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Master's thesis, Autumn 2020

# **GENDER-BASED VIOLENCE SURVIVORS IN THE FINNISH ASYLUM SYSTEM**

**Views of social welfare and health care professionals on provision of services in practice**



## ABSTRACT

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*“Gender-based violence survivors in the Finnish Asylum system – Views of social welfare and health care professionals on provision of services in practice”*

99 pages, 3 appendices

Autumn 2020

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For decades, various international reports and journal articles have been trying to draw attention towards gender-based violence happening to female asylum seekers and refugees. Evidence implies that the gender-based violence is occurring in their country of origin, on their way to and in Europe. The Council of Europe Istanbul Convention and the EU directives exist in order to protect women and girls from gender-based violence and ensure that states offer them appropriate services. Gender-based violence can be also a form of persecution and a basis for international protection.

Information on access to services of female asylum-seekers is scarce in the European Union as well as in Finland, once recognised as victims of gender-based violence. The purpose of my thesis was to fill the missing gap concerning services in Finland. Through the qualitative research and semi-structured interviews, the aim was to find out what kind of services are provided in practice, as well as to bring out the professionals’ practical experiences in providing these services, and their hopes for improvement. Ten professionals were interviewed working in five different municipalities, seven of them working in the reception centres and three others in NGOs.

There are no previous thesis done on this topic, so I hope this master’s thesis would offer more knowledge on the subject to both professionals and students in the social welfare or health care field.

The key findings imply that various approaches to guidance and counselling exist in practice. This is due to many reasons: Unstructured work in the reception centres limits guidance and counselling possibilities. Decreased access to legal help and accelerated asylum procedures make it more difficult to offer guidance and counselling in time. There is a lack of knowledge about gender-based violence among professionals. Challenges also exist with lack of multilingual materials and cooperation with other service providers.

In order to tackle these challenges suggestions include improving working conditions in the reception centres, ensuring the access to legal help in time, provision of quality training on gender-based violence with more tools for working life, availability of multilingual materials and improving the cooperation between reception centres and other service providers. Finally, the need for monitoring of the services and assuring that they are provided to asylum-seekers according to the Istanbul Convention and EU regulations.

**Keywords:** Gender-based violence, asylum-seeker, Istanbul Convention, reception services, counselling services, gender-based asylum, human rights

## TABLE OF CONTENTS

|   |    |
|---|----|
| 1 INTRODUCTION .....  | 5  |
| 2 GENDER-BASED VIOLENCE.....  | 7  |
| 2.1 Forms and consequences of gender-based violence .....                       | 7  |
| 2.2 Human rights framework and international conventions .....                  | 10 |
| 2.3 Data on gender-based violence.....  | 13 |
| 2.4 Gender-based violence in Finland and services available.....                | 15 |
| 3 FEMALE ASYLUM-SEEKERS AND GENDER-BASED VIOLENCE.....                          | 18 |
| 3.1 Gender-based violence in the asylum context .....                           | 18 |
| 3.2 Asylum regulations and protection from GBV in the European Union.....       | 21 |
| 3.3 Asylum procedure in Finland .....   | 24 |
| 3.4 Asylum services in Finland .....  | 25 |
| 3.4.1 Health care services .....  | 26 |
| 3.4.2 Social welfare services.....  | 28 |
| 3.4.3 Human trafficking services .....  | 28 |
| 3.4.4 Legal aid.....  | 29 |
| 3.4.5 Interpreting services.....  | 30 |
| 3.4.6 Framework for offering services for gender-based violence survivors ..... | 30 |
| 4 AIM AND PURPOSE OF THE RESEARCH .....   | 32 |
| 5 QUALITATIVE RESEARCH PROCESS .....  | 33 |
| 5.1 Defining topic and preparation phase .....                                  | 33 |
| 5.2 Data Collection .....   | 36 |
| 5.3 Data Analysis.....  | 38 |
| 5.4 Ethical awareness throughout the study.....                                 | 41 |
| 5.5 Strengths and limitations .....   | 43 |
| 6 RESULTS.....  | 44 |
| 6.1 Gender-based violence in the asylum context .....                           | 44 |
| 6.1.1 Forms of gender-based violence.....                                       | 44 |
| 6.1.2 Initiating the subject of gender-based violence.....                      | 45 |
| 6.1.3 Encouraging female asylum-seekers to speak up.....                        | 48 |
| 6.2 Guidance and counselling services .....                                     | 49 |
| 6.2.1 Guidance and counselling in the reception centre .....                    | 50 |
| 6.2.2 Guidance and counselling in the NGOs .....                                | 51 |
| 6.2.3 Working with other service providers.....                                 | 52 |
| 6.2.4 Working with children .....   | 54 |
| 6.3 Supporting factors for successful service provision .....                   | 54 |
| 6.3.1 Creating a sense of safety and trust .....                                | 55 |
| 6.3.2 Guidance material for service provision .....                             | 56 |
| 6.3.3 Gender-sensitive approach .....   | 57 |
| 6.3.4 Multidisciplinary team .....  | 59 |

