



ACCESS PROJECT

Appropriate Community-Based Care and Empowering Support Services
for Migrants Affected by Gender Based Violence

31 December 2020

FACILITATORS MANUAL FOR TRAINING PROFESSIONALS

1 DAY TRAINING

GENDER BASED VIOLENCE IN THE CONTEXT OF MIGRATION



Acknowledgement

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INTRODUCTION

This manual, developed within the EU funded project Appropriate Community-Based Care and Empowering Support Services for Migrants Affected by Gender Based Violence (ACCESS Project), targets key professionals working with migrant communities in Europe. This manual is based on training activities that have been adapted from training undertaken by project partners' work with migrant communities and content from other relevant training resources.

OBJECTIVES

The overall objective of the ACCESS Project is to improve the prevention, protection and provision of support services for migrant women and girls affected and at risk of multiple forms of gender-based violence (GBV) in Belgium, UK and Spain.

This Training Manual enables you;

- To equip and train key professionals to understand the multiple forms of GBV in a multicultural context;
- To raise awareness of cultural competency when responding to women and girls affected by multiple forms of GBV;
- To explore the role of provision of community-based services in improving access to appropriate support and protection services for migrant women.

A NOTE TO FACILITATORS

Facilitators who will be delivering this training to professionals are an important part of the ACCESS program. As leaders they will support and steer each workshop and its various activities. Throughout the program facilitators are also responsible for the mental and emotional wellbeing of participants. It is important then that facilitators pay close attention and tailor each workshop and activity to meet the needs, capabilities and general understanding of their participants.

TRAINING PRINCIPLES

- A minimum of 2 facilitators per session;
- Facilitators should read through and prepare their activities and resources ahead of time, ensuring that they have a clear understanding of the topics;
- Facilitators should aim to stay within the time frame of their activities, while being reasonably flexible and open to spontaneous discussions among their participants;
- Groups should be no more than 6 and no less than 3. Depending on numbers facilitators should adapt their activities to accommodate the needs of their overall group size.

SAFE SPACE POLICY

It is essential that facilitators remember that these workshops are a safe space for participants to both learn, share and engage in a range of challenging and often very personal experiences. A safe space is an area or forum where a marginalised group are able to congregate without facing standard mainstream stereotyping or discrimination. It is also a space where shared political or social viewpoints are required to participate in the space, in this case the belief that women are equal to men, that sexual and gender-based violence is wrong and that women and girls' rights are human rights that ought to be protected and fought for.

HOW TO USE THIS MANUAL

There are 6 modules in the manual covering the key areas of GBV. They include background, socio-cultural context, legal context, and responses to GBV. The manual is structured to be a full day's training session of approximately 7 hours duration.

The target audiences for the manual are statutory sector professionals and include education, health, social care, police and other sectors with a responsibility for GBV. This manual is NOT intended to be a training targeted at members of affected communities.

Pre-training preparation is critical for any training. It is important that the training should be conducted by someone trained in GBV. You as the trainer, will need to have reviewed this manual and the policy context on GBV, as this changes constantly. Ensure you have the most up to date information from your country and international context.

You will also have to ensure that all the materials needed for the training are available – including flipchart paper and stand, markers, post-its, videos, the presentation itself, case studies (if needed), evaluations etc.

You will need to prepare the programme for the day with the time slots allocated to the various modules. A draft programme is attached as an annex. Depending on the group you are training some modules will be of more relevance than others and you will need to tailor the training to meet those needs by increasing the time slots for those modules.

THE TRAINING METHODOLOGY

The manual provides an outline of the key topics and activities required to complete the training programme in one day. Trainers are encouraged to use a participatory training approach which recognizes that professionals are often very knowledgeable and have a lot to offer, but also adults learn best by building on their own experiences. They also learn more by doing, rather than listening, so the trainer's role is to ask critical questions and facilitate discussions. As both trainers and trainees are knowledgeable and experienced, it is important to spend time reflecting before sharing their ideas, experiences, and expertise. Thus, a participatory approach gives trainees an opportunity to be active and analytical – to ask questions and explore alternatives.

TRAINING PROGRAMME

OBJECTIVES

- To enable key professionals, understand and explore the multiple forms of VAWG within migrant communities and their adverse impact;
- To share raise awareness on cultural competency in responding effectively to women and girls affected by multiple forms of GBV;
- To explore the role of provision of community-based services in improving access to appropriate support and protection services for migrant women;
- Facilitate networking with colleagues from other sectors and disciplines to enable holistic support to migrant women and girls affected by VAWG.

TARGET AUDIENCE

Front-line professionals from different sectors:

- Healthcare (doctors, nurses, midwives, paediatricians, sexologists ...), and mental health (psychologists ...)
- Legal (asylum instances, lawyers, judges, prosecutors, jurists ...)
- Social (public centres for social assistance, social assistants, asylum and migration ...)
- Community organisations
- Education

A model training agenda is provided in Annex 1.

ABOUT THE ACCESS PROJECT

The aim of this project “ACCESS” (**A**ppropriate **C**ommunity-Based **C**are and **E**mpowering **S**upport **S**ervices for Migrants Affected by Gender Based Violence) is to improve the support and protection of migrant women and girls affected and at risk of multiple forms of gender-based violence in Belgium, UK and Spain. ACCESS is a partnership project led by GAMS Belgium, in partnership with FORWARD UK and Medicos Del Mundos in Spain. The project’s specific objectives are as follows:

- To identify barriers to accessing support services;
- To train GBV advisors from the community;
- To train professionals to understand GBV in a multicultural context;
- To raise awareness through development of digital tools & resources on GBV;
- To facilitate access to support and protection services;
- To implement weekly online supports services in key native languages;
- To disseminate the results of the project at national and EU levels.

Migrant issues remain on the agenda of many European countries as many come from conflict countries and experience multiple challenges which impact on their access to key services. The project training approach will ensure that key professionals understand the multiple barriers migrants face and enable them to have the support and confidence to respond appropriately and collaborate with specialist migrant organisations to deliver community-based services.

