Asia Pacific Refugee Rights Network
Women & Girls at Risk Working Group,
Training of the Trainers

‘Woman can do all these things. We are the inspiration, for the many woman...we can do more.’

Workshop Report
January 2013
South Asia
Acknowledgements

This workshop report offers an outline of the key issues discussed throughout the course of the five day regional workshop of the Women and Girls at Risk Working Group (WAGAR) of the Asia Pacific Refugee Rights Network (APRRN) held in January 2013. The workshop was convened and facilitated by the UNSW Centre for Refugee Research (CRR), and Tenaganita.

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# Contents

1. Executive Summary ...........................................................................................................4

2. Introduction .......................................................................................................................6

3. Methodology ....................................................................................................................7
   
   Overview of research method for this report ........................................................................8

4. Key Issues for the Community ........................................................................................9
   
   ACCESS .............................................................................................................................9
   SEXUAL & GENDER BASED VIOLENCE (SGBV) ..............................................................21
   ABUSE IN MARRIAGE .........................................................................................................24
   CHILDREN ..........................................................................................................................27

5. Key Issues Faced by Service Providers ..........................................................................30
   
   CLIENT CARE ..................................................................................................................30
   SELF-CARE .........................................................................................................................31

6. Action Items ......................................................................................................................32
   
   1. Training and skills building .........................................................................................32
   2. Information sharing .......................................................................................................32
   3. Resource sharing ............................................................................................................32
   4. Advocacy .........................................................................................................................32
1. Executive Summary

‘This woman has no rights, no right to freedom, no right to protect herself...no right to dignity...you accept that you have to pay to be alive.’

Over the course of the Women and Girls at Risk Workshop, over 30 women from refugee and non-refugee backgrounds worked together to share their concerns about the particular risks faced by refugee women and girls. This space allowed them to express the reality of these experiences and have their voices heard. Participants outlined priority areas of concern to them, and offered solutions. In building the importance of refugee women’s active participation in the decisions which affect their daily lives, these suggestions will be presented at the UNHCR NGO Consultations (June 2013).

**Key Issues identified by women at the Workshop**

**Lack of Adequate Access to**
- Justice
- Shelter
- Adult education
- Health
- Employment
- Food and supplies
- Sanitary materials
- Resettlement

**Sexual & Gender Based Violence**
- Domestic violence
- Trafficking
- SGBV in the community
- Survival sex

**Abuse in Marriage**
- Abandonment and divorce
- Children
- Gender inequality

**Children**
- Sexual exploitation
- Education
- Health
Summary of recommendations made by women at the Workshop

Having discussed and identified the key issues of concern to refugee women and girls, participants proposed a number of human-rights based solutions, as detailed in each section of this report. A very brief summary of these recommendations is:

UNHCR and Implementing Partners to work with host community governments to:

- Build the economic empowerment of refugee women. This includes providing legal opportunities for gainful employment as well as supporting women to find safe livelihood alternatives to survival sex. Improve access to training, recognise qualifications already held, and create programmes for refugee women which enable income generation.

- Ensure service providers are fully trained to understand and respond effectively to refugee issues. This includes police forces, members of the judiciary, and healthcare professionals.

- Promote gender equality as a core activity of tackling SGBV.

- Ensure fair access to legal representation for refugee women and girls, which includes training to make them aware of their legal rights.

- Fund the expansion of the UNHCR 2011 Dialogues process in other countries.

- Consider the impact of documentation requirements in accessing rights, including improving registration processes and birth registration.

- Develop greater transparency throughout the resettlement process.

- Support refugee participation in all decision making, and engage refugee women in all levels.

- Accede to international legal instruments and engage with UN processes.

- Develop an effective system for ensuring shelter in appropriate, safe, and accessible places.

- Ensure inclusive healthcare is provided in urban and camp settings, including sexual and reproductive healthcare.

NGOs to work with CBOs and refugee communities to:

- Ensure all practices are based in the human rights framework.

- Honour community-development practices, and ensure inclusion of refugees in all activities.

- Lobby governments to engage with UN processes and accede to international legal instruments.

- Share resources and information (e.g. best practice, training models).

- Provide training that is sensitive to gender and cultural context, ensuring displaced men and women are aware of their rights.

- Support the economic empowerment of women, including finding alternatives to survival sex.

- Ensure service providers are trained to respond effectively to SGBV.
2. Introduction

The Training the Trainers Workshop held in South Asia was an activity of the Asia Pacific Refugee Rights Network’s (APRRN) Women and Girls at Risk Working Group (WAGAR). One of the thematic working groups of APRRN, WAGAR was formed at the first Asia Pacific Consultation on Refugee Rights in Kuala Lumpur, Malaysia (2008).

WAGAR aims to actively engage civil society organisations and refugee community-based organisations in the region to strengthen gender protection for refugees, asylum seekers and people of concern. Furthermore the group aims to promote concrete gender sensitive initiatives at the national and regional level. Chair Effie Mitchell (Research Associate, Centre for Refugee Research, UNSW (CRR) and Deputy Chair Katrina Maliamauv (Programme Officer, Tenaganita), lead the group on key activities such as developing advocacy plans, enhancing the visibility and testimonies of refugee women, undertaking gender analysis, and providing training.

The workshop was conducted in January 2013 by Effie Mitchell, Katrina Maliamauv, Dr Linda Bartolomei (Deputy Director CRR) and Anjana Shakya (Chairperson, Himalayan Human Rights Monitors). Support was provided by APRRN offices and volunteers Rakinder Reehal, Brigid McCarthy, Sophie Wade, Shannon Murphy, and Dani Grigsby.

WAGAR facilitated this workshop as a platform to bring together women who were working with refugees in order to share ideas, refine tools, broaden networks, and develop collaborative strategies with the aim of raising the voices of refugee and migrant women, and advocates, in the region.

Training was provided on taking a human rights based approach to community consultation, the history of using international human rights processes to advocate for the rights of refugee and displaced women, the Reciprocal Research methodology, and the human rights framework. Participants assisted each other with translation needs.

This report outlines the key concerns raised by participants and proposes solutions with a human rights based approach. Significant issues discussed were individual documentation, sexual and gender based violence, shelter, sanitary materials, health, legal remedies, education, and livelihoods.

Participants included women from Burma, Bhutan, India, Iran, Malaysia, Nepal, Pakistan, Russia, Sri Lanka, Tibet and Australia. The women work in a variety of different geographic and cultural contexts, in settings including refugee camps, urban environments, and communities of asylum and resettlement. They worked with women who are refugees, asylum seekers, migrant workers, resettled refugees and trafficked women. Six of the participants were themselves current or resettled refugees or displaced women.
3. Methodology

Reciprocal Research Consultations

CRR has developed a Reciprocal Research consultation method for working with vulnerable populations, that has been used extensively in Australian and international research projects. The methodology was developed in close collaboration with refugee groups (Pittaway and Bartolomei, 2009), in response to challenges and concerns about conducting research with vulnerable groups. Grounded in a human rights framework, the method seeks to ensure an approach that is ethical, enables genuine informed consent (Mackenzie et al, 2007), and has some reciprocal benefit for participants (Pittaway et al, 2010).

