places. The group sued General Motors based on Title VII of the Civil Rights Act of 1964, alleging that they were being discriminated against on grounds of gender or ethnicity. Incredibly, they lost the case. The Court of First Instance ruled that, since General Motors already hired (white) women, the company did not discriminate on the basis of gender, and since the same company already hired blacks (men), neither did it for reasons of ethnicity, without taking into account the transversal forms of discrimination.

> **The intersection of the vectors of oppression and privilege creates variations, both in the forms and in the intensity within which people experience oppression.**

The analogy of the transit of cars in an intersection is presented as a good metaphor by Crenshaw and can help users of this guide grasp the concept. If we consider an analogy of traffic at a junction, we see cars coming and going in all four directions. Discrimination, like traffic at an intersection, can go in one direction or another. If an accident occurs at a crossing, it may have been caused by cars coming from any or all of the directions. Similarly, if a black woman is harmed by being at the intersection, her injury could be the result of gender discrimination or racial discrimination. Situations like this cannot be determined or addressed from a mono-focal point of view: we have to consider the simultaneous imbrications as the intersectional experience is greater than the sum of racism and sexism.

Crenshaw also identifies three aspects of intersectionality that affect the visibility of women of color[1]: structural, political and representational. Structural intersectionality deals with systems of oppression, such as gender discrimination, race and social class that have specific repercussions on the lives of people and social groups. Political intersectionality examines the different needs of an individual's group, such as how feminist and anti-racist laws and policies have paradoxically decreased the visibility of violence against women of color, calling the attention to the double discrimination. Finally, representational intersectionality refers to the cultural construction of the identity, including the (re)construction and the contemporary critiques of the identity.

Following the same pattern, Hill Collins contributes to this matter affirming that the matrix of domination that refers to how power is organized within the society is divided not into three, but four elements: structural, disciplinary, hegemonic and interpersonal. The intersection of the vectors of oppression and privilege creates variations, both in the forms and in the intensity within which people experience oppression. These dynamics are more complex than simply recognizing either race or economic status alone as a contributing factor for inequality or discrimination; it is where intersectionality works to identify how multiple factors and identities relate with each other to create social oppression.

Nowadays, intersectionality has been welcomed by feminist studies globally and contributes to the understanding of the ways in which gender interacts with other identities and how these interbreeding contributes to unique experiences of oppression, including more various forms of social stratification such as social class, race, sexual orientation, age, disability, ethnicity, ancestry, religion, skin color, culture, geographic location and status as indigenous, refugee or migrant, as to questioning power relations and how privilege is articulated. When feminists finally recognized that the forms of oppression experienced by white women were different from the ones that non-white women experienced, they were able to understand how intersected forms of abuse were able to determine the course of their own lives.

To summarize, intersectionality has been used for decades as a conceptual framework; as said before, it emerged from the attempts to understand the experiences of black women in the United States and, more recently, it has been adopted by feminists from developing countries. The term and the conceptual framework are now widely used in the fields of gender, development and human rights, as tools for advocacy, programme planning and research.

[1] The term "women of color" is mainly used in the USA and aims to describe non white females. The term encompasses all non-white people, emphasizing common experiences of systemic racism

WHY IS THE INTERSECTIONAL FRAMEWORK IMPORTANT FOR PROFESSIONALS IN HUMANITARIAN AND INTEGRATION PROGRAMMES?

Having presented the theoretical background of intersectionality, there is an obvious distance between theory and practice. Since the intersectional perspective has become more known and has attracted different kinds of professionals in the social field, many have faced the challenges of putting intersectionality to practice. Social reality is complex but, as many researchers have shown, policies and services are still mostly single sided.

An intersectional view is important, not only because it would help the professionals to address the different realities in a more comprehensive way, but also because it would help visualizing power relations that would otherwise stay hidden. Intersectionality is a comprehensive framework – which actually includes many authors with different views – of which professionals can take advantage. Unfortunately, there are no magical tools for an ideal intersectional practice, but in what follows three considerations are described in order to help professionals develop an intersectional view.

PUTTING INTERSECTIONALITY IN PRACTICE

The following interactive exercise is designed to develop a critical thinking from an intersectional view rooted in professional direct practice. Ideally, groups of 5-7 people from the same professional field discuss together over a case which can be real or fictional. During 20-25 minutes they complete the following table, which will share later with the rest of the groups:

BRIEF CASE DESCRIPTION:	CONTEXT ANALYSIS:	DESCRIPTION OF THE INTERVENTION:	IMPROVEMENT PROPOSALS:
	Which are the oppressions in play at this given situation? *How are they affecting the situation?*		

When each group shares their analysis, the others give feedback and so on until every group is finished.

First of all, putting the intersectional perspective to practice, requires specific attention towards diagnosis, meaning towards reflexivity. To get started it is essential to critically reflect on how stereotypes and prejudices influence our way of looking at "the others" and also to question dominant imaginaries. It urges the professional to put her/his objectivity under question and to acknowledge that we are crosscut in unequal power relations. This reflexivity exercise aims to acknowledge our position as professionals, thus to identify how sexism, racism, classism, LGTBIphobia, islamophobia etc. are articulated in our actions, both at institutional and individual levels.
Secondly, power relations should be contextualized. As complex as the social world is, intersectionality does not refer to oppressions as fixed social categories, but rather highlights how different elements are intertwined and generate multiple oppressions in a given situation.

CONTEXT IS CRUCIAL AND IN EACH SITUATION THE FOLLOWING QUESTIONS SHOULD BE CONSIDERED:

I. Which are the oppressions that are activated at a given situation?

II. Can we identify them? How are they working together and what do they generate?

III. What role do laws, policy, services and resources play in this relation?

Finally, we should take into consideration the importance of listening, asking questions, and recognizing the people we work with. An essential part of working with people in situations of discriminations is to truly recognize them. On one hand, to understand how their experience of discrimination and privilege is configured and on the other hand, to acknowledge the multiplicity of voices and agencies that are involved. What are the needs and interests of the people we assist? Are we really attentive to these needs? How can we promote them? Who participates in the decisions?

Intersectionality recognizes today the failure to address these issues individually in early social justice movements, and exists as a tool to understand the experiences of people who are subjected to multiple forms of subordination within society and should be applied to all fields of politics, health care, education, etc., as well as to create spaces so that legal and legislative bodies can address these layers of discrimination.

