



Guidance Document

**Strengthening Communication between Gender-Based
Violence (GBV) Service Providers and Women from the
Communities**

&

Setting-up Community GBV Focal Points for Women and Girls

November 2020



MINISTRY OF LABOUR AND SOCIAL AFFAIRS
**GENERAL SECRETARIAT
FOR FAMILY POLICY AND
GENDER EQUALITY**



KEOI
ΚΕΝΤΡΟ ΣΥΣΤΗΜΩΝ ΔΙΑ ΔΕΜΑΤΑ (ΣΟΦΗΕΑ)



This Project is co-funded by the Rights, Equality and Citizenship Programme of the European Union
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Credits

Project Partners: Centre for Research on Women’s Issues Diotima (CRWI Diotima, lead partner), General Secretariat for Family Policy & Gender Equality (GSFPGE), Research Centre for Gender Equality (KETHI)

European Union non-Financial Partners: Behshid-Agisra Germany, Alliance for Protection from Gender-based Violence (APGBV) Bulgaria, Forum Réfugiés-Cosi (FRC) France, Centro Penc Ethnopsychology Centre Social Services of Municipality of Palermo Italy

Publisher: International Rescue Committee (IRC) Hellas

Authors: Esraa Awad, Mallaury Cervellera, Jenny Kountouri Tsiami

Acknowledgements: Special gratitude to all the refugee/migrant women who participated in the activities for setting-up the community referral mechanism and for their commitment in becoming community focal points for women and girls in the context of the “SURVIVOR” project. This Guidance Document would not have been possible without their courage and valuable contribution during our meetings that took place in Athens, Greece, during the period July-November 2020. Special thanks to the Feminist Autonomous Centre (FAC) for Research for warmly hosting our sessions.

Financially supported by:



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LIST OF ABBREVIATIONS

CRWI Diotima	Centre for Research on Women's Issues Diotima
DRC	Democratic Republic of Congo
EU	European Union
FAC Research	Feminist Autonomous Centre for Research
FGD	Focus Group Discussion
FP	Focal Point
GBV	Gender Based Violence
GSFPGE	General Secretariat for Family Policy and Gender Equality
HIV	Human Immunodeficiency Virus
IRC	International Rescue Committee
KETHI	Research Centre for Gender Equality
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
NFIs	Non-Food Items
(I)NGO	(International) Non-Governmental Organization
PEP	Post Exposure Prophylaxis
PFA	Psychological First Aid
STIs	Sexually Transmitted Infections
ToR	Terms of Reference

1. Introduction

This Guidance Document has been conducted in the context of the European Commission DG Justice funded “SURVIVOR project: Enhancing services for refugee and migrant GBV survivors”, launched in 2018. The project brings together a consortium of key actors in the field of gender equality and Gender Based Violence (GBV), namely state institutions i.e. the General Secretariat for Family Policy and Gender Equality (GSFPGE) and the Research Centre for Gender Equality (KETHI), the national GBV actor, Centre for Research on Women’s Issues DIOTIMA (CRWI DIOTIMA), and the International Rescue Committee (IRC) Hellas. SURVIVOR aims at strengthening the capacity of the existing GBV services in Greece, to reach GBV survivors from the migrant and refugee populations, as well as to identify and address their needs. In particular, key objectives of the program are 1) to enhance the quality and access of services for refugee and migrant GBV survivors in Greece and 2) to strengthen GBV programming through transnational dialogue and sharing GBV best practices, resources, and tools in Greece and Europe.

In the framework of SURVIVOR, in October 2019, the IRC conducted capacity building trainings to GBV service providers in Athens and Northern Greece, on the topic “Communication with Communities”. Participants¹ were trained on how GBV service providers can conduct outreach, foster stronger relationships with the community and establish functioning feedback mechanisms. The training also focused on how to identify focal points for GBV and protection referrals, for example, women from the refugee/migrant communities. During the trainings, in both locations, participant organisations stressed that they often face challenges in the identification of women who could take on the role of “community leader” and become focal points. Moreover, they emphasized the difficulty to implement in practice the steps of engaging directly with female refugees/migrants in the field.

Discrimination as a barrier to services

In urban areas, women refugees/migrants become “invisible” “and “overvisible” at once. “Overvisible”, because they often experience harassment and abuse in the public space due to their ethnic and racial markers, in disproportion to harassment experienced by white - passing European women. In parallel, they often become “invisible” in the eyes of service providers, either because communication with the latter is mostly taking place through the male family/community members, or because many women avoid going out alone because of fear of GBV, as well as, compounding discrimination of being both a woman and person not

¹ Services providers working for both state and non-state actors, e.g. social workers, psychologists, midwives.

from Greece. Despite significant need for protection and other support, services do not reach female migrants/refugees, as the participants of the training repeatedly mentioned. The service provision system repeatedly fails refugee/migrant women.

Identifying Women Community Focal Points

To address the difficulty to identify women focal points within the migrant/refugee community and to build strong communication and feedback mechanisms, the IRC initiated the set-up of a community referral mechanism with and for women and girls. This pilot activity started from identifying refugee/migrant women from different communities to act as a focal point or support person for GBV referrals. The methodology (presented in detail in Chapter 3) included trainings, FGDs, and follow up sessions to build the skills and capacity of the women to be effective community focal points. Since this study is new, more research will be needed to see the long-term effects of the approach. Let us not forget that this does not depend on a sole pilot project, but it needs sustainable resources by the actors, including funding and time, for refugee/migrant women and girls to regain resilience, take up leading roles, and for change to happen.

The below is a guidance note to assist GBV service providers in replicating the process of empowering women as community focal points in the context of Athens, Greece. This guidance document will present the procedure and its outcome, including lessons learned and best practices for identifying, reaching, and working together with focal points from the community.

2. Objective

This guide has been designed for GBV service providers, working both in government and non-governmental organisations in the field of GBV, Women's Empowerment or/and who are responsible to provide care and support to refugee/migrant survivors of GBV. It has, as well, been designed for women from the migrant/refugee communities who wish to become focal points for women and girls regardless of NGO support. To facilitate accessibility to the information, this document is available in English, Arabic, Farsi, French, and Greek.

The main objectives of the guide are to:

- Describe step by step the process of setting up a community GBV referral mechanism led by women, including providing the tools that were developed and utilised at different stages (in chapter 8, Annexes). By sharing these resources, service providers

and women from the community will have the resources available to enhance engagement with women from the refugee/migrant communities.

- These guidelines are made to amplify and be led by the voices of refugee/migrant women who participated in the sessions. They aim to increase knowledge on the specific needs and risks of migrant/refugee women, the challenges faced in accessing services and in helping other women. In addition, suggestions by participants for empowering the migrant/refugee female communities are incorporated in this document.
- Provide best practices and lessons learned, stemming from the knowledge of the women participants and the experience gained through all activities.