The project activities focus on training GBV advisors and advocates from migrant communities and support them to become a link between those affected by GBV and support services. Their role will be not only be to increase awareness in the community, but to enable them to accompany individuals to support services. The project will pilot the use of digital technology. This will include use of online support services (Skype, chat) in the key native languages (Somali, Fulani, Arabic, Swahili....).

The ACCESS project adopts a community-based approach that will empower affected migrant women and girls to report cases of GBV and raise awareness of multiple forms of violence which are often neglected in existing services on GBV. This training for professionals will help embed the added value of community-based services in meeting needs of migrants affected by GBV.

MODULE ONE: WELCOME AND INTRODUCTIONS

Overview

The introductory module provides the overall training rationale and methodology as well as allowing participants to get to know each other and explore how to work together. It also outlines health and safety matters and provides an opportunity to assess the general knowledge of participants on the issues.

Objectives

- Introduce the project and create a baseline on what information participants need to know about the context and experiences of migrant and refugee women who experience multiple forms of VAWG.
- Agree ground-rules and clarify expectations of participants to create a positive learning environment.
- Introduce the ACCESS Project and share samples of tools from the project.

ACTIVITY 1.1. GETTING TO KNOW YOU

Materials and Time

Attendance /registration sheets, flip chart stand and paper, markers, blue tack, and maybe post-its. Seating plan should be cabaret style to allow for effective group discussions, 40 minutes.

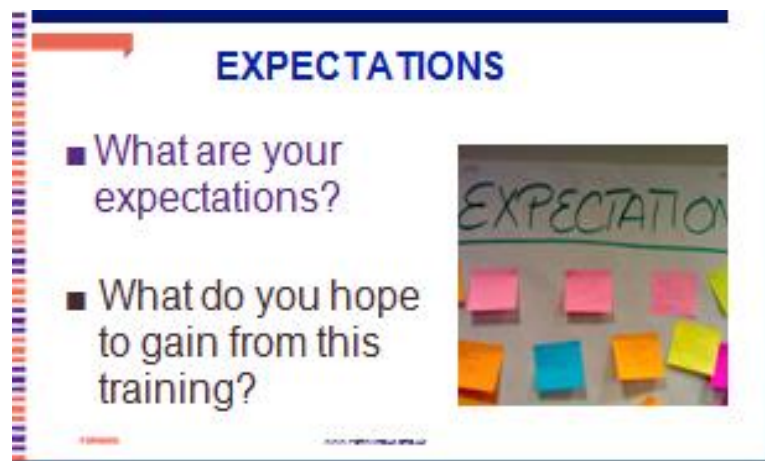
Instructions for facilitator

- Do a brief welcome and introduction of facilitators and do housekeeping matters. Share the objectives of the session to participants and the training programme agenda.
- Do an introduction to the ACCESS Project- a short 10 minutes presentation about the project using the information provided above. Allow 5 minutes for any clarifications or questions about the project. Inform participants at the end that some of the tools and further information on the project will be shared at the end of the session.

- Depending on the amount of time you can start with participants introducing themselves and to state their expectations for the training.

In groups participants introduce themselves covering who they are, what they do, and one thing they hope to get out of the day. Then each person introduces another to the whole group.

- Participant's expectations should be noted on flip chart and put up to be referred to at end of day;
- Discuss briefly ground rules for group behavior as a plenary;
- Reassure participants that the training session is a safe space, that there are no 'stupid' questions, and that the space is for them to gain knowledge and confidence in respect to a complex issue;
- State your objectives / expectations of the day to the participants.



Notes for facilitator:

Discuss your training style and share how participants can engage with the process while also clarifying how you want the training session to be run.

Outline your expectations from participants, to include; participation; sharing of ideas and experience including different professional perspectives and taking up roles in break-out sessions.

Prepare a PowerPoint presentation to introduce the project, its objectives and activities as well as tools developed, and partners involved in the project.

After the introduction of the project you are now are ready to start the training.

MODULE TWO: UNDERSTANDING MULTIPLE FORMS OF VAWG WITHIN MIGRANT COMMUNITIES

Objectives

Participants will have a deeper understanding of multiple forms of VAWG that affects migrant and refugee women and girls and communities. This will focus on different forms of VAWG, terminology, definition, facts and consequences.

ACTIVITY 2.1. VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) WITHIN MIGRANT COMMUNITIES

Materials and Time

Flip chart stand and papers, marker pens, Blu Tack, 1 hour.

Instructions for facilitator

- Introduce the session objectives and methodology. Inform participants that you will be reading a series of statements and they will have to move to sections of the room depending on if they agree, disagree or don't know. The statements are provided below.

STATEMENTS
1. Many migrant women were unaware what constituted VAWG before engaging with specialist services.
2. One of the most common forms of VAWG involved the use of immigration status by intimate partners/ husbands.
3. Many migrant women and refugees are unaware of the psychological harm of VAWG.
4. Forced and child marriage happens mainly in Asian and Middle Eastern communities.

5. In Europe 500,000 women are estimated to be affected by female genital mutilation.
6. Transnational marriage abandonment of wives is a growing form of VAWG within immigrant families.
7. Vulnerability to multiple forms of VAWG perpetrated by multiple partners is closely linked with insecure immigration status.
8. Migrant women and refugees experience multiple incidents of gender violence before formally reporting.
9. Many migrant women and girls affected by FGM will not report their experiences to police.

- After reading each statement ask 2-3 participants to share their viewpoint and ask others to contribute where necessary, conclude each statement before moving on to the next statement. Depending on the time available and the issues in your country, adapt the statements or select the most appropriate. This exercise often elicits many opinions so you may want to select up to 5 statements to use.
- Follow this exercise with a brief exploration of the multiple forms of VAWG that may occur within the life cycle of a migrant woman, using information provided in the 'Notes to Facilitator' below.
- Have a discussion with participants with a focus on the following:
 - a. What forms of violence might migrants be vulnerable to?
 - b. Who is most affected?
 - c. What are the root causes?