This is a crucial task for refugee and migrant women related interventions at the detection of GBV. GBV policies and services have mostly focused on gender as the category which explains discrimination, while forgetting or concealing others. As the black women Crenshaw referred to, migrant and refugee women are imbricated in different power relations where race, country of origin, nationality or resident status become essential elements. Also, as a heterogeneous group, the different voices and agencies of these women should be taken into consideration to avoid victimization and other forms of symbolic violence.

PROPOSED ACCOMPANYING MATERIALS

Users of the guide can also watch the "What is privilege?" video, available at
https://www.youtube.com/watch?v=hD5f8GuNuGQ

CHAPTER TWO

GENDER AND FORCED DISPLACEMENT

THIS PART IS DEDICATED TO THE INTERPLAY OF GBV WITH MIGRATION AND FORCED DISPLACEMENT. THE CONTENT OF THIS SECOND CHAPTER WILL DEMONSTRATE THAT DISPLACEMENT IS NOT GENDER NEUTRAL. WOMEN AND GIRLS ARE VULNERABLE TO VIOLENCE DURING ALL STAGES OF THE MIGRATORY PROCESS DUE TO GENDER INEQUALITIES AND RELATIONS OF DOMINATION. IN THIS SECTION WE WILL FOCUS ON GBV AS ONE OF THE DRIVES OF MIGRATION FOR WOMEN AND GIRLS AS WELL AS ON THE INTERNATIONAL PROTECTION AVAILABLE IN RELATION TO IT.

Several different reasons contribute to women and girls making the decision of leaving their countries of origin. Those include but are not limited to:

I **Increased prevalence of certain types of GBV against women.** Violence against women can assume extreme forms and can have devastating consequences. The acts of violence often include forced and early marriages, female genital mutilation, acid attacks, honor killings, sexual and labor exploitation etc. GBV is also often exacerbated during conflict. GBV has been acknowledged as, amongst others, a weapon of war or conflict, often used as a mean to control and intimidate a population.

II **Generalised impunity for the perpetrators of GBV acts.** Certain violent acts are on occasion allowed in the context of a specific country or region, or in other cases, even though legal provisions exist, perpetrators are not held accountable for their actions as they reflect on the overall gender inequality experienced within the community.

III **Lack of adequate access to preventative services, to comprehensive and effective protection.**

IV **Lack of effective protection by the local government**, including access to justice and other remedies.

V Also, it is important to include the **increasing numbers of trafficking in persons' networks**, mostly trafficking for sexual exploitation, but also labour exploitation for professions considered primarily feminine.

In this context, this chapter's aim is to sensitize and contribute to a better understanding of the position of the "female refugee" that specialized professionals will come in contact with. Before discussing the specific provisions available for women in need of international protection, the term "refugee" as defined by the Geneva Convention of 1951 and the Additional Protocol of New York of 1967 should be presented. A refugee is thus defined as anyone who, because of well-founded fear of persecution on the ground of race, religion, nationality, being a member of a particular social group or political beliefs, finds himself/herself outside of the country of citizenship (nationality) and cannot, or because of that fear does not want to, enjoy the protection of that country or of the country of his/her previous habitual residence.

"Across the world, women and girls are increasingly exposed to a range of violations from different parties of the conflict on the basis of their gender.

Across the world, women and girls are increasingly exposed to a range of violations from different parties of the conflict on the basis of their gender. Particularly, significant sectors of the population, including women, reportedly continue to experience numerous human rights violations by various actors. Women human rights defenders, women in the public sphere, women perceived as "westernized", women relatives of targeted individuals, women journalists, women over the age of 16 who are of sound mind and who are accused of blasphemy and other categories are at high risk of being targeted by state and non-state actors.

At international level, standards providing a framework for protection are set out in a number of instruments of international refugee, human rights and humanitarian law. These have evolved to take account of the specific situations of women and girls. One such significant legal document is "The Convention on the Elimination of All Forms of Discrimination against Women"(CEDAW). The fundamental instrument for international refugee protection remains the 1951 Geneva Convention, relating to the Status of Refugees, as amended by the 1967 Protocol. While the Convention was drafted before women's rights were recognized as a fundamental aspect of international law, which is reflected at the original text's lack of a gender perspective, it is now widely accepted that proper interpretation of the refugee definition should cover gender-related claims. This allows consideration of previously disregarded forms of persecution predominantly affecting women, including those which take place in the domestic sphere.

Under the UNHCR Guidelines on Membership of a Particular Social Group (2002) women can be recognized as a social group under Article 1A(2) of the Convention. According to the Guidelines, "Women [are] a clear example of a social subset, defined by innate and immutable characteristics… and who are frequently treated differently than men". Yet membership in the group will not itself establish a valid claim to refugee status; the applicant must also demonstrate that she is specifically at risk because of such membership.

THE SITUATION IN THE COUNTRY FROM WHICH A REFUGEE CLAIMANT HAS FLED NEEDS TO BE THOROUGHLY EVALUATED. THIS INCLUDES UNDERSTANDING OF:

I The position of women before the law

II The political rights of women

III The social and economic rights of women

IV The incidence of reported violence against women, the forms it takes (such as sexual assaults, "honour" killings, and bride burnings)

V Protection available to women and the sanctions or penalties on those who perpetrate the violence

VI The consequences that may befall a woman on her return, in light of the circumstances described in her claim

CHAPTER THREE

HARMFUL PRACTICES

Professionals working with GBV survivors might often come in contact with what has been defined as “Harmful Practices”. These are practices towards women and girls grounded in discrimination based on sex, gender, age or other grounds, and have often been justified by invoking socio-cultural and religious customs and values, as well as misconceptions related to some disadvantaged groups of women and girls. This chapter aims at outlining the basic information professionals need to possess.

The root of harmful practices lies primarily in cultural and social norms and beliefs, fringe religious interpretations of a long standing patriarchal and male power. Harmful practices serve to highlight the gender dimension of violence and indicate that sex- and gender-based attitudes and stereotypes, power imbalances, inequalities and discrimination perpetuate the widespread existence of such practices, which are themselves a form of gender-based violence or involve violence or coercion. They are also often used to justify gender-based violence as a form of ‘protection’ or control of women and children.