3. Methodology

The IRC used mixed methods of identifying women-focal points (FPs) and of piloting these activities. These methods, that will be explained further, included Focus Group Discussions (FGDs), training seminars, and follow-up sessions.

Identification and recruitment of women, Community Focal Points (FPs)

This pilot activity started with the identification and recruitment of women from the community who have the potential to become focal points. A Terms of Reference (ToR) document was designed, aiming to describe the basic requirements, responsibilities, and activities to the prospective women who wished to become community focal points (see Annex 1 ToR Document). The ToR was translated in French, Farsi and Arabic, and was disseminated to organizations working in the field of women's protection, providing GBV services alongside empowerment services. The organizations that responded to the call, provided feedback on the ToR and shared with IRC the names and contact details of the women who wished to participate in the activities, consent provided.

The IRC staff contacted more than 30 potential women focal points for an individual information session to place with each person (see Chapter 8, Annex 2 Information Session). The information session lasted approximately 30 minutes – the steps of the project were reexplained in detail and the women were asked to **share their vision on the role, their motivation to participate, and their availability and degree of commitment for the following months**. To promote success of the project, women's buy-in and vision was solicited from the beginning. The women who met the criteria² were recruited. Three groups

² availability, interest, age >18, good communication level in one of the three languages

were formed: the French-speaking group³, the Farsi-speaking group⁴, and the Arabic-speaking group⁵ - 24 women, in total. The variations in terms of representation among the groups reflects the different levels of response to the call and difficulty to reach women and recruit them.

Focus Group Discussion (FGD)

Following the information session, the participants were invited to an FGD (see Chapter 8, Annex 3 Focus Group Discussion Tool). Four FGDs were conducted between July and August 2020: two for the French speaking group that was split in two subgroups (due to COVID-19 measures) and one for the Farsi speaking and Arabic speaking, respectively. The FGDs lasted two hours each.

FGD topics included: the security of women and girls in urban Athens, the availability and efficiency of the services, the effect of COVID-19 on GBV, vision and learning needs of the women regarding their position as community focal points. Women agreed on preferred communication modality, which was WhatsApp. Following the FGDs, three WhatsApp groups for the Farsi, Arabic, and French speaking groups were created to facilitate communication with the women regarding upcoming activities and to share useful resources.

Training Seminar

Approximately two weeks after each FGD, the three groups received a full-day training on Core Concepts of Gender Based Violence and on “Communication with Survivors from the Community”. The goal of the training was to enrich women’s’ knowledge on GBV and the consequences it bears for survivors, to learn about the rights of women and girls in Greece, and to develop skills for supporting survivors and women in their communities. The trainings took place in indoors playgrounds in Athens. This venue was chosen because playgrounds were evaluated as one of the most appropriate spaces, as they provide a friendly environment with privacy (playgrounds are reserved for the training only, outside working hours) and at the same time a child-friendly space, as most of the women are mothers of babies, toddlers and children.

³ with twelve women from Cameroon and DRC

⁴ started with eight women from Afghanistan

⁵ started with four women from Syria, Iraq and Kuwait

Follow up Sessions

After the training seminars, the IRC team organized three follow up sessions for each group. The larger groups (French and Farsi) were split in smaller groups of four women to comply with COVID 19 measures. Smaller groups proved to allow participants take space more equally, enabled shy participants to engage, fostered women's interaction, motivated them to share and discuss experiences and enhanced the quality of learning. The follow up sessions were hosted in Feminist Autonomous Centre (FAC) for Research in central Athens. The women appreciated the friendly and informal setting, the fact they could use all spaces in the FAC (including kitchen, praying room, dining room), prepare themselves a tea and have some snacks, and overall they felt comfortable. The objectives of the follow up sessions were the coaching of the group, the sharing of success stories and obstacles they have met, getting familiar with the services, supporting other learning areas they wanted to develop and sharing what they need from service providers, as refugee/migrant women and as community members who want to support GBV survivors in their community.

The majority of women had children. To account for this, IRC provided childcare to improve access for women attending. Additionally, recognizing that women might not have the means to participate and commit to the activities, especially during this new COVID-19 era, we provided them with basic Non Food Items (NFIs), transportation tickets to facilitate their transportation to and from the activity venues and telecommunication top-up cards to allow for uninterrupted communication with them via online means or through the phone.

COVID-19 Considerations

The sessions with the women took place during the pandemic of COVID-19, thus the IRC staff needed to follow a strict protocol to ensure the security of the participants and the staff. For the follow up sessions, the IRC staff split the initial groups in smaller groups with the aim of adapting the group to the size of the space and to abide by all regulations. Towards the end of the sessions, the Greek government imposed a nationwide lockdown. To address this constrain, the IRC had to swift to online sessions instead of in person meetings.

4. Process/Findings

Focus Group Discussions

Twelve French speaking women from Cameroon and DRC, seven Farsi speaking women from Afghanistan, and four Arabic speaking women originated from Syria, Iraq, and Kuwait participated in the FGDs.

Women from all groups shared that they feel unsafe in the centre of Athens, in areas around central squares where men hang out. They are **afraid of both men from their community**, such as ex-husbands or other community members, **and Greek men**. A considerable number of women from all groups reported harassment by Greek men in the public space as commonplace. Harassment by Greek men takes up many forms, including sexual assaults and approaching refugee/migrant women for transactional sex (reported in Farsi and French speaking groups), and harassment for wearing hijab in public transportation (brought up in Arabic group).

The main problem women in all focus groups kept bringing in relation to reporting GBV incidents they might have experienced or are at risk of experiencing, is the feeling of **fear, shame, guilt and the lack of trust** that does not enable them to speak about their experience and seek support. Family and community environments do not empower women and girls to seek justice against the perpetrator of GBV, especially if the perpetrator is a member of the family (most often the husband), in which case violence is considered normality which the woman should endure in silence. More often than not, women and girls who have survived a GBV incident are to blame for this. This was especially the case for the Arabic and Farsi speaking community, where family and community do not support women in such cases but treat them as the “black sheep” who dishonoured the family.

Another problem impeding women speaking up and seeking help is that reporting a GBV incident and especially an incident of intimate partner violence (IPV) will mean that the woman will be left with no resources and safety net, as family is usually the only such net for women. **So, lack of resources is an important factor**. After all, as women from the French speaking group mentioned, employment, education and integration more general would positively contribute to the empowerment of women and girls. **Knowledge of available services** is also very important for women to feel supported and encouraged to speak up and stand for themselves when faced with GBV (perpetrated by locals or from within their communities).