Notes for facilitator

Answers to statements in the exercise are provide below:

1. Agree

Living in a new country/lack of awareness. Not conversant with the system
Language/cultural/religious barrier

2. Agree

Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner. Intimate partner violence (IPV) occurs in all settings and among all socioeconomic, religious and cultural groups. The

overwhelming global burden of IPV is borne by women. Although women can be violent in relationships with men, often in self-defence, and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners. By contrast, men are far more likely to experience violent acts by strangers or acquaintances than by someone close to them

3. **Agree**

In many cases, the women are not able to link their psychological problems/harm to VAWG. In other cases violence is an acceptable way of life to the women and part of their culture.

4. **Disagree**

Child brides can be found in every region in the world, from the Middle East to Latin America, South Asia to Europe. Every year, 12 million girls marry before the age of 18. Child marriage happens across countries, cultures and regions.

<https://www.girlsnotbrides.org> › where-does-it-happen

5. **True**

It is estimated that at least 500,000 women in Europe have undergone FGM/C and 200 million women worldwide. If the practice continues at the current pace, 68 million girls will be cut between 2015 and 2030 in 25 countries where FGM is routinely practiced and data available.

6. **Agree**

Transnational marriage abandonment takes many forms but is essentially a gendered phenomenon that forms part of a continuum of violence and coercion experienced by women at the hands of abusive and exploitative husbands and their families. The impact of abandonment also creates contexts for further forms of violence against women due to the stigma associated with divorce and women's vulnerability within birth families.

7. **Agree**

Insecure immigration status often robs a woman of their confidence and self-esteem. They are unable to fight for their basic human rights due to their status.

8. **Agree**

- Stigma
 - Fear of speaking out
 - Language/cultural/religious barrier
 - Being controlled
 - Lack of awareness
 - Isolation-community, family, & friends
 - Fear of unknown
 - Lack of trust
 - Not being believed
 - Reliant on others
 - Fear of losing children
 - Fear of being found
 - No resource to public funds
 - Unaware of rights
 - Feelings of guilt and shame
- Family members or significant others
 - Financial Resources- External Agencies
 - Lack of suitable alternative (e.g. Accommodation)
 - Lack of suitably experienced staff
 - Lack of professional awareness and proficiency
 - Smooth inter-agency working
 - General Public Awareness

9. **Agree**

Same as above

VAWG within the life cycle of migrants

Migration can have positive and negative impacts of the lives of women and girl migrants. It can provide opportunities for economic autonomy, empowerment, and self-esteem. However, gender and migration overlap and can produce negative outcomes and increase risk to vulnerabilities to violence against women and girls.

Violence against women and girls (VAWG) includes physical, emotional, sexual and economic violence, and adversely affects women and girls globally. Women migrants face increased vulnerabilities to VAWG during their migration journeys, as routes may be unsafe and unregulated, increasing vulnerability to sex trafficking or domestic trafficking.

At their destination, women migrants are vulnerable to all forms of VAWG due to unstable financial security, language barriers, lack of understanding of the countries legal rights or services, lack of personal support system and potential trauma faced during their journeys. This leads to exploitation by perpetrators of VAWG, rooted in gender norms and unequal power relationships between genders.

ACTIVITY 2.2. UNDERSTANDING KEY DEFINITIONS

Materials and Time

Video link (in Notes for Facilitator), projector or laptops to show video clip, 40 minutes.

Instructions for facilitator

This activity will look to improve understanding of key definitions.

- Ask participants the following question to gain their understanding of the key issues:
 - Who is a migrant?
 - What do we understand by migrant communities?
 - What is Violence Against Women and Girls (VAWG)? What other terms are used?
- Show the video *'Walking in the shoes of a Migrant Woman'* (link in Notes to Facilitator), then follow it up with a debrief using the ORID method. Ask the following questions to participants:
 - What forms of violence did you observe?
 - How did you feel about the experiences of the migrant women?
 - What can we learn from this?
- Ask participants to think about the life cycle of migrant women and refugees, then list the different forms of VAWG that they may encounter.
- In small groups - discuss one form of VAWG and discuss these 2 questions:
What are the root causes? Who is most affected and why?
- Ask each group to give brief feedback and encourage others to comment on the feedback. Provide information to fill in gaps in the information given by the group. Conclude the module by stressing that gender-based violence affects more women and girls due to their gender and lack of power. This often involves women and girls of all ages.

Notes for facilitator

Answers to the exercise will include the following:

- A migrant is a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or

permanently, and for a variety of reasons. This includes refugees, asylum seekers and undocumented migrants

- Violence against Women and Girls (VAWG) covers a wide range of offenses against women including physical, emotional, financial and sexual. Another term used interchangeably is gender-based violence.
- *Video link:* (<https://www.youtube.com/watch?v=kWgKBA87kP4>)

MODULE THREE: INTRODUCTION TO CULTURAL COMPETENCY

Overview

Participants gain an understanding of culture and the importance of statutory and non-statutory organisations adopting culturally competent responses to GBV. Participants also consider what this means for their own practice in their localities.

Objectives

- Explore the how culture, power and privilege creates barriers to effectively respond to the needs of migrant women who experience multiple forms of gender-based violence.
- Discuss how culture can impact an individuals' values, beliefs, behaviours and decision-making processes, including impact on care and treatment decisions.
- Recognise the meaning of culture and social norms within migrant communities, host communities and organizations.
- Explore strategies to improve cultural competency within professionals' practice.

ACTIVITY 3.1. DEFINING CULTURE

Materials and Time

Flip chart stand and papers, marker pens, plain paper, post-its, blue tack, 30 minutes.

Instructions for facilitator

- In small groups, take a moment to identify a time when you experienced/noticed your own bias as a provider in your work, whether you verbalised it or not. Think through this experience and discuss why it is important to acknowledge culture in our work.

OR

- Ask each participant to write on each post-it (3) one word they think of when talking about culture and what it means.

