

Guidelines on identification and communication with migrant victims of sexual and gender-based violence in Hungary

PROTECT – Preventing Sexual and Gender-Based Violence against Migrants and Strengthening Support to Victims

2020



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ABOUT THE GUIDELINE

This *Guideline on identification and communication with migrant victims of sexual and gender-based violence in Hungary* has been prepared in the framework of the *PROTECT – Preventing sexual and gender-based violence against migrants and strengthening support to victims* project. The aim of the document is to provide information on sexual and gender-based violence in the context of migration. The Guidelines are aimed at professionals who are working with migrants every day especially first responders such as social workers and border guards.

Firstly, the document introduces the key terms and concepts of sexual and gender-based violence then it connects them with the migration context. Not every migrant becomes a victim of violence but due to various reasons there is an increased risk of vulnerability to become such victims.

Secondly, the professionals' job is to be aware of these risk factors and identify then referral victims and potential victims of sexual and gender-based violence to the appropriate service provider. The second part of the Guidelines focuses on these issues.

Thirdly, when communicating with victims and potential victims of violence, keeping in mind their vulnerability is essential. It is important to ensure that professionals understand the state of mind of the other person and be aware of and use communication techniques which are less harmful in these situations. Intercultural differences can also be an important part of the communication. Background information on the culture and traditions from where the migrant comes from is essential in order to understand values, beliefs and crosscultural awareness. The third chapter of this document is about the importance of communication. It provides examples of useful interview techniques. Furthermore, it addresses intercultural communication which is one of the most important parts of communication with migrants in any situations.

Finally, dealing with SGBV cases can be emotionally overwhelming for professionals as well, so the Guidelines include a sub-chapter on self-care of professionals to avoid burn-out.

At the end of the Guidelines, there is a list of relevant organizations that work in the field of migration and/or sexual and gender-based violence.

Hopefully, this document can help professionals to broaden their knowledge on sexual and gender-based violence as well as how to identify and communicate with victims and potential victims of violence.¹

¹ In some documents the term 'survivor' is used instead of 'victim'. However for the purpose of the current publication we will use the concept 'victim'.

ABOUT THE PROJECT

The **PROTECT – Prevention of Sexual and Gender-Based Violence against Migrants and Strengthening Support to Victims project** aims to strengthen the capacities of existing national support services for sexual and gender-based violence to coordinate better and make these systems available for refugee, migrant and asylum seeker victims and potential victims of SGBV. The project also aims to raise awareness among and empower these communities.

It is implemented by **12 IOM country offices** (Belgium, Bulgaria, Croatia, Greece, Hungary, Ireland, Italy, Malta, the Netherlands, Poland, Slovenia and Spain) and **eight Non-governmental organizations (NGO) partners**, Legebitra (Slovenia), Le monde selon les femmes abl (Belgium), Fundación EMET Arco Iris, Asociación Rumiñahui, Movimiento por la Paz (Spain), Arq Psychotrauma Expert Groep, Rutgers, and Pharos (Netherlands) between October 2018 and March 2020.

The following specific **objectives and activities** were implemented during the 18-month project cycle. Most of the activities were tailored to specific national contexts.

1. Strengthen and adapt existing national support services for sexual and gender-based violence (SGBV) to coordinate better and include refugees, migrants and asylum-seekers.
2. Build capacity for professionals who work with and for refugees, migrants and asylum-seekers with the aim of identifying and addressing the needs of victims and potential victims of SGBV more effectively.
3. Empower and inform refugee and migrant communities and asylum-seekers of SGBV and its prevention through a regional awareness-raising campaign.

The project was funded by the European Union's Rights, Equality and Citizenship Programme 2014-2020.

Learn more about the project here: <https://eea.iom.int/PROTECT-project>

SEXUAL AND GENDER-BASED VIOLENCE IN THE CONTEXT OF MIGRATION

Sexual and gender-based violence (SGBV) is one of the most widespread human rights violation globally. Girls, women, boys, men and people identified as LGBTI can all become victims of SGBV.

To understand better and prevent SGBV more effectively, society should understand the basics concepts. Although **sexual and gender-based violence can happen to anyone in any context**, it is important to note that it is **also part of the reality of many people's migratory experience**.

Thus, in this chapter, we will take a look at the key terms related to SGBV and then examine how it affects migrant's journey.

What is sexual and gender-based violence?

The term '**gender-based violence' (GBV)** an umbrella term for **any harmful act that is perpetrated against a person's will** and is **based on socially ascribed (i.e. gender) differences between males and females.**²

It is worthy to mention that it can affect as well other gender types or gender expressions

Sexual violence is a form of **gender-based violence** and encompasses **any sexual act**, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise **directed against a person's sexuality using coercion by any person** regardless of their relationship to the victim, in any setting.³

In this Guidelines, we are using the two terms together as sexual violence is one of the most common forms of GBV.

² Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery (2015) p. 5.

³ IOM, Glossary on Migration (2019) p. 193

Migration-related key terms

ASYLUM SEEKER	An individual who is seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum seeker will ultimately be recognized as a refugee, but every recognized refugee is initially an asylum seeker. ⁴
MIGRANT	An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students. ⁵
MIGRANT IN A VULNERABLE SITUATION	Migrants who are unable to effectively enjoy their human rights, are at increased risk of violations and abuse and who, accordingly, are entitled to call on a duty bearer's heightened duty of care. ⁶
REFUGEE	A person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. ⁷
UNACCOMPANIED CHILDREN	Children, as defined in Article 1 of the Convention on the Right of the Child, who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. ⁸
SEPARATED CHILDREN	Children, as defined in Article 1 of the Convention on the Rights of the Child, who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include

⁴ United Nations High Commissioner for Refugees, Master Glossary of Terms (2006). p. 4

⁵ IOM, Glossary on Migration (2019) p. 130.

⁶ High Commissioner for Human Rights, Principles and Practical Guidance on the Protection of the Human Rights of Migrants in Vulnerable Situations, Report of the United Nations High Commissioner for Human Rights to the Human Rights Council (3 January 2018) UN Doc. A/HRC/37/34, para. 12.

⁷ Convention relating to the Status of Refugees ((adopted 28 July 1951, entered into force 22 April 1954) 189 UNTS 137) Art. 1A(2).

⁸ Committee on the Rights of the Child, General Comment No. 6: Treatment of Unaccompanied and Separated Children Outside their Country of Origin 1 September 2005 CRC/GC/2005/6, para. 7.

	children accompanied by other adult family members. ⁹
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SGBV-related key terms

GENDER	the socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to males and females on a differential basis. Gender is relational and refers not simply to women or men, but to the relationship between them . ¹⁰ Notions of gender are deeply rooted in every culture, however, they are also changeable over time and have wide variations both within and between cultures. ¹¹
GENDER EQUALITY	the equal rights, responsibilities and opportunities of all individuals regardless of their gender identity. ¹²
GENDER-BASED VIOLENCE (GBV)	an umbrella term for any harmful act that is perpetrated against a person’s will and is based on socially ascribed (i.e. gender) differences between males and females . It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and denial of resources, opportunities or services, forced marriage and other deprivations of liberty. These acts can occur in public or in private . ¹³ Gender-based violence is often used in the same context as violence against women and grls, however, it should be noted that men and boys also become victims of GBV .
LGBTI	An acronym for lesbian, gay, bisexual, transgender and intersex persons that is also used as shorthand for “persons of diverse sex, sexual orientation and gender identity.” Among other variations, sometimes intersex is not included and the acronym is LGBT; sometimes “queer” or “questioning” is included and the acronym is LGBTQ or LGBTIQ; and sometimes “ally,” “aromantic” or “asexual” is included, and the acronym is “LGBTQA” or “LGBTIQA.” ¹⁴
SEX	The classification of a person as female, male or intersex. Infants are usually assigned a sex at birth based on the appearance of their external anatomy. A person’s sex is a combination of bodily characteristics, including their chromosomes (typically XY

⁹ Committee on the Rights of the Child, General Comment No. 6: Treatment of Unaccompanied and Separated Children outside Their Country of Origin (1 September 2005) UN Doc CRC/GC/2005/6, para. 8.

