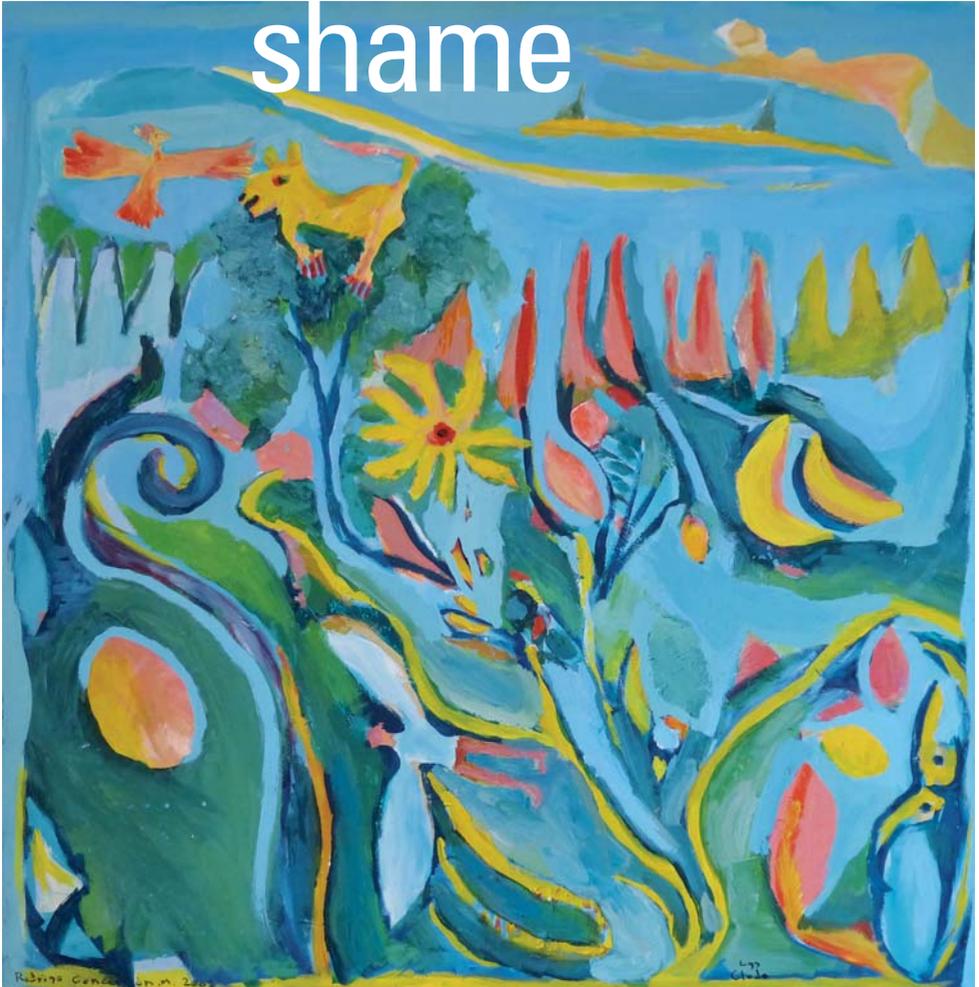


Between
honour and
shame



Guidelines In Handling Honour Related Violence Cases

SEIF
SELVHJELP for innvandrere og flyktninger

 **Red Cross Oslo**

LÖKK
LANDSORGANISATION AF KVINDKRISECENTRE

SOMAYA 
KVINNO- OCH TJEJJOUR

 **MONIKA-Multicultural
Women's Association**

 **daphne**

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Introduction

This is a handbook for NGOs and frontline professionals helping persons subjected to, or affected by, honour related violence. It provides advice on signs to look for, how to help and what not to do when encountering persons affected by honour related violence, who at the time of seeking help will be in a critical, uncertain and often very dangerous situation.

This handbook is the result of the collaboration between five Nordic NGOs, all working with combating honour related violence in their respective countries. The project is called “Between Honour and Shame”, and is funded by the EU. It was initiated by the Norwegian NGO Selvhjelp for Innvandrere og Flyktninger (SEIF) in 2010. SEIF invited the other NGOs to a round table conference, constructing a project to map the Nordic NGOs’ perspective on the work against Honour Related Violence (henceforth referred to in this handbook as HRV) in their countries. The project also offered a unique possibility for the NGOs to learn from each other and establish a best practice for handling HRV cases. Furthermore, the project established an active network of cooperation easing the transfer of persons subjected to HRV across the Nordic borders when necessary. The project “Between Honour and Shame” has inspired the participating NGOs to achieve more, move the field forward and continuously offer better help to persons subjected to HRV. The project has played an important role in raising awareness on the subject, both politically and at grass root level. This project has broadened the competence on the field within the participating NGOs themselves, and the network established through the project has become very important to the participant NGOs.

Our best practices in this field are presented in this handbook. Part One of the handbook presents definitions, myths and facts related to HRV, and offers a practical guide for handling HRV cases. Part Two offers an overview of the best practices we have established through nearly twenty years of working in the



field. This section provides more in-depth information on which systems may offer as holistic an approach to combating HRV as possible. The guidelines in this Handbook are based on the legislation in the Nordic countries. Check the legislation of your country regarding the obligations you may have to report certain cases to your authorities. Note also that this is not a do-it-yourself-guide. This guide will provide you with some basic information; contact the organizations behind this book for expert advice, as all cases are different, and none of them have an easy solution. The Handbook concludes by recommending some measures for the authorities when it comes to combating HRV.

For the sake of simplicity, person(s) subjected to honour related violence will henceforth be referred to as help-seeker(s).

