



GEMMA

Local Protocols for victims of GBV¹

Greece

¹ DISCALIMER: *GEMMA Against violence!* has received the financial support of the Rights, Equality and Citizenship Programme (2014-2020) of the European Union. The contents of this document and project related publications are the sole responsibility of EPAPSY and can in no way be taken to reflect the views of the European Commission



Authored by

EPAPSY

Pantelidou, S., Lavdas, M., Pasho, B., Galanis, D., Arabatzis, A., Chadoulis, G.

2017



Contents

1. Institutional and contextual framework and the socio-cultural determinants of GBV in Greece
2. Networking and liaison of relevant agencies and development of a multi-sectoral response to support migrant/ethnic minority women and girls survived to violence.
 - a. Staff Knowledge and Skills
 - b. Person-Centered Approach and Implementation
 - i. Case Study in Urban Settings (Athens)
 - ii. Case Study in Rural Areas (Paros Island)
 - c. Basic Principles of Cultural Competence
 - d. Service Accessibility
 - e. Basic principles of ethics with respect of GBV victim's rights:
 - f. Raising Awareness
3. Empowerment in women and girls in migrant and ethnic minority groups and community Based Approach
 - i. Empowerment
 - ii. Community Based Approach



1. Institutional and contextual framework and the socio-cultural determinants of GBV in Greece

There is increasing evidence that gender-based violence is a major issue for migrant women and girls. A recent field assessment of risks for refugee and migrant women and girls identified instances of sexual and gender-based violence, including early and forced marriage, transactional sex, domestic violence, rape, sexual harassment and physical assault in the country of origin.

Table adjusted from UNFPA and WAVE (2014)

	Perpetration by men	Victimization of women
Individual level	<u>demographics:</u> Low income Low education <u>child maltreatment:</u> Sexual abuse Intra-parental violence <u>mental disorder:</u> Anti-social personality Disorders <u>substance abuse:</u> Harmful use of alcohol Illicit drug use	<u>demographics:</u> Young age Low education Separated/divorced marital status <u>child maltreatment:</u> Intra-parental violence <u>mental disorder:</u> Depression <u>substance abuse:</u> Harmful use of alcohol Illicit drug use
Relationship level	<u>multiple partners/infidelity</u> Low resistance for peer pressure	
Community level	Weak community sanction Poverty	Weak community sanction Poverty
Societal level	Traditional gender norms and social norms supportive of violence	Traditional gender norms and social norms supportive of violence

Socio-cultural factors that increase the possibility for GBV (reference)

- Profile of immigrant population in Greece and ethnic minorities.
- Refugees as a population that might be integrated in the immigrant population of the country.
- Socio-cultural determinants of GBV
- Domineering attitude of men promote gender based violence
- Failure to give man a male child promotes GBV
- Cultural beliefs and values promote GBV (duty of the woman to stay with the family, stigmatized if divorces)



- Sex role socialization promotes GBV (women are not complete without a man/there is no equality between men and women)
- Lack of economic empowerment of women promotes GBV (housewife)
- Societal norms promote gender-based violence e.g. wife must show respect or reference to all male members of wider family irrespective of their age
- Political marginalization of women
- Religious teaching promotes GBV (secondary status to women in christianity and strong suggestion to obey their husband as they do to God. Choice between living with a violent husband or being “in sin” for violating marriage vows)
- Identity of victims of GBV at a social level. Being married to someone.
- Friends and family members are likely to encourage victim of GBV to endure victimization.
- Statistics under reporting incidence of GBV by the police or formal institutions which underestimate the level of violence
- Women refraining from speaking about the abuse of men promote GBV
- Lack of support to women who are victims of GBV by the government or formal structures.
- Sexual violence in Greece particularly has been associated with male sexual dysfunction. Financial crisis becomes social and cultural mainly inflicting on “male dominance” which is interpreted as health, money and sex. There are notes by the Association of study of human sexuality and the Andrological Institute (2013) who indicate that “humiliation of the male dominance has been associated with sexual violence and rise in fascist views”.
- Depression in middle aged men
- Socioeconomic Crisis and increase in homicide cases