¹⁰ UN Women, Gender Mainstreaming in Development Programming (2014) p. 46.

¹¹ IOM, Glossary on Migration (2019), https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf p. 81

¹² IOM, Glossary on Migration (2019), https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf p. 82

¹³ Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery (2015) p. 5.

¹⁴ IOM and UNHCR's glossary available at: https://lgbti.iom.int/sites/default/files/LGBTI_Glossary_2017.pdf.

	chromosome = male, XX chromosome = female), their reproductive organs and their secondary sex characteristics. ¹⁵
SEXUAL ORIENTATION	Each person’s enduring capacity for profound romantic, emotional and/or physical feelings for, or attraction to, person(s) of a particular sex or gender. Encompasses hetero-, homo- and bi-sexuality and a wide range of other expressions of sexual orientation. ¹⁶
SEXUAL VIOLENCE	is a form of gender-based violence and encompasses any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion , by any person regardless of their relationship to the victim, in any setting. Sexual violence takes multiple forms and includes rape, sexual abuse, forced pregnancy, forced sterilization, forced abortion, forced prostitution, trafficking, sexual enslavement, forced circumcision, castration and forced nudity. ¹⁷

SGBV as part of the journey

Sexual and gender-based violence can be **a reason why someone leaves their country of origin**. For example, many women decide to leave their home because of the unequal power dynamics between men and women in their society or because of harmful traditional practices such as female genital mutilation (FGM) or forced marriage. **During their journey or in transit** they may also face various forms of SGBV. Women, girls or young boys are often sexually exploited by smugglers or fellow migrants. Furthermore, the risk of vulnerability increases **when they arrive to their country of destination** due to language barriers, lack of social networks, lack of knowledge of various support services and also due to the continuation of gender related inequalities. Migrant men also experience SGBV, even if there are limited reports or limited statistics.

To ensure prevention and that people have access to services when they are in need, information provision about what is SGBV and where they can turn to if they need help is essential. It is important to make it clear for them that in Hungary sexual and gender-based violence are criminalized and they have the right to seek help.

¹⁵ IOM and UNHCR's glossary available at: https://lgbti.iom.int/sites/default/files/LGBTI_Glossary_2017.pdf.
¹⁶ IOM and UNHCR's glossary available at: https://lgbti.iom.int/sites/default/files/LGBTI_Glossary_2017.pdf.
¹⁷ IOM, Glossary on Migration (2019) https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf p. 193.

Consequences

Any kind of violence has various consequences, SGBV is not an exception. Among the consequences we can find death, physical consequences such as unwanted pregnancy or sexually transmitted infections, mental and psycho-social consequences like anxiety, depression, social stigma and isolation. Moreover, they include socioeconomic consequences such as loss of income, medical expenses and legal consequences for example in countries where same-sex relationships are criminalized.

These consequences are connected: physical well-being affects psychological well-being and vice versa. Thus, when providing support to victims of SGBV a holistic approach is needed which take into consideration of all the impacts of SGBV on the individual, their families and their communities.¹⁸

LEGAL FRAMEWORKS

The prevalence of sexual and gender-based violence is considerable in Hungary according to an EU-wide survey by the European Union Agency for Fundamental Rights (FRA). Twenty-five per cent of women in Hungary know of victims of domestic violence in their circle of friends and family.¹⁹

Although, Hungary signed the *Convention on Preventing and Combatting Violence against Women and Domestic Violence (Istanbul Convention)* in 2014, it has not ratified it since then. However, another international instrument has been ratified by Hungary, the *Convention on Protection of Children against Sexual Exploitation and Sexual Abuse*, also known as the *Lanzarote Convention*.²⁰

There is no specific legislation on sexual and gender-based violence in Hungary, but most of its forms are criminalized in the Hungarian Criminal Code (Act C of 2012).²¹ This includes, sexual exploitation,²² sexual violence²³ (these two may only be prosecuted upon private motion), sexual abuse,²⁴ domestic violence,²⁵ violence against a member of the community on the basis of gender identity or sexual orientation.²⁶

¹⁸ IOM Institutional Framework for Addressing Gender-Based Violence in Crises, 2018, p.10

¹⁹ <https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report> p.155.

²⁰ <https://www.coe.int/en/web/children/lanzarote-convention>.

²¹ Act C of 2012, <https://refworld.org/docid/4c358dd2.html>.

²² Act C of 2012, Section 196.

²³ Act C of 2012, Section 197.

²⁴ Act C of 2012, Section 198.

²⁵ Act C of 2012, Section 212/A.

²⁶ Act C of 2012, Section 216.

IDENTIFICATION

Referral mechanism is the process of cooperation between different stakeholders to provide various protection and assistance services to vulnerable migrants. Identification is the first step of in the referral mechanism.²⁷ In Hungary, there is no available standard operating procedures on sexual and gender-based violence against migrants. However, there are several national services and NGOs which can provide support in case vulnerable migrants are identified as victims or potential victims of SGBV. The list of these organizations can be found at the end of this document.

Vulnerability

Some people are more susceptible to harm relative to others as a result of exposure to some forms of risk. The type of **harm may be psychological, physical, environmental**, etc.

Vulnerability²⁸ is a **complex term**, there is **no agreed legal definition**²⁹ of the concept **used depending on the disciplinary context**. *“The concept of vulnerability can be understood to mean that some people are more susceptible to harm, relative to others, as a result of exposure to some form of risk. The type of harm to which they are more susceptible varies: it may be psychological, physical, environmental, etc. Risk factors depend on the type of harm being examined and may or may not overlap.”*³⁰

Common section of the approaches describes it as **impairment of one’s capability to represent his/her interest(s)** due to his/her

- age
- gender (gender identity, gender expression, gender characteristics)
- sexual orientation
- physical, mental, psychological, intellectual condition
- race, ethnicity, religion, faith

²⁷ IOM Guidance on Referral Mechanisms, <https://publications.iom.int/books/iom-guidance-referral-mechanisms>, 2019.

²⁸ Mouzourakis, K. P., Fierens, R., Woollard, C.: The concept of vulnerability in European asylum procedures (ECRE, 2017) http://asylumineurope.org/sites/default/files/shadow-reports/aida_vulnerability_in_asylum_procedures.pdf.

²⁹ Manzoni, M.L.P., Timmer, A.: Vulnerable groups: the promise of an emerging concept in European Human Rights Convention law (Icon-International Journal of Constitutional Law, 2013) <https://biblio.ugent.be/publication/4430710>.

³⁰ IOM Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse, <https://publications.iom.int/books/iom-handbook-migrants-vulnerable-violence-exploitation-and-abuse>, 2019, p.4.

- medical, educational, legal, social needs.

According to IOM's definition³¹, **vulnerable migrants** are migrants who are unable effectively to enjoy their human rights, are at increased risk of violations and abuse and who, accordingly, are entitled to call on a duty bearer's heightened duty of care. **Within** the frames of **migration** the abovementioned **groups include**³²

- minors, unaccompanied minors
- elderly people
- pregnant women
- single parents with minor children
- people belonging to sexual minorities (LGBTI)
- disabled people
- people with mental health problems
- victims of trafficking
- persons who have been subjected to torture or other serious forms of psychological, physical, sexual or gender based violence.

Another reading of the phenomenon 'vulnerability' comprehends the **impairment of accessibility/inaccessibility to protection**. There is **no universally accepted definition of protection**, but the **term** is often **used to describe** all **actions** intended **to maintain individual safety and wellbeing** in accordance with the letter and spirit of relevant bodies of law.³³

Types of protection relevant to migrants include

- human rights protection
- legal protection
- physical protection

³¹ IOM Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse, <https://publications.iom.int/books/iom-handbook-migrants-vulnerable-violence-exploitation-and-abuse>, 2019, p.4.

³² Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol relating to the Status of Refugees (UNHCR, 1992) <https://unhcr.org/4d93528a9.pdf>.

³³ IOM Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse, <https://publications.iom.int/books/iom-handbook-migrants-vulnerable-violence-exploitation-and-abuse>, 2019, p.21.

