



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



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## **Comparative report on focus groups with stakeholders (WP2\_D2.8)**

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## 1. Introduction

This report summarizes the findings of the fieldwork in eight European countries: Austria, Bulgaria, Cyprus, Greece, Italy, Portugal, Slovenia and United Kingdom within the project *BASE: Migrant & refugee child-friendly support services in cases of sexual and gender-based violence*. The aim of this comparative report is to assess stakeholder's training needs in relation to GBV and to the communication with migrant/refugee girls who have been victims, as well as with families and with migrant/refugee communities and the role of the cultural advisor.

## 2. The parameters of the field research

Data collection followed steps that were pre-agreed by partners. The focus groups were conducted by reference to the guidelines prepared by the WP leader (ZRS Koper) and agreed by other partners participating in the BASE project. Focus groups were implemented among experts working in the field of protection and support of victims of GBV and among experts working with migrants. Conversations in focus groups were mainly recorded, transcribed and finally coded in terms of fitting predetermined topics. Obtained research data is presented in a way which assures disidentification of the participants involved in the focus groups.

Prior to field work an ethical protocol relating to the implementation of research with stakeholders was drawn up and approved by the all research partners. Afterwards the focus groups participants were provided with the written consent for participating in the research project. The written consent had been prepared in English for the use of the project consortium and translated by each partner in its national language. All stakeholders participating in the focus groups signed the written consent and the list of participants as well.

Some partners had difficulties with stakeholders' participation in focus groups due to their schedule. In these cases, individual interviews were conducted where questions from focus groups were used.

Researched topics addressed in focus groups and interviews with stakeholders were:

- general training needs in relation to GBV;
- training needs in relation to communication with migrant/refugee girls GBV victims;
- interinstitutional communication;
- possibility of introducing a cultural advisor.

Initially it is important to mention that professionals involved in the focus groups are dealing with more or less the same issues regarding the treatment of GBV among migrant women. Therefore no country specifics are presented in the summary table below.

## 2.1 Description of the field work by partner countries

### AUSTRIA

In Austria a total of 10 stakeholders participated in two focus groups. Namely: social worker in a Caritas residential house for mentally ill women; head of the victim protection group at the Vienna State Criminal Police Office, psychologist at the counselling centre for bi-cultural marriages and partnerships; counsellor at the counselling centre for women victims of trafficking; supervisor of a multicultural residential community; staff member of the women's service department of the Federal Ministry for Women and Equality; advisor to an NGO for victims of forced marriage; caregiver for flat-sharing communities of an NGO; director and advisor to an NGO dealing with women victims of trafficking; educational ombudswoman of the Vienna Children's and Youth Ombudsman's Office.

### BULGARIA

In Bulgaria were implemented two focus groups with 10 stakeholders which were from education institutions; prosecutor's office; social assistance directorate; center for social rehabilitation and integration and Bulgarian youth red cross.

### CYPRUS

In Cyprus, a total of 10 stakeholders participated in two focus groups. They were: social worker employed at social welfare services, clinical psychologist employed at the Center of Clinical

Psychology, psychologist employed at school, psychologist employed at the Psychological Association Cyprus, officer employed at an NGO working with the LGBTQIA+, psychologist employed at Central Prison, clinical psychologist providing mental health services at reception center of Menoyia, manager of shelter run by an NGO, officer of the police force and family counselor of the Children's House. All participants have encountered migrant women being victims of GBV, through providing support, therapy, guidance on means to get support and assessment of their needs. Main groups of migrant women they are dealing with are from: Cameroon, Bangladesh, Romania, Bulgaria, India, Pakistan, Iran, Somalia, Nigeria, Yemen and other African countries. Children and women are the most common groups of migrants who seek for support as victims.