THE MOST COMMON ARE:

I **Female genital mutilation or cutting (FGM)**

II **‘Honour’-based violence**

III **Forced or early marriage**

I FEMALE GENITAL MUTILATION OR CUTTING (FGM)

FGM refers to procedures that intentionally alter or injure female genital organs for non-medical reasons. It is practiced in 29 countries, mainly in Africa and Central Asia, and affects at least 125 million women and girls (UNICEF). The procedure has no health benefits for girls and women. A significant number of FGM incidents take place in Europe and America (500,000 women/girls in danger in Europe). Prevalence of FGM is not related to a particular religion.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. In about half of the countries where FGM is performed, girls are younger than 5 years old, while in the rest they are aged 5-14 years old. The practice also violates a person’s rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Immediate consequences of FGM include severe pain and bleeding, shock, difficulty in passing urine, infections, injury to nearby genital tissue and sometimes death. The procedure can result in death through severe bleeding leading to hemorrhagic shock, neurogenic shock as a result of pain and trauma, and overwhelming infection and septicemia, according to Manfred Nowak, UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

ACCORDING TO THE WORLD HEALTH ORGANIZATION, IMMEDIATE COMPLICATIONS CAN INCLUDE:

- **severe pain**
- **excessive bleeding** (hemorrhage)
- **genital tissue swelling**
- **fever**
- **infections** e.g., tetanus
- **urinary problems**
- **wound healing problems**
- **injury to surrounding genital tissue**
- **shock**
- **death**

LONG-TERM CONSEQUENCES CAN INCLUDE:

- **urinary problems** (painful urination, urinary tract infections);
- **vaginal problems** (discharge, itching, bacterial vaginosis and other infections);
- **menstrual problems** (painful menstruations, difficulty in passing menstrual blood, etc.);
- **scar tissue and keloid;**
- **sexual problems** (pain during intercourse, decreased satisfaction, etc.);
- **increased risk of childbirth complications** (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- **need for later surgeries:** for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- **psychological problems** (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.);
- **health complications of female genital mutilation.**

II HONOR CRIMES

Honor related crimes are acts of violence that are disproportionately, though not exclusively, committed against girls and women, because family members consider that certain suspected, perceived or actual behavior will bring dishonor to the family or community. These crimes include murder (killing in the name of so-called honor) and are frequently committed by a spouse, a female or male relative or a member of the victim's community.

In contrast to domestic violence, the nature of these crimes is collective where members of an extended family work together and act together to restore the lost honor due to the behavior of a (young) woman and the claim of sexual autonomy.
Such behaviors include entering into sexual relations before marriage, refusing to agree to an arranged marriage, entering into a marriage without parental consent, committing adultery, seeking divorce, dressing in a way that is viewed as unacceptable to the community, working outside the home or generally failing to conform to stereotyped gender roles. Crimes in the name of so-called honor may also be committed against girls and women because they have been victims of sexual violence, such as rape.

Honor related crimes are usually committed within cultural systems where the family prevails over the individual and therefore individual choices that challenge the collective identity and family goals are treated as selfish and violating family honor. In cases where offenders are members of the family, the feelings of the victims are complex: they are responsible for themselves, and they still have affectionate relationships with the family. In these cases prosecuting the perpetrator is a painful prospect that runs counter to the protective relationship of the benefactor with the perpetrators.

Risk detection for honor based crimes should be one of the priorities for professionals who work with persons at risk. Those include:

- **Signs of depression, fear and even self-harm**
- **Girls or young women who face such a risk from family members (siblings or cousins) are closely monitored and scrutinized**
- **Service providers need to keep in mind that contacting community leaders involves some risk for the girls or women as the leaders often act as custodians of the communities' moral codes and are strictly bound by tradition.**

III FORCED MARRIAGE

Forced marriage is a form of violence against women and girls and a harmful practice that often results in women and girls lacking personal and economic autonomy, in attempts to flee, or in self-immolation or suicide to avoid or escape the marriage. It is defined as the intentional conduct of forcing an adult or child to enter into a marriage, lacking the personal expression of the full, informed and free consent of one or both of the parties. Such marriage includes, amongst others child marriage, arranged marriages, marriages contracted in order to circumvent immigration rules and marriage in which one of the parties is not permitted to leave or end it.

The person who disagrees to a marriage is often removed from the country and taken to a place where she/he lacks support and is then forced into marriage. Women are often left alone with their "spouse" until they become pregnant, thus making it difficult to leave.

CHAPTER FOUR

GUIDING PRINCIPLES

OF WORKING WITH SURVIVORS

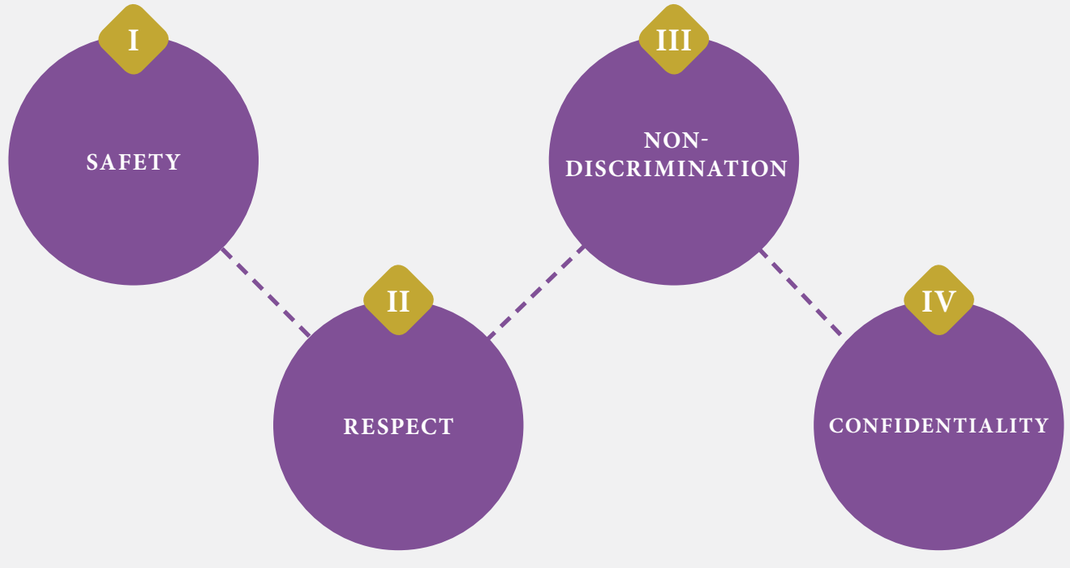
The guiding principles of working with survivors are the core rules all professionals working with GBV survivors must know and implement at all times and stages of their work.