- social protection
- humanitarian protection,

and also protection for specific groups, such as

- children
- women (including transgender women)
- persons living with disabilities
- LGBTIQ+ people³⁴
- trafficked persons and smuggled migrants
- refugees.

IOM uses the following **definition** of vulnerable migrants³⁵:

Vulnerable migrants are “persons who are **unable to enjoy their human rights effectively, are at increased risk of violations** and abuse and who, accordingly, are entitled to call on a duty bearer’s heightened duty of care³⁶.”

The majority of legislations, guidelines and discussions on the subject of vulnerability emphasizes the **importance of the early identification of special needs**³⁷. **Assessment of the needs** of migrants vulnerable to violence, exploitation and abuse **should be accomplished** when vulnerable migrants first begin accessing support from a case manager and regularly thereafter.

The linguistic root of the phrase ‘vulnerable’ is the Latin vulnus, which means wound

Vulnerable persons may be vulnerable or may find themselves in vulnerable position in their country of origin or/and during the journey or/and in or/and in the host country

³⁴ Understood as an umbrella term to cover different sex characteristics, sexual orientation and gender identity

³⁵ IOM Handbook, Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse (IOM, 2018)

https://unodc.org/documents/human-trafficking/GLO-ACT/IOM_Handbook_on_Protection_ADV_COPY_1.PDF

³⁶ Global Migration Group Principles and Guidelines, supported by practical guidance, on the human rights protection of migrants in vulnerable situations (GMG, 2017)

<https://ohchr.org/en/issues/migration/pages/vulnerablesituations.aspx>.

³⁷ EASO Training Curriculum: Interviewing Vulnerable Persons module.

Victims, Potential Victims

Vulnerable migrants may have unique health-care needs arising from pre-existing conditions or from an injury or illness suffered during their journey or on arrival at a transit location or their destination. They **may have experienced violence, exploitation or abuse that has health consequences both physical and mental.**

The IOM Handbook on Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse³⁸ lists the **types of health risks** that vulnerable migrants may experience **and**, accordingly, the potential **health-related consequences** that they may struggle with:

Experience - 1³⁹

- physical abuse

Consequence - 1

- bruises, cuts, burns, broken bones, soft tissue injuries
- psychological distress, mental health problems

Experience - 2

- threats, intimidation, psychological abuse

Consequence - 2

- depression
- anxiety, hostility, aggression
- isolation, withdrawal
- psychological distress, mental health problems
- sleep disturbances

Experience - 3

- sexual violence, abuse

³⁸ IOM Handbook on Protection and Assistance to Migrants Vulnerable to Violence, Exploitation and Abuse, <https://publications.iom.int/books/iom-handbook-migrants-vulnerable-violence-exploitation-and-abuse>, 2019.

³⁹ The assignment is not entire, comprises only the SGBV relevant categories.

Consequence - 3

- sexually transmitted infections
- pregnancy, unsafe abortion
- sexual dysfunction
- vaginal, anal fistula
- bruises, cuts, burns, broken bones, soft tissue injuries
- psychological distress, mental health problems

Migrants in poor physical or mental health condition may be more vulnerable to violence, exploitation and abuse, which in turn may exacerbate or perpetuate poor health.

Sexual and Gender-Based Violence

Sexual and gender-based violence is a manifestation of historically **unequal power relations between men and women**, which have **led to domination over and discrimination against women by men**. However, gender discrimination tends not only to female: term 'SGBV' increasingly used to **describe certain forms of violence against men, boys and transgender persons** as well⁴⁰.

Gender-based violence is one of the most widespread human rights abuses in the world affecting individuals with consequences that reach beyond the individual and can **effect entire families and communities**.

Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will and that is **based on socially ascribed differences between males and females**. It includes acts that inflict **physical, sexual or mental harm or suffering, threats with such acts, coercion and other deprivations of liberty**⁴¹.

Based on the decreased ability to represent their own interest, certain **groups of individuals are more vulnerable to harm** than other members of the population. These individuals hold less power in the society, are more dependent on others for survival. **When** sources of **vulnerability** like

⁴⁰ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (GPC, IASC) https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf.

⁴¹ Institutional Framework for Addressing Gender-based Violence in Crises (IOM, 2018) <https://publications.iom.int/books/institutional-framework-addressing-gender-based-violence-crises>.

- age
- disability
- sexual orientation
- gender identity and/or gender expression
- religion
- ethnicity

intersect with gender-based discrimination the likelihood of exposure of particular groups to SGBV may escalate.

There are different systems designed to categorize the phenomenon of SGBV. The **classification traced and used in the UNHCR documents**^{42 43 44} include the following forms and levels:

physical, sexual, psychological violence in the family

- **sexual exploitation** (act committed via non-consensual abuse of another person’s sexuality for the purpose of sexual gratification, financial gain, personal benefit, etc.)
- **sexual abuse of children** (sexual act forced upon a child without his/her consent)
- **marital/spousal rape** (act of sexual intercourse with one's spouse without the spouse's consent)
- **female genital mutilation** (female circumcision)
- **coerced family planning/forced marriage** (marriage of an individual against her/his will)
- **honor crime** (punishment of perpetrators of homicide with life sentence)

physical, sexual, psychological violence in the community

- **rape** (non-consensual, physically forced penetration)
- **sexual abuse** (sexual act forced upon a woman, man or child without their consent)
- **sexual harassment** and intimidation at work, educational institutions (unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature)

⁴² Standard Operating Procedures for Prevention and Response to SGBV, Hungary (UNHCR, 2011).

⁴³ Standard Operating Procedures for Prevention and Action in Cases Involving SGBV, Slovenia (UNHCR, 2015).

⁴⁴ Standard Operating Procedures for Prevention of and response to SGBV, Greece (UNHCR, 2017).

- **human trafficking** (recruitment, transportation, transfer, harboring, receipt of persons by means of the threat, force, abduction, fraud, giving/receiving payment to achieve the consent of a person having control over another person for the purpose of exploitation)
- **forced prostitution** (exchange of sexual favors for material resources)

physical, sexual, psychological violence perpetrated by the state

societal and legal discrimination, hate crimes, bias-motivated crimes, felony against the members of LGBTI community.

Certain **conditions related to migration and vulnerability associated with attitudes, beliefs, norms and structures that promote gender based discrimination may exacerbate the risk of SGBV**. A framework introduced in the ‘Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action’⁴⁵ schemed to contextualize **factors that may contribute to SGBV**⁴⁶. The system referred below is valid not only crises, but also in general situations connected to SGBV:

Risk group: adolescent girls

Type of violence⁴⁷: sexual assault; sexual exploitation, abuse; child and/or forced marriage; FGM

Risk factors: age; gender; restricted social status; increased domestic responsibilities that keep girls isolated in the home; erosion of normal community structures of support, protection; lack of access to understandable information about health, rights, services; being discouraged, prevented from attending school; early pregnancies, motherhood; engagement in unsafe livelihoods activities; loss of family members; dependence on exploitative, unhealthy relationships for basic needs

Risk group: elderly women

⁴⁵ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (GPC, IASC) https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf.

⁴⁶ The introduced structure is an extract.

⁴⁷ The different types of violence and risk do not exclude others which might not be listed.