In general, the women consider the available services inadequate and often culturally insensitive, or even discriminatory. **Language barriers, racism and discrimination** were mentioned as the main obstacles to access services. With regards especially to public services **lack of cultural sensitivity** especially in relation to the Arabic –speaking and Afghan women were mentioned as the main issues women face when accessing services.

Training Seminars

Nine French speaking women from Cameroon and DRC, eleven women from Afghanistan, and two women from Syria and Kuwait participated in the training seminars.

The women were not familiar with some terms used broadly in the humanitarian sector, including GBV. To develop common grounds all participants had to use simpler terms, avoid (I)NGO jargon, and discuss in depth notions such as “sex”, “gender”, “patriarchy”, “misogyny”. For example, women from the Arabic group explained that in Arabic language both “gender” and “sex” have the same translation. In order to share this knowledge, all participants need to create common understanding of the terms and their differences, understanding that did not stem only from definitions, but mainly from examples and experiences.

The women were asked about types of violence against women that they know. The Farsi speaking group mentioned physical violence, emotional violence, family violence, social violence, cultural violence, women not getting education, and economic violence. The Arabic speaking group mentioned the following types of violence: marriage against their will, early marriage of girls (“sometimes a child is forced to marry older men”), community shaming women who want to divorce, denial of access to health care, physical violence, economic violence, neglect of girls, as “boys are considered more important than the girls”, denial of access to education (“some women in Arabic countries cannot speak good Arabic and cannot read their own language”), child forced –labor“, and torture. The types of GBV were discussed in depth (i.e. 1.rape, 2.sexual assault, 3. physical assault, 4. denial of resources, opportunities or services, 5. Psychological/emotional abuse, 6. Forced marriage/harmful traditional practices), providing examples coming both from facilitators and the women, as it was agreed that as focal points, women need to be able to recognize and describe the types of violence a survivor has experienced.

Another highlight of the training was when the women split in groups of three and brainstormed on the consequences of GBV for women and girls. They were provided with a blank poster, markers and post-its and they drew a tree depicting GBV consequences as the leaves of the tree (the roots of the tree were the root causes of GBV and the branches the different types of GBV) and they presented in the bigger group their findings.



Trainings with women from the community: The GBV Tree

Some of them identified themselves as survivors and based their answers in their personal experience and experience of their acquaintances. As consequences of GBV, they mentioned physical, psychological, and social harms, such as: unwanted pregnancies, trauma, STIs and HIV, suicide, death, depression, hormonal disorders, and fear. In addition, they mentioned isolation from society (“the person under pressure cannot go outside”), self-hate (“I think I am not as good as the other person, thinking why I am like this, why I do this, why I didn’t become this”), loss of hope, loss of self-confidence (“when a woman receives violence, she feels small inside her and feels nothing”), loss of optimism (“they don’t believe themselves, they think all men are bad, aggressive”), feeling powerless, difficulties to continue their lives and take care of their children (“women don’t have the patience to grow their children if they are depressed”), and feelings of revenge .

All women used their country of origin as a point of reference and often compared it to Greece. They shared examples, opinions, and feelings that fostered an interesting and fruitful discussion and a stimulating learning environment.

Follow up Sessions

Three women from the Arabic group, twelve women from the Farsi, and eleven women from the French participated in the follow-up sessions. The three follow up sessions of each group served as an opportunity to refresh and extent the knowledge gained in the training, to focus

and delve into related topics of women's choice, and to discuss specific cases that the women brought in. Additionally, they functioned as a feedback mechanism that generated knowledge regarding communication with communities and setting up a community based GBV referral mechanism. The findings of the sessions have informed the recommendations chapter of this Guidance Document.

5. Impact of the process on women and on their communities

During the sessions with the Arabic-, Farsi- and French-speaking women - community focal points, the IRC staff asked about the impact the activities had on their life and how the learning points approached were reused in their communications with people from their communities.

Some of the women emphasized that it helped them to better communicate with the most vulnerable people in their communities and support them (e.g. LGBTQI members in the community). When a woman survivor of GBV discloses to a focal point, they feel more comfortable to talk with her and they know how to respond in a supportive way. They learned as well to go over the social stigma that some people from their community may have and, thus, they try to promote a more inclusive community.

Some women informed the IRC staff that when they go home, they shared what they learned with other members of their communities, in churches, in some organizations or with some friends, but as well with members of their family who live in other countries. Besides learning about GBV, the women learned about the rights of women in Greece, which helped them be more confident and autonomous in their life.

For some of them, it was important to learn the meaning of "survivor" and the reasons why in some cases it is preferable to use that term over the word "victim". By using this term, they felt more empowered and stronger. This was particularly empowering and cleansing for women who have been survivors of GBV themselves.

The women enjoyed meeting other women from their communities that they did not know before. They built a peer support network of women sharing the same struggles and needs. Some of them, who might have been isolated, were able to socialize and share their experiences with the group. Sharing helped them ease their pain and burden. One of the women even shared that "*life is not a piece of cake*" for them, but those sessions were "*their cakes*". The women were finally able to support the other members of the group (within and beyond sessions) to overcome their difficulties and to feel better.

Furthermore, some of the women emphasized that most of the time they feel “bored” at home because they don’t have access to employment, social engagements, or education opportunities. So, these group meetings were an opportunity for socialization and a way to escape their daily routine. It gave them, as well, the satisfaction of learning and personal development and raised their spirits. They also put the accent on the fact that these activities were recreational for their children as well.

6. Recommendations

Recommendations focus on best practices and lessons learned based on the sessions with women.

A. Facilitating women’s participation

In the purpose of encouraging and motivating the women to keep coming to the activities, the staff provided them with transport tickets, telecommunication top-up cards, a type of informal childcare, basic NFIs and certificates for their participation.

a. Transport tickets

As participants lived in areas other than the premises of the activities, it was important to provide them with transport tickets in order for them to be able to come. The tickets were for two trips. Some of the women came with children who are at the age of paying for the transport and they were provided with tickets for their children as well. Buying a transport ticket to come to the activities could have been a financial burden for the participants. Furthermore, it was as well to minimize the risk for a participant receiving a fine, while coming to the sessions.

- Ensure that the participants can come to the premises of the service providers and that coming to the premise is not a financial burden.

- Provide the participants with transport tickets for both ways, to make sure they can leave the meeting and attend again next time.

b. Establishing regular communication with the women

Maintaining frequent communication with the women, outside of the planned activities, is important. Communication took place through the phone and by using the WhatsApp application. It is worth noting that some of the participants were already using WhatsApp, however they were using another number than the ones they use for phone calls or they were changing telecommunication providers and thus, their contact numbers were changing. In an

effort to maintain the communication with the women, top-up cards were provided to them. The number of top-up cards was planned according to the length of the project, while most women were not familiar with the process of topping up their card and they were supported to learn this by the IRC staff.