By providing genuine reciprocity this method is much more likely than conventional research methods to engage the trust and support of participants, and therefore to elicit responses which are full and accurate. The methodology often uncovers information that has not previously been shared by participants, or that may not be raised in an interview context due to constraints such as time and lack of trust.

The research methodology is comprised of a number of activities that can be adapted according to group needs and responses. Together these techniques establish a framework for sharing and analysis of information by participants. Key elements for the methodology include (but are not limited to) negotiating a confidentiality framework, building group trust, participant training, story circles, matrix activity to analyse the impact of rights violations and storyboards.

The methodology has been used in research partnerships with UNHCR (UN High Commissioner for Refugees): Refugee Consultations - Bangladesh March 2007; UN High Commissioner for Refugees Protectors, Providers, Survivors: A Dialogue with Refugee Women In Finland October 2011, Australian service providers (Doney G, Pittaway E & Turvey L Its not alright: rights in refugee families in Australia AMES 2010; Doney G, Eckert R & Pittaway E African women talking: we want the best things for our families CRR 2010) and community based organisations both in Australia and internationally (Pittaway E, Muli C & Steir S ’I have voice – hear me!’ Findings of an Australian Study examining the resettlement and integration experience of refugees and migrants from the Horn of Africa HARDA 2010; Pittaway E, Bartolomei L (Editorial Support) State of Terror Karen Women’s Organisation 2007).
Overview of research method for this report
This consultation utilised the Reciprocal Research methodology described above.

The research methodology was adapted for the needs of this group, and the information in this report was gathered using techniques which enabled building rapport and trust between the facilitators and participants, and establishing a framework for sharing of information by participants. Key elements were creating group trust, story circles, and storyboarding.

The matrix exercise framed the discussion of the key issues. In groups, participants discussed the issues (e.g. sexual and gender based violence) for various age groups for women. The matrix enabled participants to map community issues.

The storyboard technique involved participants creating drawings to assist with situational analysis and suggesting action to be taken. The drawings were used to explore the impact of community issues raised, and possible solutions. A number of these drawings can be seen throughout the report.

‘The elements of happiness is the child needs to be happy, the woman needs to be happy...when you have so many things that feed to a downward cycle, maybe if you fix one of them... symbol for hope.’

The sequence of activities and the group nature of the consultation allowed participants to raise diverse issues in a safe environment, and the facilitator to check that they had fully and correctly understood the issues. It also allowed the facilitator to check with the group whether issues and experiences being raised were shared across the group, or were irregular or isolated events. Effective interpretation for all participants and verbatim documentation supported the research process.

For further information on the work of CRR and the reciprocal research methodology, please refer to the website:

http://www.crr.unsw.edu.au/education-and-training-resources/reciprocal-research/
4. Key Issues for the Community

Women and girls face particular risks in many communities, where gender roles restrict their ability to access their rights. For women and girls who have experienced displacement, these risks are heightened, particularly because of discrimination and violence. UNHCR believes that refugee, internally displaced, and stateless communities are comprised approximately 50% of women and girls. This group suffers a further vulnerability due to protection gaps which exist for refugees, whether that is due to a lack of protection mechanisms, lack of access to them, or lack of implementation.

Participants of this training who worked directly with refugee and displaced women and girls, some of whom were refugees themselves, discussed the issues which arose specifically for women and girls occupying this precarious space.

ACCESS

The following section encompasses a broad range of issues, from access to justice and education, to access to shelter and healthcare. Access was a significant concern for refugee women and girls, discussed throughout the week.

a) Justice

Access to justice covered a range of issues relating to the law and fairness, including whether appropriate laws were in place, whether they were ‘good law’, if they were enforced and accessible, and whether there were other barriers to justice. It was found throughout the week that major issues in most countries were either the law itself being a barrier, particularly when the law bars refugees from accessing it (e.g. for reasons of documentation), or that there were good laws in place, but these were not easily accessible to refugee community, particularly for women at risk.

‘For displaced persons... they don't even have the ability to access national covenants, international covenants, laws in general.’

One issue discussed was the lack of specific laws that protected refugees. The status of displaced persons, especially asylum seekers and refugees living outside their countries of citizenship, meant they did not have access to the majority of national laws in the country in which they were residing. Making use of international covenants was particularly difficult without use of basic national processes. A question posed early in the week summed up the issue for service providers succinctly: ‘many of us work with communities that [are] not protected under the law; how can justice be served?’

Certain states emphasized the need for domestic legislation, as relevant international treaties remained unsigned, and thus not useful to the citizens: ‘the government... need to have the laws...not just in the book.’

Another recurring issue was the lack of implementation. Participants emphasized the lack of implementation of what was seen to be a good law on domestic violence, but noted that police officers were working with community based organizations to see the law better implemented.

One participant described a system of help lines which were heavily oversubscribed and therefore not useful in providing adequate access to justice. Calls taken were not followed up, although the participant pointed out that even if domestic violence legislation was not implemented to its fullest effect, it at least enabled the existence of safe houses. This created a measure of safety for women and girls at risk. In another country, a police desk specifically for women and children had been set up.
‘Lines are overloaded or busy, they are not free, but even if the complaints actually taken, there is no follow up, the police are not investigating.’

Refugee women and girls needed to be made aware of their right to use relevant legal processes in order to access justice e.g. how to access legal aid, which is likely necessary for their enforcement of their rights, and how to use it:

‘We can go for the legal aid. They can get some maintenance from the husband... they can... legal aid... she doesn't know how to go and take it.’

On the topic of legal aid, there were further issues of a denial of justice. Refugees were often barred from accessing the legal system due to a lack of financial resources. Without legal aid, refugees could not practically see justice served. Therefore a government’s unwillingness to fund, or, at the very least, to allow legal aid, was seen as a further denial of access to justice. Stringent evidentiary requirements perhaps also hindered the effective implementation of laws:

‘Actually there is quite a good law against sexual violence... but ... I just finished doing a huge research on sexual violence against girls aged 12 – 18, and it's so difficult, because you have to generate evidence within 35 days, it's so difficult to make it work. Whether it is refugees or normal population it's very difficult.’

The practicalities of accessing justice were problematic e.g. whether it was financially possible for refugees, whether interpretation services were available, and if refugees must place themselves in any danger to report. Further influences included community pressure, feelings of shame, and the love of family that prevented people reporting many crimes, especially within the realm of domestic violence.