- After the brainstorming, review what has been mentioned and share an agreed definition for culture. Use the definition in the image below as guide



- Next, ask participants to draw a triangle with the tip pointing up on a plain piece of paper. Then divide the triangle into 5 parts drawing horizontal lines.
- Starting with the top boxes, ask participants to write cultural things one *can see* and which they identify with. This might be physical things, such as flags, foods or traditional dress. The facilitator should give an example on a large sheet of a flipchart.
- Then, ask participants to write at the bottom of the triangle things which they know about culture that is not seen. Highlight that often we see each other on the basis of the references that are on top of the triangle, whereas the roots of our cultural determinant are often invisible.
- Have a 10-minute discussion, highlighting the following: So how then can we work with people from different cultures to whom the most important part of their lives and social norms are invisible to us?

Notes for facilitator

Discuss how we learn culture and the nature of culture and share the following conclusions-

Culture is learned and we are all socialized through family, community, school religion and general social institutions

We can represent different cultural identities which affect different parts of our lives and can create conflict

Culture does change and is not static.

ACTIVITY 3.2. CULTURAL COMPETENCY

Materials and Time

Flip chart stand and papers, marker pens, plain paper, post-its, blue tack, 30 minutes.

Instructions for facilitator

- Put participants into 3 small groups. Give each group the case scenario below and the question they have to discuss for 10 minutes.

Flavia is from Angola. She has an appointment at 9 am in a service to seek help because she's been going through a lot. She arrives 30 minutes late. The secretary asks her to wait and gets her assistant on the phone. Flavia hears her saying: "She is finally here. They are all the same. They have a real problem with timing".

Mikael, the Social Worker, introduces himself and reminds her that she is late, that this time it's ok but next time she needs to be punctual, it's important. She apologises and says that she didn't mean to, she overslept and could not call because she has no credit on her phone. Mikael realises that she has difficulties talking in French and says to her: "You are from Angola, so do you speak Portuguese?" With a smile on her face she says "Yes. So, Mikael, who speaks Portuguese fluently, decides to continue the interview in Portuguese.

Flavia was happy to be able to speak in Portuguese but Mikael noticed that she always avoided eye contact and heard her saying: "I had a woman on the phone before the appointment". To which Mikael reacted: "Ah, you were expecting a woman. Would you prefer to talk to a woman?"

She smiled shyly and said, "No, it's ok". Knowing that it can be difficult for some women to talk about their problems to a male, Mikael acknowledged it.

- ✓ **Group 1:** identify in this case study the stereotypes that are seen culturally from the professional's side that could impact on the care of Olivia's situation. Discuss what and how a professional should consider his or her own stereotypes, to better

respond to a problem that someone from a different culture is facing and seeking help.

- ✓ **Group 2:** Regarding the communication between Flavia and Mikael, do you think there are any cultural issues taken into consideration and that help them to understand each other? In your opinion what should a professional consider when communicating to someone who needs care and is from a different culture?
- ✓ **Group 3:** Mikael knows a bit about Flavia's culture. Is it necessary to know someone's culture to be able to give them the support they need from a professional? What do we need to bear in mind when trying to understand the person's culture in order to help them get out of the situation they are in?

At the end of the workshop, share the results in plenary session and explain that the response to the initial question is what we did in the exercises and it's called 'cultural competence'.

- Using the information provided below, explain to participants what cultural competency is.



Definition: Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures. It encompasses:

- Being aware of one's own world view;
- Developing positive attitudes towards cultural differences;
- Gaining knowledge of different cultural practices and world views;
- Developing skills for communication and interaction across cultures.

Cultural proficiency "requires more than becoming culturally aware or practicing tolerance". Rather, it is the ability to "identify and challenge one's own cultural

assumptions, values and beliefs, and to make a commitment to communicating at the cultural interface". (SNAICC 2012).

Cultural competence is having the capacity to function effectively within the context of the cultural beliefs, values, behaviors, and needs of patients, clients and their communities.

What does cultural competence look like in practice?

Service providers who are culturally competent respect multiple cultural ways of knowing, seeing and living, celebrate the benefits of diversity and have an ability to understand and honour differences.

In practical terms, it is a never-ending journey involving critical reflection and learning to understand how people perceive the world and participate in different systems of shared knowledge. Cultural competence is not static, and our level of cultural competence changes in response to new situations, experiences and relationships.
(www.rapworkers.com)

The checklist below provides some elements of a culturally competent service and can help us start to build a picture of the attitudes, skills and knowledge required to be culturally competent. For example, service providers who respect diversity and are culturally competent:

- Understand the cultures, languages, religion, traditions and child-rearing practices of clients and migrant communities that they serve;
- Value individual's different capacities and abilities;
- Have an open and non-judgemental attitude;
- Understand the social values of communities;
- Understand decision- making processes;
- Know how to establish trust with their clients.

ACTIVITY 3.3. HOW CULTURALLY COMPETENT IS YOUR ORGANISATION?

This exercise can be used if there is adequate time.

Materials and Time

None, 20 minutes.

Instructions for facilitator

- This exercise could be done individually then discuss any shared insights and learnings with everyone. (Remind participants of the importance of maintaining confidentiality throughout this exercise).
- Ask participants to think about their own organisation and rate each statement accordingly.

1 = poor (needs improving) 2 = OK (not bad) 3 = very good

- Ask if someone would like to briefly share any insights of learnings that they have gained from this exercise, e.g. something that has worked well, or areas that need improving (NB be mindful not to name any specific organisation).
- Close the session by exploring how professionals can improve cultural competency within their setting to enable them to effectively tackle multiple forms of violence that affects migrant women - some examples of strategies will include the following:
 - Leadership and governance support;
 - Integration into operations and management processes - ensure setting provides an enabling environment;
 - Communication and provision of resources;
 - Training and recruitment - awareness, skills and knowledge;
 - Community engagement – outreach and use of mediators/ community advocates or peer educators;
 - Partnership with specialist agencies;
 - Evidence base- research and monitoring and evaluation.

Notes for Facilitator

None.

MODULE FOUR: LEGAL AND POLICY CONTEXT OF GBV

Overview

Participants will explore the legal and policy context at national level as well as within their own settings, their legal obligations as practitioners and the complexities and challenges in relation to providing effective services for migrant women affected by multiple forms of GBV.

Objectives

- Discuss existing national laws and policies and how they affect migrant communities
- Outline obligations of key professionals and barriers challenges.