Type of violence: sexual assault; sexual exploitation, abuse; exploitation, abuse by caregivers; denial of rights to housing and property

Risk factors: age; gender; restricted social status; weakened physical status; physical, sensory disabilities; chronic diseases; isolation; higher risk of poverty; limited mobility; neglected health, nutritional needs; lack of access to understandable information about rights, services

Risk group: ethnic, religious minorities

Type of violence: social discrimination; exclusion, oppression; ethnic cleansing as a tactic of war; lack of access to education; lack of access to services

Risk factors: social stigma; isolation; poverty; malnutrition; reproductive health problems; lack of protection under the law; high level of impunity for crimes against them; lack of opportunities; marginalization based on their national, religious, linguistic or cultural group

Risk group: LGBTI individuals

Type of violence: social exclusion; sexual assault; sexual exploitation, abuse; domestic violence; denial of services; harassment/sexual harassment; hate crimes; rape expressly used to LGBTI individuals for their sexual orientation

Risk factors: discrimination based on sexual orientation, gender identity, gender expression or gender characteristics; high level of impunity for crimes against them; restricted social status; transgender persons not legally or publicly recognized as their identified gender; same-sex relationships not legally or socially recognized; denied services; exclusion from housing, livelihoods opportunities, access to health care and other services; exclusion of transgender persons from sex-segregated shelters, bathrooms, health facilities; social isolation; rejection by family or community, which can result in homelessness; engagement in unsafe livelihoods and activities

Risk groups: separated or unaccompanied girls, boys, orphans including children associated with armed forces/groups

Type of violence: sexual assault; sexual exploitation, abuse; child and/or forced marriage; forced labor; lack of access to education; domestic violence

Risk factors: age; gender; restricted social status; neglected health, nutritional needs; dependence on exploitative; unhealthy relationships for basic needs; early pregnancies, motherhood; social stigma; isolation; rejection by communities as a result of association with armed forces/groups; active engagement in combat operations; premature parental responsibility for siblings

Risk group: women, men involved in forced and/or coerced prostitution; child victims of sexual exploitation

Type of violence: coercion; social exclusion; sexual assault; physical violence; sexual exploitation, abuse; lack of access to education

Risk factors: dependence on exploitative, unhealthy relationships for basic needs; lack of access to reproductive health information, services; early pregnancies, motherhood; isolation; lack of social support; social stigma; isolation, rejection by communities; harassment, abuse from law enforcement; lack of protection under the law, laws that criminalize sex workers

Risk groups: women, girls, men, boys in detention

Type of violence: sexual assault as punishment, torture; physical violence; lack of access to education; lack of access to health, mental health, psychosocial support, including psychological first aid

Risk factors: poor hygiene, lack of sanitation; overcrowding of detention facilities; failure to separate men, women, families, unaccompanied minors; obstacles reporting incidents of violence, sexual violence; fear of speaking out against authorities; possible trauma from violence, abuse suffered before detention

Risk groups: women, girls, men, boys living with HIV

Type of violence: sexual harassment, abuse; social discrimination, exclusion; verbal abuse; lack of access to education; loss of livelihood; prevented from having contact with their children

Risk factors: social stigma; isolation; higher risk of poverty; loss of land, property, belongings; reduced work capacity; stress, depression, suicide; family disintegration, breakdown; poor physical, emotional health; lack of medication; harmful use of alcohol, drugs

Risk groups: women, girls, men, boys with disabilities

Type of violence: social discrimination, exclusion; sexual assault; sexual exploitation, abuse; intimate partner violence, other forms of domestic violence; lack of access to education; denial of access to housing, property and livestock

Risk factors: limited mobility; hearing, vision resulting in greater reliance on assistance, care from others; isolation; lack of social support; exclusion from obtaining information and receiving guidance due to physical, technological, communication barriers; exclusion from accessing washing facilities, latrines, distribution sites due to poor accessibility in design; physical, communication, attitudinal barriers in reporting violence; barriers to participating in their communities, earning livelihoods; lack of access to medical care, rehabilitation services; high levels of impunity for crimes against them; lack of access to reproductive health information and services

Risk groups: women, girls, men, boys who are victims of violence

Type of risk: social discrimination, exclusion; secondary violence as result of the primary violence (e.g. abuse by those they report to; honor killings following sexual assault; forced marriage to a perpetrator; etc.); heightened vulnerability to future violence, including sexual violence, intimate partner violence, sexual exploitation, abuse

Risk factors: weakened physical status; physical or sensory disabilities; psychological distress, chronic diseases; lack of access to medical care, including obstacles, disincentives

to reporting incidents of violence; family disintegration, breakdown; isolation, higher risk of poverty

Victims of SGBV may suffer further because of the stigma associated with the crime committed against them

Community or family ostracism may place victims of SGBV at greater social and economic disadvantage

Indicators of Endangeredness

The **self-image** of victims subjected to any form of human right violations may seriously be **damaged**.

They may **feel**

- shame
- worthless
- guilty
- contaminated.

At the somatic level they may **complain of**

- dizziness
- headache
- stomachache
- constipation
- hemorrhoid
- period disorder
- sexually transmitted disease.

At social level SGBV victims' **position** is often heavily **distorted**:

- their or their family's honor may be damaged
- their or their family's life may be in danger.

At communication level it reveals in

- reluctance to reveal the group membership

- attitude of distrust
- fear of moral judgements, sanctions.

Gender based violence may be committed against each gender, on a large scale, in any conflict or non-conflict areas

Women are victims not simply by reason of their gender, their vulnerability depends on the context

COMMUNICATION

Memory

In case of interviewing SGBV victims there are **various conditions** that may **affect the interview** situation, such as

- **physical**
- **cognitive**
- **psychical**
- **social, etc. state of the interviewee.**

Since the memory encoding, storage and retrieval are influenced by the abovementioned factors, it is important to descend to the procedure of information processing^{48 49}.

Memory is the ability to encode, consolidate, store and recall information ⁵⁰

Encoding is the first step to create a new memory. It allows the perceived item of interest to be converted into a construct that can be stored within the brain and then recalled later from the short or long-term memory.

Consolidation is the process of stabilizing a memory trace after the initial acquisition.

Storage is practically a passive process of retaining information in the brain.

Recall (or retrieval) of memory refers to the subsequent re-accessing of events or information from the past, which have been previously encoded and stored in the brain.

⁴⁸ Squire, L.R.: Memory and Brain Systems (The Journal of Neuroscience, 2009)
<http://jneurosci.org/content/29/41/12711>.

⁴⁹ Baddeley, A.: Working Memory, Thought, and Action (Oxford University Press, 2007)
<http://oxfordscholarship.com/view/10.1093/acprof:oso/9780198528012.001.0001/acprof-9780198528012>.

⁵⁰ Craik, F.I.M., Lockhart, R.S.: Levels of processing: A framework for memory research (Journal of Verbal Learning and Verbal Behavior, 1972)
<https://sciencedirect.com/science/article/pii/S002253717280001X>.

What one usually thinks of as memory in day-to-day usage is the long-term memory. In fact there are **three different types of memory**⁵¹. Albeit each have its own particular mode of operation, they cooperate in the process of memorization and considered as three necessary steps in forming the lasting memory.

Human **memory consists of**

- **sensory memory** (<1 sec)
- **short-term memory** (<1 min)
- **long-term memory** (life-long).

Sensory memory is the shortest-term element of the memory. It is the ability to retain impressions of sensory information (stimuli received through the five senses of sight, hearing, smell, taste, touch) after the original stimuli have ended.

Short-term memory is the ability to remember and process information at the same time. It holds a small amount of information (5-7 items) in the mind in an active, readily available state for short period of time (10-60 seconds).

Long-term memory is usually intended for storage of information over a long period of time.

Long-term memory divided into⁵²

- **implicit** (or procedural) **memory** (skills, tasks)
- **explicit** (or declarative) **memory** (facts, events).

Implicit memory is the unconscious memory of skills and how to do things, particularly the use of objects or movements of the body.

Explicit memory is memory of facts and events and refers to those memories that can be consciously recalled (or declared).

Interviewing vulnerable persons means facilitating memory recollection

⁵¹ The Brain, Learning and Memory, Types of Memory

<https://qbi.uq.edu.au/brain-basics/memory/types-memory>.

⁵² Graf P., Schacter D.L.: Implicit and Explicit Memory for New Associations in Normal and Amnesic Subjects (Journal of Experimental Psychology, 1985)

<http://scholar.harvard.edu/files/schacterlab/files/grafschacter1985.pdf>.

Interview

SGBV victims are often extremely **vulnerable**, therefore they should be treated with special consideration. As a consequence of the experience they survived, **their information processing may be seriously hampered**. There are several interview methods (P.E.A.C.E.⁵³, Conversation Management⁵⁴, Enhanced Cognitive Interview⁵⁵, etc.) that have been developed with the goal to optimize communication with clients whose ability to represent their interest is impaired. The **cognitive interview pattern** described under mark A/ **provides the base for overwhelming part of the methods** in question. **Dialogical Communication Method (B/)** reviewed below it is considered and thus **used as the best practice in Europe when interviewing vulnerable people**⁵⁶.