‘This idea that often even if there is the ability to access legal processes, it takes time and money. ... to take several days to go to court, provide testimony, even to meet with a NGO to talk about a problem. So even if the justice is there, the costs of doing so is great in terms of time, legal fees (sometimes its free but there may be hidden costs) and people often don't know they have access to legal processes.’

The financial and time burden of reporting a case was seen as a major hindrance to accessing justice. To report a case was expensive and required time off work to follow up with the police. A further concern was that the case would go on for a long time, ‘sometimes they take 2, 4, 5 years’, and thus their chance of resettlement would be lost, or greatly delayed. Attempting to formally access justice was seen as a lesser priority than leaving the country where the crime occurred.

‘People don’t want to report something and get involved in a case if it means they lose their chance of resettlement if they have to do this case for so long. They would rather not access justice and have this thing go away.’

Language was seen to be another hurdle in accessing justice. In one country, language skills were necessary to access a lawyer, and thus for justice to be served for those in detention, they needed language skills sufficient to request a lawyer, usually in English. Others commented that multiple languages in a country meant that even citizens did not have access to certain government services, due to language barriers. Going to the police was a particularly challenging barrier for refugees in accessing justice, as it posed the risk of deportation.
‘Another issue for unregistered populations whether migrants or asylum seekers – going to the police can be a problem. The police are the people who can arrest you and send you back to your country. So even if police are good, fear means they don’t go.’

Refugees found themselves prevented from reporting crimes to the police due to threatening behavior from the police, making justice effectively inaccessible: ‘it’s the police who have been harassing them, obviously they wouldn’t want to report as case.’

‘...there is community, saying you are married, you can’t break up...it’s your fault, it is your responsibility...’

Additionally, issues arose with women not wanting to criminalize their husbands. A recurring issue of the week was the shame and stigmatization women and girls felt upon experiencing violence, whether in or outside of the home. Community influence was thus a strong factor in determining whether a woman or girl would seek justice.

‘Usually there are legal provisions, there is justice, but getting in, with the police station... a lot of times, what the police say is that women come, but they don’t sustain throughout... they would rather fight. But they don’t want to criminalise the person...’

Specific issues arose for children accessing justice. Children under the age of five were seen not to be able to express themselves, thus having no meaningful access to justice. There were also issues with children’s testimony in states which required a mother to give testimony on her children’s behalf:

‘For the case to move forward it all depended on the mother’s testimony and mother was not willing to support. Many cases go unreported because parents discourage their children. Even where there are NGOs supporting them, they feel shame and that society will stigmatize them.’

Participants discussed the impression that refugees were seen as a political problem, and thus were dealt with through a political, rather than strictly legal framework, explaining the lack of legal protection for refugees across the region.

The impact of most of the issues raised in relation to access to justice was that cases went unreported, and perpetrators were neither punished, nor taken off the streets, rehabilitated, nor deterred from offending again. Victims received no closure, and justice was not served.
Recommendations and Good Practice

- Work more closely with the local justice system to sensitise them to the plight of refugees.
- An example of good practice was a One Stop Crisis Centre. This was seen to be effective in that it provided shelter, psychosocial counselling (whether documented or not) and a place for women to have their case be officially investigated (thus meaning they do not need to be investigated twice).
- It was noted that the effectiveness of this service may be due to the gynaecologist in charge, as other countries had not had as much success with One Stop Crisis Centres.

b) Shelter

The importance of access to adequate shelter was identified, and the need for safe shelter was expressed across communities. In one community, women were given materials to build a shelter, but were not provided with assistance with the construction process. These issues particularly affected children and women with disabilities or mental health problems, and elderly women.

‘Home and shelter is where we really look as protection.’

The issue of access to safe refuges or safe houses for women and children who had often experienced abuse was discussed. Participants highlighted that many shelters imposed requirements for admission, such as conversion to a particular faith.

‘There are Muslim kids, and the terms of the shelter are if they join the prayer services… of this Christian run shelter.’

Without shelter, women and children faced many of the issues identified throughout this report. Health problems and SGBV issues arose:

‘How does it impact when you do not have a roof over your head? …The risk of sexual abuse becomes more heightened.’

Because of the risks faced by children without shelter, mothers prioritised protecting their children therefore potentially sacrificing being in employment. This caused further stress, and resulted in suicide in some cases. In situations of domestic violence, women felt that they must stay in the abusive household for fear of not being able to access shelter elsewhere:

‘The fear of leaving is greater than the fear of staying… ‘where am I going to stay?’”

Recommendations and Good Practice

- In the community where women were given the materials for a shelter, but no assistance in building it, one organisation provided that assistance and built shelters for the women.
To help women leave situations of abuse it was recommended that safe houses and ‘start safely programs’ should be established.

c) Adult Education

Access to further education and skills development was an issue across communities. Some groups had little further education available and others were frustrated by the inability to access education abroad. In one community, lack of access to further education in the refugees’ native language was also a problem.

‘For young women…no access to formal education like tertiary and…skills training.’

Access to education was particularly difficult for those who came to refugee situations as adults. In these cases, there were limited facilities available for their education. In some communities, difficulties were rooted in the refugee population fearing access to better education, and developing skills in what was considered a transit country: that is, people felt if they were seen to be coping and integrating, then their appeals for resettlement would be delayed.

A problem faced in one resettlement country was demands on resettled refugees to learn the local language, but little provision for teaching adults that language: ‘how are they expecting them to learn to read and write, people who have never been to school.’

Lack of identity documents impeded access to local education, as well as contributing to an inability to access education overseas. In many communities, the need to support the family was a barrier to education for adult women.

‘She realised if she goes to study right now for four five years she would have to leave her family there in the same condition… so she decided to reject that scholarship program and sacrificed her life saying she would have to do something for her family.’

Not having documentation as proof of previous education, women faced challenges in seeking employment: ‘they came up later saying that you were good at everything more than her but you don’t hold any certificate or graduated.’ It was noted that lack of formal education was not always a barrier to women’s leadership.

Recommendations and Good Practice

• To combat the lack of education available to elderly, in one community a school for the elderly was started. Donations and volunteer teachers initially supported it and it is now run by an NGO and teachers are paid.

d) Health

Health issues were a significant concern not only in terms of physical health, but also mental health and reproductive health.

‘... We would like to go and give trainings and give counselling but we are not really able to go. Lack of understanding and stigma around mental health.’

Service providers described how they were prevented from providing mental health services. Governments often acted as barriers, not allowing the existence of these services and not funding them. A further barrier was the community refusing to accept the services as valid.
And if you are abandoned and if you are hopeless... the psychological... you think you are a burden.'

Older women were described as being significantly affected by mental health issues. They were often left behind by families who had been resettled, suffering depression as a consequence.

The stigma around mental health in certain countries was seen as a barrier to accessing mental health services. The impacts of this stigma included the services not being sought out by communities who did not value them, effective services not being set up in the first place, or not being as widespread as they arguably should be. The impact of mental illness going untreated was likely to compound the issues already faced by women, and participants described further consequences such as suicide.

