

Gender-Based Violence and Refugee Youth: Towards Trauma-Informed Practices

Nazilla Khanlou, Yvonne Bohr, Vicky Sage, Natasha Rollings, Nalini Pandalangat, Attia Khan, and Luz Maria Vazquez

Introduction

From 1980 to 2009 Canada welcomed more than 830,000 refugees (Statistics Canada, 2019). The number of asylum seekers also increased over the years. (CBC news, 2018). In the year 2018 nearly 19,000 people made irregular border crossings and 55,400 persons filed new asylum claims (UNHCR, 2019). Amongst the asylum seekers many are women seeking protection from gender-based violence (CBC news, 2018).

Refugees and asylum-seekers are persons who seek international protection. An asylum seeker is a person whose claim for refugee status has not yet been evaluated (UNHCR Canada, n.d)

GBV covers a wide range of human rights violations including rape, domestic violence, sexual assault and harassment, trafficking of women and girls and sexual abuse of children. GBV also includes female genital mutilation, early or forced marriage, early and forced pregnancy (United Nation Suriname, 2016). GBV may be experienced by women, girls, men, and boys. Members of the LGBTQI2S community also experience significant GBV (City of Toronto, 2019; Status of Women Canada, 2018).

Female refugees especially are vulnerable to multiple forms of insecurity, and violence (Rossiter et al., 2018). One in six asylum seekers are women fleeing domestic violence; of these only 58% claims are accepted (CBC news, 2018). Those rejected remain without a status and underserved in health and essential services. Compared to other types of refugees, asylum seekers do not have equal access to healthcare, housing and



GBV is violence inflicted on persons because of their “gender expression, gender identity or perceived gender” (Status of Women Canada, 2018).

employment and report higher incidences of health and mental health problems (UNHCR, 2019).

Our study

The goals of our study were:

- To review the literature on recommended approaches and interventions for refugee youth who have been victimized by GBV
- To understand existing service gaps in access to health and social services, cultural safety, language, and community networks among Canadian refugee youth exposed to GBV, and
- To share the findings with stakeholders (youth, service providers, community agencies) and seek their feedback to prepare a collaborative documentation of service gaps

This Information Sheet summarizes findings from our literature review.

Who is most at risk of GBV?

In situations of war, conflict, human displacements and forced migration, refugee women, youth and children are most at risk for sexual abuse and violence (Zannettino, 2013). During migration, and in refugee camps settings, adolescent girls accompanied or unaccompanied by family members are most vulnerable to all forms of sexual violence and bear the greatest impact from GBV (UNHCR, 2008). Several factors have been documented that increase girls' vulnerability to sexual abuse during war and forced migration: these include extreme poverty, lack of safe spaces, GBV as a social norm in certain cultures, and forced early marriages as a means to sustain poor families or reduce their burden (IRC, 2012; Siddiqi, 2012; Machel, 1996).

Gender-based violence reinforces inequities between men, women, and LGBTQQI2S, and disproportionately disadvantages the health, dignity, security and autonomy of its victims (United Nations, 2016).

What is the impact of GBV?

GBV has adverse effects on women and girls' physical, social, and psychological health. It can lead to reproductive, and gynecological infections and complications, and can disrupt educational attainment in young people (Krantz, 2002; United Nations High Commissioner for Refugees, 2003). Adolescents in refugee camp settings who have experienced GBV were found to have mental health problems such as depression, anxiety, and post-traumatic stress (Tempany, 2009).

The term victim(s)/survivor(s) refers to individuals or groups who have suffered sexual and gender-based violence. While victims should be treated with compassion and sensitivity, referring to them as survivors recognises their strength and resilience (UN, 2003, p. 6).

Strategies and interventions to address GBV: Findings from the review

The articles reviewed utilized different approaches and interventions to address GBV experienced by refugee youth. Strategies are discussed using a Systems Approach:

1) Micro-level strategies to combat GBV: Individual level strategies focusing on girls' and women's empowerment, involvement, and engagement.

- Studies show that women and girls who experience GBV and internalize gender norms (that adhere to gender inequitable attitudes and devalue women) often hold themselves in lower esteem and face greater risks of gender-based marginalization and violence (Katz et al. 2002; Scott, 2013).
- The COMPASS (Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces) intervention consists of several Life skills sessions which involve educating and training adolescent girls and caregivers (Stark et al., 2018a, 2018b, 2018c)
 1. Girls are educated on GBV, sexual and reproductive health, recognizing violence and abuse.

2. Girls are also trained on key skills such as communication and building friendships, how to access a trusted female mentor and safe single gender spaces, protecting themselves from potential risks and responding to threats of actual violence.

3. The COMPASS intervention helps to strengthen girls' self-esteem and resilience, support safety and well-being of girls.

- The use of self-administered survey "Audio-Computer Assisted Self-Interview" (ACASI) in adolescent girls ensures anonymity, confidentiality, and helps to elicit experiences of violence among adolescents (Falb et al., 2016).