Please see the analysis “Between Honour and Shame” resulting from this project for more extensive reading on how HRV is approached in the different Nordic countries participating in this project. In the analysis, you will also find a list of surveys and studies for further reading.

Presentation of the participant NGOs

The NGOs participating in this project are **LOKK** from Denmark, **Monika** from Finland, **Somaya** from Sweden, **The Red Cross Helpline about Forced Marriage and Female Genital Mutilation** in Norway, and **Selvhjelp for Innvandrere og Flyktninger (SEIF)** from Norway. A brief introduction of each follows in this chapter.

LOKK calls attention to and strengthens the individual women’s shelter’s work through preventing and combating physical and psychological violence against women and children. LOKK was founded in 1987, and in 2002 established its counselling service for ethnic minority youths. Focusing on ethnic minority youth (both men and women), their parents and professionals, LOKK uses empowerment and mediation/family dialogue to help prevent HRV and assist help-seekers in escaping HRV situations. LOKK offers national, anonymous and free counselling. The organization also offers mediation, education, information material, campaigns and is a sparring partner for professionals/frontline workers in the field. LOKK frequently holds seminars at relevant workplaces and offers safe housing for both men and women. Further initiatives offered by the organization are psychological assistance; a 24h hotline; an anonymous, web based agony column; information and counselling regarding, issues related to virginity and hymen surgery; training of council workers (this is done in collaboration with the ministry) and counselling for ethnic minority parents with teenagers.

LOKK employs five counsellors (three of which are conflict mediators), one student worker and has a communication worker working 50 %. LOKK helps approximately 1100 persons a year, and their hotline received 976 phone calls in 2011. The organization is based in Copenhagen, with an office in Vejle exclusively offering counselling on honour related conflicts.

Monika - Multicultural Women's Association in Finland was established in 1998 and is the umbrella organization for several associations for women of ethnic minorities. Monika's main target group is immigrant women and their children. Monika supports efforts to enhance cultural tolerance, and encourages migrant women to participate actively in social issues. Monika provides services and guidance to help-seekers subjected to domestic violence. Monika also lobbies decision makers, has a 24/7 helpline and provides training to social and health professionals. The organization has an expert role in addressing issues regarding multiculturalism, ethnic relations, empowerment, social integration and violence against migrant women. Monika offers sheltered living in a secret address, and each year the organization's services reaches about 1000 women and their children. The organization is staffed by approximately 40 people, most of them immigrants or people from multicultural backgrounds, and holds 200 trained volunteers.

Somaya - women's and girls' shelter is the most experienced NGO in Sweden in the field of HRV and men's violence against women. It was established in 1998 and targets women and girls with an immigrant background and or Muslim identity who have been subjected to violence. Somaya can offer help in over 30 languages, and has a large support service that includes national helplines for help-seekers and for professionals, hidden shelters that accommodate 20 women and children, and a re-buildup unit. There is also an educational unit that holds lectures and educates about violence in close relations and HRV to NGOs and to the public sectors. Over 12 employees work in Somaya with immediate and direct help in the shelters, involving all kinds of counselling, empowerment and guidance. In 2011 Somaya received 4000 calls from help-seeking women.

The Red Cross Helpline about Forced Marriage and Female Genital Mutilation offers information and guidance on how to act in situations where forced marriage, female genital mutilation and HRV occur. The helpline is open Monday to Friday from 09:00 a.m. to 16:00, it may be called anonymously and all personnel manning it have absolute confidentiality. The helpline offers information and guidance to persons subjected to HRV, as well as friends, relatives and parents of persons subjected to HRV. The helpline covers information on Norwegian laws regarding HRV and forced marriage, offers help and

support on the help-seekers premises, assists in family conflicts and helps connect the help-seeker with the relevant support services both nationally and internationally. The helpline also works actively to provide information and guidance to other professionals and public authorities on the subject of HRV and forced marriage. The Helpline was established in 2000, has three employees and receives about 500 telephone calls a year.

Selvhjelp for Innvandrere og Flyktninger (SEIF) was established in 1986, and works to ensure the rights of immigrants and refugees. The organization focuses especially on migrant women, youngsters and members of the lesbian, gay, bisexual, transsexual (LGBT) community, and has worked actively to combat HRV since the very beginning. The organization played an important role in putting the problem of HRV and forced marriages on the political agenda in Norway and still actively participates in debates and research on the field, as well as offering practical support to persons subjected to HRV. The organization consists of 17 employees manning 6 offices throughout the country, and received a total of 11 972 inquiries from 120 different nationalities in 2011.

Part 1: Definitions

Many readers might ask the question: *What is the difference between HRV and other types of domestic violence?* The concise answer to this is that the concept of collective honour strongly defines HRV, which sets it apart from domestic violence. Therefore, cases of HRV must also be dealt with differently. We focus on violence as a result of codes of honour in collectivistic or patriarchal societies or communities.



Honour related violence (HRV) is a crime or incident which has or may have been committed to protect or defend the honour of the family and / or wider community. The term HRV can include forced marriage, female genital mutilation (FGM) and all forms of violence such as: physical, sexual, psychological (isolation, threats, lack of freedom and other acts of oppression), material (control of mobile phones, computers and other personal belongings) and economical (control of bank accounts, being forced into debt). *Honour* in this particular context is defined as collective, as HRV is committed with some degree of approval from family and / or community members. It is therefore dependent on the collective's approval and is to a large degree connected to the control of female sexuality. HRV is not dependent on gender, class, age, ethnicity or religion, and individuals may be victims as well as perpetrators.

All violence is a violation of human rights. However, in this handbook we are going to focus on the violence motivated by honour and that which is happening in patriarchal/ collective communities.