|   |     |
|---|-----|
| 6.3.5 Cooperation with a legal counsellor .....                                 | 59  |
| 6.3.6 Cooperation with an interpreter .....                                     | 61  |
| 6.4 Hopes and visions for the future services.....                              | 62  |
| 6.4.1 Qualified professionals working with gender-based violence survivors .... | 63  |
| 6.4.2 Quality trainings on gender-based violence .....                          | 64  |
| 6.4.3 Multilingual materials about gender-based violence .....                  | 66  |
| 6.4.4 Joint activities for creating dialogue and raising awareness .....        | 67  |
| 6.4.5 Coordination and monitoring the quality of services .....                 | 68  |
| 6.4.6 International cooperation .....   | 69  |
| 7 DISCUSSION.....   | 71  |
| 7.1 Gender-based violence in the asylum context .....                           | 71  |
| 7.2 Ensuring the discussion on gender-based violence.....                       | 72  |
| 7.3 Guidance and counselling services available .....                           | 74  |
| 7.4 Factors supporting successful service provision .....                       | 77  |
| 7.5 Hopes and visions for the future .....                                      | 78  |
| 8 CONCLUSION AND FURTHER RECOMMENDATIONS.....                                   | 84  |
| REFERENCES .....  | 87  |
| APPENDIX 1. Information letter .....  | 100 |
| APPENDIX 2. Consent of participating in the research.....                       | 102 |
| APPENDIX 3. Interview questions .....   | 103 |

## List of Figures

|   |    |
|---|----|
| Figure 1: Forms of gender-based violence                      | 8  |
| Figure 2: Qualitative research process                        | 33 |
| Figure 3: Data Analysis                                       | 39 |
| Figure 4: Supporting factors for successful service provision | 54 |

## List of Tables

|   |    |
|---|----|
| Table 1: EU directives applying to asylum-seekers in the EU | 22 |
| Table 2: An example of coding and categorising              | 40 |

## List of Abbreviations and Symbols

|         |  |
|---------|--|
| CCM-GBV | Co-creating a Counselling Method for Refugee Women<br>GBV Victims                          |
| CEAS    | Common European Asylum System  |
| CEDAW   | Convention on Elimination of all Forms of Discrimination<br>Against Women                  |
| EASO    | European Asylum Support Office   |
| EEA     | European Economic Area   |
| EFTA    | European Free Trade Association  |
| EIGE    | European Institute for Gender Equality   |
| EMN     | European Migration Network   |
| EU      | European Union   |
| EURODAC | European Asylum Dactyloscopy Database  |
| FGM     | Female Genital Mutilation  |
| FRA     | European Union Agency for Fundamental Rights   |
| GBV     | Gender-based violence  |
| HEUNI   | European Institute for Crime Prevention and Control,<br>affiliated with the United Nations |
| NGO     | Non-Governmental Organisation  |
| OHCHR   | Office of the High Commissioner for Human Rights   |
| UDHR    | Universal Declaration of Human Rights  |
| UN      | United Nations   |
| UNHCR   | United Nations Refugee Agency  |
| UNFPA   | United Nations Population Fund   |
| WHO     | World Health Organisation  |
| WRC     | Women's Refugee Commission   |