## GREECE

Field research included three focus groups with 10 professionals working in support services for women and girls who are victims of GBV, including social workers, lawyers and psychologists. Given the workload and limited time of professionals working in this field, there were significant difficulties in their coming together at a common time for the realisation of the focus groups. As a result, instead of two focus groups with five individuals each, three focus groups were conducted, two of which had three participants and one had four. Participants in focus groups were: assistant professor of developmental psychopathology (with former experience on human trafficking), the head of one of the shelters of women victims of violence and trafficking, social worker, assigned to one of shelters for women victims of violence, lawyer with former experience in SGBV, professional working in the Department of Human Rights in the Ministry of Justice, lawyer with former work experience with women and girls victims of GBV, lawyer working in the Hellenic Red Cross, focusing on refugees and asylum seekers, social worker working at a network of migrant/refugee communities, lawyer, member of the team of child protection and gender based violence of UNHCR and social worker providing psychosocial support and primary health care to vulnerable groups. According to participants, the most common form of violence experienced by migrant/refugee women is domestic violence, with the perpetrator being the husband or the partner. In most cases, victims are from Afghanistan, Iran and Nigeria, while incidents with victims from Syria and Iraq seem to have decreased in the past year.

## ITALY

In total, 18 stakeholders participated in two focus groups in Italy. Namely; three social workers: one working for the Association Donne di Benin City that helps Nigerian women victims of trafficking, the other one working for the local Health Authority in Palermo, and the third one working for the Municipality of Palermo; a lawyer and University professor from the University of Palermo; a judge (being also a pedagogist) working at the Juvenile Court in Palermo; a lawyer working for Palermo Juvenile chamber; two psychologists working for two associations: Le Onde - working to fight violence against women, and Centro Penc Onlus - specialized in ethno psychology for victims of gender-based violence and human trafficking; a vice Police Commissioner and a Police Inspector; a cultural mediator from the association Le Onde; three psychotherapists from the local Health Authority in Palermo; a social secretary from the Association Pellegrino della Terra Onlus, which helps migrant women victims of trafficking and sexual exploitation. In the majority of the cases of GBV victims that they are dealing with are from Bangladesh, Romania, Nigeria, Mauritius and Morocco.

## PORTUGAL

In Portugal, a total of 11 stakeholders participated in one focus group. Namely: clinical psychologists, social workers, intercultural mediators, women's rights activists, NGO leaders, teachers and social educators. The most frequently reported cases of GBV, according to these professionals, concern adult women that came to Portugal seeking better life conditions and who often have no social network support in their country of origin. Victims that they are dealing with are from Brazil and different countries in Africa (particularly ex colonies).

## SLOVENIA

In Slovenia a total of 12 stakeholders participated in the field research. Namely, 9 participated in focus groups, with 2 were conducted interviews and one answered questions via email. The structure of participants is the following: social worker employed at safe house, two social workers employed at the Centre for social work - domestic violence ward, psychologist employed at advising centre for youth, parents and families, two lawyers employed at centres for free legal aid, lawyer employed at association for help to victims of criminal offences, two social workers employed at Centre for social work - safeguard of children and families ward, police officer working at sector of criminal police, social worker employed at crisis center for

children and adolescents and medical doctor employed at health centre. All of the involved stakeholders have come in contact with migrant women/girls being victims of GBV through providing support, guidance to get support and assessment of their needs. The main group which they are dealing with is women from Albanian origin (Kosovo, North Macedonia and Bosnia and Hercegovina). There are also some cases in which were involved women from Russia and Ukraine. The most common cases they are dealing with are: domestic violence, sexual violence and neglect (in case of children). Children and women are the most common groups who seek help.

#### UNITED KINGDOM

Two focus groups with 10 participants were implemented. Participants were from different institutions dealing with GBV victims and migrants, namely: councillors from Islington council, a policewoman and staff from Islington women's groups. One women's group worked specifically with Domestic violence against women, and the other groups were migrant women's organisations. The most common cases of GBV they tend to come across are honour based violence, forced marriage, domestic violence, Female Genital Mutilation (FMG) (type 1 – clitoridectomy and type 2 – excision, but not type 3 – infibulation), financial abuse, mental abuse and sexual abuse.