2. Networking and liaison of relevant agencies and development of a multi-sectoral response to support migrant/ethnic minority women and girls survived to violence.

a. Staff Knowledge and Skills

The staff in healthcare units and other relevant agencies is responsible for providing GBV case management and psychosocial support to GBV survivors. This includes ensuring individuals at risk of GBV are identified and provided with safe entry points to access services through disseminating information about available GBV services and strengthening GBV referral pathways. They will directly provide survivor-centered case management, including assessment, development of action plans, direct service provision, referrals, follow-up, and case close, for a caseload of clients. They will ensure to follow GBV Guiding Principles and adhere to strict confidentiality and respect of survivors.



Also, the professionals will work to raise awareness about GBV and available services and build prevention with the community, service providers, and other stakeholders. They will be involved in GBV trainings, referral workshops, safety audits, awareness campaigns, and other community initiatives, to promote GBV mainstreaming and risk mitigation.

The objective of the professionals is to provide and expand access to GBV services for GBV survivors. They have to coordinate closely with the Women Center/Community Engagement Officers, medical focal points trained in Clinical Management of Rape, in that cases, local GBV partners providing complementary services, and other Protection teams.

Training program aimed at enhancing awareness knowledge and skills of professionals (should consider):

Qualitative remarks from members of migrant and ethnic minority groups

- “What these women need is mostly psychological support to let go of the guilt and to be empowered to stand for their children. The legal aid is also very important to be informed about your rights as victim of violence”.
- Knowledge of the legal framework is a prerequisite for providing suitable care to GBV victims. In this context and interdisciplinary approach should be followed in collaboration with relevant agencies (legal, medical, financial, psychosocial).
- Specific protocols should be followed in a clear referral pathway with central coordination.
- Culture competence in providing services to victims of GBV that take into consideration the ethical codes of the environment’s country of origin.
- Knowledge on GBV extent and possible barriers in accessing help
- Knowledge on migrant and ethnic minority population, including main migration trends and flows
- Knowledge of the socioeconomic and political situation that an immigrant comes from
- Main notion on trauma associated with immigrant pre-arrival and early settlement experiences
- Notions on immigrant status vulnerabilities (psychosocial, economic and legal)
- Knowledge and understanding of legal measures and procedures
- Knowledge of international/national standards and their local application
- Knowledge in cultural competence: professionals must be sensitive of culture and ethnic, religious, racial and language diversity
- Providers must aware of their own values and prejudices and how they may agree or differ from those of the people they are assisting
- Knowledge on how to enhance trust-building and empathy



- Training to support staff (i.e. guards, receptionists) that come into contact with survivors before the latter access a specific service , to be considered
- Involvement of key community members/leaders in specific training modules
- Group cases supervision for professionals
- Engage beneficiaries of training (institutions, third sector association, professionals) in assessing the training effectiveness and positive changes, in the long-term

b. Person-Centered Approach and Implementation i.

A case study in Urban Settings (Athens)

When you find that in your weight exerted unlawful, conduct must

- a) call the police the moment the illegal act against you. Because in most cases this is not possible, it would have mainly inform a neighbor about the behavior of the husband / your partner, so they can call the police when something is going wrong. The police can arrest the abuser and tried to flagrante process or to give recommendations.
- b) go to the police station and report the incident.

It should also be clear that the police officer has an obligation to protect the victim,

- i. edited by prosecutor removing the perpetrator from the common roof where presumed risk for the victim's life
- ii. arrange for medical care when necessary
- iii. to make contact with relevant battered women support agencies
- iv. more generally, to ensure the protection and safety of the victim
- v. in the case of bodily injuries the victim is advisable to proceed with a forensic medical examination and obtain a written opinion or even medical opinion. They are useful for judicial purposes.