## FOREWARD

*“If it falls your lot to be a street sweeper,  
Sweep streets like Michelangelo painted pictures.  
Sweep streets like Beethoven composed music.  
Sweep streets like Leontyne Price sings before the Metropolitan Opera,  
And sweep streets like Shakespeare wrote poetry.  
Sweep streets so well that all the hosts of heaven and earth will have to pause and say: "Here lived a  
great street sweeper who swept his job well".  
If you can't be a pine on the top of the hill,  
Be a scrub in the valley - but be  
The best little scrub on the side of the rill.  
Be a bush if you can't be a tree.  
If you can't be a highway, just be a trail.  
If you can't be the sun, be a star,  
For it isn't by size that you win or you fail.  
Be the best of whatever you are.”*

Dr. Martin Luther King, Jr.

“What Is Your Life’s Blueprint?” Barratt Junior High School in Philadelphia on October 26, 1967—  
Martin Luther King Jr.

The previous year has been a challenging one and yet, thanks to all the valuable lessons that I got from Diak, Arcada and Baraton Universities, people I met in Kenya, support of the loved ones, my classmates that turned into friends, our professors and our one of a kind information specialist, I am here now. CCM-GBV project and HEUNI, thank you very much for great inspiration, precious and valuable work you are doing in Finland and throughout the Europe. You have been the starting point of my work, and following the progress you were making in the field of gender-based violence and human rights has given me a lot of strength to go on with my thesis.

To each professional I interviewed for this work, I thank you for your trust, time and valuable knowledge you shared with me. Inka Lilja, you are a treasure to this world with your knowledge, preciseness and kindness. Since, words cannot express my thankfulness to you for all the support and trust along the way. Mom, thank you for teaching me how to approach life with an open heart and see the importance in human rights of each individual on this planet. I know in my heart that I swept this street of mine the best way I could.

## 1 INTRODUCTION

For decades, gender-based violence has been a known issue among asylum-seeking women, as well as concerns of their eligible access to a fair and dignified asylum process (UNHCR 1995, 2001; WHO 2012). After more than one million refugees and migrants reached Europe in 2015 and were applying for asylum, concerns for wellbeing of girls and women started to rise among international organisations (FRA 2016; UNHCR 2016). However, media's attention was focused on the potential dangers for Europe, introducing it to the public simply as a huge amount of men moving towards Europe (Freedman 2019). Women and their gender-based violence experiences were mainly ignored (Esser 2019).

In its June 2016 report, The European Union Agency for Fundamental Rights (FRA) emphasized gender-based violence as a major issue for migrant women and girls. According to its report, gender-based violence was not only happening in the country of origin, but also during their journey towards and through Europe. Gender-based forms included domestic violence, forced and early marriages, rape, transactional sex, sexual harassment and physical violence. (FRA 2016; Carballo et al. 2017; Oliviera et al. 2018; Esser 2019.)

Even though there were several earlier attempts to draw attention to the violence experienced by female asylum-seekers and refugee women in their country of origin, on their route to and in Europe, very little is known about services provided to them (Hynes et al. 2000; Refugee Council 2009, Miller 2012; Keygnaert et al. 2012).

Guidelines for preventing and responding to violence have been existing long before the influx, yet no results of the guidelines' practical implementation is to be found (UNHCR 1995, WHO 2013, 2014b). The Istanbul Convention (11/05/2011) brought a lot of attention towards protection of women from all forms of gender-based violence. Articles 60 (Gender-based Asylum) and 61 (Non-refoulement) of the Convention emphasised the importance of recognition of gender-based violence happening to female asylum-seekers, with aim to offer them protection and gender-sensitive services during their asylum-process.