Some notes on different family structures

Collective family structures vary from individual family structures. Having an understanding of which type of family structure a help-seeker comes from is of great importance. The different family structure entails different paths of socialization for the members. For instance, a person from an individualistic family structure will be socialized to become ever more independent of her/his family. This will be regarded as a responsible person in these family structures. However, in a collectivistic family structure, in order for a person to be regarded as a responsible and respectable family member, she/he will be



socialized to be obedient and NOT make decisions independently. This entails that a person of 18 years from a collectivistic culture may not be allowed to have her/his own passport, bank account, she/he may also not be used to making decisions on her/his own or to live alone independently. This, to a helper, might seem unusual but should nevertheless be taken into consideration when mapping the possibilities for helping her/him.

Note that most often, the family structure encountered will be a mix between the different types presented here, and great variations occur both between and within the two categories. Being part of a collectivistic family structure does not necessarily entail being exposed to HRV. Violence may occur in all kinds of family structures, and one form of family structure is not necessarily preferable to the other.

In collectivistic family structures

- The family or extended family decides what is best for each individual family member
- Each person in the family has a clearly defined role
- A family member's role is defined by the other family members – one cannot have a role independent of one's family
- In patriarchal family structures, decisions are typically made by the male heads of the family, and are not to be discussed. If decisions are disobeyed, this will yield consequences
- The collectivistic family structure will often have a gender and age hierarchy which is clearly defined

In individualistic family structures

- Decisions are made by each individuals themselves, although NOT ALWAYS entirely independently
- Community is perceived as a democratic entity, in which everyone has an equal right and opportunity to make their opinion heard
- The role of each individual can be undefined and unclear
- The family is not necessarily closely connected, and the different family members may feel alone in making their decisions

Some myths and facts about HRV

There are many myths about HRV. The most common ones are presented here in this section, along with some important facts.

MYTH 1: *Only men are perpetrators of HRV.*

FACT: HRV can be exercised by more than one perpetrator, and is collective. Perpetrators can be both men and women.

MYTH 2: *Only women are subjected to HRV.*

FACT: Not only men are perpetrators, and not only women are victims. HRV is exercised by, and subjected upon, persons of any gender, any age.

MYTH 3: *HRV does not occur in families who are socially and economically integrated.*

FACT: HRV may occur in any family. Forced marriages may be based on both economical and immigration issues, independent of how well integrated a family is. Due to the fact that so much is at stake for the whole community/family, opposing a forced marriage increases the risk of an individual being subjected to HRV. The help-seeker may have difficulties acting against HRV, because of loyalty to the family. HRV is transnational. Often it is not only people within the country who are threatening the help-seeker; it can be people from across the border or in the “country of origin”.

MYTH 4: *Education is the solution to the HRV problem.*

FACT: Education helps, but is not the entire solution. Even when educated on the subject, there is often fear of contacting NGOs / the police etc. due to fear of the negative consequences it might have on the family, and the fear that the society will not understand due to a lack of knowledge about the subject. The help-seeker may also fear that the society / help system will judge them and their whole culture / religion instead. Help systems and officials, in turn, do not always recognize the phenomenon, and might turn the help-seeker away, telling them to inform their parents that this is unacceptable in the culture they live in, etc. Education on HRV and how to understand it will greatly improve the work to combat it, but a well working help system, as well as a juridical system

recognizing this problem as a violation of basic Human Rights is mandatory to combat HRV.

MYTH 5: *HRV only happens in Muslim communities.*

FACT: HRV is independent of religion, culture and nationality.

MYTH 6: *HRV only affects young people.*

FACT: HRV affects mostly, but not only, teenagers and young adults in the “age of marriage”. Our experience shows that HRV can affect people of all ages and both genders.

MYTH 7: *HRV always results in honour killing(s).*

FACT: HRV consists of different forms of violence (see the definition above). Rumours and the spreading of rumours is very important, especially if the collective finds out – then they have to act to defend their honour, and HRV may occur. Persons subjected to HRV are sometimes pushed into committing suicide to save the family’s honour. HRV also includes exercising severe control and restricting the lives of individuals.

MYTH 8: *HRV only happens when the youngster has an unacceptable romantic relation-ship.*

FACT: HRV can be the result of any action or inclination perceived as endangering the community/family’s honour. The acts of homosexuality, opposition to entering a forced marriage, an unaccepted career choice or friendship are some, among many, examples of prerequisites for HRV.

How to spot HRV – signs to look for

You cannot always assume that the person subjected to HRV will find your office and contact you about her/his problems. So as not to leave the entire responsibility for detecting and combating HRV to the persons affected by it themselves, here are some examples of signs that could give cause for alarm or worry:

What to look for:

- Children and adults experiencing excessive interference in their daily lives from parents or family
- Youngsters who always have to come directly home after school and are never allowed participation in after school activities etc.
- Youngsters who are limited by their family when making decisions regarding education, choice of friends, spouse etc.

When to worry:

Signs giving cause to worry may be

- Severe social control
- Disciplinary violence
- A youngster experiencing degrading remarks and behaviour from others
- A youngster being inflicted with shame and guilt
- A youngster being ignored by and/or in their family
- Threats of expulsion from family and social network
- Fear of coming home too late
- Accusations by the family of being “too western”, “too Danish” or the likes
- Rumours that a youngster has a secret boyfriend/girlfriend
- A youngster worried that she/he might be seen with boys/girls
- Requests to be excused from subjects taught at school, or requests for extended holidays
- Having been left abroad in the past, or fearing being left abroad
- Other siblings having been forcibly married
- Behavioural changes
- Difficulties concentrating
- Injuries, bruises, depressions, signs of self-harm etc.

Practical Guidelines

First and foremost, note that the family must never be informed of the problem at hand while the help-seeker is living with the family or is easily traceable by the family.