Communication with the women through phone and WhatsApp was important not only for keeping the women engaged, but also for sharing resources and information. Furthermore, reminders for the next activities and meetings were sent to the participants one day before the planned meeting, in order to ensure their participation.

While contacting the women, It was important to be aware that they may live with persons who are not aware of the struggles that they may encounter and/or may live with a person that is not responsive to GBV or even with a perpetrator, that is why it was highly advised to ensure that each woman is able to talk over about sensitive information for ensuring their safety.

- Ask women the modality of communication they prefer, and arrange groups in the selected communication platform accordingly
- Ensure that women can contact the service provider and to be contacted by the service. Make clear from the beginning on which applications they will be contacted.
- Provide the women with top-up cards and ensure that they did not change service providers between two sessions.
- Ensure that the women know how to use a top-up card
- Ensure that each time the team calls a woman, the latter is in position to share sensitive and/ or private information.
- Send a reminder a day before to the women to ensure their attendance.
- Provide a clear schedule of the sessions.

c. Childcare

In order to ensure the participation of women who are also mothers and especially those who are mothers of very young children, the IRC staff organized an informal space to host the children, while their mothers participated in the sessions. A designated office was used for this purpose and was equipped with toys for toddlers, paintings, and papers and soft materials. Two staff members were present at all times, in order to abide by the Child Safeguarding Policies, but also for providing the best experience for the young ones.

Children's ages varied from newborns to 13-year-old-children. While those below one and a half years old mainly remained with their mothers, it has been challenging to organize activities for children of such a wide age range. To overcome this, the staff played riddles and organized kinetic or music activities and activities during which children would learn some English or Greek. It was crucial to keep the older children engaged as well and to ensure they were not listening to the conversation that the facilitators were having with the women.

The goal of this space was to ensure that mothers can take part into the meetings but as well to make them feel welcomed and that their children are taken good care of. Some beneficiaries mentioned that if there was not such a space, they would not have been able to participate due to lack of other options for childcare. They shared as well that they are not able to participate in some services because they are not allowed to bring their children along. As a solution, a participant mentioned that sometimes it happens that they are obliged to place their children in day care to have access to some services. However, it could have been a huge financial burden for the mothers to pay for day care in the purpose of participating in these meetings.

Some women emphasized that childcare was an incentive for their participation in the activities as well. Not only were the women feeling empowered during the discussion, but without the burden of childcare, the women were able to participate more freely.

- Have the adequate number of trained staff involved in the childcare to comply with the Child Safeguarding Policies and to provide the best experience for the younger ones.
- Provide a child-friendly space (Cleanliness, fresh air, safe of exposed items that children might run into, or plug-ins, no shoes allowed.)
- Have diapers available for the young ones.
- Provide snacks, milk, and drinks to the children, always after consulting the mothers, as some children might have allergies. It comforts them at the beginning of their interaction with the educators.
- Organize a small corner for babies by having a changing table for them, diapers, wipes at disposal, as well as a sleeping space furnished with mattress and clean sheets.
- Provide age appropriate games and activities (soft floor puzzles, baby toys, markers, paper, riddles, dance activities).

- Provide a high standard hygiene protocol (use of antiseptics, not allowed to share snacks and drinks, open the windows most of the time for fresh air, clean the space and toys before, during and after each sessions).

- If a service provider is not able to provide a child space, it is highly recommended to forecast the cost of a day-care instead.

d. A space designed for women

In all meetings, the spaces used were preserved for the groups alone, and only women were present (IRC office, indoors playgrounds). The follow up sessions, that were the most numerous and frequent meetings, took place at the space of FAC in central Athens, and during our discussions only women from the group had access. Creating a safe, accessible, humane, and friendly space for the women is of paramount importance. The venue of the activities should be spacious and accessible with public transport. Snacks, soft drinks and tea once offered, they help create a cosy and welcoming atmosphere for the women and a friendly environment between the women and the facilitators. The provision of basic NFIs, such as COVID-19 supplies and female hygiene products is also important, as some women might not have the means to cover basic needs. The IRC staff distributed two dignity bags with basic NFIs during the training and at the last follow-up sessions. These bags were described as essential from the women. The women were satisfied with all the items, however they particularly appreciated the sanitary napkins, as they are costly despite being necessary for people who menstruate.

- Have at disposal sanitary napkins in the bathroom.

- Provide small snacks and soft drinks for the women, to create a friendly atmosphere and make them feel comfortable with the space

- Provide a dignity bag (sanitary napkins, tooth paste, tooth brush, deodorant, soaps, shampoo, hand sanitizer) and adjust items to the context, for example for COVID-19 provide reusable masks, take into account the cost of some necessary items and prioritize them.

B. The importance of female staff

Another essential factor to make women feel comfortable to disclose a personal experience and to talk about GBV is having female staff. The participants emphasized that *“it is better when there are only women and that no men are involved, because we can speak freely,*

especially when the topic is on GBV'. Lack of a female interpreter may be an obstacle for accessing services, as women highlighted. As mentioned earlier, most of the women were also mothers, so by having female facilitators and interpreters, they felt comfortable enough to breastfeed their babies in the various venues. Moreover, the majority of Arabic- and Farsi-speaking women were Muslims, so in the absence of men in the premises, they felt serene to take off their hijabs.

- Have a team composed by only female members.

C. Cultural awareness

The women and the IRC staff were composed of women from different countries and religions. The Arabic- and Farsi-speaking female community focal points were of Muslim religion. For that reason, an interpreter suggested to create a space for women to perform their prayer and to plan for a dedicated time for praying during the sessions. In that space, there was also a prayer rug that the women or members of the staff could use.

The participants were surprised by this gesture and appreciated it very much. This allocated time helped the women feel considered by the staff. A friendly atmosphere free of discrimination and culturally aware is a place conducive to sharing and well-being from both sides.

- Organize a corner for performing prayers or ceremonies like singing and dancing
- Take into consideration cultural practices and the schedules of women in the timing of any activity. Women should provide feedback on timing of sessions, and the actor should accommodate their need.

D. Availability of GBV response services for immediate referrals

During the activities, it is highly possible that women will share sensitive issues, that they are currently experiencing, issues that need to be addressed either directly or through referrals. Having a case worker present or available on call or upon appointment is an important consideration for addressing women's immediate but also long-term needs and concerns.

During the activities, the main issues women shared were related to housing, to their asylum application and to the enrolment of their children to kindergartens and schools. Sharing a mapping of available services with the women and having a clear referral mechanism is suggested, in order to overcome these challenges. The way services work and the procedures that need to be followed should be explained to women, so as they are informed and aware

of any next steps. All referrals should be documented and should be conducted upon women's written consent. Moreover, any delays or additional challenges related to COVID-19 and the way of services provision should be emphasized.