ACTIVITY 4.1. OVERVIEW OF LEGAL CONTEXT

Materials and Time

Flip chart stand and papers, marker pens, Post-its, Blue Tack, 45 minutes.

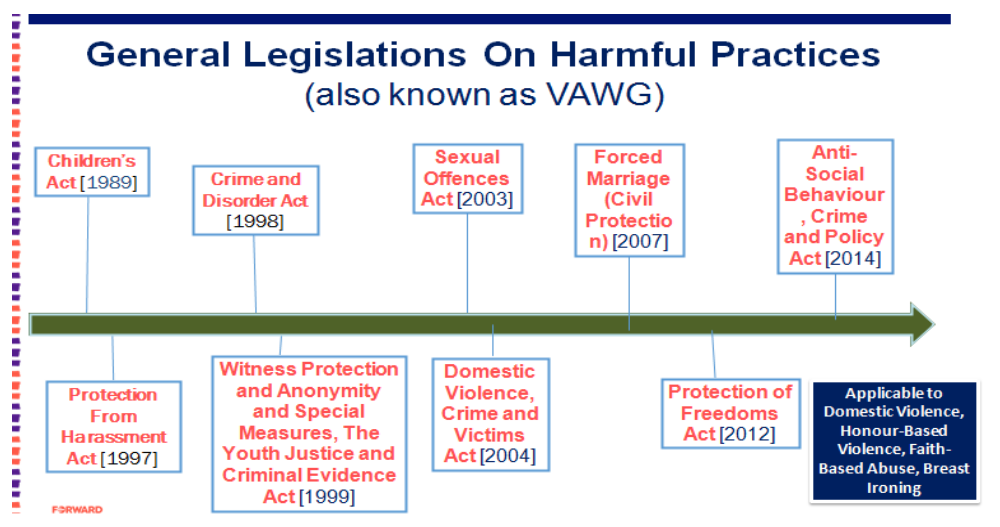
Instructions for facilitator

Identify a resource person who has expertise in legal and policy frameworks to deliver this session. The session should address specific legal context including international and European laws and national laws and policies including those pertaining to different forms of gender- based violence. Address key challenges that may hinder migrant women from accessing existing legal support.

Start the session with a brief overview of the international and European legislation on Human Right. Review specific legal context in relation to Spain and Belgium. This session uses UK examples on the legal and policy context.

- Key international and European human rights legislation to address includes the following:
 - Universal Declaration on Human Rights – 1948;
 - Convention on the Elimination of All Forms of Discrimination against Women (CEDAW-1981);
 - United Nations Convention on the Rights of Children- 1990;
 - Istanbul Convention.

- The UK legal and policy framework
- Explain that there are no specific offences for harmful practices such as: 'faith-based abuse' and 'honour-based violence'. These offences are covered by general legislation on harmful practices.



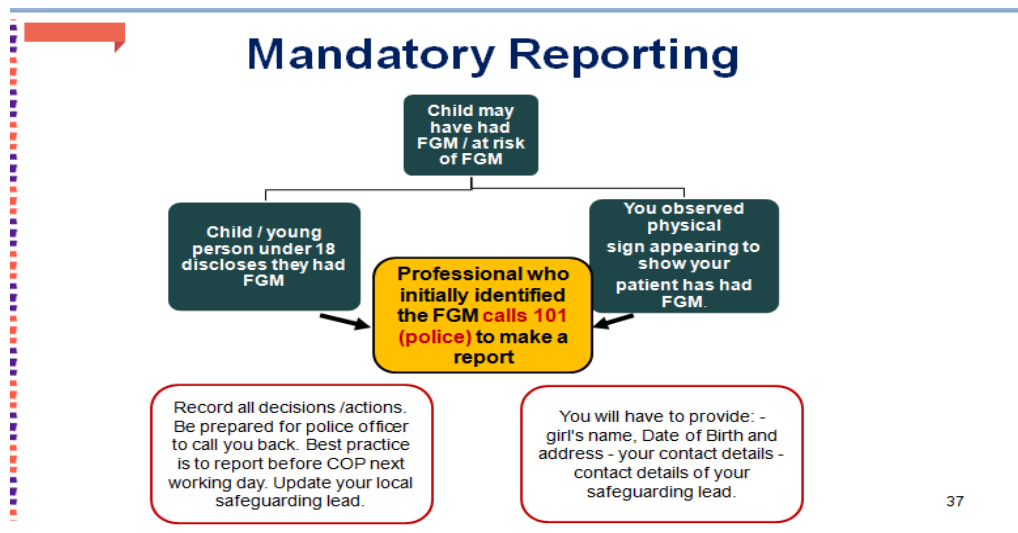
- The Serious Crime Act 2015 refers specifically to FGM.

This law was introduced in response to the gaps in the existing FGM law and to improve the safeguarding and protection elements. It extended "extraterritoriality to protect UK nationals and 'habitual residents'"

4 new laws:

1. Offence of failing to protect girl from risk of FGM
2. 'Life-long anonymity for identification of victims in publications'
3. New 'female genital mutilation protection orders'
4. A 'duty to notify the police of cases of female genital mutilation on girls under 18 within one month'

Key elements of the Serious Crimes Act included the FGM Protection Orders (covering FGM and Forced Marriages) and the Mandatory Reporting Duty (covering FGM). Check that they also know about and understand the Domestic Abuse Bill 2019.