DOs

First contact:

1. Provide a professional translator if the help-seeker does not speak your language.
2. Inform the help-seeker of your confidentiality and assure them that you are aware of the conflict of loyalty. If the help-seeker is under age, inform them of your duty to inform the Child Welfare services, should their well-being and development be in danger. If the child does not ask for help, but you suspect that the person is in severe danger, you must still contact the authorities and, if possible, accompany the youngster to the meeting with the Child Welfare Services. Check the legislation of your country regarding this.
3. Provide the help-seeker with a peaceful, quiet and a safe environment when talking to you.
4. Make sure you have plenty of time when meeting the help-seeker, be thorough, patient and an active listener. Be curious and ask questions straight out.
5. Let the help-seeker be in charge of the conversation. Respect the person's boundaries and do not pressure them into telling you things they do not necessarily want to talk about.
6. Be aware that the person might not be frank or upright about what the problem and the situation really is at first. Emphasize on how important it is that the person tells you the truth and that it's safe to do so.
7. Make sure that you and the help-seeker have understood each other throughout.

8. Be aware that the help-seeker may not be ready to act any further at this point.

Often, the help-seeker will never have talked about their problems before. Discussing private family matters with someone outside the family may be at breach with the person's boundaries. Opening up about a taboo is difficult, and the person may not even have the words to describe what the problem is or why it is so difficult. Make a list in advance of what you absolutely need to know and get the answers to these questions. Then you can get a more thorough picture of the situation afterwards. Such a list should include the following:

- Find out what is concerning the help-seeker and exactly what constitutes the conflict. Make the help-seeker give you concrete information and examples. The conflict between the help-seeker and the family will very often have been going on for some time. Find out why the help-seeker chooses to seek help now. If the help-seeker presents more than one problem, map them as far as possible and let the help-seeker decide which problem(s) is / are the most important.
- Map the partners in the conflict. If necessary, draw it out on a piece of paper to visualize it and give you and the help-seeker a clearer overview.
- Map the dynamics of the family. The family structure and the roles held by each family member are different in a collectivistic view of life than in an individualistic view of life (see p. 8). Map the roles of the different family members involved in the conflict. Find out who is the head of the family, and if there are any family members who can take the youngster's side in the conflict. Find out if the family is under pressure from others.
- Find out if the help-seeker has been threatened with, or exposed to, violence, and whether his / her safety is at risk.
- Find out if the help-seeker has informed his/her family about his/her wishes. The family structure itself may often prevent the help-seeker from addressing the conflict between her-/himself and their family.
- Make it clear during the conversation that forced marriages, threats and violence are illegal acts, and that the help-seekers can get protection and help to get out of his / her situation.

Keep in mind:

- Some cultures may have a very flamboyant, metaphorical language. Other images and metaphors may be used than what you are used to. This may lead to misunderstandings as to the concreteness of the attitudes expressed, and the use of a translator may also lead to the loss of nuances in the account given by the help-seeker.
- Find out which type of help the help-seeker wants. Does she/he have a realistic image of what you and the system can help her/him with? Make a map of the person's possibilities, but do not rush the person into making a decision.
- Explain what your role in helping the help-seeker can be. Deliberate whether it would be relevant and helpful to involve other professionals, and if you choose to do so, always do it in collaboration with the help-seeker. Make it clear that she/he has to decide for her-/himself, and that she/he has to live with the consequences. Make it clear that she/he does not necessarily have to decide straight away. Help her/him see the consequences of the different possibilities, discuss these and make sure that she/he is realistic about them.

Follow-up:

Throughout the process, keep in close contact with the help-seeker you are trying to help. The following steps will help provide the follow-up the help-seeker needs:

1. Set another meeting to make sure that the help-seeker gets another opportunity to tell you more if she/he wishes to. Close the conversation with stating what the next step is, what the solutions may be, and how the help-seeker feels.
2. Inform the help-seeker about how and when she/he can/cannot contact you, and how the system works.
3. Get the help-seeker's permission to ask other professionals involved (the police, etc.) what they know of the case, what their opinions are, etc. Then, get information from such professional partners in the case.
4. Make a safety assessment and a security plan with safety measures for the help-seeker. Collaborate with the police on this.
5. Contact professional advisors for further information and counselling. The

organizations behind this handbook may all offer helpful advice. If you feel like the case is growing out of control, contact professionals. You cannot solve this case by yourself. See the back of this handbook for contact details and call us for advice.

6. If mediation with the family is possible, LOKK is an example of an organization offering mediation between the help-seekers and their families.

DON'Ts

Throughout the course of helping a person subjected to HRV, there are many pitfalls to consider. Remembering the following “don’ts” will help you keep the help-seeker safe, and prevent you from exacerbating the situation further:

1. Do not contact the family, even if the help-seeker is under age.
2. Do not use a family member or friends as interpreters/translators. Use only professionals. Provide a female interpreter if you are helping a woman/girl, and vice versa.
3. Do not assume that the help-seeker wants to talk to someone from her/his own background about her/his problems. Ask the help-seeker what she/he prefers, and respect her/his wishes.
4. Do not assume that the help-seeker will be frank with you about the problem straight away.
5. Do not get carried away by the chaos experienced by the help-seeker. She/he is in crisis. Keep your professional distance and act rationally to solve the problem.
6. Do not tell the help-seeker that she/he “can do what she/he want because she/he is 18 years”. Being 18 years does not necessarily mean anything in the help-seeker’s context. Sometimes people tell persons subjected to HRV that since they are 18 they should be able to do what they want, so why don’t they? This can be hurtful and shows a lack of understanding, as being 18 years old is not an answer for these youngsters (se definitions of family structures p. 8).
7. Do not give the help-seeker false hopes or false expectations. It can be tempting to tell a help-seeker that you are going to fix this, but do not make promises you cannot keep. Be rational, sympathetic and honest.