Finland is one of 34 EU Member States that have ratified and signed the Istanbul Convention. Finland is also one of the few countries that recognises gender-based violence as a form of persecution and a valid basis for seeking asylum (301/2004, Section 87a).

Now I am working for the Education division of the City of Helsinki, but my interest for the topic, for this work, is due to my previous working experiences. For several years I have been working on gender-related issues, often dealing with gender-based violence topics. Working experience in several different reception centres in Finland brought its own effects too. The idea for this master's thesis was born while going through various sources emphasising gender-based violence happening to female asylum-seekers, them arriving to European countries in a very vulnerable state, and myself being unable to find much information about the services provided to them.

The literature part of this work covered the phenomenon of gender-based violence, human rights and legislation, gender-based violence occurrence in Finland and accessible services. The second part of the literature covered the asylum-seekers' situation in the European Union and Finland, gender-based violence happening to female asylum-seekers, legislation guiding services and work of the professionals, asylum process and reception services in Finland. There is still a serious lack of information on how assistance services for female asylum-seekers who have experienced gender-based violence are arranged in practice. The purpose of my thesis is to fill the missing gap, to present services offered to gender-based violence survivors waiting for an asylum decision, as well as to introduce practical experiences from interviewed professionals who have worked with asylum-seekers in Finland.

In many legal texts and regulations, the term "victim" is used when referring to gender-based violence victims. I prefer to use the term "survivor" in my work as much as possible, which, in my opinion, diminishes a sense of helplessness and stigmatization that the word "victim" brings with itself.

## 2 GENDER-BASED VIOLENCE

In order to understand the scope and complexity of gender-based violence, in this chapter I present forms of gender-based violence, its effects on people's lives and the society, human rights framework and international conventions, available data, and gender-based violence occurrences in Finland.

*Council of Europe Convention on preventing and combating violence against women and domestic violence* (11/05/2011) defines violence against women as:

“a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

*Gender* implies on socially constructed roles, characteristics and behaviours that a given society considers suitable for women and men, while *gender-based violence against women* implies that the violence is directed against a woman because she is a woman (Article3). Violence against women exists all around the world, regardless of women's social, economic, religious or cultural background. In most of the countries, violence is the leading cause for various injuries and disabilities of women. (UN 2006; WHO 2012; Kelmendi 2013.)

### 2.1 Forms and consequences of gender-based violence

In 2003, *In-depth study on all forms of violence against women* (A/RES/58/185) presented forms and manifestations of gender-based violence against women. It underlined the necessity to assess the causes, consequences and possible costs of violence, as well as the need to introduce actions and policies for tackling gender-based violence in practice. However, one study cannot cover all forms and appearances of gender-based violence (UN 2006).

According to the World Health Organisation (WHO), gender-based violence consists of following forms:



Figure 1: Forms of gender-based violence (WHO 2012)

The Istanbul Convention (11/05/2011) recognised gender-based violence as a complex matter, also difficult to define. Besides the already mentioned ones, it also recognises the following gender-based violence forms: psychological violence (Art. 33), stalking (Art. 34), forced marriages (Art. 37), forced abortion and forced sterilisation (Art. 39), sexual harassment (Art. 40), aiding or abetting and attempt (Art. 41), and unacceptable justifications for crimes, including crimes committed in the name of so-called honour (Art. 42). If we look at the magnitude of any form of gender-based violence, fatal- or non-fatal, and its affect, we can become aware of its scale (WHO 2012, 2014a).

Gender-based violence affects women's mental, physical and reproductive health (Heise 1993; UN 2006; WHO 2012, 2014a). It usually appears in numerous, interconnected and repeated forms throughout the human life. It affects not only women, but also children and the surrounding communities they live in. Children growing up around victims of gender-based violence are more prone to health problems, behavioural instabilities, which also projects on their life outside of their homes, such as their life in school (UN 2006; WHO 2012, 2014a). Women's ability to participate in family's everyday life decreases when they are exposed to gender-based violence (Morsy 2012).

