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Senperforto frame of reference: for Sexual and Gender-Based Violence (SGBV) in the European reception and asylum sector

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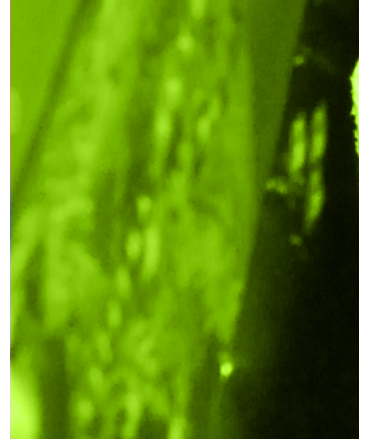
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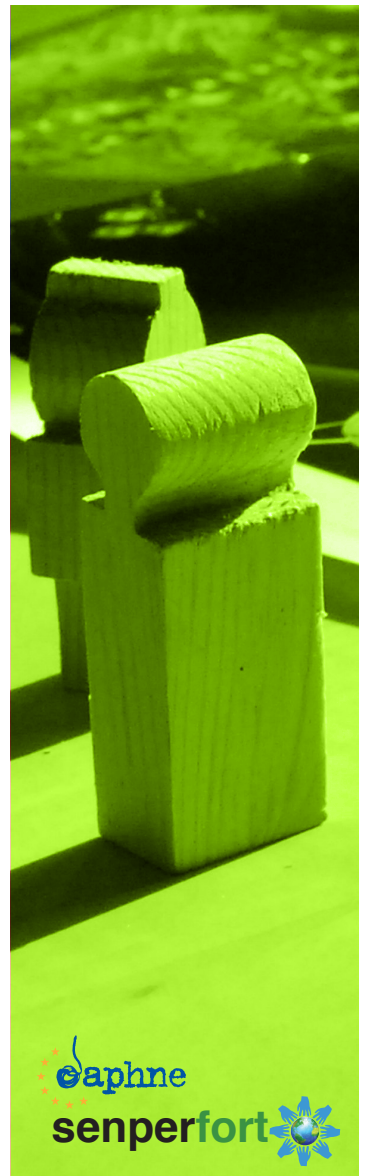
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SENPERFORTO FRAME OF REFERENCE FOR SEXUAL AND GENDER BASED VIOLENCE (SGBV) IN THE EUROPEAN RECEPTION AND ASYLUM SECTOR



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Colofon

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This document is issued for general distribution. The Senperforto Frame of Reference is available in Dutch, English, French, Greek, Hungarian, Spanish and Portuguese. The Sensitization Kit is available in the above-mentioned languages as well as in Arabic, Farsi, Somali and Russian. Reproduction and translations are authorized, except for commercial purposes, provided the source is acknowledged. Hard copies can be ordered by sending an e-mail request to icrh@ugent.be (free of charge, except for postage). Pdfs of the different tools within the Frame of Reference can be downloaded from the ICRH website.

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Feedback: If you have any feedback on the Senperforto Frame of Reference, please contact the principle authors and Senperforto coordinator: Ines.Keygnaert@ugent.be

CBPR	Community-based participatory research
ICRH	International Centre for Reproductive Health
IPPF	International Planned Parenthood Federation
NGO	Non-governmental organization
SGBV	Sexual and gender-based violence
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

Context

Cairo, September 1994, International Conference on Population and Development: the objectives are clear. In order to achieve equality and equity between women and men, and to ensure that all women as well as men are able to exercise their human rights and participate fully in all areas of life, 179 governments acknowledge that all couples and individuals have the right to attain the highest standards of sexual and reproductive health and make decisions concerning their sexual health free of discrimination, coercion and violence. To this end, these governments state that countries should take full preventive, protective and rehabilitative measures to eliminate all forms of exploitation, abuse and violence against women and adolescents while paying special attention to protecting the rights and safety and meeting the needs of those in potentially exploitable situations. Documented and undocumented migrant women, refugee women and refugee children are specified as such.

European Union Member States ratify this action plan. One year later, during the Fourth World Conference on Women in Beijing, the definition of gender-based violence is expanded. It now comprises any act of physical, sexual or psychological violence in the family, community or perpetrated or condoned by the State that results in, or is likely to result in, physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life or in



situations of armed conflict. Furthermore, specific groups of women are recognized as being particularly vulnerable to gender-based violence. These are women belonging to minorities: the elderly and the displaced; indigenous, refugee and migrant communities; and women living in impoverished rural or remote areas, or in detention.