8. Do not assume that the help-seeker is heterosexual.
9. Some things are best left unsaid. Sensitive issues like virginity; sexuality etc. should not necessarily be discussed with the help-seeker's family.
10. Consider carefully the risks involved when using either mode of transportation in your country before deciding how to transport a help-seeker from A to B.
11. Do not reject the help-seeker for not following your advice. Keep in touch and keep trying to counsel the help-seeker even if she/he does the complete opposite of your advice. Explain to the help-seeker that you cannot help her/him if she/he does not pay heed at all to the advice you give. Accept that the help-seeker might act destructively and disregard your advice, and try again to help. Do not give up on her/him.
12. Do not make this your personal battle, as mentioned before.

Part 2: BEST PRACTICE

The advice given here are general for all our countries. Where certain practices are unique to a particular country/organization, we have highlighted them in text boxes. This is because the organizations work differently, as they encounter different challenges regarding HRV and help the different groups affected in different ways. It must be noted that these are our best practices, we have however not been officially evaluated. An objective, neutral and professional evaluation of these practices would be of great value to further illuminate challenges and successes of these practices.



We have divided the long time work against HRV in three stages/phases:

- Preventive work
- The acute crisis phase
- The follow-up and rebuilding phase

Please note that a lot of the work connected to rebuilding also serves as preventive work and vice versa.

Preventive work

Information and education

Perhaps the most crucial element of preventive work is spreading information about HRV. Our organizations offer this to the target groups and to professionals such as social workers, teachers, police, and shelter staff. The term 'professional' is hereby used for such groups as well as for members of our organizations. The idea is that education will establish better help to persons subjected to HRV.

In Finland, Monika offers practical advice and guidance in terms of how to recognize HRV and intervene. Monika also offers education about HRV to potential help-seekers, perpetrators, and migrant mothers, focusing on the consequences for children.



In Denmark, LOKK regularly offers free, relevant courses on HRV. The training is always customized based on the needs of a target group.

When working to prevent and stop HRV, the importance of having a helpline cannot be stressed enough. The option of calling a number for free and anonymously to discuss what you are going through and get advice from experienced professionals can both help a potential victim of HRV escape the situation before it deteriorates further, and spread knowledge and information about what HRV is, which options and rights a possible victim of HRV has, the potential risks she/he is facing and where she/he can get help. Each year, The Red Cross Helpline about Forced Marriage and Female Genital Mutilation around 500 inquiries, LOKKs hotline received 976 calls in 2011. Somaya and Monika also uses helplines to assist help-seekers and spread information about HRV. The helpline should be free of charge and guarantee absolute anonymity.

Reality check

A help-seeker might have unrealistic ideas and expectations about the world, with limited knowledge about society and/or unrealistic expectations as to how she/he can be helped. It is therefore of fundamental importance that the first meeting establishes the role of, and possibilities of, the help system, so help-seekers gain a realistic idea of the situation. Counselling and reality checks in the preventive phase can sometimes defuse a dangerous situation and prevent escalation.

Empowerment

Some help-seekers have not been allowed to control their lives as responsible individuals, as they have been controlled by their families. Many help-seekers have difficulties with issues such as independence and individual responsibility. Fear of being separated from one's family and feeling lonely is normal. It is important to recognize that help-seekers live in collectivistic family structures, yet is an individual with individual needs. Empowerment is an integral part of our work. Focusing on the individual and her/his own wishes, the consequence of one's actions, understanding that one always has a choice and that the individual has certain rights and is responsible for her/his own life is important to empower the help-seeker.

Policy work and lobbying

Another important aspect of preventive work is lobbying. All our organizations work actively to put HRV on the agenda.

The Red Cross Helpline about Forced Marriage and Female Genital Mutilation actively participates at seminars, forums and meetings where representatives from the authorities are present. They share challenges, experiences and knowledge as well as building an important network system, which makes HRV visible for people working in the government. The Red Cross Helpline about Forced Marriage and Female Genital Mutilation has also been receptive towards research on HRV, which has enabled their work visible to the public. Their experiences have been put to use in different national plans of action relating to HRV.

The media is also a useful channel for providing knowledge to those with power to decide, and has been used to put HRV on the agenda.

Crisis, acute phase

Security measures

Safety always comes first. There are various safety measures, such as acquiring a new name, a secret address and telephone number, staying at a shelter, cutting ties to the family by moving to a secret location, closing all social network accounts such as e-mail and Facebook, arranging police protection, and so on. Safety measures need to be put in place after a security assessment which is based primarily on the professional's experience. The help-seeker's own assessment of the situation must also be considered, while keeping in mind that her sense of judgement can be clouded due to the acute crisis situation and the stress involved. For security assessments we always collaborate with the police.

When the help-seeker is in a secure environment, a plan of further action must be made.

In Sweden, Somaya categorises the state of a woman's and / or child's safety by dividing it in two categories. *Inner security* is her own sense of security, and also whether she can be harmful to herself or not. *Outer security* regards her whereabouts, whom the threat is coming from, whether there's anyone she might know close by, whether she can move freely in the immediate area, where the perpetrators are located, etc. Considering this assessment, the help-seeker is placed on one of three security levels; low, intermediate or high. Depending on the outcome, certain measures are taken.

In Denmark, all contact with LOKK is initially anonymous. A help-seeker is able to contact them 24 hours a day, via a hotline answered by a professional counsellor. In cases where the help-seeker is uncomfortable with telephone contact, she/he can fill in a form on the web page's agony column and get in touch with a counsellor via e-mail. Personal meetings are also possible, provided they take place in a secure environment.