Useful phones numbers and services

- Center of Emergency (100) to report or to directly inform the local police department
- the 24-hour hotline of the National Center for Social Solidarity (197)
- SOS line General Secretariat for Equality 3220900
- Reception Centers for Abused Women (GGI): Athens: 5235318 and 5235250 / Piraeus: 4112091 and 4129101
- Network for Combating Men's Violence Against Women 3828126- Association for Women's Rights / Help with domestic violence 3616232

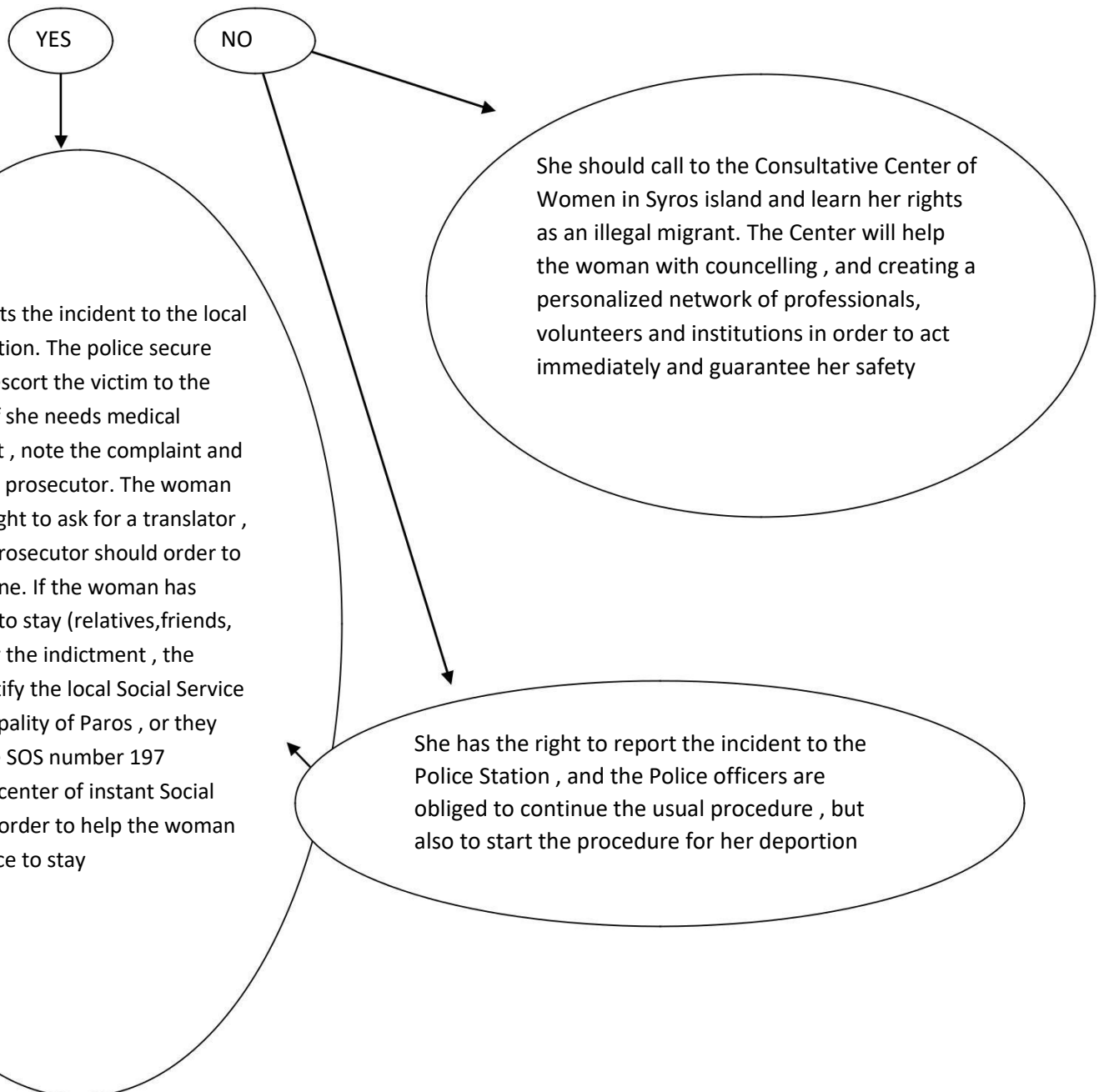


- Women's Self-Defense Group 5221101 and 5316467
- Forensic Service 3613340 Athens, Academy 60
- Forensic Service 4177876Piraeus, Gounari 31

ii. A case study in Rural Areas (Paros island, Cyclades)

When a migrant woman is a victim of gender based domestic violence, should follow certain procedures in order to denounce the fact. In the diagrams you can see what are the procedures for a migrant woman who lives in a Greek island.

Does the migrant woman lives legally to Greece?





A migrant woman is in the hospital of Paros because of domestic violence :

The doctors notify the police that a patient wants to denounce domestic violence and a police officer goes to the hospital to note the incident and follow the above procedure. Also , a forensic examination is necessary . The Local Social Service makes sure to find a safe place for her and her kids , by communicating with the Centers who are providing Housing, safety , and legal support to victims of domestic violence

After the lawsuit, there will be trial in the Court of Syros, where if the man is convicted , can ask instead of staying in prison , psychological treatment and therapy . If the prosecutor agrees , the abuser will receive counseling and psychiatric treatment (if needed) , by the Mobile Mental Health Unit of Paros , EPAPSY.

c. Basic Principles of Cultural Competence

Cultural competence refers to a set of behaviours, knowledge and attitudes that enable a professional to work effectively in cross-cultural situations.

Mental health professionals working with migrant women and girls survivors of violence should take into consideration the following:

- Migrant's culture (traditions, values, family systems, communication styles)