THE GOALS OF THIS CHAPTER OF THE TRAINING PACKAGE ARE:

- **Understand the essence of the guiding principles;**
- **Highlight the importance of the principles in working with GBV survivors; Understand their application in different stages of responding to GBV.**

FOUR PRINCIPLES OF WORKING WITH GBV SURVIVORS ARE THOSE GUIDING ANY PROFESSIONALS' APPROACH:

Users of this package or facilitators preparing the delivery of a GBV related seminar/ workshop are advised to revise these four concepts in depth.



I SAFETY

When working with GBV survivors, one of the most important principles to guide a professional's work is that of Safety and Security. Though there is a difference between the terms safety and security, when working with survivors an effort must be made so that they are both applied.

Safety is best described as having the awareness of potential risks that might affect the survivor following a GBV incident while also being prepared to address said risk, if/ when they appear.

Security is basic entitlement; a right guaranteed by art.3 of UDHR 1948 and is associated with exercise of liberties, accessing rights (services) without any threat as well as having protection against harm (including arbitrary arrest or detention).

Service providers should remember that the victim/survivor may be frightened and need assurance of her individual safety. In all cases, insurances must be made that she is not at risk of further harm by the assailant or by other members of the community. Professionals should also be aware of the safety and security of the people who are helping the survivor, such as family, friends, community services or sexual and gender-based violence workers, as well as health care workers.

II RESPECT

Respect is a human right. The dignity and respect of all survivors must be maintained by professionals/service providers at all times. This includes respecting ones choices, as long as they don't pause a threat to theirs or other persons' life. It is also essential that all disclosures are received from a point of trust and that the service providers refrain from judging the person doing the disclosure, or their culture, religion, personality etc. Moreover, professionals working with GBV survivors should remain patient and not press for more information if the survivor is not ready to speak about her experience. The focus of all incident related discussions need to be on the relevant information and the rhythms of the survivor should be respected.

III NON-DISCRIMINATION

Every adult or a child, regardless of her/his sex, should be accorded equal care and support. Survivors of violence should receive equal and fair treatment, regardless of their race, religion, nationality or sexual orientation.

IV CONFIDENTIALITY

Confidentiality is an ethical principle. Maintaining confidentiality requires that service providers protect information gathered about clients and agree only to share information about a beneficiary's case with their explicit permission. All written information is maintained in a confidential place in locked files and only non-identifying information is written down on case files. Maintaining confidentiality means service providers never discuss case details with family or friends, or with colleagues whose knowledge of the abuse is deemed unnecessary. There are limits to confidentiality while working with children. Information is to be shared, as requested and as agreed by the survivor, with those actors involved in providing assistance. The confidentiality of the perpetrator should also be respected.
Users of this package are strongly encouraged to always explain confidentiality and its limits to the persons they work with. This means utilizing the age and intellect appropriate language to make sure that the beneficiary knows the information they provide will be kept confidential, unless:

- **Their life is in immediate danger**
- **They share that they have made plans to seriously hurt themselves**
- **They share that they have made plan to seriously hurt someone else**

An additional, important exception to the confidentiality rules should always be clear to professionals. This exception applies to situations where there are threats of ongoing violence or harm to a child. In these cases, protection of the child overrides confidentiality restrictions. Service providers should always be aware of the legislation in their country of operation with regards to confidentiality and to its limits as well as of the appropriate reporting pathway they should follow in case they have to.

PROPOSED ACTIVITY

When using this package to design a seminar/workshop, you can choose this point to introduce a short case study for the participants to work on. You can either use a story that applies to the specific context the participants work at or you can use the following, more generic story:

A young woman arrives at the place you work. With her are her 3 children. She is obviously scared and distressed and there are some visible cuts and bruises on her arms and face. She shares with you that her husband beat her up the previous night, while drunk. She also shares that she rarely has access to the family money, as he usually keep it so he can drink and go out with his friends. She and her children are malnourished and subjected to daily beating and humiliation. She cannot appeal to her community, as her husband is considered an influential person. You indeed notice that the mother and the children are in great shock and in need of immediate medical assistance.

QUESTIONS THAT CAN BE ASKED:

What actions are needed to ensure confidentiality?
How to ensure respect while assessing this case?
What actions are needed to ensure safety and security?
How to ensure non-discrimination in managing this case?

CHAPTER FIVE

GBV CASE MANAGEMENT

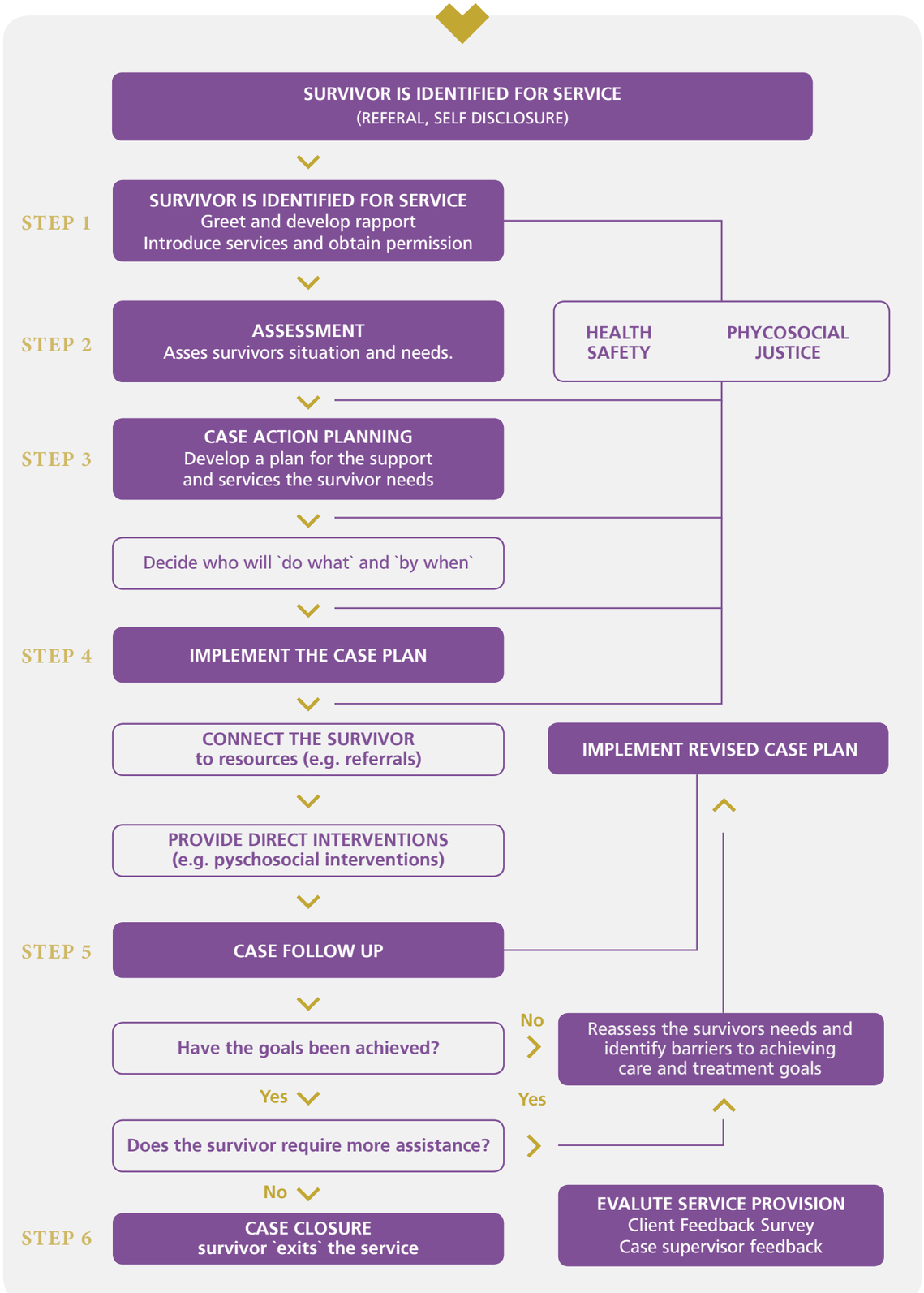
Due to its relevance to and history of being used to support vulnerable populations requiring a range of services across sectors, case management has become a common approach in humanitarian settings, drawing largely from the field of social work. Following the so called “refugee crisis”, case management was more systematically incorporated in the interventions targeting refugees and migrants. Professionals can use this chapter either as a refresher or as an introduction to the basic concepts and procedures relating to case management.