2) Meso-level community level strategies focusing on societal change

- The societal impact of GBV involves the reinforcement of existing gender inequities in society and a resulting reduction of economic productivity (Krantz, 2002; United Nations High Commissioner for Refugees, 2003).
- Life skill sessions (COMPASS) trains caregivers in recognizing GBV, and supporting adolescent girls.
- The participatory video project Through Our Eyes (TOE) involves men, boys, community members & caregivers. TOE helps increase awareness on women's rights and positively influence men's attitude and behaviour regarding GBV and gender equality (Gurman et al., 2014).
- TOE addresses stigma and shame to change the "culture of silence" about the abuse and

violence that women, girls and members of the LGBTQQI2S are experiencing.

Recommendations emerging from our literature review are as follows:

- Provide safe secure accessible places "Safe Spaces" so victims can receive compassionate, appropriate and confidential support from mentors and caregivers. Infrastructure design within refugee camp, is a key element in the provision of safe spaces. For example, layout of fences, lighting, gender friendly infrastructures such as bathrooms and restrooms exclusive to girls and women.
- Establish a coordinated referral and improved crime reporting system.
- Address poverty which lies at the core of sexual abuse and GBV, by promoting refugee youth is education and vocational training.
- Train service providers on Trauma Informed practice in receiving countries (e.g. health care staff, counsellors, legal, and protection staff).
- Create sustainable and holistic programs that involve all members of the community. This involves sensitization and involvement of men and boys, leaders and members of the community in community in initiatives that address GBV
- Adopt multisectoral approach to address GBV: Engagement and collaboration between NGOs, and refugee, settlement, legal, health and social service agencies.

NOTE: These recommendations are not all encompassing of all the literature and programs that currently address GBV among refugee youth.

The following are some of the Community Organizations that Support Refugee Youth:

North York Women's Shelter. Since 1984 the centre has supported and provided safe shelter for women impacted by violence. The centre also provides a wide range of programs and services including advocating for women and children's rights and 24-hour crisis support.

Sherbourne Health provides support to three priority populations, people experiencing homelessness, LGBT2SQ communities and immigrant, and refugees, in the areas of primary care, mental health supports, case management, and health promotion to refugee youth.

FCJ Refugee Centre serves refugees and immigrants and the full inclusion of displaced people vulnerable to GBV. FCJ offers refugees residential services at the Centre's houses, refugee settlement services, and refugee protection services. The Agency also provides an education program, training and advocacy.

Better Life Counselling Centre provides low cost counselling and psychotherapy services to newcomers and refugees. Services are offered in several languages.

Selected References:

1. UNHCR (2019). Global trends: Forced displacements in 2018. Retrieved 18 September 2019 from: https://reliefweb.int/sites/reliefweb.int/files/resources/5d08d7ee7_0.pdf
2. City of Toronto (2019). Gender based Violence. Retrieved 25 May 2019 from: <https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/gender-based-violence/>
3. Immigration, Refugees and Citizenship Canada. (2016). Rapid Impact Evaluation of the Syrian Refugee Initiative. Ci4-160/2016E-PDF 978-0-660-07138-. Retrieved 24 May 2019 from: <https://www.canada.ca/content/dam/ircc/migration/ircc/english/resources/evaluation/pdf/evaluation-syrian-refugee-initiative.pdf>
4. Status of Women Canada (2018). About Gender-Based Violence. What is gender-based violence? Retrieved 25 May 2019 from: <https://cfc-swc.gc.ca/violence/knowledge-connaissance/about-a-propos-en.htm>
5. Khanlou, N., Khan, A., & Mill, C. A. (2019). Health promotion framework for women with precarious immigration status in Canada. In M. Zanghenah, & A. Al-Krenawi (Eds.) Culture, Diversity and Mental Health - Enhancing Clinical Practice (pp. 107-118). Advances in Mental Health and Addiction: Springer, Cham.

ABOUT THE INFORMATION SHEET

This information sheet is part of a series of information sheets produced at our Office and in relation to the Intersectional Approach to Immigration Status, Gender and Disability Research Program. It provides some of the key findings from our qualitative study titled *Gender-Based Violence and Refugee Youth: Towards Trauma-Informed Practices*.

WOMEN'S HEALTH RESEARCH CHAIR IN MENTAL HEALTH

The Office of Women's Health Research Chair in Mental Health is part of the Faculty of the Health at York University. We are interested in studying social factors that affect the mental health and wellbeing of women, youth, and children. To learn more about other projects conducted at this Office, please visit <http://nkhanlou.info.yorku.ca/research/community-based/>. Twitter: <https://twitter.com/YorkUOWHC>

ABOUT THE RESEARCHERS AND COLLABORATORS

Dr. Nazilla Khanlou, Associate Professor, Faculty of Health, York University, is the Principal Investigator of this study and Women's Health Research Chair in Mental Health. Dr. Yvonne Bohr, Associate Professor at the LaMarsh Centre for Child and Youth Research, Faculty of Health, York University is the Co-Investigator. Vicky Sage is a Program Manager at North York Women Shelter. Natasha Rollings is an Education Coordinator, FCJ Refugee Centre, and Nalini Pandalangat is Programs & Services Director, Immigrant, Refugee & Newcomer Communities, Sherbourne Health. Attia Khan is a Research Assistant and a Doctoral candidate Faculty of Health, York University. Dr. Luz Maria Vazquez is the Research Coordinator at the Office of Women's Health Research in Mental Health.

FUNDING: La Marsh Centre for Child and Youth Research, York University and Canadian Crime and Victim Foundation (CCVF).