Safe housing

The need for crisis stage services commonly occurs long before a help-seeker is ready to detach her/himself from her/his family. Therefore, providing accommodation is often not the first service offered. Many help-seekers will never reach the point where they have the courage to leave their homes. However, in all our countries there are shelters or safe houses where women (and men, in Norway, Denmark and Sweden) may stay temporarily and be assured of their safety. The locations of these houses are a well-guarded secret in all countries.

Services provided in the shelters are only for adults and adults with children. Underage victims of HRV who are alone are redirected to Child Welfare.

There is a long process of psychosocial support during which the help-seeker's situation is being surveyed. Help-seekers are offered different kinds of options and advice. Whether a woman/man chooses to go to a shelter or not, she/he is given safety instructions should the act of violence be repeated.

Transfer

In regards of transfer, one must always be cautious. This is to make sure the woman doesn't run into anyone who might know her and blow her cover. When leaving the safe house / shelter to go to the police, the court, the hospital or some other pressing matter, the best way to travel is by private cars. Travel is risky, so it is therefore recommended that someone from your NGO travel along with the help-seeker. Do not give a taxi driver the exact address you are going to, and use a different name. If necessary, ask the police for assistance.

In Denmark, taxi drivers have even distributed mobile photos of the help-seeker to their network, alarming them to look out for him/her, revealing that she/he is running away and where to.

Mobilising the public authorities or offices

A big part of our job is to make sure that the proper authorities are involved

when helping persons subjected to HRV. Our best practice is to contact the relevant public offices and make sure they have sufficient information to provide the best possible help to the person in need.

Contact ***the police*** for

- Safety measures
- Safety assessments
- Filing a police report if needed
- Help when the need for secure transfer of a youngster arises

Contact ***the child welfare service*** when the child's / youngster's welfare is at risk.

Be aware of the possibility of custody issues.

Contact ***the social welfare system*** for

- Financial aid
- Housing
- Social and psychological aid
- Reports and statements from social workers needed for judicial- or housing assistance / matters

Contact ***lawyers*** for issues regarding

- Legal aid
- Secret address
- New name / new identity
- Annulment of marriage, divorce and custody issues
- Immigration issues, such as the acquisition of a legal residence permit after divorce etc.

Make sure to have a written authorization from the help-seeker saying that you can access their information etc.

In Sweden, Somaya makes sure that the social services come to the shelter and talk with the woman themselves. They also involve the police to interview the help-seeker and carry out the necessary investigation. She will also undergo a full medical examination by a doctor which is also documented; a lawyer will also be assigned to her case. In cases where children are involved, they will also get the necessary help required. All of this should be done within two weeks of her arrival.

In Norway, SEIF often deals with making sure the public offices follow HRV cases properly, sometimes acting as a “watch dog” and above all, a coordinator.

Practical help

- Assign a lawyer if necessary.
- Arrange for the help-seeker to get sick leave from work for, for instance, two weeks, so she/he will not have to go back to work. This because she/he will be moving houses etc., and have a lot of arrangements to make.
- Keep in contact with the help-seeker and follow up all steps you agree to make. Help her/him find a new job, and assist her/him with all the practical things connected to moving houses and (if necessary) changing jobs.
- If necessary and possible, provide a secret address and/or name and/or identity for the help-seeker. In some countries you need a lawyer to do this, in Sweden, for instance, Somaya can apply for this themselves on behalf of the help-seeker.
- Help the help-seeker to sort out her/his financial situations. Many help-seekers are already indebted when they contact an NGO.
- Propose a post address where the help-seeker may receive letters without giving her/his location away, if necessary and possible.
- You may have to contact health services – doctors, psychiatrists etc.
- Make sure that any signs of violence are documented.

In Norway, victims of HRV are offered free legal help with arranging security measures (see p.16)

In Sweden, the help-seeker’s need for support and practical help is made into an action plan which is created in cooperation with the woman or child. This action plan is a living document that is always present in the meetings with the help-seeker.

Mediation/family dialogue

Mediation requires long term experience – do not attempt this if you are new to working with HRV. Mediation can be used as a tool both to avert the crisis and to prevent it from escalating.

In Denmark, LOKK offers mediation when desired by the help-seeker and if deemed productive. LOKK's mediation caters only to HRV issues and focuses on safety, empowerment and the possible preservation of a relationship between parties. Mediation is NEVER done when the help-seeker lives with the family, but only when the help-seeker is at a secret and safe location. The two parties initially do not meet and all communication between them is handled by the mediator. Mediation often takes place at the police station, or at neutral locations. The family is treated with respect and relevant cultural codes are acknowledged, but the rights of the individual are never compromised. If possible, mediation results in a contract of agreement on future contact, or with a safety contract of no further contact.

The best practice here is to see this as a process. The crisis cannot be fixed immediately; it takes time to change values that are this deeply rooted in a human being. It is important that the whole family takes an active part in this process, in order to get a lasting result. This will take time. Follow-up is important to ensure that promises of change are real and not just an act.

Reality check

In the acute phase, when action needs to be taken in one way or another, reality checks are of vital importance. The help-seeker, who at this point typically is in severe crisis and very anxious, needs to be informed on which actions are realistic and safe options, and which actions are potentially dangerous, counterproductive and cannot realistically be supported by the system. It can have very severe consequences if the help-seeker takes the wrong actions based on an unrealistic expectation, as these actions can lead to severe reprisals from the family and network. Be concise and clear and stable in your information. The help-seeker may be very ambivalent in this period. This is a natural part of the process. You need to be a clear anchor to him/her on what is realistic and not.