- Have a caseworker available
- Identify the needs of the women in the purpose of referring them to appropriate services
- Have a clear referral pathway between organizations.
- Ask the explicit consent from women before making a referral to another organization and explain them what they can expect from the referral.
- Provide women with accurate information, the right expectations and realistic deadlines.

E. Introduction and linking women- community focal points with service providers

After concluding with the follow up sessions with the women, their networking with key service providers should follow. In our case, as the main topic of discussion was GBV, the facilitators shared with the women some key services, such as those offered by CRWI Diotima, the number of the SOS Helpline for women survivors of GBV, explaining also to them how to look for similar information on the internet. The SOS Helpline for women survivors of GBV in Greece operates 24h/7 in English and Greek. There are designated hours when Farsi and Arabic interpretations are available. The language barrier may become an issue if an Arabic- or Farsi-speaking survivor need immediate assistance. For French and other refugee/migrant languages, an appointment needs to be scheduled to arrange interpretation. This is an obstacle as French speaking women cannot directly call the Helpline, they are dependent on a mediator who speaks English or Greek.

The women emphasized that they would like to visit various organizations around Athens to know where they were and to meet their protection focal points, so as they know them in case they want to refer a woman. This process would have put the theoretical discussions closer to practice. The IRC staff planned to bring the women together with some organizations, but it was not possible due to the second lockdown in Greece.

Besides the services related to GBV, it is important to share practical tools and ways for women to find services and to be more independent in Athens, e.g. a booklet on legal

procedures in Greece or the Refugee.info website, Post Exposure Prophylaxis (PEP) information.

- Provide the participants with tools, e.g. website/leaflets referencing services available, legal procedures in the country of immigration, referral pathways to be independent and empowered in their lives.
- Introduce formally the female community focal points with the service providers.

F. Training of the staff involved in the process

All staff involved in the process should have experience working with GBV survivors, should be familiar with women-centred engagement and women's issues, and possess the communication skills required for the activities to be implemented without causing unintentional harm to the women. In case experienced staff are not easy to be identified, dedicated training should be offered. Similarly, the interpreters/ cultural mediators should be trained on interpretation and GBV in order to ensure that they have a sound understanding of the topic, adhere to the GBV guiding principles, and the challenges that may arise during the sessions. Providing training on GBV minimizes the risk of misunderstanding and ensures that the interpreters/ cultural mediators understand the process and the objectives goals of the activities and sessions. It is also suggested that Psychological First Aid (PFA) trainings are organized for all staff, so as they feel more confident when approaching the women and do not make any avoidable inappropriate approaches, understand the limitations of their assistance and know how to link women to services.

As noted above, cultural awareness is critical. Cultural awareness trainings are essential for all staff, regardless of their position. Key cultural aspects of all people involved in the process should be taken into consideration.

Another important consideration is the coaching and supervision of all staff involved in the process. As women might share sensitive experiences, staff need to cope with a wide range of emotions.

- Ensure that the interpreters/ cultural mediators receive appropriate training, i.e. Topic of the discussion, interpretation.
- Train each member of the staff on Psychological First Aid (PFA)
- Be aware of the different cultures shared by the members of the staff of a given service provider and the participants.

- Provide the staff with basic childcare training as they are in contact with mothers and thus kids.

G. Setting boundaries and managing expectations

To protect each staff member, it is crucial to set boundaries between the team and the women. The IRC staff assessed that the women had the tendency to create a closer relation with the interpreters. One of the reasons could be the fact that the interpreters/ cultural mediators and the participants shared the same language, so the language barrier was inexistant.

Setting from the beginning clear boundaries is a way of protecting the interpreters/ cultural mediators on an emotional perspective. It is necessary to share the working hours with the women and to ask them not to share personal information, such as the business phone numbers of the staff with anyone outside of the group.

Furthermore, it is important to explain and often remind to the women the role of each staff member and what they can and cannot do, depending on their role.

- Set clear boundaries between the women and the members of the team.
- Inform the women about the role of each member of the team.
- Inform the women how and when they can contact the team.
- Ask the women not to share information about the staff.
- Organise regular team meetings to discuss issues, decongest and prevent emotional distress and fatigue
- Provide clinical supervision

H. Leading sessions with women from refugee/migrant communities

a. Use of language/terminology

Being mindful of the language and terminology used during the activities and sessions is critical for the effectiveness of the sessions. Academic and technical terms are not always understood by the staff and the women, so it is important to adapt the communication style according to the consistency and preferences of the group. Concepts that might be clear for the facilitators might not be as clear for the participants, and the other way around. Describing theoretically GBV is not something common for many women. Using examples, graphics and

other visual methods to complement the theory are effective methods and help women visualize and better understand such difficult terms and notions. Finally, women should be able to decide on the terms that will be used and are accepted by them.

The participants contributed to the discussion by comparing the situation in their country of origin with Greece. It helped them to understand the concepts. It enhanced the discussion by having interactive moments and by being a moment of sharing. Through this interactivity, the participants and the IRC staff broadened their knowledge and improved their soft skills.

Besides, when the co-facilitators led the sessions, it often happened that some of the participants women shared personal experiences that happened in their country of origin or in Greece. These various experiences involved persons from the Greek community or others. The co-facilitators acknowledged and believed their struggles and did not question them. By doing so, the women felt secure, not judged, and kept sharing sensitive experiences. Furthermore, some of them asked the IRC staff, if they had similar experiences in Greece. The team (white European passing women at that moment) acknowledged that they did not. The participants appreciated their honesty and did not question them. By doing so, the participants women felt secure, not judged, and kept sharing sensitive experiences.

b. Managing disclosure

In case of disclosure, it is advisable to have a one-to-one discussion with the facilitator and the interpreter/ cultural mediator, with the purpose of informing the woman on possible options and referring her to another organization, if she wishes to do so. When facilitating sessions, it is important to acknowledge the person disclosing, to read the group, and to ask a guiding question tangential to the topic. After the session, the facilitator should check in with the person individually.

c. Be aware of group dynamics and group size

Understanding the group and power dynamics and considering the size of the groups is another important factor for the effectiveness of the group sessions. It is advisable to divide the women in smaller groups of four women, according to their native language to facilitate interpretation. From our experience, in small group sessions, the women shared more easily, the speaking time of each woman was more equally distributed, and they engaged more actively in the discussions.