GBV case management is a structured method for providing help to a survivor. It involves one organization/actor taking responsibility for making sure that survivors are informed of all the options available to them and also works to ensure that the issues a survivor and her/his family faces are identified and followed up in a coordinated way. During case management, the service provider also consistently provides the survivor with emotional support throughout the process.

Case management is an approach that originated in the social service and healthcare disciplines in the United States over a century ago. It evolved from the recognition that health and mental health services often have a range of other needs, and that a coordination mechanism was required for these, often fragmented, services. Given that GBV often involves harmful physical, emotional and social consequences that would require information and care from multiple service providers, case management has become an integral part of the response to GBV in humanitarian settings. Case management models involve a case manager, who is not a decision-maker, providing a link between the individual, the authorities, the service providers and the community.

It is important to highlight that GBV case management is a process, the steps of which will be explained shortly. Yet professionals need to have in mind that, as a process, it is not always linear. Bellow users of this guide can find a graphic depiction of the basic steps that usually describe the case management process. A brief description for each step can also be found ijn the following page:

STEPS OF GBV CASE MANAGEMENT



CHAPTER SIX

WORKING WITH INTERPRETERS

HOW TO EFFECTIVELY USE INTERPRETATION SERVICES

Interpreters and cultural mediators play a key role at all interventions offered to refugees, migrants or any person on the move.
They guarantee that service recipients receive and are able to share information in their own language and promote trust between them and the service providers. This service essentially reduces the risk of miscommunication and minimizes the loss of critical information. This chapter will provide users of this guide with the basic information on the role of interpreters and cultural mediators as well as with the ways that they can best work with them, utilizing their services to the best degree possible.

INTERPRETATION AND CULTURAL MEDIATION

An interpreter verbally translates spoken material from the source language to the target language. This can be achieved either with the physical presence of the interpreter at the place the communication takes place or it can be done remotely, on the phone or over applications like Skype. Four main forms of interpretation are usually used:

- **Simultaneous interpreting,** performed generally from an interpreting booth in a conference environment;
- **Consecutive interpreting;** where the speakers allow time for the interpreter to relay the speech one section at a time
- **Summary interpreting;** where the interpreter works with multiple persons at the same time or when the details of the spoken word are not as important
- **Verbatim interpreting;** used for official transcripts or other issues where optimal accuracy is required

Cultural mediators, on the other hand, are persons who facilitate mutual understanding between a person or a group of people and service providers by interpreting while taking into account cultural elements. S/he can give advice to both parties regarding appropriate cultural behaviors.

Interpreters and cultural mediators are different roles. Not all interpreters should be expected to be able to provide cultural mediation, and not all cultural mediators necessarily possess professional interpreting skills.
Interpreters and cultural mediators are not necessarily translators as well. A translator works with written texts and need to both be fluent in the target and source language and also trained in translation techniques.

WHEN IS INTERPRETATION NEEDED?

While it might be possible for service providers to communicate basic things with survivors at a common language (i.e. English), it is important to highlight that most occasions relating to GBV incidents will require assistance by an interpreter. This might be the case even for survivors with a good knowledge of a language that the service provider can use fluently, as it is important that all information is available for the communication to be successful. No informed consent for further action can be obtained by the survivor if they have not understood correctly everything that has been relayed to them.

SERVICE PROVIDERS SHOULD REQUEST THE ASSISTANCE OF AN INTERPRETER WHEN:

I. **The survivor herself requested an interpreter**
II. **The survivor prefers to communicate and is a fluent user of a language different than the one spoken at the current place of residence**
III. **The service provider feels that they are not been understood when speaking their native language**

BEFORE, DURING AND AFTER THE USE OF INTERPRETATION SERVICES

While working with interpreters can be incrementally important when offering services to GBV survivors, it is crucial that service providers follow appropriate procedures throughout the process. Professionals preparing their sessions should remember that interpreting and cultural mediation take time. Sessions with interpreters should be scheduled with additional time to allow for information to be repeated. It is highly recommended that the service provider arranges a preparation meeting with the interpreter/cultural mediator prior to the session with the GBV survivor. Moreover, the correct spoken language or dialect needs to be identified prior the arrangement of the session. Ones nationality does not necessarily directly signify a corresponding spoken language. An important note, when working with GBV survivors, is that a female interpreter should at all times be sought to assist at a session.