A/ **Cognitive Interview**^{57 58} is a **method of interviewing victims about what he/she remembers** from the scene. It aids in minimizing both the misinterpretation and the uncertainty that is otherwise seen in the interview situations. Cognitive interviews reliably enhance the process of memory retrieval and elicit memories.

Steps of the Cognitive Interview⁵⁹ are the follows:

- establishment of relationship between the victim and the interviewer

⁵³ Investigative Interviewing Techniques: The P.E.A.C.E. model

<https://i-sight.com/resources/investigative-interviewing-techniques-the-peace-model/>.

⁵⁴ Sheperd, E., Griffiths, A.: Investigative Interviewing: The Conversation Management Approach (Oxford University Press, 2013)

<https://global.oup.com/academic/product/investigative-interviewing-9780199681891?cc=hu&lang=en&>.

⁵⁵ Rui M.P., Albuquerque P.B., Bull, Ray: The Enhanced Cognitive Interview: Towards a Better Use and Understanding of this Procedure (International Journal of Police Science and Management, 2013)

<https://journals.sagepub.com/doi/abs/10.1350/ijps.2013.15.3.311>.

⁵⁶ EASO Practical Guide: Personal Interview

<https://easo.europa.eu/news-events/easo-practical-guide-personal-interview>.

⁵⁷ Loftus, E.F., Zanni, G.: Eyewitness testimony: The influence of the wording of a question (Bulletin of the Psychonomic Society, 1975)

<https://link.springer.com/article/10.3758/BF03336715>.

⁵⁸ Geiselman, E., Fisher, R.P., Firstenberg, I., Hutton, L.A., Sullivan, S.J., Avetissain, I.V., Prosk, A.L.: Enhancement of Eyewitness Memory: An Empirical Evaluation of the Cognitive Interview (Journal of Police Science and Administration, 1984)

<https://ncjrs.gov/App/Publications/abstract.aspx?ID=93116>.

⁵⁹ Dr. Milne, B.: The Enhanced Cognitive Interview – A Step-by Step Guide (2004)

https://researchportal.port.ac.uk/portal/files/3890630/ECI_Handout_1_.doc.

- the interviewer gives the victim an opportunity to provide an uninterrupted narration of what he/she experienced
- during this time, the interviewer is able to construct a strategy to carry out the remainder of the interview
- the interviewer will then guide the victim through several information-rich memory representations, after which the interviewer will assess the witness' recollections
- the completion of this last step is followed by the completion of the interview.

Uncovering techniques⁶⁰ that facilitate the effectiveness **of the Cognitive Interview** are the follows:

- the interviewer should **encourage the victim to revisit the state of his/her mind** at the time of the event
- the interviewer would **encourage so that the victim thought about any external factors** (weather), **emotional factors** (feelings of fear), and **cognitive factors** (relevant thoughts) that were present
- the interviewer should make every effort to **assist the victim to remain in a state of focused concentration** because if there is any disruption, the retrieval process will be impaired
- to encourage the witnesses' participation, the **interviewer should use open-ended questions**
- an effective interviewer makes every effort to tailor the interview to each victim, thus **interviewers should be flexible and alter their approach to meet the needs of each victim** rather than use a rigid, uniform style of questioning.

B/ Dialogical Communication Method (DCM)^{61 62} is a structured method for conducting interview with **vulnerable people** with special needs. The assumption is that the **stakeholders mutually influence each**

⁶⁰ Fisher, R.P., Geiselman, R.E.: Memory-enhancing techniques for investigative interviewing: The Cognitive Interview (1992), <https://psycnet.apa.org/record/1992-98595-000>.

⁶¹ Jakobsen, K.K., Langballe, Å., Schultz J-H.: Trauma-Exposed Young Victims: Possibilities and Constraints for Providing Trauma Support within the Investigative Interview (Psychology and Crime an Law, 2016) https://researchgate.net/publication/311732406_Trauma-Exposed_Young_Victims_Possibilities_and_Constraints_for_Providing_Trauma_Support_Within_the_Investigative_Interview.

⁶² Schultz J-H, Langballe, Å.: I couldn't tell such things to others': trauma-exposed youth and the investigative interview (Police Practice and Research, 2016) https://researchgate.net/publication/308093504_'I_couldn't_tell_such_things_to_others'_trauma-exposed_youth_and_the_investigative_interview.

other. The dialogical perspective implies that the act of **communication is a joint construction**. The explanation of communication is based on a theory of human actions and activities in cognitive and social contexts, thus in the dialogistic framework the **contextual nature of the interaction is essential**.

SGBV victims are in an unsafe situation. The relationship that arises between the interviewer and the victims can affect SGBV victims in a positive or a negative manner. In order to prepossess positively, talking with traumatized people demands conscious organizing. The model of **DCM consists of six interdependent phases together with one 'preparation phase' and one 'activities after the interview' phase**⁶³. The two supplementary phases are not organic part of the conversation.

The eight steps are the follows:

- **preparation before the interview (I.)**
- **opening and establishing contact** phase (1.)
- **introductory** phase (2.)
- **introduction to the focused theme** phase (3.)
- **free narrative** phase (4.)
- **probing the validity** phase (5.)
- **closing** phase (6.)
- **activities after the interview (II.)**

I. Preparation before the interview (supplementary phase) includes **mental preparation**

- reflecting on the general mental state (interviewer's)
- focusing on the interview
- focusing on the proper attitude

physical preparation

- selecting of location for the interview
- estimating the duration of the interview
- considering, arranging logistics

⁶³ EASO Interviewing Vulnerable People, <https://asylum-curriculum.eu/eac/courses>.

- arranging IT
- purchasing information material
- considering dress code

case preparation

- considering the frames
- considering the roles
- collecting information about the client
- collecting country of origin information
- choosing interpreter.

1. Opening and establishing contact phase implies

- introducing of the involved parties
- establishing trustworthy atmosphere by neutral topics.

2. Introductory phase covers

- reaching mutual understanding
- providing information (frames, roles, rules)
- inviting the client to reflect over the information provided.

3. Introduction to the focused theme phase means

- introducing the context (themes, reason of the dialogue) in order to ensure the client's understanding.

4. Free narrative phase inheres

- providing opportunity for giving uninterrupted account
- obtaining spontaneous, detailed and coherent information
- refraining from asking questions
- using encouraging techniques
- topic development.

Topic development

In order to achieve optimal result in the communication the **interviewer invites the client to elaborate** and extend the **topics** proposed in **three** different **semantic levels**:

- **experiential level** consists of subjective descriptions (What did you feel when it happened? How do you feel when you see this?)
- **activity description level** consists of descriptions about details in situations, actions (Explain how it happened! What did he/she do to you?)
- **contextual level** consist of contextual descriptions, details (Where did it happened? What did it look like?).

5. Probing the validity phase implicates

- obtaining broader information about the main topic(s) stated in the free narrative phase
- probing the topics of the free narrative phase.

6. Closing phase comprehends

- summarizing key-points
- ascertaining that all necessary information have been explained, developed, elaborated
- leaving the interview with a sense of accomplishment.

II. Activities after the interview (supplementary phase) includes

contacting the specific care institutions (in case of need)

- medical care
- psychologist

contacting the responsible authorities, organizations, NGOs (in case of need)

- on the field of human trafficking
- on the field of sexual abuse
- on the field of anti-LGBTI hate crimes

self-analyzing (in case of need)

- observation
- intervision
- supervision.

Encouraging communication

The **objective of the Dialogical Communication Method is to achieve** a balanced, spontaneous **free narrative without using repressive, enforcing patterns**. In addition to the above-described structured method there are supplementary techniques and attitudes that facilitate to gain this goal.

The **tools of the encouraging communication are the**

- **empathetic communication**
- **open questions**
- **non-leading questioning**
- **active listening.**

Empathy vs. sympathy⁶⁴

- **Empathy** is capability to imagine oneself in the situation of another, experiencing the emotions, ideas or opinions of the other person. As empathy is an ability to discover emotions in another person, thus empathy is a tool to establish contact.
- **Sympathy** describes one's own emotional state (convey commiseration, pity, feelings of sorrow) in relation to another person who is experiencing misfortune.