Emotional responses to the experiences of gender-based violence vary between anger, shock, shame, embarrassment and guilt. Psychological consequences often include anxiety, loss of self-confidence and depression (FRA 2014). The 2013 analysis showed that women who experienced sexual abuse were at higher risk of sexual-transmitted infections and abortions, and the ones who suffered violence from their intimate partner experienced miscarriages and pre-term births (WHO 2017b).

Fatal consequences of gender-based violence include suicide, homicide, AIDS-related and maternal deaths (Heise 1993; UN 2006; WHO 2012, 2014a). Non-fatal cases can suffer physical and mental health damage and disabilities, unwanted pregnancies or abortions, sexually transmitted diseases, alcohol and drug addiction, self-harm, traumatic gynaecological fistula, chronic diseases, depression and anxiety (Heise 1993; WHO 2012, 2014).

Gender-based violence can also have more than one perpetrator involved. For example, female-genital mutilation includes the involvement of both family and the community, but also the ignorance of the state. Human trafficking might involve family, community and other parties involved on both national and international level. (Lyon 2002; UN 2006; Morsy 2012.) Honour-based violence is very much related to the community. It aims to protect or restore the honour to a family or a community, once it is assumed that a person does not behave according to the norms, values and expectations related usually to gender and sexuality. (The Finnish League for Human Rights 2017).

There are various social and economic impacts on a female victim of gender-based violence and her ability to participate in the society (UN 2006; Morsy 2012). Woman's ability to enter employment can be affected, and quite frequently, there is fear of involvement in public life in general (Lyon 2002; UN 2006; Morsy 2012). Consequences of women's lack of participation in the society, in a manner that they are able to, costs of services needed to respond to the victims' needs - these are all significant burdens on state's economy, hence prevention measures and regulations for tackling gender-based violence are essential for the states (UN 2006; Morsy 2012). As the comprehension of gender-based violence grows, it continues to affect the policies and practical measures created on national and international levels (UN 2006).

## 2.2 Human rights framework and international conventions

For a long time, gender-based violence was internationally viewed as a private matter, in which state should not interfere. Thanks to decades of struggle of women's rights movements, gender-based violence was also recognised as a human rights concern too (UN 2006; FRA 2014). These movements drew attention to the fact that gender-based violence is not a random individual act happening to women, but that its causes deeply permeate to the structural inequality existing between women and men (UN 2006). Social norms and discrimination of women in many countries continue to support the normalization and permission of violence (UN WOMEN 2015).

The importance of inequality and discrimination, and their link to human rights was officially emphasized in *The Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW) adopted in 1979 by the UN General Assembly (A/RES/34/180). In 1982, *The Committee on the Elimination of Discrimination against Women*, CEDAW Committee, was formed and its role was to follow the implementation of the convention. Even if the convention itself does not imply gender-based violence in its text, the work of the Committee has been valuable because of its determination to emphasize that all forms of violence against women are forms of discrimination against women too (UN 2006).

In 1993, *World conference on Human Rights* took place in Vienna and it is considered as one of the crucial moments towards the reinforcement of human rights around the world. The product of the conference was *The Vienna Declaration and Program of Action* (A/CONF.157/23). It acknowledged the human rights of women and of the girls as fundamental and an inseparable part of universal human rights (18), recognised gender-based violence as a direct abuse of human rights and stated that gender-based violence in all its forms must be eliminated, regardless of where it is happening or for what reason (18, 38). It underlined the importance of gender-specific data collection and requested the appointment of the Special Rapporteur on violence against women (42). (A/CONF.157/23; UN 2006.)

The World Conference was a starting point for the creation of *The Declaration on the Elimination of Violence against Women* (A/RES/48/104) in 1993. The declaration demands universal recognition of gender-based violence, asks for the development of the policies and plans of actions on national and international level in order to prevent and decrease the violence, and minimize the chances of re-victimizations.