DURING THE SESSION WITH THE GBV SURVIVOR, PROFESSIONALS SHOULD KEEP THE FOLLOWING IN MIND:

The survivor, the service provider and the interpreter should be seated/ positioned in a way that it is made clear that the discussion is between the survivor and the service provider. The interpreter should not be placed in the center of the communication. One such proposed positioning is a small triangle, where the interpreter is seated next to and slightly behind the survivor, in a comfortable distance.

- **If the interpretation sounds longer or significantly shorter than expected, it should be assumed that there might be issues with the content relayed. The service provider should make the relevant requirements.**
- **The service provider should look at and address directly the survivor.**
- **Clear and unhurried talk as well as regular pauses between sentences allows the interpreter to maintain a high level of accuracy. Service providers should also avoid using specialized terminology, abbreviations or jargon, as they don't necessarily translate to all target languages.**
- **Interpreters should not directly answer questions the survivor has and should also never answer questions on behalf of the survivor.**

CHAPTER SEVEN

SPECIAL CONSIDERATIONS

WHEN WORKING WITH VULNERABLE POPULATIONS

When working with survivors of GBV or persons at risk it is important to keep some special considerations in mind. This training package focuses on populations post displacement and includes the care of child survivors. This seventh chapter of the package aims at providing basic information and guidance when working with vulnerable populations or persons who belong in a specific sub-category of survivors (i.e. rape survivors, asylum seekers, children). Users of this package can read the whole content of this chapter or choose the parts that are more relevant to their work. It is, though, highly recommended that all persons working on care related professions become aware of protocols available to them to respond to incidents of rape, as in those timely and coordinated response is crucial.

7.1. CLINICAL MANAGEMENT OF RAPE

The goal of this section is to facilitate the delivery of standardized and comprehensive post-rape care services to survivors, through sensitization of the professionals they might come in contact with or from whom they might ask for help. Moreover, through this, users of this package can better understand the clinical service providers' role in the care of rape survivors as well as how SOPs can improve access to care.

Following a rape, medical professionals can provide three emergency services to survivors:Emergency Contraception, Prevention of STDs and Wound Care.

EMERGENCY CONTRACEPTION

Emergency contraception refers to methods of contraception that can be used to prevent pregnancy after sexual intercourse. These are recommended for use within 5 days but are more effective the sooner they are used after the act of intercourse. Emergency contraceptive pills prevent pregnancy by preventing or delaying ovulation and they do not induce an abortion. Emergency contraception cannot interrupt an established pregnancy or harm a developing embryo. Usually two pills are given with a 12 hour break period between them. Side effects from the use of ECPs are similar to those of oral contraceptive pills, such as nausea and vomiting, slight irregular vaginal bleeding, and fatigue. Side effects are not common, they are mild, and will normally resolve without further medications.

Taking emergency contraceptive pills can reduce the chance of a pregnancy by between 56% and 93%, depending on the regimen and the timing of taking the medication. The use of emergency contraception is a personal choice that can only be made by the woman herself.

Women should be offered objective counseling on this method so as to reach an informed decision. A health worker who is willing to prescribe ECPs should always be available to prescribe them to rape survivors who wish to use them.

PREVENTION OF STIS

Survivors of rape should be given antibiotics to treat gonorrhea, chlamydial infection and syphilis. If any other STIs are known to be prevalent in the area (such as trichomoniasis or cancroids), give preventive treatment for these infections as well.

Post-exposure prophylaxis (PEP) is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure. PEP should be offered and initiated as early as possible, for all individuals with an exposure that has the potential for HIV transmission, and ideally within 72 hours. If started soon after exposure, PEP can reduce the risk of HIV infection by over 80%. Adherence to a full 28-day course treatment (received once or twice daily) is critical to the effectiveness of the intervention.

WOUND CARE

Any tears, cuts and abrasions need to be cleaned and dirt, faeces, and dead or damaged tissue should be removed. A medical professional should decide if any wounds need suturing. If there are major contaminated wounds, provision of appropriate antibiotics and pain relief should be considered.

It needs to be highlighted that all medical provisions for rape survivors remain personal choices and no one should be forced to a course of action they don't agree with. Exceptions exist for persons whose lives are in immediate danger. All women need to be provided with detailed information about their options as well as with the consequences these options have, so they can make an informed decision.

7.2. WORKING WITH CHILD SURVIVORS

While the principles and guidelines discussed in other chapters also apply to refugee children, there are other specific issues that should be considered when working with refugee children. This chapter addresses professionals who are not specialised at child protection and aims to offer a basic introduction of child protection as applied to minors who have survived GBV.
Refugee children face specific forms of sexual and gender-based violence: harmful traditional practices, trafficking, child prostitution, sexual violence within the family and sexual exploitation, abuse and violence by persons having unhindered access to children.

A starting point for professionals when working with refugee children, is to become familiar with the Convention on the Rights of the Child (1989), which sets comprehensive standards for the protection of the rights of all children. In addition to the Guiding Principles, users of this package became familiar with earlier, three other principles should be taken into account when working with refugee children: the right to life, survival and development; the best interests of the child; and participation.

Refugee children and/or children on the move are often exposed at particular risks of sexual and GBV because of their increased level of dependence, their limited ability to protect themselves, as well as their limited power and participation in decision-making processes. It is not possible for children to provide informed consent and they might also, depending on their level of development, not fully comprehend the sexual nature of certain behaviours. Additional ethnic, gender, cultural, economic and social factors may also increase refugee children's risk of experiencing sexual and gender-based violence.

GUIDING PRINCIPLES WHEN WORKING WITH MINORS

The right to life, survival and development: The "survival and development" principle applies not only to a child's physical survival and development, but also to a child's mental and emotional development. Measures need to be put to place to safeguard life.