Open questions vs. closed questions⁶⁵

- **Open questions** contain wordings that open up to various answers. (YX, please, explain me...! AB, describe me ...!)
- **Closed questions** refer to any question for which the options to choose are the response. (Could you tell me something about it? Will you tell me what happened when...?)

Non-leading questioning vs. leading questioning⁶⁶

- **Non-leading questioning** does not expect any specific answer, but gives structure to the answer. Could you carry on the previous thought! Describe me the situation!

⁶⁴ Rothschild, B.: Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma (W. W. Norton & Company, 2006), <https://onlinelibrary.wiley.com/doi/abs/10.1002/ch.322X>.

⁶⁵ Worley, P.: Open thinking, closed questioning: Two kinds of open and closed question (Journal of Philosophy in Schools, 2015), <https://ojs.unisa.edu.au/index.php/jps/article/view/1269>.

⁶⁶ Loftus, E. F.: Leading questions and eyewitness report (Cognitive Psychology, 1975) <https://psycnet.apa.org/record/1976-08916-001>.

- **Leading questions** suggest the answer that is expected adapts to the asker's concept.(Was is painful to...? Was it exciting to...?)

Active listening vs. passive listening

- **Active listening** is an attentive and sensitive mental attendance while another person delivers verbal or non-verbal signs. Patterns of active listening are
 - short reflections
 - verifications (Ok. I understand. Hm.)
 - follow-up questions to expand the theme
 - direct sum-ups.
- **Passive listening** is an attitude indicating that one's attention is not (or not fully) directed to the other person. Unconcern formulated in manifestations, such as
 - doubt
 - deny
 - changing the subject
 - pressure
 - negotiation.

The interview is dialogue between two persons

The communication patterns one applies influences the quality of information obtained

Interviewing vulnerable persons demands conscious and structured, but accommodating accounting model

Intercultural Communication

Human beings are different as a consequence of their

- physical
- cognitive
- psycho-social
- moral state.

Tradition and accordingly **culture influences their condition**, too.

The number of human contacts indicates **cumulative tendency** resulting **in communication** between people **with different linguistic** and **cultural backgrounds**. Diversified communication takes place within the areas of business, science, education, media, entertainment, tourism, etc., but one can encounter diversified communication also through migration.

Each type of the abovementioned contacts demands high level of effectiveness and constructiveness that is achievable by avoiding misunderstandings.

Culture is combination of

- habits
- experiences
- consciousness that **all human beings have in common**.

Culture is an alloy of

- traditions
- values that are **transferred from one generation to the other**.

Tradition is part of the culture and culture is linked to history.

All stakeholders involved into the communication process are agents of different cultural and personal attributes thus perceive information accordingly. **Misunderstanding rooted in differences** between the agents that **alters** the motion of **communication**.

The way a person expresses intellectual contents, emotions vary according to cultural norms. **Intercultural communication**⁶⁷ is a phenomenon that **enables** the actors **to communicate across cultural barriers**. Intercultural communication is a tool that facilitates to avoid misunderstanding that roots from different cultural traditions.

Non-verbal communication otherwise **body language**, non-verbal signs and metacommunication such as

- facial expressions

⁶⁷ Gudykunst, W.B.: Bridging differences: Effective intergroup communication (Sage Publications, 2004).

- eye contact

Keeping or avoiding eye contact is crucial in some settings. In some cultures, avoiding eye contact can be interpreted as disinterest, disrespect, while in some other cultures, avoiding eye contact can be considered as respect for authority or the elderly.

- gestures

The meanings of gestures vary throughout cultures. Some gestures that are acceptable in one culture can be considered offensive in another.

- physical touch

Physical touch convey different signs and meanings in different cultures. Some cultures forbid touching between different genders, some cultures believe the head to be sacred and should not be touched unless given permission, some cultures consider touch as comforting.

- body posture, body motions

- interpersonal distance

For some cultures, an arm's length away is a comfortable distance when talking with others, but in other cultures people may stand much closer.

- dressing

together with paralinguistic details such as

- rhythm
- tone of voice
- silence
- volume **compose the predominant fraction of human communication.**

Besides **verbal communication**, **non-verbal communication** is similarly strongly **determined by tradition and culture**. **Perception of time, space, age, family structure, religion, gender**, etc., is strictly connected with tradition and culture. Diversity of the previous concepts radically **modulate the understanding**.

Time, space

Concept of time and space is **not universal**. In the Western societies most dimensions of life are tied to and structured by time and space.

Age

Expectations determined by age **vary from culture to culture**. Functions and roles, level of respect connected to the age differs from society to society.

In Europe one is considered a child or a minor up to the age of 18, but in some Middle Eastern and Asian societies, teenagers may be considered adults and they might be expected to care for themselves and establish a family as early as the age of 14.

Family structure

Concept of family **alters** in a broad spectrum **from parents with children to tribe or clan**. Idea of family does not denote necessarily privity of blood.

Family is the fundamental structure of every society, since this social institution provides individuals from birth until adulthood, membership and sense of belonging, economic support, nurturance, education, and socialization.

The concept of nuclear family considers a family consisting of parents and their children, while the concept of extended family consists of non-immediate family members such as grandparents, uncles, aunts, and cousins, etc., often living within the same household or nearby. Extended families appear to be more common in parts of Asia, the Middle East, South America and Africa.

Arranged marriage, forced marriage⁶⁸

One should draw distinction between arranged and forced marriage. While in the **first** case marriage is **based on agreement** between the two participating families, in the **second** case either one or both the potential **spouses oppose** the act.

Female genital mutilation (FGM)

⁶⁸ UNHCR Handbook for the Protection of Women and Girls (UNHCR, 2008)
<http://unhcr.org/refworld/docid/47cfc2962.html>.

Circumcision of young girls, women is an ancient tradition with strong connection to culture and belief. According to international law female circumcision as serious harm **violates fundamental human right to life**.

According to the World Health Organization, female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons and it is mostly carried out on young girls between infancy and age 15.⁶⁹

Shame and honor

In the Western cultures concept of shame and honor is **connected to the individual** in a common way. In other cultures matter of shame and honor **appears on societal level** for the most part.

Individuality-collectivity

The phenomenon of **self** versus **societal consciousness** is **culturally determined**. Western societies are characteristically individual.

Faith

Religion and belief are tightly **connected to the culture**. In a number of societies faith is organically moreover inseparably attached to culture.

Gender⁷⁰

Gender is the socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to males and females on a differential basis. Gender is relational and refers not simply to women or men, but to the relationship between them.

Gender is the range of characteristics pertaining to, and differentiating between masculinity and femininity. Depending on the context, these characteristics may **include**

- **biological sex** (male, female or an intersex variation)
- **sex-based social structures** (gender roles)
- **gender identity** (one's psychological sense of self)

⁶⁹ World Health Organization. 2018. *Female genital mutilation*. Available at: <http://who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

⁷⁰ IOM's Glossary on Migration, https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf, 2019, p.81.

- **gender expression** (the ways one presents gender, through your actions, clothing, demeanor, etc.)
- **gender attraction** (romantic or sexual orientation, which experiences attraction to more than one gender)
- **sexual orientation** (LGBTI is an umbrella term for use when labeling topics pertaining to sexuality and gender identity. The term LGBTI intends to emphasize the diversity of sexuality and gender identity based cultures referring to anyone who is non-heterosexual).

Competent communication in intercultural environment **requires**

- **interpersonal social skills** (openness, adaptability, empathy)
- **knowledge** (willingness to obtain information about different cultures)
- **cultural awareness** (understanding of differences between cultures, attitudes, values)
- **motivation** (willingness to accept linkage to representatives of other cultures).

In order to minimize miscommunication it is obligatory to be aware of both, dissimilarities and analogies of cultural and behavioral concepts. Despite of the previous, on one hand **knowledge of different cultures facilitates the intercultural communication**, on the other hand **it might easily transform to** hothouse of **prejudice** or stereotypical attitude.