- Discuss any challenges that participants may have experienced in relation to Mandatory Reporting Duties and highlight other obstacles that their clients may have faced, e.g. 'No Recourse to Public Funds (NRPF)*'.
 - This is a condition imposed on someone due to their immigration status. Section 115 Immigration and Asylum Act 1999 states that a person will have 'no recourse to public funds' if they are 'subject to immigration control'.
- Belgian Legal Context
 - Since 2001, Article 409 of the Penal Code criminalizes (i) the execution or facilitation of female genital mutilation which is penalized with imprisonment, ranging from three to five years;
 - Since the month of July 2014, all incentive to practice FGM is equally punished with a term of imprisonment (of 8 days to 1 year). The fact that the victim is a minor constitutes an aggravating circumstance, as well as the importance of the aftereffects, profit, and in a general manner situations of dependency and vulnerability (when the author has authority over the victim, either a parent, doctor...). According to the circumstances the punishment can rise as high as 15 years imprisonment;
 - The statutory limitation is 5 years. 10 years in case of aggravating circumstances and 15 years if the victim is a minor at the time of the events. In this case, the statutory limitation does not begin until the victim has reached 18 years of age;

- Furthermore, any person who has participated in, encouraged or facilitated FGM on a minor, including abroad, can be pursued in Belgium on the condition that the author is on Belgian territory (Principal of extraterritoriality);
- In Belgium very few complaints have been filed and no conviction has been pronounced since the provision penal entered into force (15 complaints between 2009 and 2014). Thus, there is no available jurisprudence on this subject.

Notes for facilitator

None.

MODULE FIVE: RESPONDING TO GBV WITHIN MIGRANT COMMUNITIES

Overview

This module will focus on reflections on earlier discussions on different forms of GBV that affect migrant women. It will also explore how cultural competence can shape access to more effective services and delve into the role of community-based support services in providing alternative services which can help to improve links with mainstream support services.

Objectives

- To understand the context of migrant women and girls and complex and intersectional issues that make them vulnerable and fail to access services.
- To explore strategies for responding to GBV within migrant communities and the role of community-based services for migrant women and how to build links with these services.
- Discuss the role of community engagement and the vital role of community champions/ peer educators in providing effective support services to migrant women and girls.

ACTIVITY 5.1. WORLD CAFE

Materials and Time

Printed handouts of the case studies A-D, flip chart stand and papers, marker pens, Post-its, Blue Tack, 1 hour.

Instructions for Facilitator

Training Methodology- World Café -Start the session with a short introduction of the methodology- *this methodology provides an informal **cafe** look which allows participants to discuss in small groups round a table. Discussions are held in multiple rounds of 20-30 minutes and participants are asked to move to another table (see below).*

Case Studies:

4 groups

Each group to move around the four tables.

At each table - listen to the 'expert' read a case study. Discuss your responses for **10 mins**, then move on.

'World Café'



WWW.FORWARDUK.ORG.UK

- Divide participants into 4 groups of mixed professionals and provide handouts on case studies for the group discussions. Group size should not be more than 6, preferably 5-6 people per group.
- Allow 20 minutes for the groups to respond to the issues in the case study. Identify a resource person who will host the discussions and write the feedback on their discussions. Ensure that the respondents bring their different professional insights in the discussions by putting different professionals in each group.
- After the 20 minutes, ask each group to rotate to another table. The resource person will read the case study and questions, and outline *what has already been developed. The group will be required to add on to the discussion areas that have been missed.*
- Participants will have to rotate until everyone has had a chance to input into the case studies. Where some questions have not been adequately explored the resource person should encourage the group to respond first to the areas that have not been covered effectively.
- After everyone has looked at each case study, have a whole group discussion.

Questions for discussions

- How would you respond to this case in your professional role, taking into consideration safeguarding concerns?
- What support is needed for this person or persons?
- How would you help to empower this survivor to make informed decisions?
- How would you engage migrant communities to respond to this problem?

Notes for facilitator

Case studies:

- **FGM**

Mr and Mrs Jalloh are in the process of divorce, they are from Gambia and live in the UK. They have two little girls. The father wants to take his 2 and 5-year-old daughters to see their grandmother (his mother) during the next school holiday. The mother expresses her fears for FGM in the nursery (where the youngest of the girls attends). The nursery assistant is concerned about this situation.

- **Domestic violence**

Mariama was married at the age of 19 in her village in Mali to a friend of her parents, Oumar, who has already been in the country for 8 years. Her husband has EU nationality. After his marriage, Oumar obtained family reunification. Upon her arrival, Mariama wanted to register to start nursing studies, as her husband had promised her family, but her husband refuses. He forces her to have sex with him and she gets pregnant very quickly. After the birth, Mariama cannot leave freely, the only place authorised by her husband is the Well Baby clinic. During a vaccination of her child, she confesses that she is subjected to violence from her husband.

- **Forced marriage**

Idil is 15 years old and confides to her homework assistance teacher that she is returning to Pakistan with her parents during the Easter holidays. She is to have a religious marriage with one of her cousins. She confided in her best friend that she is afraid to say 'no' to her parents. She says she'd rather die than marry this cousin that she's never seen before.

- **Sexual violence / Sexual exploitation**

A woman from Nigeria comes to you at the sexual health centre of a clinic for urinary tract infection and complains of a sexual infection 'down there'. She keeps her sunglasses on throughout the consultation. During the examination, you notice scars on her inner thighs that look like cigarette burns.

Some useful sources of information when finding out about migrants' lives, building networks and identifying case studies:

- Refugee and migrant community organisations;
- Drop-ins and specialist projects;
- Advice agencies;
- Community Networks;
- Churches, mosques and other faith-based organisations;
- Employment agencies and employers of migrants;
- Staff on the front-line in statutory agencies (Doctors, midwives, health visitors, community development workers);
- Tenants' Associations;
- Gangmasters Licensing Authority;

Some of these organisations may be able to arrange meetings between you and migrant groups and individuals.

ACTIVITY 5.2. RESPONDING TO GBV

Materials and Time

None, 30 minutes.

Instructions for facilitator

- Ask participants to discuss the question below (in pairs or small groups):
 - Do you know of any effective strategies that can help prevent GBV?
- Ask participants to share their thoughts and elicit feedback.