Follow-up and rebuilding

In the final phase, the key is to be available and accessible. If for some reason the coordinating organization/NGO is not accessible, it is important to provide the help-seekers with relevant contacts and give them information on where to go so that they are able to deal with their problems.

It's important to assist the help-seeker in developing tools to independently manage their lives without the need for counselling, while recognising that this may take more time for some than for others. Follow-up contact and support for a longer period of time must always be available while the help-seeker is rebuilding her/his life. If possible, assign ONE staff member to follow up and help the help-seeker, so she/he will not have to respond to several different people. This has to do with trust and stability.

Safety check

It is our experience that help-seekers can be especially vulnerable in the follow-up and rebuilding phase in which they have to rebuild their lives after the crisis. A continuous counselling and safety check is therefore important. In some cases, reality- and safety checks are needed to clarify that potential HRV from the family and network may arise again in the future, and may never disappear entirely, despite of the help-seeker's efforts. Safety should always be kept in mind in this phase, as safety threats can remain an on-going issue for some help-seekers, regardless of whether or not they are in contact with their family. The follow-up phase may last for years. Keep in touch with the help-seeker.

Mediation / family dialogue

The goal of mediation is not reconciliation, as this is often unrealistic, but it is a chance for both parties to continue living without the fear of violence.

In Denmark, LOKK might assist by re-establishing contact between the two parties in a secure manner. The initial mediation has taken the shape of a continuous dialogue, which eventually results in a physical meeting between the parties. After the first few meetings is established, the mediator investigates how future contact should take place and what kind of assistance is needed. Eventually, LOKK retreats from the process while contact between the two parties evolves.

In Norway, the Red Cross Helpline about Forced Marriage and Female Genital Mutilation sometimes contacts the family after the help-seeker has moved out, if the help-seeker so wishes. The family is informed that the help-seeker will not be returning home, but is somewhere safe. The parents are then invited to future conversations and follow-up. Most parents accept this offer. The Red Cross Helpline about Forced Marriage and Female Genital Mutilation focuses on discussing the reasons why the help-seeker no longer wishes to stay at home, as well as acknowledging the grief and shock of the family. The Red Cross Helpline about Forced Marriage and Female Genital Mutilation can also help to solve practical problems, often economic issues, between the parties. The family may also deliver personal belongings of the help-seeker to the Red Cross Helpline about Forced Marriage and Female Genital Mutilation's office.

Please note again that the mediator **MUST** be experienced in the field. The help-seeker must decide for her/himself if she/he wants to mediate, and which kind of contact, if any, she/he wishes to have with her/his family. Mediation should always happen at the help-seeker's initiative.

Help with permanent housing

This is a very difficult and crucial step in securing the help-seeker further and preventing a relapse to danger of HRV incidents. The help-seeker will not be able to stay for long at the shelter. The authorities may start pushing him/her into getting a house of their own too early. Do what you can to prevent this. After the initial period in a shelter, the best practice is to move the help-seeker to either a shelter with expertise, or some other form of housing with follow-up and security measures. Some help-seekers are not ready to move straight from the shelter to independent living.

Supportive housing is an interphase between the shelter and independent living, and is offered in Norway and by Monika in Finland.

In Norway, help-seekers are offered apartments with follow-ups from the national social services. The Police ensures the safety of the help-seeker when living in these apartments.

Monika offers a support package after the shelter period. It is meant to empower, and includes housing in a separate, rented apartment, support meetings, and the possibility for alternative help and peer support groups (though persons subjected to HRV rarely are willing to participate in a peer group). In the stage of gaining independence, a help-seeker receives help with forming a nexus of social relations, finding appropriate language courses and / or other education, and so on. When needed, help-seekers are redirected to mental health services. The aim is that the need of support will decrease gradually so that a person will be able to take care of herself, live independently and cope with the challenges of everyday life.

After this interphase, the next step will be to help the help-seeker find new permanent housing. When presented with a housing contract, the social services may agree to pay for it. Help from the NGO in getting the housing contract is, however, crucial. This is a very difficult phase for the help-seeker, and the help-seeker might not have the strength to go out house hunting her-/himself. If your NGO is not able to help, put the help-seeker in touch with someone who can. Help the help-seeker continue the safety measures after moving into his/her new permanent housing (making sure she/he keeps

his/her safe address, safety alarm etc.). Make sure everything is correct in the housing contract (check, for instance, the validity of the contract, terms and conditions etc.). Establish contact between the help-seeker and the social services where she/he is now located.

Re-establishment and follow-up

This is another crucial phase for the help-seeker. Make sure she/he has the contacts she/he needs, and follow up closely. Accessibility is crucial, because the help-seeker is now in a new place in all ways. Long-sightedness and support are crucial.

Use your network to find resources and help the help-seeker establish her-/himself in new roles outside the role of “the victim”. Help her/him see her-/himself again as a resource, not as a burden or a victim.

Be accessible for as long as the help-seeker needs it. This may take years. Keep reminding the help-seeker of the importance of using her/his new name only, and her/his fictive background story. Remind her/him that telling even “her/his best friend” her/his real name and story may be fatal.

The re-establishment includes creating a whole new everyday life, such as finding work, new schools and preschools, a new social life, and so on. Generally, long-sightedness and support from official professionals after leaving the shelter is lacking tremendously. Once a help-seeker is relocated, the system often expects him/her to handle his/her life on his/her own. Unfortunately, this often leads to him/her moving back with his/her family. Loneliness and the feeling of being overwhelmed can feel even worse than the situation she/he fled from.

