



Training cultural mediators in Germany.

Endnotes and asterix

* organisation/institution working with refugees and migrants

** persons of all gender identities

- 1 REActing to sexual and gender-based violence against migrants and refugees through Coordinated Help, Advocacy and OUTreach actions
- 2 Inter-Agency Standing Committee (2015). Guidelines for integrating Gender-Based Violence Interventions in Humanitarian Action. Reducing risk, promoting resilience and aiding recovery.
- 3 Pandea, A., Grzemny, D., Keen, D. (2019)/ GENDER MATTERS. A manual on addressing gender-based violence affecting young people. Council of Europe. 17 – 52.
- 4 United Nations (2020). The World's Women 2020: Trends and Statistics. Department Economic and Social Affairs. Available from: <https://www.un.org/en/desa/world%E2%80%99s-women-2020>
- 5 UNHCR (2019). GLOBAL TRENDS. Forced displacement in 2019. Available from: [https://www.unhcr.org/be/wp\[1\]content/uploads/sites/46/2020/07/Global-Trends-Report-2019.pdf](https://www.unhcr.org/be/wp[1]content/uploads/sites/46/2020/07/Global-Trends-Report-2019.pdf)
- 6 https://ec.europa.eu/info/strategy/priorities-2019-2024/promoting-our-european-way-life/statistics-migration-europe_nl#RefugeesinEurope
- 7 Unicef (2020). Female genital mutilation. Available from: <https://www.unicef.org/protection/female-genitalmutilation>
- 8 Amnesty International (2021). LGBTI rights. Available from: <https://www.amnesty.org/en/what-we-do/discrimination/lgbt-rights/>
- 9 United Nations. Human trafficking. Office on Drugs and Crime. Available from: <https://www.unodc.org/unodc/en/human-trafficking/human-trafficking.html>
- 10 Women's Refugee Commission (2019). "More than one million pains": Sexual violence against men and boys on the central Mediterranean Route to Italy.
- 11 De Schrijver, L., Vander Beken, T., Krahe, B., Keygnaert, I. (2018). Prevalence of Sexual Violence in Migrants, Applicants for International Protection, and Refugees in Europe: A Critical Interpretive Synthesis of the Evidence. Int J Environ Res Public Health. 15(9).

COLOFON BROCHURE REACH OUT

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SUPPORT FOR MIGRANTS, INCLUDING REFUGEES AND APPLICANTS FOR INTERNATIONAL PROTECTION WITH SGBV EXPERIENCES

If someone with SGBV experiences (past or present) reaches out to you, listen to them, acknowledge their courage to talk and remind them that SGBV is not their fault and that they ** don't have to be alone in this. Bring survivors into contact with cultural mediators who can speak their language, inform them that help with interpreters is available and encourage them to seek further assistance. Explain that confidentiality is always guaranteed. If they agree, you can bring them into contact with organizations such as the ones listed below.

Everybody, regardless of their legal status or whether or not they have health insurance, is entitled to access to any the following services free of charge.

📞 Call 112 if someone is in immediate danger.

📞 General practitioner (Huisartsenpraktijk or HAP 24/7)

📞 Sexual Assault Center: 0800 – 0188 (24/7, for free, anonymous)

💬 Chat via website

www.centrumseksueelgeweld.nl

Located in 16 cities across the Netherlands, a team of (medical) professionals work together providing specialist care for survivors of sexual assault and rape. There will be no police involvement without permission of the survivor.

📞 Police 0900 – 8844

📞 Veilig Thuis 0800 – 2000 (24/7)

For advice, support and reporting of domestic violence and child abuse



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PROJECT REACH OUT

Empowering refugees and migrants with sexual and gender-based violence experiences



This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020)



PROJECT REACH OUT

The REACH OUT¹ project aims to empower refugees and migrants who have experienced sexual and gender-based violence (SGBV) and to improve access to (health)care for survivors of all genders. MdM Belgium (Antwerp), MdM Germany (Munich), MdM Netherlands (Amsterdam, The Hague, Rotterdam and Nijmegen) and the Serbian Red Cross of Šid (Šid) joined together to implement this European project with the support of the European Commission's Directorate-General for Justice and Consumer Affairs through the Rights, Equality and Citizenship programme of the European Union (2014-2020). The project started in December 2019 and runs until October 2021.

The project objectives are: the prevention of SGBV among refugee and migrant communities and the identification of survivors and people at risk in order to provide them with services that meet their needs. Relevant stakeholders* are involved through network activities to reinforce collaboration, to strengthen good practices and protocols through training, and to share experiences and knowledge. Outreach interventions are conducted in collaboration with cultural mediators to inform communities about SGBV as well as the rights and services available for survivors. Finally, advocacy activities are directed at various stakeholders on local and national levels in order to bear witness to the situations observed, with the aim to debunk stereotypes and bring social change.

WHAT IS SEXUAL AND GENDER-BASED VIOLENCE?