The most important and far-reaching international treaty for dealing with gender-based violence nowadays is *The Council of Europe Convention on preventing and combating violence against women and domestic violence*, or the Istanbul Convention (11/05/2011). Published in 2011 and officially entering into force on 1 August 2014, it applies to all forms of gender-based violence (Article 2) and obliges the states to prevent and eliminate gender-based violence, remove all forms of discrimination and inequality between men and women, and encourages international cooperation. (Article 1). It defines and criminalises various forms of gender-based violence (Article 33 – 39).

The Convention has two different monitoring mechanisms, GREVIO and Committee of the parties. *Group of experts on action against violence against women and domestic violence* (GREVIO) consists of 10-15 professionals from various states and is responsible for monitoring the implementation of the Convention (Article 66). They are experts in the fields of human rights, gender equality and gender based violence. *Committee of the Parties* examines the questionnaires and reports made by GREVIO and accordingly creates recommendations for the states (Article 67). (GREVIO 2019.)

Finland signed the Istanbul Convention (11/05/2011) on 11 May 2011 and ratified it on 17 April 2015. The Convention became active on August the 1st the same year (53/2015). Finland is obliged to carry out procedures to prevent and eradicate violence against women, to protect victims of violence and to make perpetrators accountable for their actions (Ministry of Justice 2017). Finland applies the Istanbul Convention also in relation to men and boys subjected to domestic violence (GREVIO 2019).

*The Committee for Combating Violence Against Women and Domestic Violence* (NAPE) is responsible for coordination, monitoring and impact assessment of the measures of the Istanbul Convention and their implementation in Finland (MSAH 2016; GREVIO 2019). One of the most noticeable results of NAPE's work is the preparation of the *Action plan for the Istanbul Convention*, which presents measures focusing on all crucial procedures which are needed for the implementation of the Istanbul Convention in practice (MSAH 2017; GREVIO 2019). However, GREVIO report pointed out that, for example, the terminology used in the action plan for 2018-2021 is gender-neutral, making measures possible for men and women, but without any notice of specific experiences that women may experience as victims, which may significantly be different from the violent situations in which the victims are men (GREVIO 2019).

*Global status report on violence prevention* has called attention to methods that countries are using to prevent and intervene with gender-based violence. It also exposes the challenges that still exist. There is still not enough information about the magnitude of gender-based violence, quality of intervention measures, services provided for the people in need and the application of the existing laws. There is a great need around the globe for the increase of cooperation between different service sectors, and widening the scope of their roles when facing challenges of gender-based violence. (WHO 2014a.)

On January the 1<sup>st</sup>2016, the *Agenda for Sustainable Development* was introduced. It lists 17 development goals and 169 targets, which are to be fulfilled during the next 15 years. Some of the goals concern gender equality and the drastic reduction of challenges of gender-based violence around the world (UN 2015, 2016, 2017; European Parliament 2019).

Even though laws and policies have been created throughout the past decades in order to end discrimination and violence against women and girls, there is still not a one single country in the world where gender equality is fully achieved (FRA 2016).

### 2.3 Data on gender-based violence

Global estimations state that about 1 in 3 (35%) of women worldwide have experienced some form of physical and/or sexual violence in their lifetime. One-third (30%) of women who are (or have been) in relationships have experienced physical and/or sexual violence. Looking at global homicide statistics, 38% of women suffered as murder victims by their intimate partner. (WHO 2017; UN 2017.)

Around 200 million women and girls have undergone female genital mutilation (FGM), while more than 700 million were married before the age of 18, out of which one third were married before their 15th birthday (UN 2017). The latest report from UNDOC and HEUNI shows a significant correlation between forced marriages and human trafficking. Women and girls affected by gender discrimination, poverty, lack of education and harmful practices are more susceptible to become victims of forced and violent marriages. (UNDOC 2020.)