Participants voiced concerns about receiving urgent medical care and the lack of emergency services available to refugees. Getting refugees to hospitals was a considerable issue, as was the quality and service of the hospitals themselves i.e. not being able to deal with emergency cases as quickly as required.

‘Government hospitals also don’t have doctor or any nurse on duty. So we are facing so many problems over there.’

Women with disabilities were also a significant cause for concern. A lack of wheelchairs and appropriate facilities was cited, as well as a lack of care for their specific medical needs. Participants described camps as not being suited to the needs of disabled women, potentially worsening their health e.g. not being wheelchair friendly.

The fact that many countries require insurance in order to access health care was highlighted. Insurance would not be available without official identification, raising the issue of documentation again.

‘We have so many refugees and so many sicknesses there like staff is very less and staff give assistance that is not enough...’

In one country, the cost of medical care was emphasized, although noted to be equally high for the local population. In others, costs were high for undocumented refugees, or for refugees not using official refugee processes (due to reasons such as overcrowded hospitals). While refugees in these positions may have formally been able to access some form of health care, in practice they could not due to not being able to pay expensive bills.

‘Government decree to put a price list, for the locals, and the refugees... we have equality, everyone is ripped off, and everyone is treated equally bad... they get to be seen, but they have to pay.’

It was noted that a lack of documentation meant medical conditions, allergies, and important information were not recorded for individual refugees, resulting in deteriorating health conditions and possibly death. The importance placed on documentation was a contributing factor to refugees’ lack of access to crucial services. Another contributory factor was UNHCR’s limited resources, particularly financial.

A lack of education on reproductive and sexual health was described as a significant concern in the area of access to healthcare. Refugee women and girls' lack of sexual and reproductive knowledge made it difficult for them to protect themselves, and seek out appropriate services. It was noted that those who had participated in survival sex required health checks.

‘...We also have early pregnancy which is linked to that, and likened to a lack of reproductive health or contraception...’
The lack of access to post natal care and delivery services were discussed, and reports of maternity and infant mortality were high. The fear of arrest upon going to hospital was a difficulty faced by refugee women and service providers, who did not want mother and/or baby in detention after birthing in a hospital. The alternative, birthing outside of a hospital environment, was not a safe alternative.

‘We have heard from some that they don’t go to hospitals because they are afraid of arrest... maternal deaths due to birthing complications is common.’

The lack of access to safe abortion was raised, and single mothers also faced grave concerns regarding their health as well as discrimination:

‘There is a sort of policing... where a woman is a single mother... there is a fear that they will be reported or... can be subject to caning out of wedlock...’

Stigma and shame contributed to the lack of education and services relating to sexual health, as did gender inequality. Maternal and infant mortality were significant consequences of a lack of reproductive healthcare. Early or underage pregnancy could also be seen as the result of a lack of access to appropriate sexual and reproductive services, as well as the spread of disease.

Recommendations and Good Practice

- Improve community understanding of mental health issues in order to reduce the stigma which prevents women from seeking help. Greater understanding of the issues may enable service providers to engage affected communities in training and even counselling.

  e) Employment

  ‘If you don’t have documents you don’t have access to a job...’

Documentation was again raised as a major issue. Whether due to their undocumented status, or due to their refugee status, refugees in many countries were prevented from finding employment by national laws. Even when undocumented refugees did find work, their lack of ID and language barriers often meant working in poor conditions for little pay, and subject to discriminatory practices.

Single mothers were described as facing further discrimination in trying to find employment, which had a lasting effect on both themselves and their children.

  ‘If they are 40 years old, age can be a barrier to access employment. If they are asked how many children they have, and there are many, they will be told ‘you already have a job’. Not easy for them to access job, there is discrimination.’

Women with HIV faced similar problems of discrimination in finding work, as did some members of the LGBTI community.

  ‘HIV/AIDS is a problem for female headed households as employers will ask for health check. If they find out they are HIV positive it is difficult to get employment. They end up in poverty and their children end up in the street as criminals...’

People with disabilities (PWD) faced discrimination in finding employment:
'Employers may think there is too much risk...they may be offered less wages...they are not recognized, there is social exclusion .... So as a result they are very dependent on others to earn money for them.'

Additionally, elderly people were at risk of harm due to their lack of livelihood.

'With age, people start losing ability to go out, work and earn livelihoods, this brings some sense of loneliness as family is not around. As they are dependent on younger generation and younger generation is out of the house earning for them – this can result in loneliness, isolation from family members as well as from community. They may face maybe depression.'

The need for formal training and/or qualifications for certain forms of employment was discussed as a contributing factor to refugee women’s lack of access to (safe) employment. Refugees often had only interrupted, and potentially unrecognized, forms of education making it difficult for them to find stable employment. Thus a lack of education could lead to a lack of employment, or at least, a lack of formal employment, which then lead to a host of other issues. For example, women took on dangerous and/or irregular work, which then had significant impacts e.g. on health.

'Try to get better education, better job.'

The most obvious impact of a lack of access to employment was the ensuing lack of income. This lack of income meant basic needs (e.g. health care, food) were not met. This lack of income was also seen as a lack of financial independence, which in turn led to other issues, such as women staying in unsafe homes, and having no control over what household income was spent on. Thus, a lack of employment resulted in women being extremely vulnerable.

Excluded from accessing employment and legal means of generating income, refugee women and girls were forced to seek informal work, and at times pushed into survival sex. Participants also discussed the cycle whereby women who had been forced into sex work then later groomed younger women for sex work, impacting even more women. It was noted that in resettled countries, women sometimes found employment more easily than men, but this in itself was an issue as it potentially lead to conflict with men e.g. domestic violence, due to men being frustrated at their inability to fulfill their traditional roles including their lack of work.

Children were an additional group of concern, either through being used as protection while parents undertook precarious forms of employment, or in being forced (directly or indirectly) to work themselves. Refugee children were at increased risk of engaging in child labour, and
therefore sexual exploitation and trafficking. Forced into early adulthood by the need to work, these children were subsequently not accessing education.

‘They leave school also to earn money for their families and to break the vicious cycle of poverty. This makes them prone to trafficking, criminalization and marginalization as well as becoming a sex worker.’

Recommendations and Good Practice
A key point made in the discussion of access to employment was the need for safe livelihoods, not just any livelihood.

- An example of good practice was that of service providers offering a safe place for parents to leave their children so they could go to work. It was suggested that this perhaps needed to be better emphasized with the community, so that parents felt comfortable and willing to make this choice.

‘… They provide for them some very simple food and provide for them for 1pm – 5pm. Because that is the time that there is not many customers in the street and they go to school… and they are recognisable, that is her job, and she start at this time…’

- It was noted that sometimes denying children earning rights was not effective, as they then sought riskier employment – if they needed/wanted work, they would find it. A good practice that could potentially be replicated was that of setting school hours as 1-5pm. During these hours there would be no customers on the street, and thus children could attend school and not lose any potential earnings.

f) Documentation

‘If you don't have the documents... you're denied access to food...’