“SGBV is an umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed (i.e. gender) differences between the genders. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.”² SGBV includes for example (attempted) rape, sexual exploitation, domestic violence, harmful practices such as female genital mutilation/cutting (FGM/C), and discrimination against persons due to their sexual orientation or identity. SGBV is a violation of human rights and is unacceptable.

SGBV is not unique to any country, culture or religion. The causes for SGBV lie in unequal power relations between genders, fixed gender norms, as well as patriarchal societal structures.³

Finding reliable data regarding SGBV is a challenge, and figures are underestimated. According to the World Health Organization, worldwide, 1 in 3 women will experience physical and/or sexual violence by a partner or sexual violence by a non-partner.⁴ SGBV also happens to men.

RISK FACTORS FOR SGBV AGAINST REFUGEES AND MIGRANTS

According to the United Nations High Commissioner for Refugees (UNHCR), by the end of 2020, there were more than 26 million refugees under UN mandate and 3.9 million Venezuelans who had left their country. Another 48 million were internally displaced and 1 million were asylum seekers⁵ The vast majority of refugees from Africa and Asia did not come to Europe but fled to neighbouring countries. In 2019, 10% of all refugees worldwide were living in the European Union which means that the share of refugees in the EU is 0.6% of the total population.⁶ Refugees and migrants are more at risk as a result of circumstances in their home country, dangerous migration routes, precarious residence status, lack of accurate information provision and limited access to support services, unsafe conditions in refugee centres, dependence on perpetrators and/or communication difficulties.

SGBV can be the reason why people are forced to flee their home country. In conflict zones, sexual violence is often used as a weapon of war. Other reasons for flight are for example immediate risk of forced marriage or FGM/C or violence against LGBTQI+ persons.⁷⁸ Due to the often dire economic situation in their countries of origin, people are more susceptible to believing the false stories told to them by human traffickers. Through this network of organized crime, women often end up in sexual exploitation and men fall victim to labour exploitation.⁹ During their journey to Europe, refugees and migrants could face sexual violence at borders and checkpoints, during random stops by armed groups and while being kidnapped and imprisoned.¹⁰ Finally, in the country of destination, people are not always safe due to the structure of reception centres or lack of legal status. Research has shown that in Belgium and the Netherlands more than half of the refugees, applicants for international protection or undocumented migrants, have been exposed to sexual violence since their arrival in Europe.¹¹

BARRIERS TO SEEKING ASSISTANCE

SGBV related experiences have serious negative consequences on many areas of someone's life: mental and physical health, relationships, the upbringing of their children and the search for work. It is very likely that this hinders participation and integration of refugees and migrants in European countries.

There are many barriers to seeking assistance and report SGBV experiences. These include feelings of guilt and/or shame, communication problems and cultural differences, fear of being stigmatised and/or loss of the family honour, fear of more violence after disclosure, dependence on the perpetrator(s), or having other priorities such as complicated immigration procedures. Survivors are often not aware of their rights and/or contact points where they can receive help. In addition, the support and health care systems in European countries are often different from the systems in their countries of origin. Many services do not include language mediation, which poses additional barriers in terms of access. There is often a fear of authorities due to negative experiences in the country of origin.

Although there are many highly qualified general and specialized support services, not all professionals have sufficient intercultural competence, and may sometimes even display victim-blaming behaviours and attitudes. Social service providers, health care workers, interpreters or cultural mediators and law enforcement can hereby cause additional harm to SGBV survivors, referred to as secondary victimization.

IMPROVING ACCESS TO HEALTH CARE FOR SURVIVORS OF SGBV

Despite traumatic experiences, refugees and migrants have shown to possess a remarkable degree of resilience in dealing with the various challenges in their lives. National health care services can work with survivors of SGBV to build on these strengths and help enforce their capability to address their own care needs. It is therefore important that survivors can access health care services from the moment they arrive in Europe.

Doctors of the World (Médecins du Monde) are advocates for the universal right to health with the main focus on access to healthcare for those who face barriers or are excluded from healthcare.

With the REACH OUT project the organization is taking a step towards ensuring that refugee and migrant survivors of SGBV are aware of their rights and receive the support they need and are entitled to.

REACH OUT ACTIVITIES IN THE NETHERLANDS

- Information workshops for refugees and migrants in their own language to increase their awareness of SGBV, as well as their rights, and to inform them about support services available in the Netherlands. These workshops are conducted by cultural mediators in Arabic, Farsi, Tigrinya and Somali;
- Trainings on culturally-sensitive working and how to identify survivors of SGBV for cultural mediators and employees of agencies working with refugees and migrants, such as health professionals, government agencies, migrant-led grassroots organisations and civil society organisations (CSOs);
- Network meetings to further strengthen coordination between stakeholders and to develop and/or adapt protocols to better identify refugees and migrants with SGBV experiences and refer them to the right (health) care services;
- Presentations about refugees and migrants and how to identify and support survivors for stakeholders, such as health professionals, legal community and CSOs to raise awareness of the impact of SGBV;
- Advocacy to put SGBV among refugees and migrants on the political and public agenda and strive for structural social change.



Presentation of certificates to the cultural mediators, by Jasper Kuipers, director Dokters van de Wereld