Data which pertains to forms of gender-based violence, the population affected, as well as its consequences is essential for creating policies and services to prevent and respond to gender-based violence in the future. However, one of the biggest challenges is the lack of data concerning both the magnitude of the problem, as well as the evaluation of the prevention measures. (UN 2006; WHO 2014a.) Around 60% of the countries in the world have death cases data missing from their registration sources. In some countries, even with the data available, other challenges exist. For example, details of sex or age, victim's relationship with the perpetrator and the type of death are missing. The survey of WHO Global status report from 2014 shows that many countries already had national plans for violence prevention in place, even though there was no national survey data available to support them. This implies that many intervention and policy measures were created while lacking essential data. (WHO 2014.)



In 2014, European Union Agency for Fundamental Rights (FRA) conducted interviews with 42 000 women living in 28 Member States of the EU. According to the results of the interviews, since the age of 15:

- 1 in 3 women has experienced physical or/and sexual violence
- 1 in 20 women has been raped
- 1 in 2 women has experienced some form of sexual harassment
- 1 in 5 women has experienced stalking

When it came to reporting these cases, only 14% reported most serious cases of intimate partner violence, and 13% of a non-intimate one. (FRA 2014; EIGE 2016.)

Although FRA report acknowledged the importance of human trafficking and female genital mutilation (FGM), it did not gather the statistics of any of the mentioned two. Human trafficking and FGM were seen as occurrences only in certain groups of the female population and therefore were defined as hard to capture through general population survey that was done at the time (FRA 2014). Harmful cultural practices resulting in gender-based violence are for many sensitive matters and taboos, and information about them is hard to gather (Oliveira et al. 2018). Eurostat's *Trafficking in human beings* report however, gave a wide perspective on human trafficking in EU. Data was gathered from all 28 EU Member States, as well as the following EU Candidate and EFTA/EEA (Iceland, Norway) countries: Montenegro, Norway, Serbia, Switzerland and Turkey in the period of 2011-2013. According to the results, 80 % of registered victims of human trafficking were female. In addition, 95% of registered victims of sexual exploitation in EU were female. (Eurostat 2015.)

Necessity for an improved collection of data is also emphasized by the EU, the Council of Europe and by the United Nations. The European Institute for Gender Equality (EIGE) is an autonomous body within the European Union, which takes care of data collection concerning gender-based violence across the European Union. It gathers the data of all 28 EU Member States and compares them with each other. Sample surveys and information provided by the authorities dealing with reports of gender-based violence are recognised as valuable resources for collecting the data. (WHO 2014a; EIGE 2016.)

In 2016, *Global Database on Violence against Women* was introduced to the public, including the adjustment of the 2030 Agenda for Sustainable Development. The aim of this database is to gather data from each country on the occurrences of gender-based violence, laws and policies for action and prevention measures, and to monitor the progress. It should also offer a possibility for the exchange of successful experiences of tackling gender-based violence in different countries. (UN Women 2016.)

#### 2.4 Gender-based violence in Finland and services available

Gender-based violence in Finland is a known matter and a significant human rights violation (FRA 2014; MSAH 2017). Situation in Finland came under scrutiny with a survey published by the European Union Agency for Fundamental Rights in 2014 (EIGE 2016; MSAH 2017).

According to the survey results, prevalence of violence for women in Finland since the age of 15 was following:

- Physical and/or sexual violence by the previous or a current partner 30%
- Psychological violence by any partner 53%
- Stalking 24%
- Sexual harassment between 62 and 71%
- Cyber harassment 14%

Even though Finland was one of the first countries in Europe to prohibit physical punishment of children, rates of children experiencing any form of physical, sexual or psychological violence were 53%. (FRA 2014; EIGE 2016.)

Due to the Istanbul Convention requirements, Sexual violence referral centres (SERI) have been set up throughout the country and they provide services for female victims of sexual violence (Grevio 2019; THL 2020c). Services are free of charge and include medical care, psychosocial support, legal aid and a treatment follow-up plan. Seri also has 24/7 phone service available for emergency cases and consulting. (FRA 2020.)