Personal documentation again featured in relation to refugees’ access to food and supplies. Without documentation, one was denied access in the camps.

The provision of food and supplies for elderly women was raised as a concern, one example being that these women missed out on ration cards due to leaving the camp for the RSD process, and thereafter denied food and supplies. Also problematic was that elderly women could not collect heavy supplies as others could, and were effectively being excluded from the camp system.

‘The problem is if they go for the RSD process out of camp... they miss out on the ration cards...’

Domestic violence was described as a barrier to children accessing food in time to go to school. Further, stories were shared of unaccompanied minor girls exchanging sex for food and supplies, due to having few relatives to support them.

A major contributing factor to the issues listed above was the importance placed on individual documentation. It was often the lack of this documentation that led to the denial of food and supplies in the first place. Another clear contributing factor was the idea of the traditional family unit, and the impact this had on those who did not fit within it – elderly women and unaccompanied minor girls suffering the most problems in terms of access to food and supplies.

Recommendations and Good Practice

- A key recommendation made throughout the week was to make protection less dependent upon a ration card and/or identity document system.
If refugees had access to food and supplies simply by virtue of being a person, rather than being a holder of a certain citizenship or identity document, many of the issues and resulting impacts listed above could be solved.

g) Sanitary Materials

‘Also at the detention centres there is no access to it. You have to choose. Every time you ask for it you put yourself at risk of violence and often that is sexual violence. And if you don’t have access to food or water, do you ask for sanitary napkins, especially if that puts you at risk of further violence?’

Refugees in a variety of living situations found it problematic gaining access to sanitary materials, and information on how to use them. Unregistered refugees faced significant problems of access e.g. if you were not recorded in the camp census it was very difficult to gain access to sanitary materials at all. Registered refugees also faced extreme difficulty accessing sanitary materials, especially in adequate amounts.

‘Say if tomorrow they will provide, only today they will inform. That announcement will come to us, people are working everywhere some here some there. If I don’t collect on that day, then I cannot have for 3 months. We have to pay 45 rupees. Sometimes we think we will buy 45 rupees or buy 1 kg of rice or aloo (potatoes). Something very difficult to buy.’

This highlights firstly, the lack of flexibility in providing access to necessary materials for women, and secondly, the choice women regularly had to make between something that may benefit them, and something that may benefit their families. Such a narrow period of time for collection, and at such late notice, ensured women would have extreme difficulty in accessing these items.

Inflexibility in the collection of sanitary pads was a common complaint, affecting women who needed to work, look after children, or may have other reasons (e.g. disability) for not being able to conform to rigid UNHCR or Implementing Partner schedules.
Another example of rigid and impractical distribution was that of the age requirements imposed on accessing pads. In one instance, sanitary materials were provided only to women between the ages of 12-49. An arbitrary age limit on something women had no control over was described as insensitive and unfair. The poor quality of sanitary towels was also discussed, and they were described as uncomfortable and ineffective.

‘Some of the girls do not understand the menstruation time and are scared that if bleeding, I would die and shame.’

Even in circumstances where there was physical access to sanitary pads, problems arose with understanding what they were, how to use them, and how to properly dispose of them.

‘Most of the women living in the detention camp or refugee camps they are hesitate to ask the sanitary pad because of shame and feeling dirty.’

A recurring theme throughout the week was shame felt for factors outside of a woman’s control. The embarrassment that accompanied discussing menstruation was something that appeared to be universal across the region. Lack of privacy was cited as a major flaw in systems of menstruation management, i.e. access to adequate facilities was needed alongside access to sanitary materials: ‘they have no privacy, 6 to 7 [houses] share one toilet. If they go toilet and change, and men can knock and we don’t know who is outside.’

‘In most refugee camps, supplies are given to family members. If you are a UAM [unaccompanied minor] and you do not have a family member group then you can be out of the process... They can be used by the workers for food supply and other things. The UAMs can exchange this for sex because they have no relatives to support them. Sometimes they live in isolation – no one to love them and to look after them. If UAM who are amputees, it is very difficult for them during menstruation period. It is very very difficult for them. No-one to support them...’

The isolation of unaccompanied minor girls not only meant they lacked access to that which someone in a family unit would otherwise have, but meant they were vulnerable to abuse when seeking supplies.

Participants challenged the idea that sanitary materials were not seen as necessary goods, which was a contributory factor in the poor distribution of these essential items. Without access to adequate sanitary materials (in quantity or quality), women were likely to suffer further shame in relation to their periods, as well as the consequences of poor hygiene. As discussed above, violence was another potential consequence when seeking necessary supplies.

Recommendations and Good Practice

‘...all the girls were like ‘it’s so great to get pads’... and I think it’s a wonderful thing that the girls weren’t scared to talk about it... because it wasn’t part of their life they didn’t know they weren’t supposed to talk about it... it made life a lot easier for it.’

- An example of good practice was a charity which provided sanitary materials to girls. Their inexperience with the concept meant they did not understand that society expected them to feel shame over their menstruation. This was seen to be a very positive attitude.
- The idea that women are different, and will require different amounts of sanitary materials at different times of their life was put forward as an important message.
‘Most of the men are thinking that this is a woman problem, we can’t support this. Most of the men are thinking about this. We have to change this thinking matter also.’

- Another example shared, although not from the region, was where a refugee community produced sanitary materials as an income generation project.

h) Resettlement

‘They are always waiting for the third resettlement project. I know it’s not going to happen but we just waiting.’

Difficulty in accessing resettlement seemed to affect those who lacked a family unit the most, in other words LGBTI refugees, unaccompanied minors, and older women. These women were often ‘left behind’.

Stories were told of refugees being manipulated when attempting to access resettlement. Fraudulent agents, unethical interpreters, and other agents, used the desperation of refugees and asylum seekers for their own gain, thus making refugees’ access to legitimate resettlement all the more difficult. Another circumstance in which the desperation of refugees was manipulated was in regards to people smuggling, or trafficking, where stories were told of women being raped, in addition to financial payments, in return for passage to another country.

‘... They decide they want to be resettled in another country. Again, in addition to money they pay to the traffickers, they may be raped... they may be imprisoned, and their children... and again, they repeated, they do not stop this.’

Cases of what can only be deemed discrimination meant that HIV positive refugees were often denied access to resettlement.

‘We call USA and he said in USA you cannot get that medicine free so you have to buy. I don’t know about Australia but they said that Australian they don’t like [HIV] positive people to apply to that country.’

It was noted that refugees in the midst of legal proceedings, even as the victim who reported the crime, had their access to resettlement denied or delayed.