The whole qualitative fieldwork was implemented in the period from June 2019 to 15<sup>th</sup> July 2019. In total, 91 stakeholders participated in focus groups and interviews.

A summary of all focus groups results is presented in the following table.

### Summary tables

Topics	Issues	Summary of answers (key information)
<i>General training needs in relation to GBV</i>	<ul style="list-style-type: none"> <li>Specific problems that stakeholders face in the cases of GBV in migrant communities.</li> </ul>	<ul style="list-style-type: none"> <li>Migrant women often do not have access to services or lack adequate specialized support due to cultural, economic and other barriers.</li> <li>Level of education of migrant women is quite low.</li> <li>Migrant women do not know the language of the host country.</li> <li>Existence of cultural differences in what is perceived as violence.</li> <li>Migrant women and men have different understanding of human rights.</li> <li>There is lack of female interpreters that could collaborate in cases of GBV.</li> <li>Victims of GBV are unwilling to make a definitive choice, in order to change the situation affecting them, especially after chronic abuse, as well as the fear of leaving a known situation.</li> <li>Victims of GBV are reluctant to report violence.</li> <li>Professionals working with GBV victims suffer from a lack of knowledge on how to deal with psychological violence.</li> </ul>



	<ul style="list-style-type: none"> <li>• Trainings that stakeholders would recommend.</li> </ul>	<ul style="list-style-type: none"> <li>• Training in how to behave in interviews (especially the first responders) and how to develop empathy towards the victim/potential victim.</li> <li>• Introduction of accreditation courses for interpreters.</li> <li>• Introduction of periodical renewed trainings with regards to cultural awareness.</li> <li>• Introduction of training on how to treat victims of GBV.</li> <li>• Training on the current legal framework and the rights of the victims, as well as the needs of the victim and the process that needs to be followed.</li> <li>• Introduction of workshops for (migrant) women on topics such as divorce, alimony, subsistence claims, protection against violence, women's health etc.</li> <li>• Training on how to use the internet as a raising awareness and self-help tool.</li> <li>• Employees at governmental institutions should attend antiracist workshops.</li> <li>• All professionals dealing with GBV should attend an intercultural education programme.</li> </ul>
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<p><i>Training needs in relation to communication with migrant/refugee girls GBV victims</i></p>	<ul style="list-style-type: none"> <li>• Usual flow of communication during the cases</li> <li>• Ideas for improvement of communication with migrant girls victims of GBV and with their families/communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication with the victim directly.</li> <li>• In case the victim does not speak the language of the host country, interpreters/translators are used to communicate with him/her and the family.</li> <li>• If it is needed, professionals also communicate with the family and the community of the victim, but always in accordance with the will of the victim, and after the victim has given her consent.</li> <li>• Communication with all institutions involved in the case is foreseen by the official protocols.</li> <li>• Educating the families and communities about the laws of the host country.</li> <li>• Host country`s language courses for migrants.</li> <li>• Training for professionals in clinical assessment skills (including body language, empathy, non-violent communication).</li> <li>• Identification of differences and similarities in various migrant and refugee communities.</li> <li>• Introduction of special, discreet spaces to talk with the GBV victims.</li> </ul>
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		<ul style="list-style-type: none"> <li>• Awareness raising in migrant and refugee communities in regard to their human rights.</li> <li>• Families and communities need to understand that there is no shame in being a victim of GBV and that it can happen to anyone.</li> <li>• Anyone suffering from GBV can ask to speak to an officer of the same sex to make them feel more comfortable.</li> </ul>
<i>Interinstitutional communication</i>	<ul style="list-style-type: none"> <li>• Encouragement of cooperation with other entities/organizations working in GBV prevention and response.</li> </ul>	<ul style="list-style-type: none"> <li>• Reassurance of interdisciplinary work through professional training and training of persons working in the asylum system.</li> <li>• Establishment of multidisciplinary teams (social worker, police officer, medical doctor, prosecutor) for each case.</li> <li>• There is still possibility to improve communication between public authorities and institutions (i.e. police and health institutions);</li> <li>• In a lot of cases, the effectiveness of cooperation with certain (governmental) institutions depends on specific persons (acquaintances of each professional)</li> <li>• Involvement of the state and public entities in the prevention and tackling of the phenomenon.</li> <li>• Establishment of an official network of communication and cooperation between the organisations working in the field.</li> </ul>