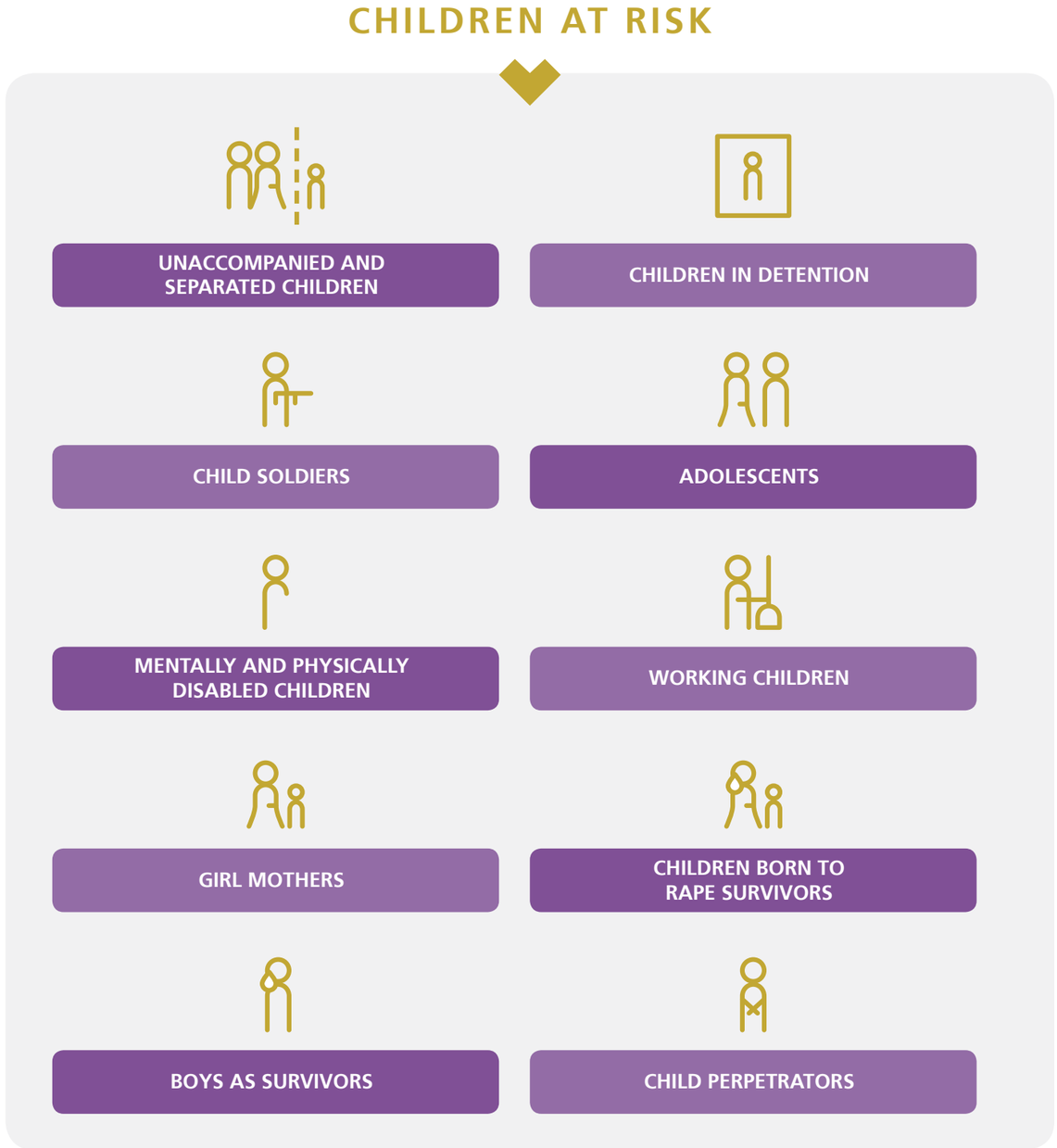
The best interests of the child: in each and every decision affecting children, the various possible solutions must be considered and due weight given to the child's best interests (Art.3, CRC). Service provider must evaluate the positive and negative consequences of actions with participation from the child and his/her caregivers (as appropriate). The least harmful course of action is always preferred. All actions should ensure that children's rights to safety and ongoing development are never compromised.

During the process of determining what is in the child's best interest, decision-makers need to take into account both the objective standards deemed to be in the child's best interests and subjective opinions, without leaving out the child's own views. There are many factors that have to be considered, such as age, sex, cultural background, general environment and past experiences of the child. On several occasions it can be expected that determining a child's best interests can be difficult, and no single answer may be obviously and indisputably correct.

Participation: Service providers are expected to maintain that children have the right to influence decisions that will affect their lives, and that their views must be given "due weight". The level of a child's participation in decision-making should be appropriate to the child's level of maturity and age

GROUPS OF REFUGEE CHILDREN AT PARTICULAR RISK OF SEXUAL AND GENDER-BASED VIOLENCE

While all children and young persons are in greater danger of experiencing GBV, some groups might come in contact with more adverse conditions or might become targets more often. Below professionals can find a table that can be used as an indicative guide, as it includes the categories of minors that are most commonly identified as "at risk":



CHAPTER EIGHT

BURNOUT

CHALLENGES AND SELF CARE

When working with survivors of GBV, professionals might often experience secondary trauma and run the risk of experiencing burnout as well. The purpose of this part of the Training Package is to:

I **Increase awareness regarding what the experience of BurnOut and Secondary Trauma is and what happens when they occur**

II **Introduce a practical guide on dealing with Burn Out**

III **Introduce the training package users to Field Theory**

BURNOUT/SECONDARY TRAUMA

Professionals should be made aware of types of experiences that are commonly associated with Burn Out. It needs to be noted that most persons live within systems that are experienced as oppressive. Their exposure to other persons' traumatic experiences is likely to bring personal experiences of oppression and violation to the surface.

- **Professionals might enter into various moods, frustration, anxiety, sadness, fear, pain, guilt, shame, destabilization, or even feel as if their existence is in chaos**
- **One might feel unworthy or incapable to offer something useful to the community**
- **Conflicts with colleagues or with persons of one's close environment tend to occur more often**
- **There is a lack of appetite for work**
- **Feeling of isolation emerge, without the professional having a clear understanding why**
- **Feelings of being stuck or numb as well as apathy might be experienced**
- **Strong physical symptoms from light to heavier, sleeping disorders, eating disorders**
- **Some individuals feel as if life stops making sense and no point can be found in doing anything**

CREATING A FRAMEWORK OF SUPPORT TO AVOID OR RECUPERATE FROM BURN OUT

- **Participation in supervision meeting provided by the actor employing the professional**
- **Personal Therapy**
- **Close contact with family, friends, significant others**
- **Establishing space for expression**
- **Change of environment, time away from the workspace**
- **Re-inventing what brings joy within the workplaces**
- **Focusing some of the energy provided to beneficiaries to the love of self**
- **Change position**

FIELD THEORY

One of the theories available for professionals to use in understanding burnout is Field Theory. Field Theory states that the fields within which individuals work exert forces on them and tend to "pull" them into specific roles. Professionals very often identify with these roles and begin to feel, think and behave like them. This might also be the case for professionals working with GBV survivors.
In some cases professionals freeze in these roles and, without accepting them, do not explore them because they are afraid.