In Sweden, many women and children are left alone to fend for themselves. There has been tragic cases where several women whom were presumed to be safe, were found murdered. This means that one has to conduct a continuous risk assessment regarding safety. Somaya has tried to fill this gap by having different projects where help-seekers are invited to participate. This keeps them involved and in close contact, but also allows them to build new networks and make new friends.

Monika, SEIF and the Red Cross Helpline about Forced Marriage and Female Genital Mutilation offer continuous follow-up for however long a help-seeker might need it. This type of follow-up is also preventive, as it often helps a help-seeker who might be in danger of going back to HRV.

Holding the relevant authorities accountable

One step toward improving the official offers on follow-up is to help coordinating the different relevant offices and making sure that everybody knows what their roles are. This is of utmost importance when it comes to follow-up and starting a new life.

In Norway, due to the lack of knowledge with some public sectors workers, the help-seekers are not always offered the aid they need. The Red Cross Helpline about Forced Marriage and Female Genital Mutilation and SEIF join the help-seeker at meetings with such offices in order to make sure each party understands the gravity of the situation. If the right help is not granted, they might contact the offices' leader, write complaints and contact higher instances in order to make sure public sectors do their jobs.

Other ways of making sure that public sectors do their jobs is to initiate a joint meeting between the help-seeker and all the relevant actors. The goal is to establish a group that is responsible for the help-seeker, as well as agreeing on which office will keep the coordinating responsibility in each case.

Continuous support and empowerment

It is important to remember the enormous challenges a life without a family and network poses for the help-seeker. Help-seekers facing this dilemma are in need of some form of long term help in order to move on in a secure way, break patterns and stop future HRV. Continuous support must be provided to those who need it.

For the purpose of continuous support, LOKK has started a project with the Danish Red Cross, which provides mentors for help-seekers who must adapt to a new and solitary life in Danish society. The project, which initially catered to young adult women, has now started a programme for young adult men.

All the organizations participating in this project remain active in supporting any help-seeker who needs help or wishes to stay in touch with the organization – whether because of practical reasons or emotional ones. Being accessible and welcoming to this group is essential for their well-being and can have a great effect for their future decisions.

It is important to make sure that the help-seeker is involved in all of the different processes and that she/he is the one making all of the necessary decisions. We only show him/her the possibilities and the options and then let him/her decide for her-/himself. We provide guidance so the help-seeker may help her-/himself. Most of the help-seekers have never made their own decisions before, so it is very important for them to get accustomed to it. It is also important to make them see their own abilities. Strengthening their self-esteem is crucial for their long-term development.

In Finland, Monika has established The Multicultural Women's House, which aims at empowering women and helping them reach independence. It offers a variety of group activities and clubs to support the integration process as well as one-on-one information and advice sessions. The target is also to prevent HRV. Many officials from the police department, children's day care, school and social offices visit and give information about their services.

Recommendations

Based on the conclusions reached in the analysis concluding the project “Between Honour and Shame”, we would make the following recommendations to authorities combating HRV:



- Avoid mainstreaming measures – a problem as specific as HRV needs very specific measures. It requires special attention, and special action plans.
- Long term funding is paramount if help-seekers are to be properly cared for.
- Effective cooperation between the authorities and the NGOs is crucial. Each others roles and tasks need to be clearly defined.
- A secrecy system must be a part of the package combating HRV, and it has to be absolutely secure. The private sector needs to be aware of this system and the importance of it, and es-tablish routines to handle it correctly. The public sector also needs to establish routines to handle secrecy and make their employees properly aware of the importance of this.
- A commission should be established in each country to investigate and handle domestic vio-lence and HRV crimes
- There is still much research needed in this field. This should be carried out in cooperation with the frontline NGOs
- In all the Nordic countries, there is a need to reinforce the political action possibilities when it comes to helping minors who are abandoned abroad by their parents
- Each country needs a law against honour related violence which specifically and explicitly in-cludes everything that’s honour related, including pushing someone to committing suicide.
- Each country needs a law against forcing people to marry, and also against forcing them to stay in the marriage. This has to be regarded as an offence alongside forcing someone to marry against her/his will.
- The network we have successfully established and used through this project should be recognized by the Nordic authorities as a network of competence in this field, and be consulted and used in the future when elaborating practices, action plans and policies both nationally and internationally
- More information material and more awareness raising campaigns are needed. This problem is difficult to recognize – more people need to be made aware of it, recognize it as a problem and actively deal with it. In countries where people are informed of this, we have to continue focusing on it.

Contacting the network

Remember to not make this your personal battle. Contact us for further information, we are happy to answer any questions and discuss the case anonymously with you. Our organizations can be reached at the following addresses:

LOKK

LOKK, Copenhagen:

c/o 3F, Kampmannsgade 4
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Fax + 45 32 95 90 69
e-mail: sekretariat@lokk.dk
CVR-nr.: 2059 0386

Visiting address, Copenhagen:

Nyropsgade 22, stuen
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Denmark

LOKKs office in Vejle, Denmark

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Denmark
Tel: +45 25 71 44 11

Monika

Monika - Multicultural Women's Association Office

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Fax +358 9 72 79 9997
helpline +358 9 692 2304
www.monikanaiset.fi
e-mail: info@monikanaiset.fi

Somaya

Hotline: + 46 020-81 82 83
Office: +46 87 60 96 11
Address:
P.B. 7009
16407 Kista
Sweden

e-mail addresses:

info@somaya.se - for general inquiries
susanne@somaya.se - for contact with the CEO
kvinnojouren@somaya.se - for questions from help-seekers

The Red Cross Helpline about Forced Marriage and Female Genital Mutilation

Helpline: +47 815 55 201
Open on weekdays from
9 a.m. to 4 p.m.

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Mobile phone: +47 926 26 488

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PostBoks 3 Grønland,
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