‘The length of legal processes – sometimes they take 2, 4, 5 years. People don’t want to report something and get involved in a case if it means they lose their chance of resettlement if they have to do this case for so long. They would rather not access justice and have this thing go away.’

The impacts of the lack of access to resettlement were far reaching, some of which have been discussed above e.g. the desperation to be resettled putting women in vulnerable situations, mental health difficulties that accompanied living in temporary accommodation for drawn out lengths of time, and a lack of hope.

Recommendations and Good Practice

- Improve resettlement processes throughout the resettlement chain, especially in relation to reducing corrupt practices.
- Develop greater understanding between host and resettlement countries so that, for example, pending legal cases did not impede timely resettlement.
SEXUAL & GENDER BASED VIOLENCE (SGBV)

Sexual and Gender Based Violence (SGBV) was cited as a major issue faced by all refugee communities across the region. Women discussed the many forms of violence, identifying domestic violence, trafficking, survival sex, and sexual harassment in the community.

a) Domestic Violence

‘Domestic violence problem everywhere, there are everywhere, they are refugee or not refugee.’

Most participants identified domestic violence as an issue affecting women and children in the displaced communities they worked with. Physical and sexual abuse by male perpetrators within the home was described, and the forms the physical and sexual violence experienced were wide ranging, from ‘throwing acid in women’s faces’ to being ‘raped in their house’.

A number of factors were identified as contributing to the incidence of domestic violence perpetrated against refugee women. Both rape in marriage and female partners denying sexual contact were recognised as being a catalyst for domestic violence.

‘The problem lies that every night the husband asks for... sex, but then the wife denies... she is physically and mentally abused.’

‘Another issue is woman who is pregnant and her pain started and her husband said first you sleep with me then I will take you to the hospital. I bring my office vehicle over there and take the woman to the hospital. Baby died.’

Alcoholism, and the belief (by men and women) that domestic violence was acceptable were contributory factors to its occurrence. The normalisation of domestic violence, coupled with the fear of survival outside the home with children, contributed to vulnerable refugee women remaining in abusive relationships. Women also faced shame and blame for domestic violence. In transit and resettlement countries, altered gender roles and power dynamics were acknowledged as contributing to domestic violence:

‘Some of these men are not violent men, but when they come to the new country their role is change... it is easier for women to access job... so they become angry.’

The impact of domestic violence on children in displaced communities was especially emphasised. This included underage marriage, homelessness, the inability to participate in education, and the development of ideas that domestic violence was the norm.

‘When you see that, for children, when you see that violence all the time... they also get socialised that they see domestic violence as the norm.’

For refugee women, ‘home’ was already potentially an overcrowded and unsafe environment. The incidence of domestic violence further emphasised this shelter as a place with little protection. Domestic violence was also identified as a barrier to engaging with both the refugee and the local community, as well as a barrier to empowerment for displaced women.

Recommendations and Good Practice

• The establishment of safe houses and ‘start safety programs’, to provide for women who’s fear of leaving the house and domestic violence was greater than their fear of staying.
• Training for men, by men. While female facilitators were good, it was felt that men would better receive the message that domestic violence is wrong from other men.
• Training for community and religious leaders. This was to ensure that these groups (which often included few women) were actively engaging with the issue of domestic violence.
• Working with governments to ensure that laws which intend to protect were implemented.
• Counselling for women and children who had been in situations of domestic violence.
• Education for women and children about their rights.

Examples of good practice identified throughout the week included community based childcare facilities, and alcohol rehabilitation centres. Experience indicated that these mechanisms had allowed families to resolve problems of domestic violence to some extent.

b) Trafficking

Refugee communities described experiences of trafficking, and its relationship to SGBV. Some reported that vulnerable refugee women were promised a new life in another country, but subsequently sold as sex workers. In an already precarious and economically disadvantaged position, refugee women and girls were more susceptible to being lured into prostitution. Others told of women and girls who were resigned to being raped as ‘payment’:

‘In addition to the money she pays to the traffickers, she accepts she is a victim of rape. She and sometimes her daughters. Sometimes more than one.’

Children in refugee settings were pronounced to be particularly vulnerable to trafficking across different countries, ‘abducted for sexual reasons, both boys and girls.’ A number of factors were identified as increasing the risk of trafficking, namely unaccompanied minor girls having little protection, the lack of shelter (particularly for those aged 12-17 years), and poverty as a driver leading to child labour, which in turn put children at greater risk of being trafficked.

The group discussed the impacts of trafficking, such as children being prevented from leaving the home due to fear of their abduction, and refugee women feeling shame:

‘She did not disclose this fact [that she had been trafficked] in her community… She was scared in the community… She hid the fact that she was sold… She wanted to protect her dignity.’

Recommendations and Good Practice
• Identification and screening so that unaccompanied minors were known and their needs and vulnerabilities addressed by the community.
• Raising awareness about the issues faced by unaccompanied minor girls and boys so that the community can address the problem collaboratively and provide services for this group.
• Strengthen groups and create partnerships among organisations that already work with unaccompanied minor girls.

c) SGBV in the Community

Random acts of rape, sexual assault, and harassment were all identified as issues that displaced women faced outside of the home. Those identified as being at greater risk were disabled women, women with mental health problems, women without shelter, and women in immigration detention.

‘There was a very old woman who did not have her own home... there were these young boys who would follow her... grope her.’

A significant impact was the feeling of shame experienced by women who were victims of SGBV in the community. Fear of being stigmatised forced women to stay silent.

‘Women are blamed all the time... it is always the women’s fault, it is a disgrace against her.... Its offence against offence against offence... then she talks about it, she is just shaming herself again...’

One participant described a community in which a one-stop Crisis Centre provided a vital service for women who were raped, sexually assaulted, or harassed.

Recommendations and Good Practice

• Host country sensitisation.
• Working with local authorities and services such as the police, hospitals, and schools to raise awareness and deliver host community supported awareness and solutions.
• One example of good practice was given in New Delhi, where the local legal office offered self-defence classes to women.
• The Refugee Community Development Project (RCDP), New Delhi was highlighted as good practice in its work with UNHCR and SLIC in working with local police to sensitise them to the plight of refugees.

d) Survival Sex

Participants examined the issue of survival sex, with contributing factors being the lack of services and well-paid employment for displaced women and their families. Refugee women described being motivated by wanting “to raise money and look after their family – last option is to dress up and go out on to the street.”

The impacts of survival sex were described as being felt by children and women. Survival sex put the health of women at risk, compounded by lack of access to health care. Children were severely affected too:

‘Also due to health difficulties due to sex work or risky nature of their work, sometimes they cannot continue to work so they have to force their children to leave school and work. So again, this is the vicious circle.’