- Acculturation process and level of adhesion to the cultures of origin and of the host country
- The importance of capacity to develop a therapeutic relationship with a culturally different person and to empower her
- The necessity to distinguish between the symptoms of intra-psychic stress and stress arising from the social structure (coping, resilience, acculturation)
- The importance of adaptation diagnosis and treatment to the particular sociocultural characteristics of migrants
- Respect and recognition of migrant's values and belief systems, even when they conflict to professionals' values: awareness of the limits of any single cultural perspective



- The necessity to recognize and combat racism, stereotypes and myths (prejudices)
- Recognition that culture influences the perceptions, values, attitudes, communication, behaviour and lifestyle of migrants and professionals
- The need to create a comfortable space according to the migrant's need, reflecting with empathy.

It is also important that a migrant is assessed and treated in her language. Professional interpreting services and mediators are important, as well as obtaining assessment materials in an individual primary language. Intercultural mediators act between cultures and facilitate communication and therapeutic relationship by increasing confidence of the participants. Non-verbal communication should also be taken into account, as it may vary from culture to culture, as well as conversational styles (silence, position, volume, touching)

d. Service Accessibility

There are many offices (for example the state Intercultural Mental Health Centers) which can act as cultural informants. These centers having access to large number of sources, have knowledge and cultural information content. In case they do not have the necessary information may designate persons or offices suitable for information.

Support people who have survived torture and other traumatic situations requires specific knowledge and skills. It may be necessary to cite these clients to specialists. In this case there are national organizations which can provide information and especially offices to which reference may be made.