Some participants tend to take more space during the discussion, while others are shyer. This needs to be mentioned in the beginning of the sessions for participants to be aware and allow

space for everyone. Some participants asked to be in a group with some of their acquaintances because they felt more comfortable with them, while others felt less comfortable with people they already knew. In conclusion, as women are part of the same community, it might be possible that they know each other before the sessions and interpersonal/family/community dynamics are at place.

- Ensure that all women understand each concept presented and discussed.
- Use simple terms to enhance the understanding of the topic.
- Use examples and graphics to help the women understand technical and academic terms.
- Let the women compare the situation in their country of origin with the host country to enhance the understanding of the concepts and to ensure that they understand.
- Acknowledge the struggles that women have, do not question them and do not judge them. These struggles can be different from a community to another.
- Answer honestly to their questions to build trust.
- Consider the size of the group. Depending on the topic of the discussion, smaller groups may be more appropriate in order to share equally the speaking time.
- Ensure that each of the woman feels at ease to share experiences with the other members of the group.
- Be aware of the different power relations that may exist between members of a community while creating and facilitating discussion groups.

I. Reaching out to women from the community

Reaching out to women and identifying them for this purpose can be challenging. Working together with other actors and organizations offering services to women or directly with community groups is the first step of the process. Beneficiaries of these organizations often share this information with other women and invite them to join activities and receive services.

The women suggested that to reach more women and inform them on GBV, small information flyers (size of a card) on GBV and available services for women could have been helpful in order to hand them over to other members of their communities. They emphasized that having a written record on GBV or contact details of service providers related to GBV may facilitate

connections and ensure their safety as they are just sharing official information on GBV that can be interpreted as an advertisement.

Furthermore, identifying the places of socializations of the women, besides the ones provided by the service providers, is crucial for reaching the maximum of women. Some places mentioned by the women are for example **churches, organization of a given community and hairdressers**. Recruiting women from those spots as female community focal points is a way to broaden the potential number of reached women.

Reaching out to women living in camps requires a different process, especially if the organization organizing the activities is not operating within the camp. Feedback received from the women, suggests that reaching out to women by directly visiting their tent or container when they are alone and informing them verbally about an activity is the best way forward. Posters should not be handed out nor posted in common areas.

- Identify the socialization spaces of each community (church, community organization)
- Get in contact with organizations already working only with women
- In the urban setting, provide the women with small leaflets in order to distribute them when needed, if it is safe for them to do so
- In camp settings, assess whether it is better to work with word of mouth

J. Empowerment and Integration⁶

Involving women in activities and processes that affect them marks the start of their empowerment and enhances the sustainability of any intervention. Women were consulted and their feedback was considered and used to inform next the next steps in the process described in this guidance document. Women were also asked about what they needed in order to feel motivated, become more empowered and what would make them feel integrated in the local community.

Access to education for their children was an issue that was often brought up in discussions and a fact that, according to them, hinders their integration. Some women brought up the

⁶ Integration was a term frequently used by women during the sessions. We decided to use their wording in this document and keep the term. However, knowing that integration is a broad term and a goal difficult to reach, it needs to be clarified that they use it as a sense of belonging somewhere, being involved and acknowledged, having a degree of independence. They also project the term to the next generations, meaning integration of their children, for example by having equal access to all levels of education, as in many cases their children are not enrolled in school.

condition of being (often single) mothers and raising children in a foreign country as part of their identity as refugee/migrant women in Greece. Not being able to enrol their children in kindergartens and/or in primary schools means that they often cannot easily access services, attend classes, and participate in activities. Consequently, this limits their employment options. With regards to their role as community focal points, being with their children all the time, does not allow them to reach out to other women in the community and help them.

Skills building classes would make them feel more motivated, empowered and integrated. These classes include Greek and English classes, vocational trainings in cooking, sewing, crafts, cosmetics, hairdressing, tourism and hospitality, nursing for children and elders, IT and digital literacy classes, job counselling, including CV creation in Greek, are the areas the women are interested in. The above would help them build their skills needed to access the labour market. Prerequisite for their participation would be alternative childcare options. Some women emphasized that for some of them Greek is a difficult language to learn, that is why they wish first to learn English. Additionally, some of the participants want to move to another EU country, so they want learn English or to have other EU language classes, e.g. German.

Dedicated women safe spaces would make them feel empowered. Spaces where they could meet more often and share experiences, current problems women face and how they can support them, as well as spaces to spend more relaxed moments, such as listening to music, drinking tea, cooking or dancing; having a moment where they can forget their daily problems. They emphasized the need for long term projects for women FPs and more frequent, ideally weekly meetings.

- Help the women have their children registered to pre-schools and primary schools.
- Provide the women with language classes
- Provide the women with vocational trainings (cooking, nursing, cleaning, hotel, sewing, crafts and digital literacy classes)
- Provide job counselling in order to link the women with job openings and to create their CV
- Provide a time and a space where women can escape their daily struggles

K. Remote Sessions Considerations

As the last sessions took place during the second lockdown in Greece, these sessions took place online on WhatsApp, that women suggested as the preferred application. To ensure the

smooth running of the meeting, the IRC staff ensured that women could have access to the internet to join the conversation, by providing additional telecommunications top up cards. Furthermore, the staff assessed the feeling of safety of women to speak about GBV in the place they live.

- Ensure it is safe for the participants to talk about a specific topic at home.
- Ensure that the participants have access to the internet in order to have a group discussion remotely.

7. Conclusion

During one of the sessions, a woman said: *“Nobody has taught us how to protect ourselves, there is always someone above us: a father, a brother, a mother. Our family takes over our freedom: we cannot even choose a dress or a husband”*. This is yet another statement expressing the lack of agency that women are taught to accept as normality and the power imposed over us. Patriarchal structures have made women believe that their needs are secondary, that they should not be in control of their bodies, that men are more important, isolating them from themselves and from each other. For migrant/refugee women who experience intersectional discrimination as both women and migrants/refugees the burden is heavier.

During the FGDs, the Training and the Follow up sessions, we tried to create a space for women, where they could share their needs, identify common struggles in their lives in urban Athens, unlearn patriarchal beliefs like the ones mentioned in the previous paragraph, learn to support other GBV survivors, get informed on available services, and support each other in becoming GBV Focal Points in their communities.