Recommendations and Good Practice

• Provide access to safe livelihoods.
• Improve access to safe shelter.
• Improve provision of sexual and reproductive health education.
ABUSE IN MARRIAGE

Human rights abuses faced by married refugee or displaced women were a pertinent issue presented throughout the week, from the fear of abandonment, to the agency of refugee women in relationships. Whether the marriage took place prior to displacement or with a male partner from the local community of the camp or resettlement location, displaced women and girls faced greater risk of abuse.

a) Abandonment/ Divorce

‘... he has the money and the power with him. He leave the wife with three children, and get married to another woman...’

A number of participants highlighted the negative consequences of polygamy in their communities, where men would take second wives. Already vulnerable refugee women and their children experienced increased financial strain, and lack of emotional support in an unstable environment.

As discussed in the story circles, refugee women resettled in third countries experienced divorce and abandonment by husbands frustrated by their own difficulties in accessing their rights. These experiences caused refugee women emotional distress, and highlighted the operation of gender inequalities as these women rarely had financial independence.

Economic and cultural imbalances of power maintained the dependence of refugee women on their male partners. Institutional inequalities, which manifested in systems and procedures, ensured that women remained in potentially abusive relationship without any other option for economic survival. An example given was that of a woman whose camp ration card was cancelled if she married a man outside the refugee camp.

‘A man gets married to someone else...later, the man comes back to the first wife... and the other girl... now this situation of the other girl gets worse, she has a child herself... she is rejected a ration card inside the camp...’
The cancellation of ration cards was a significant consequence of abandonment for refugee women, in effect punishing her for marrying outside the camp. Without access to food or supplies within the camp, she was placed in an even greater position of vulnerability.

A further outcome was the creation single parent families, and desperate mothers faced an increased financial and emotional burden.

**Recommendations and Good Practice**

Participants discussed marriage as a method of survival in situations of despair and deprivation. Gender inequalities ensured that refugee women rarely controlled money, and lack of adequate protection for refugees meant they were often pushed into destitution. Thus refugee women were doubly disadvantaged.

- Community education focusing on social norms, which could range from violence against women to economic independence for women.
- Strengthen and empower women to improve their ability to participate in decision making. For example, building their economic self-reliance.

> "It’s not your fault"... women feel somehow they are responsible...

> it’s not your fault, you are not to blame for this…”

- The most prominent recommendation was to negate the blame which women accorded themselves, compounded by the community inclination to blame them too.
- Practical recommendations included:
  - Helping women to find employment
  - Providing child care
  - Providing housing
  - Providing legal aid to enable women to seek ‘maintenance’ from their ex-husbands, in addition to educating women about their right to such support
  - Advocating for ration cards to be less contingent upon marriage as this impacted significantly on the woman’s ability to survive independently

**b) Children**

‘The girls are 11 or 12 then the men are 60 to 70 years old…’

Underage marriage was a concern in refugee communities. Whether due to cultural norms, the desire to avoid violence at home, economic desperation, or resulting from cultural misunderstanding, both underage marriage and bride kidnapping were expressed as having long lasting consequences.

> Girls are kidnapped on the way to, back from school, to get married. They are taken from the street to their future in-laws house. They are raped, and if they are not raped no one will believe they are not raped so they have to get married otherwise they are social outcasts.’

The impacts of underage marriage were described as devastating, and of particular concern was underage pregnancy.

**Recommendations and Good Practice**

- Draw on the recommendations made throughout the report which seek to ensure refugee families are economically stable, potentially reducing the risk of underage marriage or sexual exploitation.
c) Gender inequality

Numerous discussions focused on the social structures which privilege male power in relationships, and the inequality that existed in marriage. It was noted that in many refugee contexts ‘the men control the finance’, highlighting both a power imbalance in the relationship, and a lack of independence for women. One participant indicated that male partners are often not happy with service providers or researchers talking to wives:

‘Their husbands say ‘why you meet with my wife’ they don’t want us to talk to them wives.’

Widowed women in some cultures were not able to leave their home once their husband had died, ‘they are not allowed out of the home… so they live without many supports’. This restriction ensured that these women had very little independence and were extremely vulnerable.

Little financial freedom for women made any meaningful independence a greater impossibility. This was a factor preventing women from leaving violent relationships, or even entering further violent relationships, as refugees living in poverty with little means of generating income.

A further potential risk for refugee women entering marriage was the benefit of citizenship or access to resettlement which male partners could potentially gain. One example provided was:

‘Afghani man marry Iranian girl because they want Iranian nationality… Afghan men, children when they turn 19, we have a rule that they are Irani. Usually they are poor Irani family that settles.’

It was noted that once marriage took place, some displaced women were then treated poorly. This particular vulnerability of refugee women was discussed with a focus on their increased susceptibility to manipulation.

Recommendations and Good Practice

- Gender-sensitive training for refugee men and women on human rights and women’s rights.
CHILDREN

Refugee children faced a number of SGBV issues across different communities. Rape, survival sex, sexual assault, and harassment were all identified as risks for children, particularly girls.

a) Sexual Exploitation

Both single women and children (including unaccompanied minors) were discussed as being especially vulnerable to grooming, violence, and exploitation. The most economically disadvantaged among refugee populations, children in particular, were at risk as they would be at home alone which mothers tried to generate income.

A number of communities found that those in the 0-5 age group were ill-equipped to express that they were victims of abuse. There were two elements to this, the inability to identify the actions as abuse, and the lack of language to express the abuse to others.

A number of impacts related to blame, shame, and the inability to share what had happened, were identified as applying to all these issues. One particular consequence for female-headed households was the fear of going to work, and leaving the children alone because of their vulnerability to SGBV.

One form of SGBV perpetrated against girls was ‘curative rape’ if they were believed to be lesbian. There were instances described of this then leading to forced marriage.

‘Talking about child exploitation…the problem begins as very much a cycle, where the child is born…with their own dreams. Their dreams go and reality sets in…the question mark of whether the cycle is broken or continues’.

Child-to-child sexual abuse was also occurring, with older children having sex with children as young as 1 year old. The lack of sex education and understanding of what was safe and unsafe contributed to this issue, as well as to youth pregnancy. Unaccompanied minor girls were particularly susceptible to SGBV due to the vulnerabilities created by lack of protection.

‘The unaccompanied minors their situation is really pathetic especially those 17-18. In all refugee groups around the world they have been abused because of their age because there is no one to look after them.’
Recommendations and Good Practice

These Recommendations were made in order to tackle the risks faced by unaccompanied minors, particularly girls. Due to the cross cutting nature of the issues, please see the recommendations made above in the 'Trafficking' section.

- With respect to child to child SGBV, safe touch and non-safe touch classes were found an effective example of good practice.

b) Education

The issues that children faced with respect to education can be divided into three categories: lack of available education, poor quality education, and barriers to accessing available education.

A lack of available education was primarily identified as an issue for children in later years of high school: ‘until class 10 you get free education, after that you have to manage on your own.’ Poor quality education resulted from the lack of resources or lack of space for schools, as well as poor curriculum development, and poor educators.