In many cases, when the migrant doesn't speak or understand the language, the professionals have to work with a interpreters. The cooperation with interpreters are an important resource as to facilitate a voice served by those whose knowledge of language of the host country is inadequate or insufficient to circumstance.

e. Basic principles of ethics with respect of GBV victim's rights:

- Principle of Privacy
- Principle of information and consent (the collection of storage, access, personal data should be disclosed to the victim with appropriate manner and receive her written consent)
- Principle of anonymity (the counselor must respect the principle of anonymity and not ask for personal information that the victim does not want to reveal)
- Principle of absence of discrimination against the victims
- Principle of respect the victim's right of self-determination



- Principle of creating a safe framework for the victim (by providing appropriate time and space , and translator or lawyer if it is needed) , in order the victim feel secure to talk
- Principle of providing all the available options to the victim (this requires continuous updating for the available resources)
- Principle of respect the dignity and the cultural values of the victim , and strive for the preservation and protection of fundamental human rights , in order to promote a better quality of life
- Principle of professionalism and providing services in a professional context

f. Raising awareness

Raising awareness is a vital issue in prevention and early intervention in GBV cases in migrant and ethnic minority populations. Particularly, the dissemination plan should approach all relevant stakeholders in different levels to promote the goals in GBV prevention and intervention. In this context, info days and awareness raising events should be organized where relevant, culturally appropriate material should be disseminated. In addition, through the use of social media, the initiative's objectives will be more effective in spreading the knowledge of what constitutes GBV, which are the risk factors and what to do in case you are a witness or a victim of GBV. The strategy should involve both women and girls, members of migrant and ethnic minority populations as well as professionals who are involved in GBV as they are described before. A dissemination plan should have the following goals:

- To promote a culturally sensitive model of prevention with relevant material which should be accessible to both target population as well as professionals in public and private foundations.
- To educate on the human rights of women in migrant and ethnic minority populations in Greece and EU, relating to their cultural background in their country of origin.
- To provide information related to stereotypes, discriminatory and homophobic attitudes and equality.
- To channel the project's results to wide audiences.

To achieve an effective dissemination strategy, clear, simple and comprehensive key-messages should be disseminated in healthcare units, social care units, local authorities, local municipalities and generally migrant and ethnic minority groups. These messages should be delivered in different languages depending on the population group of the area Ultimately it aims to move target groups to action. For this purpose, it is essential to research the target's background and deeply understand the issue in order to deliver the correct messages. Therefore, an audience mapping is crucial to be conducted in order to choose the appropriate types of tools that best suit



the project needs. The target groups should be mainly stakeholders who come in contact with migrant population or ethnic minorities as mentioned above.

A bottom up strategy should be followed in order to further specialize the dissemination and awareness raising actions. Info days can be held within local communities with relevant material that should be found both in printed as well as in electronic form. The stakeholders need vital and precise information in order to acquire a thorough understanding of the issue. Using the social media is crucial to the effectiveness of the awareness raising actions.

In order to motivate the stakeholders it is important to hold consultation meetings with the participation of members of the migrant or ethnic minority that are targeted for prevention and intervention in GBV.

Finally, consolidating awareness raising actions in GBV it is important to train local members of the migrant or ethnic minority group as in the principles of peer education as well as self-help interventions. These peer trainers will be responsible to train other members of the local target groups and will be able to further infiltrate the correct messages for GBV in local communities.

3. Empowerment in women and girls in migrant and ethnic minority groups and community Based Approach

i. Empowerment

Empowerment includes a set of actions that can give women and girls the opportunity to have access to information, education and generally social and economic support to make informed decisions about their lives, that reflect their needs and interests.

Knowledge dissemination, training and counselling can help in order to empower a victim of violence.

Generally it is important for a professional working with migrant women/girls victims of violence to develop an approach which includes :

- **Validation of** the woman's experience. The professional shows he understands what the woman tells him, and he/she is prepared to hear information that may shock him/her or may be painful to listen. **Empathy** with the woman's experience and **reassurance** that her feelings are legitimate and normal is also very important. **Positive messages** should be given in order to counter harmful past messages she may have received.
- Safety, respect and understanding should be shown.
- **Definition of the domestic violence concept** and provision of information regarding the forms, nature, dynamics and outcomes of violent acts is also important.