European Union Member States endorse this action plan too, as well as many other international agreements that recognize gender as a determinant of health and gender-based violence as a major public health issue, a violation of human rights and in some cases as a crime against humanity. At the same time as goals are set to end gender-based violence, the European Union intensifies its efforts to evolve into a coherent political territory. Along with this development, a Common European Asylum System is set up and European Neighbourhood Policies are implemented. However, the impact of these policies on the protection and health of asylum seekers, refugees and unaccompanied children within the Union territory as well as at its borders is not always comforting.

Taking this information into account, the International Centre for Reproductive Health (ICRH) at Ghent University (Keygnaert and Temmerman) coordinated a participatory research project called 'Hidden Violence is a Silent Rape' (2006–2008). The results of this research project indicate that young refugees, asylum seekers and undocumented migrants are extremely vulnerable to sexual and gender-based victimization within European reception centres. Offenders are often close peers but also reception and asylum staff. In more than 90% of the cases (n=332) victimization was not reported to the police.

The Senperforto Project

While presenting the results of the Hidden Violence is a Silent Rape project in many different settings, staff in the reception and asylum sector indicated that they lack the capacity, means and tools to: a) develop preventive measures in a culturally competent and participatory way; b) identify risk and indicative factors for upcoming sexual and gender-based violence (SGBV); and c) respond when SGBV occurs. Data and regulations on SGBV against young refugees, asylum seekers and unaccompanied children remain sparse. Furthermore, neither a code of conduct nor a standard operating procedure exists for professionals in the reception and asylum sector.

With a transnational, multidisciplinary and multisectoral group of 14 partners in Belgium, Greece, Hungary, Ireland, Malta, the Netherlands, Portugal and Spain, we aim to tackle this issue and fill the current gap. We want to address SGBV prevention in the European



reception and asylum sector from within by combining the forces of necessary stakeholders in different European Union Member States right from the start. We do this in the project ‘Senperforto’, which is Esperanto for ‘no more violence, without violence’. The Senperforto Project is supported by the European Commission Daphne Fund.

- 6 By applying the particularly participatory and crosscutting approach of researching and raising awareness called community-based participatory research (CBPR), we wanted to investigate what the exact knowledge, attitude, practice and needs of both staff and people residing in the European reception and asylum sector are, to develop a needs-, rights- and evidence-based, participatory and gender-balanced European Frame of Reference for Prevention of SGBV in the European Asylum and Reception Sector that is fit for both beneficiaries.

This Senperforto Frame of Reference consists of SGBV Prevention Standard Operating Procedures, a Code of Conduct, a Sensitization Kit and the Make it Work! Training Manual. The Frame of Reference is available in many languages, on CD-ROM as well as on the ICRH website.

The Senperforto Project is a joint research project between academic partners (ICRH-Ghent University, Belgium; IHMT-Universidade Nova de Lisboa, Portugal; NIVEL, the Netherlands; and University College of Dublin, Ireland), non-governmental organizations (NGOs) (Greek Refugee Council, Greece; Jesuit Refugee Service, Malta; Ménedek, Hungary; Red Cross and Sensoa, Belgium) and policymakers (Fedasil, Belgium; UNHCR, Benelux). It covers eight European countries: Belgium, Greece, Hungary, Ireland, Malta, the Netherlands, Portugal and Spain.

Emancipative Prevention

SGBV is globally recognized as a major public health issue, a violation of human rights and in some cases as a crime against humanity. Being rooted in the broader socio-cultural, political and economic fabric of society, it frequently occurs in diverse populations and settings transcending cultural, ethnic or economic boundaries.

Gender-based violence can be of a physical, emotional-psychological, socio-economic, socio-cultural or sexual nature. In addition to important negative effects on the well-being and the participation in society of the survivor, gender-based violence may have significant consequences on the survivor’s sexual, reproductive, physical and psychological health. These consequences are the most severe among youth. Other groups considered to be particularly vulnerable to sexual violence are women and refugees.

Increasing empirical evidence suggests that health and health-related behaviour are determined by the interplay of a complex set of contextual stressors, health promoters and genetic endowment. Stressors include social, cultural, economic and physical environ-



mental factors such as poverty, discrimination, inadequate housing, socially disintegrated communities, material deprivation, income inequality, oppression, unemployment, lack of social support and lack of education.

These stressors are all ill-health factors which minorities such as immigrants, asylum seekers, refugees and undocumented migrants in Europe face on a daily basis. These are also ill-health factors whose counterparts are recognized as basic economic, social, cultural, civil and political human rights. But realization of these rights is far from self-evident when the possibility to do so is completely intertwined with one's legal status. Refugees obtain an official residence permit. This status assures access to health care services and entitles them to realize most rights, notwithstanding the multiple financial, cultural, physical and psychological barriers they might encounter when trying to do so. Asylum seekers are still in the insecure process of achieving such a status or having it denied. This has significant implications for their access to health care as well as for the fulfilment of the above-mentioned rights.