‘Parents send kids to school and kids stay in the building but often they get no classes. The teachers say that if the children clean the building they will get high marks.’

The major barrier to accessing education when it was available was the need for children to work to support themselves or their families. Participants also described the fear of their children being abused or exploited, therefore keeping their children in the home rather than sending them to school.

Whether or not a child had identity documentation significantly impacted upon their ability to access education. In some instances, if children were not recorded in the census, and therefore not given identification documents, they struggled to access education.

‘Minor girl…doesn’t enjoy her rights if she doesn’t have an id.’

Without access to education, or good education, children had increased vulnerability to issues identified throughout this report, including health difficulties and SGBV. Furthermore, their ability to later access employment or further study was significantly impeded. Children had difficulty developing vital skills without access to good education, impacting their potential to take on leadership positions.
Recommendations and Good Practice

• Teaching children at times convenient to them, so they did not have to choose between their livelihood and that of their family, and education.
• Teaching some courses in refugees' native languages.

c) Health
Access to health services for children, were described as being either unavailable, or very expensive. Particular health concerns faced by children were hygiene and access to immunisations, which produced additional and compounding health difficulties.

‘Children…they don’t go to school, they don’t get medical benefits…there is a lot of violence…emotional abuse…some of them get into drugs…become drug dealers themselves…trouble with the law…’

Unaccompanied minor girls in particular were identified as suffering mental health problems resulting from their isolation and vulnerability, but had little access to services to support them. Lack of clean safe shelter, particularly in a child’s early years, also contributed to health and hygiene problems. Without documentation, it was very difficult for children to become vaccinated.

‘Hygiene is really important here, the children are really sensitive and the skin is very delicate…if they have no shelters, they live on the road or the dumpster…they get infection really quickly.’

Recommendations and Good Practice
Health was a cross cutting issue, and has been identified as an impact of many other issues throughout the report. For recommendations on children and health, please refer to the adult health section. Also note that health has been an issue with major impacts resulting from lack in other issues (e.g. lack of shelter) and as such many of the recommendations regarding health can be found within those sections.
5. Key Issues Faced by Service Providers

Participants possessed varying degrees of experience as service providers, as well as experience with local, national, and regional service providers. The pertinent issues that they faced are discussed below.

CLIENT CARE

This section addresses the concerns that service providers had for the vulnerable communities they were working with.

a) Re-traumatisation

A major issue in relation to client care was that of ‘re-traumatisation’: the concern that people may re-live their trauma when talking about their experience.

‘...Sometimes... the person has successfully dealt with their lives, they have moved on... and there is a situation where they have talked about it again... and ...it is so clear in their minds, that it is like they are experiencing it again. That is why it is called re-traumatisation.’

A participant trained in mental health care spoke of ‘speaker’s remorse’, a term used to describe someone who feels willing to share their story, but later has unexpected negative feelings about doing so. Further issues of re-traumatisation were discussed with regards to refugees who worked in front line service provision roles. These refugees were potentially managing the trauma of those around them, as well as their own. A major impact of re-traumatisation was depression, feelings of inadequacy, or inability to cope.

‘All too often in refugee situations... who is providing the front line support? It’s refugees trying to support other refugees, who are often incredibly traumatised and dealing with their own trauma.’

Recommendations and Good Practice

- Accidental counselor training for grass roots and front line workers.
- Establish self care and group care strategies within a community and with workers.
- Regularly check in on those who may show signs of being re-traumatised.
- Use of pre-existing coping mechanisms e.g. prayer and religion.
- For staff and interpreters, it was noted that briefing and de-briefing was very important.

b) Confidentiality and Consent

The participants had a rich discussion about issues of confidentiality, such as the difficulty of determining the degree of confidentiality required in different situations, breach of confidentiality, and the consequences of this. The impacts on individuals who had their confidentiality compromised were severe.

‘It [breaking confidentiality] might even lead to suicide of the victim of the person who has shared the story.’

Conversely, positive impacts were experienced as a result of maintaining confidentiality:
‘When we can ensure... that when someone insists that they do not want to be named or spoken about, once that is done it definitely brings us closer’.

Recommendations and Good Practice

- Confidentiality in the context of research reports was discussed. In particular, good practices were identified when dealing with names and other identifying features in reports.

  ‘Participant asks that they are learning new things, they want to tell people about it... we can obviously share the content, share the learning, but not the person's individual stories’.

- A few strategies were discussed for dealing with confidentiality when there is a perception that people might be at risk to themselves or others: ‘If you find out during the course of your research something that is going to have a criminal or life threatening information... I think you've got an obligation to report’.

- Ensuring that consent was properly received was identified as good practice: ‘Iterative consent is a way of explaining to people... seeking their permission in the beginning, then when the meeting is finished or the interview is finished... seeking people’s consent a number of times’

c) Safe Space

One participant expressed feeling ‘guilty in organisations that we rush a lot, we don't take time to take a pause at the end... discipline to not squeeze everything... also difficult if... maybe just do things, little things, that can make it a space that’s more comfortable. Bring snacks. Place you can just exhale and share. If there are things that come up, we can address through the week.’

**SELF-CARE**

The participants spoke about particular issues they faced as service providers in relation to their own mental health e.g. burnout was a common occurrence.

  ‘I had an interpreter who had to listen to hours of testimony and had a very bad break down’.

These problems were compounded for service providers who were refugees themselves, as was often the case. Participants discussed the difficulty of finding time to engage in sufficient self-care, and even when finding the time, felt they did not have the necessary expertise in mental health.

Recommendations and Good Practice

- Ensure that interpreters took breaks when needed: ‘it must seem really basic, but interpreters are talking twice as much as you are’.
- Taking time to debrief with all those involved in service provision, from interpreters and interns, to those at higher levels of organisations.
6. Action Items

The participants consolidated their week’s work around issues identification and the comprehensive list of recommendations. For the coming 12-18 months, the WAGAR will focus on four activity areas (with actions including but not limited to):

1. **Training and skills building**
   - Facilitate a follow up workshop within 12 months
     - Within the region
     - With increased refugee women participation
     - With a focus on access to justice

2. **Information sharing**
   - Increase APRRN membership
     - Invite fellow CBOs and known colleagues and associates to join
     - Through active correspondence using APRRN Google Groups

3. **Resource sharing**
   - Share resources through the APRRN WAGAR website
   - Share training resources bilaterally or through the APRRN WAGAR website

4. **Advocacy**
   - Producing WAGAR Reports
     - Share Report of January 2013 WAGAR Workshop
     - Produce position paper on barriers regarding access to justice to be presented at the 2013 UNHCR Annual Consultations with NGOs
   - Participation in advocacy opportunities
     - Support 2 -3 representatives of the WAGAR group to advocate at the UNHCR Annual Consultations at NGOs each year.