- Provision of information regarding the **common reactions** of the domestic violence victims is necessary, in order to help them understand their own reactions.
- Information should be given regarding the **available resources, the legal rights** and the **special services**.
- The woman/girl should become aware of the fact that all forms of violence (physical, sexual, psychological) have **traumatic effects** and must **never be accepted**. The responsibility for the violent behavior falls on the aggressor and is a means of dominance and control.
- The **safety** of the woman and of the persons in her custody is the main element that must be taken into account in the case of any counseling session, and the professional should openly express his or her concern regarding this aspect.
- Clear **confidentiality limits** should be set and the professional's obligation of signaling any problem that may affect the welfare of the children should be emphasized.
- Promotion of **self-control** is necessary, by:
 - identifying her strong points, competences and resources
 - promoting her right to have an opinion regarding herself and being an expert in her own life in order to make informed choices
- Discussion of ways to manage the situation and solve the problem should be done, while encouraging her and respecting her **own decision**
- **Culturally sensitivity:** A qualified interpreter should be present in the session, if needed and is available. Her cultural values and beliefs should be respected.
- Professionals should be aware of their **own attitudes, experiences, and reactions to violence:**
 - Knowledge of their own limits of time and energy.
 - They should be conscious of their own cultural biases, beliefs, and prejudices.
- Professionals should not convey disappointment if the woman selects to stay to the violent relationship. They should be honest and explain their fear, but let her know she can always come back and that the professionals still care about her.
- Professionals should try to have **realistic expectations** of what they can achieve with regards to the other person, so that they will not become too controlling, stressed, frustrated and disappointed.



ii. Community Based Approach

The community mobilization approach attempts to reach individuals, relationships, communities and the larger society. Organizations need to adopt a proactive stance. A prevention approach assumes not only to provide services to GBV victims but also to motivate communities to examine the causes which maintain the phenomenon of GBV. This means that assumptions such as women's low status, imbalance of power between men and women and rigid gender roles must be recognized.

In addition, preventing GBV requires the engagement of the whole community such as the general public, community members, NGOs, health care and social care providers. Organizations must know about the history, culture and relationships of the ethnic minorities and immigrant populations. The most important thing is that community members such as police, religious leaders or health care providers etc. must participate in these kind of efforts and not only women who are victims of GBV.

Changing community norms is a process and not just a single event. Professionals and organizations that are going to be involved must cooperate systematically with the community by working with, guiding, facilitating and supporting the community in the whole process.

It is also important to emphasize the fact that community members need to be engaged with supportive messages from many sources over an extended period of time, in order to influence perception and reinforce the change in attitudes towards GBV.



References

- Bishwajit, G., Sarker, S., & Yaya, S. (2016). Socio-cultural aspects of gender-based violence and its impacts on women's health in South Asia. *F1000Research*, 5.
- Bhui, B. (2007): *Culture and Mental Health*. Hodder Arnold
- Culture competence and training in mental health practice: strategies to implement competence and empower Practitioners (2009). International Organization of Migration
- Gbolahan, O. (2013). Socio-cultural factors influencing gender-based violence on agricultural livelihood activities of rural households in Ogun State, Nigeria. *International Journal of Biodiversity and Conservation*, 5(1), 1-14.
- Giotakos, O., Karabelas, D., & Kafkas, A. (2010). Financial crisis and mental health in Greece. *Psychiatrike= Psychiatriki*, 22(2), 109-119.
- Roberts, A. (2002). *Handbook of domestic violence intervention strategies: policies, programs and legal remedies*. Oxford: Oxford University Press
- Schechter, S. (1982). *Women and male violence*. Boston: MA South End
- Tutty, L. M., Bidgood, B. A., & Rothery, M. A. (1993). Support groups for battered women: Research on their efficacy. *Journal of Family Violence*, 8(4), 325– 343.