<p><i>Possibility of introducing cultural advisor</i></p>	<ul style="list-style-type: none"> <li>• On possibility of introduction of cultural advisor.</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural advisors could have access to the communities and could carry information about rights and opportunities further and into the communities.</li> <li>• Cultural advisors could contribute to the communication with the community and the awareness raising on cultural differences.</li> <li>• It would be important for the cultural advisors to be able to express themselves well so that they can communicate the topics credibly. This has nothing to do with educational level or age and may vary from community to community. People who are appreciated in their respective communities have different characteristics depending on the community; this should be considered in the context of the cultural advisors.</li> <li>• Cultural advisor could also contribute to the development of a relationship of trust between the professional and the victim.</li> <li>• Cultural advisor should set boundaries and have a clear role, as this could potentially harshen the development of a trustworthy relationship between the victim and the professional.</li> <li>• Cultural advisor should not be confused as an interpreter.</li> </ul> <p>Skills/competences:</p>
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	<ul style="list-style-type: none"> <li>• On the profile and personal characteristics of cultural advisor.</li> </ul>	<ul style="list-style-type: none"> <li>• knowledge of legal basics and of legal procedures regarding the treatment of GBV victims;</li> <li>• knowledge on how to deal with conflicts;</li> <li>• being present and being able to address many people;</li> <li>• qualified in social sciences (some stated that social workers, sociologists etc., are capable of doing this, instead of psychologists), trained in matters of intercultural psychology and radical social work;</li> <li>• <i>'they need to love what they do'</i>;</li> <li>• knowledge regarding psychosocial help;</li> <li>• knowledge of intercultural topics;</li> <li>• coaching skills;</li> <li>• be able to work in a team;</li> <li>• have good knowledge of the management of the clinical assessment (how to manage silence, emotionality, touch, distance, self-boundaries);</li> <li>• have case management skills;</li> <li>• knowledge of the local context (contacts and services);</li> <li>• knowledge of the cultural context of the victims;</li> <li>• have knowledge of the national reception, health and education system;</li> </ul>
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		<ul style="list-style-type: none"> <li>• able to explain rights and also cultural codes of the host country (for example parenting, male/female relationship etc.);</li> <li>• cultural and linguistic competences.</li> </ul> <p>Personality characteristics:</p> <ul style="list-style-type: none"> <li>• open minded;</li> <li>• able to accept diversity;</li> <li>• able to keep a position of neutrality;</li> <li>• open to other cultures;</li> <li>• empathetic;</li> <li>• credible;</li> <li>• capable to transmit security, trust and reliability;</li> <li>• emotional intelligence;</li> <li>• excellent communication and social skills;</li> <li>• high level of patience;</li> <li>• It is also important that intercultural advisors are both genders;</li> <li>• charisma;</li> <li>• does not matter if he/she is or is not of migrant/refugee background.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Miscellaneous.</li> </ul>	<p>Some mentioned that the name "cultural advisor" should be reconsidered. Ideas would be, for example, mentors or integration mediators, inclusion mediators or community advocate'. It should be a general, broad term that does not refer to the issue of violence.</p> <p>The issue of financing of intercultural advisors also appeared. Namely; if they should be volunteers or financed by the government.</p>
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