This guidance document described the methodology the IRC followed, the process and the findings of the sessions, the impact that this pilot project had on the community, and finally proceeded with some recommendations stemming from the knowledge gained from and together with the women. The recommendations are for service providers to apply in their work with women from the community, and for future projects, like this one, who aim to create community based GBV referral pathways that place refugee/migrant women and girls at the centre. Key recommendations include:

- Ensure that the participants can come to the premises of the service providers and that coming to the premise is not a financial burden.
- Establish regular communication with the women on agreed platforms.
- Provide childcare at the space of the meetings/service.
- Have a team composed by only female members.
- Take into consideration cultural practices and create a friendly atmosphere, free of discrimination.
- Provide the women with complete knowledge about the available services and officially link them with service providers.
- Ensure that the interpreters/ cultural mediators and all staff receive appropriate training on GBV and PFA.
- Set clear boundaries between the women and the members of the team, and inform them about the roles of each member, from the beginning. Organize weekly team meetings.
- Use simple language, provide examples and visuals, and don't make assumptions about participants understanding – ask them.
- Consider the size of the group. Depending on the topic of the discussion, smaller groups may be more appropriate in order to share equally the speaking time.
- Be aware of the different power relations that may exist between members of a community while creating and facilitating discussion groups.
- Identify the socialization spaces of each community (church, community organization), to reach out to women in the urban context.
- Provide the women with language classes and with vocational trainings (cooking, nursing, cleaning, hotel, sewing, crafts and digital literacy classes).
- Provide a time and a space for entertainment activities, where women can escape their daily struggles.
- During remote sessions, ensure women have access and can safely participate from home.

Quoting female community FPs:

“I learned from the group sessions what my rights are and how women should fight for our rights”

“I know what to do, if I go to a park and see a woman victim of violence”

“We learned a lot from you now we can help others”

8. ANNEXES

1. ToR Document

Community Focal Points for Women and Girls

We are searching for women who are passionate to learn more about the rights of women and girls in Greece and want to offer support to women in their community by helping others through this **volunteer position**.

Role of a Community FP for Women and Girls

As a community Focal Point for Women and Girls, you will be in direct contact with women and girls from your community to link them to services and network together on community concerns, as well as coordinate directly with service providers who respond to GBV in Athens. You will provide information about available services to women and girls and directly refer them to the appropriate service providers with informed consent.

Prior to being a Community FP:

- Everyone will participate in Focus Group Discussion with 6-8 female peers. FGDs will focus on topics of: violence against women and girls and how we can be allies, obstacles in access to services for women and girls with a focus on GBV services, and identify topics interesting to you which relate to being a Community FP for women and girls and your needs for this role.
- Community FPs will participate in a Training Seminar covering the topics: women and girls' rights in Greece, GBV types and terminology, communication with the survivors, (self) advocacy, intersectional needs of women and girls and combatting our own biases, and other topics identified during FGDs

Description of the Community FP expectations

- Network with GBV Service Providers in urban Athens
- Liaise with women and girls in the community and hear their needs
- Conduct remote safety audits based on observation and to support advocacy needs of women and girls
- Work with IRC on advocacy efforts and identifying ways to improve access for women and girls to services and ways to improve services
- Network with women and girls on best practices to accessing services in a timely manner

IRC is providing

- Monthly Top-Up cards to cover FPs' communication with beneficiaries and service providers
- Follow-up Coaching Sessions, to discuss progress and address possible issues
- Transportation Expenses (bus and metro tickets) to attend all meetings
- Certificate of Participation after program completion

Requirements

- Basic knowledge on the rights of women and girls and importance of supporting women and girls;
- Commitment to the cause of being against sexism and violence against women and girls;
- Empathy;
- Availability and commitment to attend Focus Group Discussions, Training Sessions and Follow Up Coaching Meetings- (June -September 2020);
- Adhere to principles of non-discrimination, respect, confidentiality, safety, and non-judgment

There will be an Informative Session, following first contact via phone. Candidates will be selected based on the above-mentioned requirements.

2. Informative Session

Information Session for Women and Girls Community Focal Points

Introduction and Project Description: For IRC

- _Introduce ourselves and describe the program:
 - It is part of a bigger project focusing on migrant and refugee women and girls, with a focus on connecting GBV survivors to services.
- Elements:
 - FGD, Training, coaching sessions.
- Objectives: to train and introduce community FPs who will themselves undertake the task of empowering women and girls and referring GBV survivors from their community to the services. They will gain skills and experience, give back to their communities. Commitment is required, although this is not a paid job with specific timeslot.

Ask if she has any questions about the ToR before the discussion begins. Proceed to questions

Learn about W&G Community focal Point

Name:

Age:

Area where living:

1. What inspired you to choose to be a focal point for women and girls in your community?
2. Why is it important to focus on violence against women and girls, and have this role?
3. As a focal point for your community, what support do you envision providing to women and girls; for survivors of GBV?
4. With your current situation, will your household be supportive of this role?
5. What support would you need from IRC in this role?

Scheduling

1. Ask about their overall availability and degree of commitment for the following three-four months.
2. Check their availability for the Focus Group Discussion: Are you available on x?
3. Do you have children? (If yes can we provide childcare during the meetings?)

Next Steps

Do you have more questions regarding the program? Is there something you would like to discuss further?

We will contact you via phone, is that ok?: Yes or No

Do you have any concerns about us contacting via phone?

We will inform you about next steps for the FGDs and training on (give specific date)

THANK YOU FOR YOUR TIME and volunteering to support women and girls in your community.

3. Focus Group Discussion Tool



GBV Assessment Tools

FOCUS GROUP DISCUSSION

Note: This tool should be used during small group discussions. The team should ensure participants that all information shared within the discussion will remain confidential; if the secretary takes down notes, s/he will not have any information identifying or associating individuals with responses. Some of these questions are sensitive. You should take all potential ethical concerns into consideration before the discussion, considering the safety of respondents, ensuring that all participants agree that no information shared in the discussion will be divulged outside the group, and obtaining informed consent from participants. The group should be made of like members – community leaders, adult women, youth, adolescent girls, etc. – should not include more than 10 to 12 participants, and should not last more than one to one-and-a-half hours.

In order to increase acceptance and ensure that participants are not the targets of community suspicion, threats or violence, be sure to consider:

1. If you do not feel it is safe to have this discussion, or that it may cause risk for staff or participants, do not proceed.
2. Before mobilizing participants, meet with community leaders and/or local government to explain the purpose of the assessment visit – to better understand the health and safety concerns affecting women and girls after the crisis – and the presence of the assessment team in the community.
3. Where possible, link with a range of local women's leaders – formal and informal – during participant mobilization. Women leaders may be involved in one focus group, but should not be present in all groups to ensure that women feel free to speak openly.
4. Where relevant, carry out focus group discussions in the displaced, refugee or returnee community, as well as in the host community.
5. Ensure that staffs facilitating focus group discussions do not ask probing questions in an effort to identify the perpetrators of violence (i.e., one specific group).