Next, explain the following effective strategies (Some examples adapted from The Swedish International Development Cooperation Agency's 'Gender Toolbox'):

- A shift in focus from seeing women (and other groups exposed to GBV) as victims to **seeing them as survivors, actors and agents of change** with a strong focus on women and girls' empowerment and agency;
- Increase **women's political participation**. Women have the right to participate on equal terms with men in political spaces at all levels of the society, including in peace process;
- Increase **women's economic empowerment** to enhance women's bargaining power and ability to leave abusive relationships. This includes strengthening women's entrepreneurship and employment opportunities, [in addition to] promoting equal sharing of unpaid care work between women and men;
- **Increasing sexual and reproductive health and rights** is crucial to preventing GBV given the close relationship between the two. Such efforts include the promotion and protection of women's right to have control and decide freely over matters related to their sexuality, including sexual and reproductive health, family-planning possibilities and HIV/Aids prevention;
- **Incorporate men and boys as perpetrators, as victims/survivors and as agents of change**. Men and boys are often neglected as survivors of GBV. Hence, there is a need to recognise and address men's and boys' particular vulnerabilities and needs in relation to GBV, especially in the context of armed conflict. Rather than simply 'bringing men in' to work against violence against women, there is a need to work towards transformed norms around gender relations and masculinity. Such an approach acknowledges that men and boys

are also restricted by expectations linked to masculinity and can also be victims of violence;

- **Transformation of norms and behaviour that underpin GBV.** The logic of GBV is based on gender stereotypes, such as ideals linking masculinity to the provider role, macho behaviour and violence as well as ideals linking femininity to chastity, submission and victimhood. Prevention efforts should start early in life and be directed at girls and boys. Both non-formal education and formal education are important sites for normative change and have the potential to address gender inequalities and prevent GBV.

Reference: Gender Tool Box, Preventing and Responding to Gender-Based Violence: Expressions and Strategies, Sida 2015

Notes for Facilitator

None.

ACTIVITY 5.3. BARRIERS TO ACCESSING SERVICES

Materials and Time

Flip-chart paper, pens, 30 minutes.

Instructions for facilitator

Ask participants to discuss the question below (in pairs or small groups) and write bullet points on flipchart paper:

- What do you think might be the barriers to engaging with migrant communities?
 - **Communication:** language, jargon, prejudice, stereotyping, judgmental attitudes, inter-cultural, different perceptions, body language.
 - **Social, economic and personal barriers to accessing services:** lack of transport, lack of money, disability, childcare issues, limited time available, cultural restrictions to going out.
 - **Legal barriers:** clarify national legal and policy barriers that may affect access to support services and explore opportunities on how to address some of these legal and policy barriers

- **Lack of information:** language barriers, lack of awareness of their rights and where to access information due to literacy levels can affect access to information.

Notes for facilitator

See the attached poster for information on what needs to be done to improve access to migrants who face barriers in accessing services. This tool is useful for professionals to help them understand what needs to be done to improve access to migrant women and empower them to exercise their rights.

Standards for Community-Based Services for Migrant Women and Girls affected by GBV



By displaying this poster on our premises, we commit to the following community-based standards

Migrant women affected by gender-based violence (GBV) face additional challenges in accessing existing services due to cultural, social, and political barriers. Community-based support services modelled on human rights principles help ensure access to prevention, protection, and provision of mainstream support services.

1 Rights-based approach

We ensure that the human rights of migrant women are respected, protected, and fulfilled in our services including upholding gender equality, non-discrimination, and dignity as rights holders.

2 Women's empowerment

We strengthen the decision-making capacity of migrant women by ensuring they can exercise their rights through access to appropriate information, support services, safeguarding, and legal support.

3 Culturally competent professionals

We train professionals to deliver culturally competent services to enhance outcomes and ensure that communication and outreach tools to support migrant women are culturally sensitive, participatory, and unbiased..

4 Trained peer educators

We work with migrant community peer educators that are trained and well-informed about migrant women's experience of GBV and deliver culturally sensitive awareness and prevention services.

5 Community engagement and outreach

We actively consult and partner with key community groups and members to ensure we have an integrated approach to service provision and promotion for better engagement and inclusion.

6 Interpreting services & language support

We offer interpreting services for migrant women to confidently access our service in languages they understand and resources including videos, posters, and a multilingual information.

7 Referrals to appropriate organisations and services

We actively engage with local networks and partners such as community organisations and public services, to provide holistic support and appropriate referrals to meet migrant women's needs.



With the support of



These standards were developed within the framework of the ACCESS European project coordinated by GAMS Belgium, in partnership with FORWARD UK and Médicos del Mundo Spain. ACCESS aims to facilitate access to prevention, protection, and support for migrant women in Europe who are affected by gender-based violence (GBV). The acronym

"ACCESS" refers to "Appropriate Community-Based Care and Empowering Support Services"

More information: www.we-access.eu



Co-funded by the
Rights, Equality &
Citizenship Programme
of the European Union

MODULE SIX – SUMMARY AND EVALUATION

Overview

At the end of training ensure that all aspects of GBV have been adequately dealt with in the session and that the objectives of the trainer and participants have been met. This concluding part of the session will be to reflect back on the expectations provided by participants at the beginning of the training to ensure these have all been addressed.

Outcomes

Participants have the opportunity to clarify all questions and to reflect whether expectations expressed at the beginning of the session have been met.

- Refer to the expectations expressed at the beginning and check if all the expectations have been met and to what degree.
- Ensure that all questions that came up during the training and which were put in the parking lot have been answered.
- Distribute evaluation forms and end session. This questionnaire is a follow up from the pre- training assessment and provides a useful basis to measure the learning from participants from the training.


Notes to Facilitators

- It is important that at the end of the training adequate time is devoted to reflect on the training and to conclude the learning process. The facilitator should encourage participants to reflect and share verbally as well as formal evaluation using the post training questionnaire. (See annex 2 for the evaluation form)
- Conclude the session with a concluding statement on where to access additional information and request those who feel they need additional support to indicate this in their evaluation forms.
- Thank participants for their participation and bring the training to an end.