Each actor perceives, understands phenomena in a different way

Perception of the interviewer is not the only correct one

Role of Interpreter, Function of Cultural Mediator

Interpreting means transmitting a message from one language to another. In this subtle procedure the first step is **receiving the message** in one language, second phase is **capture of the meaning** and the intention and finally the process ends by **delivering the message to the other language**. Task of the interpreter is to combat with linguistic bounds.

In order to achieve the abovementioned goal the interpreter should possess

- deep **knowledge of** both the **initial** and also the **target language**, moreover often the **proper dialect**, too
- knowledge about the **object of the talk**

- knowledge about the **cultural background** of the interviewee and also cultural attributes tied to the target language.

Beside the previous factors, on occasion of choosing the proper interpreter the **key-question might be** the **gender** and the **age** of the interpreter as well⁷¹.

Communication between actors may **undergo** a number of **distortions due to**

- **physical**
- **psychical**
- **educational**
- **social**
- **economic**
- **environmental** and other **reasons**.

Considerable number of **talks with SGBV victims is interpreted**⁷² by interpreters. **The meaning** transferred via interpreter is **exposed to further deformation**⁷³.

Interpreting the message of vulnerable persons, thus SGBV victims particularly those whose ability to re/present interests is impaired due to physical and psychological difficulties, **imply skills and knowledges of handling difficult situations**. Besides the ease of interpreting non-coherent story, **interpreters should be prepared to tackle the emotional outburst, aggression, crying**, etc.

In order **to avoid** the aggravating **considerations** mentioned before, **interpreters** and all concerned parties

- **must be aware of the frames**, meaning and **roles** in the **given situation**
- should be **provided with adequate information** prior the act of interpreting (interviewee's gender, age, family structure, education, health condition, nature of vulnerability, etc.)
- ought to be aware that **accepting** the assignment is **improper in case of direct or indirect relation to the interviewee**

⁷¹ Government Decree no. 301/2007 (XI. 9.) on the implementation of Act LXXX of 2007 on asylum 66.§ (1), (3), (3a) section, <https://net.jogtar.hu/jogszabaly?docid=a0700301.kor>.

⁷² Pöchhacker, F.: Introducing Interpreting Studies (Routledge, 2003).

⁷³ Ozolins, U.: Social workers, the law and interpreters (Federation Press, 2009) <https://researchbank.rmit.edu.au/view/rmit:10265>.

- **required to be** entirely **impartial** and **confidential**.

Interpreting is a translational activity. The two most common **modes of interpreting** are **simultaneous interpreting**, which happens at the time of the exposure to the source language, and **consecutive interpreting**, in which the interpreter starts to interpret when the speaker pauses.

Advantages of simultaneous interpreting are saving time and not disturbing the natural flow of the speaker. Advantage of consecutive interpreting is that the interpreter disposes sufficient time to analyze the content of the message on the whole.

In working **with vulnerable persons**, the **preferred** method is the **consecutive interpreting**.

The issue of multicultural communication is in the focal point of interpreting the message of the target group under discussion. **Gender** or **cultural taboo based factors require** particular **attention** during the interpretation process, too.

Although there is a close link between culture and language the **interpreter is not a cultural expert**, interpreting the cultural context is not the interpreter's responsibility. Optimal practice is using impartial linguistic model, which means **interpreter interprets** solely and accurately **what is said**, intervenes only in need of clarification or repetition.

Migrants and refugees face difficulties in each phase of their route that derives from mutual strangeness as long as they find themselves foreign in the new environment, but also as the new environment finds them foreign.

Cultural mediation is a tool for bridging the cultural differences^{74 75} between the stakeholders. The cultural mediator is in possession of both, the initial and also the target language and cultural background.

The goal of the cultural mediation is to provide assistance in the interactions **so** that the **person in need**

- **reached the services**
- **realized his/her rights**
- **understood his/her responsibilities**

⁷⁴ Phelan, M., Martín, M.: Interpreters and cultural mediators—different but complementary roles (Dublin City University, 2010), <http://doras.dcu.ie/16481/>.

⁷⁵ Cross, T., Bazron, B.J., Dennis, K.W., Isaacs M.R.: Towards a Culturally Competent System of Care (Georgetown University Child Development Center, 1989).

- **integrated to the society.**

Interpretation and cultural mediation differ in the setting in which they occur. While **interpreting** function appears dominantly **in formal situations**, the frames of **cultural mediation** are rather **informal**.

Besides interpreting - that is common with the interpreters' task – the cultural mediators' duty covers

- **informing**
- **reformulating**
- **explaining**
- **negotiating**
- **navigating**
- **supporting** as well.

Non-verbal communication is the hothouse of misinterpretations. Verbally interpreting the tone of speech, body language, facial expressions is **misleading**, the interpreter's **duty is to convey the intonation of the interviewee.**

The capacity of the **memory is limited.** The interviewer facilitates the economic usage of the interpreter's memory insofar

- **phrases** formed during the talk **required to be short, simple and clear**
- **breaks should be proposed** time after time.

The **expression of traumatized** or mentally sick **interviewees** is often **incoherent or fragmented**, sometimes meaningless. Despite the root-position, the **goal** is to **obtain the qualitatively and quantitatively optimal information.** In order to gain the aim

- the way of **expression** of the interviewee **desired to be interpreted via verbal tools**, besides as **accurately** as possible
- **legal and official terminology** should be **avoided**
- **simultaneous explanation of** lingual **distortions** by the interpreter that easily results in distrust supposed **to be prevented**
- **relationship** that is established by the interpreter towards the interviewee should remain **within the frames of empathy.**

In some situations the interpreter becomes emotionally involved that may alter the quality of the translation. If the **interpreter** seems **dispirited**, nervous or stressful it is advisable to **dispose break or** even to consider the possibility of **replacement**.

Qualified interpreter is

- **impartial, neutral, independent, discreet**
- **compassive, empathetic**

Qualified interpreter is an expert in

- **terminology**
- **culture, tradition, country of origin information**

Qualified interpreter is skilled/prepared to handle difficult cases

Excessive Emotional Involvement, Burn-out

Professional behavioral attitude is essential in effective communication with vulnerable persons. In order to possess the capacity of struggling with one's own emotions the interviewer should **consciously control** and conduct the **level of**

- **flexibility**, patient, calmness
- **capacity to listen**
- capacity to keep **emotional distance**
- capacity of acceptance, disengagedness (being **free from prejudice**)
- **empathy**
- **capacity of self-reflection**
- **accepting** the phenomenon of observation, intervision, supervision as **tools of self-reflection**.

Considering the fact that interviewing vulnerable persons may conclude in appearance of excessive emotional involvement listeners should permanently **monitor** their **behavior**.

Symptoms of excessive emotional involvement⁷⁶ appear in different forms and degrees from detachment to over-involvement in terms of

- behavior or wordcraft (**boredom, arrogance**)
- physical reactions (**dizziness, abhorrence**)
- **loss of attention**
- **skepticism**
- **loss of control**
- **emptiness.**

According to the degree of the impact, one can apply different strategies to tackle with it, from taking deep breath, taking break, up to turning for external assistance^{77 78}.

Observation is a simple and effective measure. The pattern is to call upon an experienced associate to observe the difficult case and provide feedback.

Intervision is a structured coaching method based on own experiences. During the event the colleague concerned presents his/her case for a group of associates. Another colleague as moderator leads the discussion. Abstaining from judgements each participant reflects on the presentation given and possibly puts questions.

The sense of this manner is to see the case from different aspects that may help struggling with the difficulties raised on the track of handling problematic situation. Considerable advantage of the method is that information remains within the group.

Supervision can be performed individually and also in group. The supervisor is an external qualified expert in supervision. Besides the vocational issues the proposed subject of the supervision might be in relation with group dynamics or psychological (e.g. burnout), ethical (e.g. preconception), etc. questions, too.