Focus group discussion facilitator:

Secretary (if applicable):

Geographic region: Urban Athens

Date: _____

Location: _____

Translation necessary for the interview: Yes No

If yes, the translation was from _____ (language) to _____ (language)

Sex of FGD participants: Male Female

Age of FGD participants:

- 10-14 years
- 15-19 years
- 20-24 years
- 25-40 years
- Over 40 years

ESSENTIAL STEPS & INFORMATION BEFORE STARTING THE FOCUS GROUP DISCUSSION

Introduce all facilitators and translators

Present the purpose of the discussion:

- General information about your organization
- Purpose of the focus group discussion is to understand **concerns and needs** for women and girls
- Explain what you will do with this information and make sure that you do not make false promises
- Participation is voluntary
- No one is obligated to respond to any questions if s/he does not wish
- Participants can leave the discussion at any time
- No one is obligated to share personal experiences if s/he does not wish
- If sharing examples or experiences, individual names should not be shared
- Be respectful when others speak
- The facilitator might interrupt discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion

Agree on confidentiality:

- Keep all discussion confidential
- Do not share details of the discussion later, whether with people who are present or not
- **If someone asks, explain that you were speaking about the health problems of women and girls**

Ask permission to take notes:

- No one's identify will be mentioned
- The purpose of the notes is to ensure that the information collected is precise

QUESTIONS

A. We would like to ask you a few questions about the security of women and girls in the urban Athens:

1. In this community is there a place where women and girls feel unsafe or try to avoid? (Day? Night?) What is it that makes this place unsafe?
2. According to you, what could be done in this community to create a safe environment for women and girls?
3. Without mentioning names or indicating any one, according to you which group(s) of women and girls feels the most insecure or the most exposed to risks of violence in urban setting? Why? Which group(s) of women and girls feels the most secure? Why?
4. How does the family treat a woman or a girl who was the survivor of rape or sexual assault? How do they support her?
5. What do women and girls do to protect themselves from violence? What does the community do to protect them?

B. We would like to ask you questions about a possible incident: *Develop a short, contextually appropriate case study in which a woman is raped and is afraid to tell her family about what happened. Use this to frame the below questions. Be sure that the case study does not use a specific name for the woman, so it is clear that this exercise is hypothetical and is not linked to anyone specific in the community. A few sample case studies are provided below, but must be adapted and selected based on the context.*

Sample case study 1: A woman from Iran took a taxi from Eleonas camp to go to visit a family friend in the city center. Her husband told her that is safer for her to take a taxi rather than going by public transportation.

She gave the address to the taxi driver in a letter. The taxi driver was persistently looking her through his front mirror. She felt bit threaten and afraid but she couldn't do anything for that. The taxi driver after some blocks stopped the car on a narrow road and no one was around. He grabbed her out of the car and the woman started to scream but the taxi driver closed her mouth and started raping her. The woman felt frozen and she couldn't do anything to protect herself. The taxi driver left her in the street and himself drove away and the woman was not able to take the ID car number. She was crying and was feeling helpless and lost and didn't know what to do and how she could reach the camp. After walking alone for some time she found a metro station, she went back in the camp but she did not say anything to her husband. After quite long time the woman went to the midwife in the camp due to vaginal discharge. The midwife diagnosed sexual transmitted infection and started asking the woman about her sexual life. The woman after a while revealed to the midwife what had happened to her. The midwife stopped the consultation and immediately informed the doctor and the doctor informed the social worker of the municipality and the social worker informed the site management.

Sample case study 2: During an ethnic conflict in Athens city center a woman's husband from Syria left from home to defend his community. While he was gone, a strange man rang her bell and he said that he came to visit her husband and that they are friends. When the man entered the house the woman realized that was that man from her community that use to look at her persistently and some time he had also harassed her. The woman never told her husband because she was afraid that she will be isolated in the house and her husband will blame her. She asked him what does he want and she threat him that she will inform her husband and that he will kill him if something happens to her. The man grabbed her in the floor and started raping her by telling her that if she says anything to her husband the same will happen to her adolescent daughter that goes to school every day. The woman lost her period and she realized after two months that she is pregnant from the attacker. She couldn't dare to share with anyone, so she decided to visit a day center and she asked for an abortion. The doctor claimed that is too late while she is more than 3 months pregnant and the abortion could not be performed. The woman started crying and she revealed that the pregnancy is due to rape. The doctor insisted that she will have to carry on with the pregnancy and that is too late for termination of pregnancy.

Sample case study 3: An Afghan woman, a mother of five underage children approaches a social worker in the municipality of Athens. She claims to the social worker that her husband is constantly forcing her to have sex with him before giving her money to her children. She begins to cry, saying that she is also not allowed by her husband to work and forbids her from using any method of contraception without his permission. The woman feels desperate and her main concern is that she does not want to become pregnant again, she does not know what to do. The social worker says that she can't do anything for her and husband and that this is a family matter that she has to solve. However she says that if something bad happens to her she will be there to support.

6. If a woman reported that she experienced violence similar to the woman in the story and that she asked for help and she did not receive it, how many of you would believe her story?
7. Why do women and girls hesitate to share experiences like this with other people?
8. Where could this woman go to receive appropriate assistance? What kind of assistance and support could she receive in urban setting?

C. We would like to ask you some questions about the services and assistance available:

9. What do women usually do after they have experienced such violence? Do they seek help?
10. When a woman or girl is the survivor of violence, where does she feel safe and comfortable going to receive medical treatment?
11. Are there other services or support (counseling, women's groups, legal aid, etc.) available for women and girls that are survivors of violence?
12. Do you feel there are problems/ obstacles when a woman from your community needs to access these services? What are these obstacles?
13. Are the services culturally sensitive? (i.e. do they take into account the specific cultural background of the beneficiaries)?
14. Are the services adequate? Are they satisfied? What would you suggest as an improvement to the existing services?

D. COVID-19

15. Has there been an increase in security concerns affecting girls and women since COVID-19 started?

IF YES

16. What types of violence have women and adolescent girls reported since COVID-19, if different from above?
17. Have any community mechanisms been put in place by women or adolescent girls in the community to stay connected since COVID-19? If yes, explain.

F. Focal Points for Women and Girls

18. What type of positive community or environmental changes would you like to see so that women and girls feel empowered?

19. What is your vision for this role in supporting women and girls?

20. What learning sessions would be helpful to you? To women and girls? To the community in general?

CONCLUDE THE DISCUSSION

- Thank participants for their time and their contributions.
- Remind participants that the purpose of this discussion was to better understand the needs and concerns of women and girls since the crisis.
- Explain the next steps. Again, repeat what you will do with this information and what purpose it will eventually serve. Also inform participants if you will be back.
- Remind participants of their agreement to confidentiality.
- Remind participants not to share information or the names of other participants with others in the community.
- Ask participants if they have questions.
- If anyone wishes to speak in private, respond that the facilitator and secretary will be available after the meeting.