From a socio-ecological perspective on health and violence, these stressors are identified on multiple levels including individual, interpersonal, organizational and community levels as well as public policy. Within each level the targets of change and possible prevention and intervention strategies are extensive. However, the central premise of this socio-ecological model is that none of its levels should function in isolation from the others. Thus, effective prevention programmes can best be achieved by stimulating synergy among the several levels that comprise the model.

According to the concept of emancipative prevention, prevention is defined as: "Initiatives which anticipate risk factors in a targeted and systematic way", and emancipative prevention as: "Initiatives which anticipate risk factors in a targeted and systematic way are desirable if they, in order to enhance or protect the health and wellbeing of the target group, anticipate risk factors ever earlier, are maximally offensive, have an integrale approach, work in a participatory way and have a democratic nature."

This concurs with research findings, which suggest that all prevention and intervention strategies for survivors of sexual violence should be based on principles that include cultural competence and empowerment. Together with CBPR as the umbrella approach, we apply the concept of emancipative prevention and the socio-ecological model on health and violence in the Senperforto Project, thus also in the Frame of Reference.



8 The Senperforto Frame of Reference

The Senperforto Frame of Reference is primarily designed for European asylum or reception centres that wish to develop and implement a comprehensive SGBV prevention and response policy. However, with slight contextual adaptations, it can also be used in any other institutional setting where vulnerable people are cared for and prevention of SGBV is at stake.

The Senperforto Frame of Reference aims to enhance the general health and well-being of residents as well as staff who are living or working in reception centres. This is done by setting up different preventive actions that stem from an emancipative, participatory and human-rights based approach, a gender-sensitive perspective, a positive view on relationships, sexuality and equality and an intercultural dialogue.

The Senperforto Frame of Reference consists of SGBV Prevention Standard Operating Procedures, a Code of Conduct, a Sensitization Kit and the Make it Work! Training Manual. Each of these tools has its own goal and forms an essential part of the comprehensive SGBV prevention and response policy.

1. The Senperforto Standard Operating Procedures (SOPs) are a set of practical tools for reception centres, assisting them in every step of developing comprehensive procedures for prevention of SGBV within the centre, for assisting victims and for referring perpetrators. They concern everybody living or working in the reception centre including residents, staff, management, volunteers, subcontractors and visitors. The Senperforto SOPs are available in Dutch, English, French, Greek, Hungarian, Spanish and Portuguese.
2. The Senperforto Code of Conduct is a practical guide for the reception centre, its staff members and residents. It defines the outlines and the content of their commitment in attitudes and behaviour to preventing, combating and responding to every form of SGBV. The Code of Conduct is relevant for everyone at the reception centre, from residents to management, volunteers, subcontractors and visitors. The Senperforto Code of Conduct is available in Dutch, English, French, Greek, Hungarian, Spanish and Portuguese.
3. The Senperforto Sensitization Kit is a culturally competent awareness-raising and sensitization tool fit for any public, but addressing asylum seekers and asylum professionals specifically. The Sensitization Kit consists of foldable flyers





containing information, sensitization materials and referral addresses on 12 different themes, ranging from how to enhance your social network and having good relationships to sexual and reproductive health risks and different types of SGBV. In each theme, we explain what it is, how you can recognize risk factors and prevent it from happening and finally where you can turn when it occurs. The Sensitization Kit is available in 11 languages: Arabic, Dutch, English, Farsi, French, Greek, Hungarian, Spanish, Somali, Portuguese and Russian.

4. The Senperforto Make it Work! Training Manual is a practical hands-on manual with an engaging and non-judgmental approach to sensitive issues such as sexual and reproductive health and SGBV. The Make it Work! Training Manual develops a better understanding of the factors that influence SGBV, increases communication skills on sexual health and SGBV, and stimulates group cohesion within the working group of professionals and residents that are engaged in the prevention of SGBV in their reception centre. The Make it Work! Training Manual is available in English, and handouts are also available in Dutch, English, French, Greek, Hungarian, Spanish and Portuguese.

Developing a comprehensive SGBV prevention and response policy is a process that involves discussions and negotiations with different groups in each reception centre. The prevention and response policies and their implementation have to be tailored to the situation of the residents and staff of the specific reception centre. However, with the hands-on approach of the Senperforto Frame of Reference, you are equipped with the necessary tools to get started. Now you just need a group of people who are committed to the task of preventing SGBV and who will persevere to keep the process going.

We wish you good luck and Senperforto!

Ines Keygnaert and the Senperforto Team