⁷⁶ Ruotsalainen J.H., Verbeek J.H., Mariné A., Serra C.: Preventing occupational stress in healthcare workers (The Cochrane Database of Systematic Reviews, 2015)
https://cochrane.org/CD002892/OCCEALTH_preventing-occupational-stress-in-healthcare-workers.

⁷⁷ EASO Interviewing Vulnerable People
<https://asylum-curriculum.eu/eac/courses>.

⁷⁸ Intervision Guidelines (UNODC Project Office for the Baltic States, 2010)
<https://unodc.org/documents/balticstates/Library/PharmacologicalTreatment/IntervisionGuidelines/IntervisionGuidelines.pdf>.

The interviewer is required to listen and act empathetically. **Facing with the stories of traumatized people for long period of time, listeners are definitely exposed to extreme emotional involvement.** The self-defensive response for the long term effects in question **may result in burn-out**⁷⁹. There is a range of **indicators** that refer to distress caused by burn-out, like

- retreat (**avoiding eye-contact, abstaining from small talk**)
- depersonalization (**treating clients or colleagues in cynical way**)
- **emotional exhaustion**
- **quickness to anger**
- physical reactions (**headaches, physical fatigue, sleeping disturbance**)
- **loss of concentration**
- **cognitive weariness**
- **closed thinking**
- **disengagement**
- **distrust**
- **secondary traumatization.**

Occupational burnout⁸⁰ is consequence of unresolvable job stress. Burnout is characterized by a set of symptoms that includes exhaustion as result of excessive work demands as well as physical symptoms. On base of observations burned-out workers looks, acts and seems depressed.

Secondary trauma⁸¹ may appear when an individual is exposed to persons who have been traumatized themselves. It can raise on the track of disturbing descriptions of traumatic events by a victim. Symptoms of secondary trauma are similar to those of PTSD⁸² (e.g. intrusive re-experiencing of the traumatic material, avoidance of trauma triggers/emotions, negative changes in beliefs and feelings,

⁷⁹ Maslach, Ch, Jackson S.E., Leiter, M.: The Maslach Burnout Inventory Manual (The Scarecrow Press, 1997)
https://researchgate.net/profile/Christina_Maslach/publication/277816643_The_Maslach_Burnout_Inventory_Manual/links/5574dbd708aeb6d8c01946d7.pdf.

⁸⁰ Freudenberger, H.J.: Staff burnout (Journal of Social Issues, 1974)
<https://spssi.onlinelibrary.wiley.com/doi/pdf/10.1111/j.1540-4560.1974.tb00706.x>.

⁸¹ Cieslak R., Shoji K., Douglas A., Melville E., Luszczynska A., Benight C.C.: A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma (Psychological Services, 2014).
https://uccs.edu/~Documents/thhc/faculty_publications/CieslakShojiDouglas2014.pdf.

⁸² American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (5th ed., American Psychiatric Publishing, pp. 271–280., 2013).

hyperarousal). Secondary trauma is detectable at first responders, mental health care workers, social workers, case makers, etc.

Constant self-monitoring is essential in remaining within the proper mental frames

In case of detection of over-involvement it is advisable to seek external assistance

SUMMARY

- Sexual and gender-based violence can happen to anyone, anywhere anytime.
- Sexual and gender-based violence is never the victim's fault.
- Vulnerable persons may be vulnerable or may find themselves in vulnerable position in their country of origin or/and during the journey or/and in or/and in the host country.
- Migrants in poor physical or mental health condition may be more vulnerable to violence, exploitation and abuse, which in turn may exacerbate or perpetuate poor health.
- Victims of SGBV may suffer further because of the stigma associated with the crime committed against them.
- Community or family ostracism may place victims of SGBV at greater social and economic disadvantage.
- Certain elements of an interview situation may act as trigger for unpleasant memories.
- Interviewing vulnerable persons means facilitating memory recollection.
- The interview is dialogue between two persons.
- The communication patterns one applies influences the quality of information obtained.
- Interviewing vulnerable persons demands conscious and structured, but accommodating accounting model.
- Each actor perceives, understands phenomena in a different way.
- Perception of the interviewer is not the only correct one.
- Qualified interpreter is impartial, neutral, independent, discreet, compassionate, empathetic, is an expert in terminology, culture, tradition, country of origin information. Qualified interpreter is skilled and prepared to handle difficult cases.
- Constant self-monitoring of professionals working on difficult cases is essential in remaining within the proper mental frames
- In case of detection of over-involvement it is advisable to seek external assistance.

ORGANIZATIONS

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM) BUDAPEST

Among the projects of **IOM Budapest** are voluntary return and reintegration programme, assistance for victims of trafficking.

Phone: + 36 1 472 2500

E-mail: iombudapest@iom.int

Facebook: <https://www.facebook.com/iommagyarorszag/>

HUNGARIAN POLICE

Most of the forms of sexual and gender-based violence are criminalized in the Hungarian Criminal Code.

Emergency Call: 112 or 107

Crime Stoppers: +3680 555 111

SMS line for hearing impaired people: +3620 900 0107

CORDELIA FOUNDATION FOR THE REHABILITATION OF TORTURE VICTIMS

The organization provides mental and social support for victims of violence, torture survivors and traumatized asylum seekers, refugees, migrants and their family members through psychiatric, psychotherapeutic, psychological treatment and psycho-social counselling.

Phone: +361 349 14 50

E-mail: cordelia@cordelia.hu

Website: <https://cordelia.hu>

Facebook: <https://facebook.com/CordeliaFoundation>

HÁTTÉR SOCIETY

Háttér Society is the largest and longest operating lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) organization in Hungary. They provide support services to LGBTQI people, protect the human rights of LGBTQI people and counter discrimination against them.

Phone: +361 329 2670, +361 238 0046

E-mail: hatter@hatter.hu

Website: <http://hatter.hu/>

Facebook: <https://facebook.com/HatterTarsasag>

Information and Counseling Hotline (every day from 18:00 to 23:00)

Hotline: 13737 (toll free)

Phone: +361 329 3380

Skype: segelyvonal

Chat: <http://chat.hatter.hu> (Mondays and Wednesdays from 18:00 to 23:00)

E-mail: lelkisegely@hatter.hu, hotline@hatter.hu

Legal Aid Service

Phone: +361 6333 455 (weekdays 8:00-20:00)

E-mail: legalaid@hatter.hu

In case of need the services are available in English as well.

HUNGARIAN HELSINKI COMMITTEE (MAGYAR HELSINKI BIZOTTSÁG)

The organization is a non-governmental human rights organization that protects human dignity through legal and public activities. They provide help to asylum seekers, refugees, detainees and victims of law enforcement violence for free.

Phone: +361 321 4323, +361 321 4327, +361 321 4141

E-mail: helsinki@helsinki.hu

Website: <https://helsinki.hu/>

Facebook: <https://facebook.com/helsinkibizottsag>

MENEDÉK - HUNGARIAN ASSOCIATION FOR MIGRANTS

Menedék helps the social integration of refugees and migrants through a set of social, educational and cultural programs.

Phone: +361 322 1502

E-mail: menedek@menedek.hu

Website: <https://menedek.hu>

Facebook: <https://facebook.com/menedekegyesulet/>

Services are available in English and various languages.

NANE WOMEN'S RIGHTS ASSOCIATION

NANE is a non-governmental organization that aims to combat violence against women and children.

They provide assistance through their helpline. Please ask about their English speaking helpline operators' availability via email or facebook message.

Email: info@nane.hu

Website: <https://nane.hu/en>

Facebook: <https://facebook.com/NANEegyesulet>

Helpline for victims of domestic and sexual abuse

Phone: +3680 505 101

Monday, Tuesday, Thursday, Friday: 18:00-22:00

Wednesday: 12:00-14:00

NATIONAL CRISIS MANAGEMENT AND INFORMATION TELEPHONE SERVICE (OKIT)

OKIT's primary goal is to provide assistance to victims of domestic violence, child abuse, prostitution and human trafficking. If necessary, OKIT can arrange safe accommodation for victims.

Phone: +3680 20 55 20 (Toll-free, 24/7)

E-mail: okit@csbo.hu

Website: <http://bantalmazas.hu/>

In case of need the services are available in English as well.