ANNEX 1 - SAMPLE PROGRAMME FOR THE TRAINING

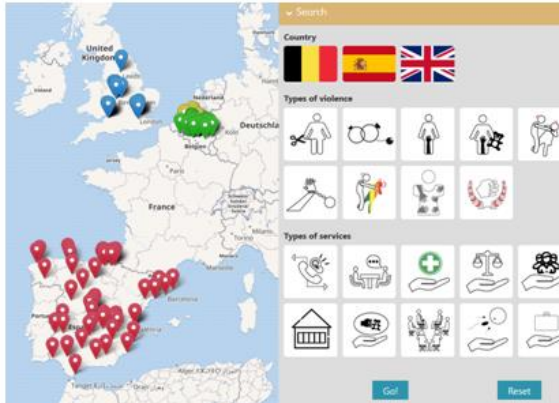
TIME	PROGRAMME DETAILS
15 mins	Registration and completion of Pre- Training questionnaire
15 mins	Welcome, introductions, housekeeping, training expectations and ground rules Introduction to the ACCESS Project
40 mins	Getting to know you
15 mins	Coffee Tea Break
1 hour 40 mins	Violence against women and girls in migrant communities Understanding key definitions
1 hour	Lunch
1 hour 20 mins	Introduction to Culture and Cultural competency
15 mins	Coffee Break
45 mins	Introduction to national legal and policy context of VAWG
15 mins	Coffee break
1 hour 30 mins	Responding to GBV within migrant communities
15 mins	Summary; Evaluation; Close.




Project web resources


Toolkit
www.we-access.eu
- Service Mapping -


Support Services in UK, Belgium and Spain

English, French, Dutch and Spanish and Arabic



Co-funded by the Rights, Equality and Citizenship (REC) Programme of the European Union




Toolkit
www.we-access.eu
- Videos -

- Themes: Fear, Stress, Pain and Disgust

[Video on stress](#)




- Languages – Arabic, English, Dutch, Spanish, Fulani, Amharic, Yoruba, French, Spanish





Co-funded by the Rights, Equality and Citizenship (REC) Programme of the European Union



ANNEX 2 - PRE AND POST TRAINING QUESTIONNAIRES

PRE-TRAINING QUESTIONNAIRE GENDER-BASED VIOLENCE (GBV)

Key Professionals

This questionnaire aims to identify what you know about these topics before the training. Please note that the aim is not to grade your performance but rather to inform the project management. Thank you for participating!

Date:	Location:
Gender:	Age:
Organisation:	Job:
How long you have been working in your organisation:	

Part 1: Knowledge

Please answer the following questions:

A. In the last three years, have you received any training on GBV?

Yes ☐ No ☐

If Yes, how many times and on which topics:

B. Can you identify organisations that provide specialised support to GBV survivors?

Yes ☐ No ☐

If Yes: Please list at least two:

C. In your organisation, is there a list of community resources, including community-based organisations, to which you can refer GBV survivors?

Yes ☐ No ☐ Don't know ☐

If Yes, how often have you referred to this list in the past year:

Never ☐ Once ☐ Sometimes ☐ Often ☐

If Never, please explain why:

D. Are there any national laws to address gender-based violence?

Yes ☐ No ☐ Don't know ☐

If Yes, please identify some of these laws:

E. According to your national law, do professionals in your area have any legal obligations towards GBV survivors?

Yes ☐ No ☐ Don't know ☐

If Yes, please identify some of these obligations:

Please fill in below:

What do you think of these statements?	Disagree	Partially agree	Agree
There is a close link between migration status and vulnerability to multiple forms of VAWG.			
Migrant and refugee women and girls are well aware of the different types of violence they can be submitted to.			
Migrant and refugee women and girls can experience multiple incidents of gender violence before formally reporting them.			

There is no need to address psychological harm of VAWG if violence occurred in the past and in a different country.			
Depending on the community culture, forced sexual relations in a marriage may not be rape.			
Forced and child marriage rarely happens in African migrant communities.			

Part 2. Barriers to discuss violence with migrant women and girls

What do you think of these statements?	Disagree (not a barrier)	Partially agree (sometimes it is a barrier)	Agree (it is a significant barrier)
It is difficult to talk about violence with GBV survivors without offending them.			
GBV tends to not be a priority of my daily routine.			
I am not comfortable to discuss GBV due to lack of training.			
It is difficult to communicate about violence and use proper language that is linguistically and culturally appropriate with migrant communities.			
I have time limitations.			
Getting involved in GBV cases implies participating in police proceedings.			
The reason why I don't engage more with migrant communities on GBV is because of			

their limited demand, which is due to cultural or logistical constraints.			
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Please list other barriers to discuss violence with GBV survivors:

Part 3: Confidence

How prepared do you feel to...	Not adequately prepared	More or less prepared	Sufficiently prepared
Talk with migrant women and girls about gender-based violence.			
Detect cases of psychological violence.			
Assess the level of danger of a migrant woman living in a violent situation.			
Identify and document GBV cases.			
Provide referrals to GBV survivors.			
Establish trust with individuals from different migrant communities			
Understand the different cultures, languages, religion and traditions from the different migrant communities you work with.			
Help transforming norms and behaviour behind GBV through your daily work.			

FEEDBACK FORM – POST TRAINING GENDER BASED VIOLENCE (GBV)

Key Professionals

Thank you for taking a few minutes to provide feedback about this training.

Date:	Location:
Gender:	Age:
Organisation:	Job:
How long you have been working in your organisation:	

A. Overall, how you would rate the quality of this training?

Poor ☐ Fair ☐ Good ☐ Very good ☐

B. How would you rate the usefulness of the training for your work?

Poor ☐ Fair ☐ Good ☐ Very good ☐

C. Please provide feedback about the specific sessions:

Sessions	Please rate each session on a scale of 1 to 5		What could be improved in each session, if anything?
	1 being not informative, 5 very informative	1 being very difficult, 5 very easy	
Introduction Presentation of the ACCESS project			

Understanding multiple forms of GBV within migrant communities		
Introduction to Cultural Competency		
Legal and Policy context of GBV		
Responding to Multiple Forms of GBV within migrant communities		

D. What do you think of these statements?

	Agree	Agree somewhat	Don't agree
The material presented was clear and well-structured.			
The training provided enough practical and hands-on experience.			
There was adequate time allocated for questions and discussion.			
The facilitator/s was/were well prepared and was/were knowledgeable about the topics.			

The facilitator/s was/were friendly and approachable.			
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E. What was in your view the high point of the training?

F. What was in your view the low point of the training?

G. Final comments (any unexpected outcomes!)