Filed Theory proposes that embracing these roles, acting them out, even if they are not roles that the individuals like, will allow them to shape the roles or even discard them. Even the awareness that what is experienced is not just personal but primarily a role that corresponds to the current field can become comforting. The less that is known about oneself or the roles they might be trapped in, the easier it can become for someone to experience burnout through these roles. Through field theory, professionals can also appreciate that they are larger than any role they play

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ANNEXES

ANNEX 1: SAMPLE WORKSHOP AGENDA

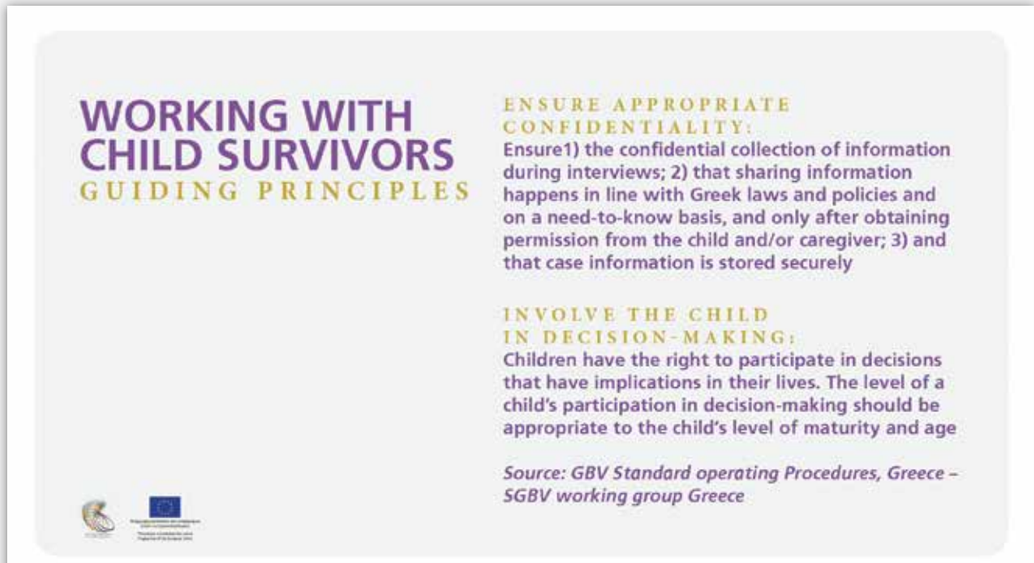
DAY 1

Timing	*Topics*
09:00 – 09:30	Welcome and introduction
09:30 – 12:30	Gender and GBV from an intersectional perspective
12:30-13:00	Light Lunch
13:00-15:00	Gender and Forced Displacement Asylum claims and gender
15:00 – 15:15	Coffee Break
15:15 – 17:00	Harmful Practices

DAY 2

Timing	*Topics*
09:30-11:30	On Cultural Diversification
11:30-11:45	Coffee Break
11:45-13:00	Working with interpreters – How to effectively use interpretation services
13:00-13:30	Light Lunch
13:30-15:30	Core concepts of GBV Case Management
15:30-17:00	Avoiding Burnout

ANNEX 2: SAMPLE PRESENTATION



ANNEX 2: SAMPLE PRESENTATION

COMMUNICATING
WITH CHILD SURVIVORS

- Be nurturing, comforting and supportive
- Reassure the child
- Do no harm: be careful not to traumatize the child further
- Speak so children understand
- Help children feel safe - tell the child the truth—even when it is emotionally difficult

Source: Caring for Child Survivors (CCS) of Sexual Abuse Guidelines – IRC/ UNICEF

UNDERSTANDING RESILIENCE
IN CHILDREN

RESILIENCE: The fact that a child is influenced by the qualities and environmental factors that enable them to recover and develop positively despite adversity and traumatic experiences

INTERNAL AND EXTERNAL SUPPORT FACTORS:

- Good relationship with at least one care giver Positive Parenting
- Educational opportunities and social relationships
- Positive interaction with a case worker or other service provider

COMMUNICATING
WITH CHILD SURVIVORS

- Tell children why you are talking with them
- Use appropriate people – ask the child if they prefer to speak to a female or male trained staff when possible
- Pay attention to non-verbal communication
- Respect children's opinions, beliefs and thoughts

Source: Caring for Child Survivors (CCS) of Sexual Abuse Guidelines – IRC/ UNICEF

COMMUNICATING
WITH CHILD SURVIVORS

CREATING A SAFE AND SUPPORTIVE ENVIRONMENT

CHOOSE A SAFE LOCATION:
A child-friendly atmosphere can include child-friendly toys and materials or a space to sit comfortably on the floor

EXPLAIN WHO YOU ARE

OBTAIN PERMISSION:
talking with children about sexual abuse requires permission from them and their caregivers. However, permission can depend on the child's age and circumstances.

MAINTAIN EQUALITY

Source: Caring for Child Survivors (CCS) of Sexual Abuse Guidelines – IRC/ UNICEF

COMMUNICATING
WITH CHILD SURVIVORS

CREATING A SAFE AND SUPPORTIVE ENVIRONMENT

EXPLAIN WHAT WILL HAPPEN:
also explain what the child's rights are during the session

EXPLAIN THE PROCESS

TALK WITH THE CHILD WITH TRUSTED ADULTS

DO NOT MAKE PROMISES YOU CANNOT KEEP

Source: Caring for Child Survivors (CCS) of Sexual Abuse Guidelines – IRC/ UNICEF

The General Secretariat for Gender Equality (GSGE) of the Greek Ministry of Interior is the governmental agency competent to plan, implement, and monitor gender equality and GBV policies.
It has developed an integrated Network of 61 Units for preventing and combating violence against women and has placed GBV high in its agenda.

The Research Centre for Gender Equality (KETHI) was founded in 1994, having a dual focus both on conducting social research on gender equality issues and also using this knowledge, to propose and implement specific policies, practices and actions to promote gender equality.

CRWI Diotima is a GBV-specialized NGO, national stakeholder expert in EIGE's database, with a long experience in gender equality and GBV field and in migrant women's integration and rights protection.

Differenza Donna is an ever growing women's NGO, active in the implementation of specific interventions in safeguarding migrant women's rights and especially GBV protection and previous transnational project experience.

Surt is a well established women's NGO with an excellent record of previous work with gender equality, GBV and also migrant integration experience. It has a wide regional network of collaborations, a great experience in transnational projects and a good capacity in service provision.