Finnish domestic violence shelters allow access to their services to all women, regardless of their nationality, residence or other status. One of the currently existing 29 shelters in Finland is listed with a hidden address, which is specialised in the support and protection of migrant women and girls who are at risk or have experienced various forms of violence. (THL. Turvakotipalvelut; THL. Turvakotipalveluiden uusin tilasto). In its 2019 report, GREVIO presented rather worrying data about the amount of shelter places in Finland and their geographic distribution. According to the Explanatory Report to the Istanbul Convention, a standard minimum is 1 family place per 10 000 capita. At the moment Finland's shelters cover only 0.4. (Grevio 2019; THL. Turvakotipalveluiden uusin tilasto.)

An important addition to the offered services are so-called *Girls Houses*. They are located in several municipalities around Finland and they offer free guidance and counselling services for girls and women age 10 to 28. They also provide services related to sexual education and sexual violence. (GREVIO 2019.) There is a national telephone line working 24/7 for helping the victims of domestic violence and it offers services in Finnish, Swedish and English (Nollalinja, N/A).

The Amnesty International report from 2017-2018 emphasized the lack of satisfactory walk-in and long-lasting support services in Finland for gender-based violence victims. It also underlined that NGOs and state institutions were being highly under-resourced. It pointed out the absence of a national service network for the victims of all forms of sexual violence. (Amnesty International 2018.) GREVIO report pointed out that there is still room for improvement on the subjects of social welfare, health care and specialist support services in Finland, and their ability to recognise and assist victims who suffered various forms of violence, not just the domestic one (GREVIO 2019).

The data from the report created by the Ministry of the Interior shows that immigrant and disabled women in Finland experience two to three times more violence than other women in the society, and that shelter and counselling services are not adequate to guarantee the services to provide support for these women (MOI 2018; GREVIO 2019).

The programme of Prime Minister Sanna Marin's Government focuses on improving the implementation of The Istanbul Convention in Finland and services for the survivors of gender-based violence. It aims to increase support services and shelter places, as well as the resources assigned to the shelters as required by the Council of Europe. It also aims to target challenges of female genital mutilation, forced marriages and human trafficking by assuring sufficient resources, services, legal and criminal procedures. (Finnish Government 2019)

The government drew an action plan for combating violence against women for the years 2020-2023, which was published in October 2020. The plan takes into consideration the recommendations of GREVIO given to Finland, ensures the implementation of the Istanbul Conventions and assures that the plans of the government presented in the above-mentioned programme take place in the future years. The main theme of the action plan is prevention of violence. It specifically focuses on preventing measures and raising awareness of honour-related violence and digital violence, since these two forms have received little attention in previous anti-violence programs against women. (Ministry of justice 2020.)

### 3 FEMALE ASYLUM-SEEKERS AND GENDER-BASED VIOLENCE

In order to understand the position of an asylum-seeker in a local society, in this chapter I will explain the concept of an asylum-seeker, gender-based violence occurring in the asylum context, existing regulations and legal protection from gender-based violence in the European Union, and finally, asylum procedure and services in Finland.

Established in 1948, The Universal Declaration of Human Rights (UDHR) served as a foundation for the future world of asylum. The meaning of some of the articles (13, 14, and 15) originates from the Second World War and the events of the Holocaust. Before and during the Second World War, people of Jewish, Roma and other descent were not allowed to leave Germany. Even if they managed to leave somehow, they were not allowed to enter other countries. This resulted in millions of people getting killed. (OHCHR 2019.) Article 13 states the human right to leave one's own country, Article 14 states the right to seek and enjoy an asylum from persecution and Article 15 forms the right to nationality (UN 1948).

Three years later, in 1951, the *United Nations Convention relating to the Status of Refugees* was adopted, which strengthened the definition of an asylum. According to the convention, a person has a right to seek asylum from persecution, and it implies that no one shall be returned to a country where his or her life and freedom might be threatened, in other words s/he is entitled to the principle of non-refoulement (Article 33). (UNHCR 1951.) The Convention and the articles made it possible for millions of people to flee their home countries during the previous decades and save their lives (OHCHR 2019).

#### 3.1 Gender-based violence in the asylum context

Breakdown of social structures, armed conflicts and wars make women particularly vulnerable to rape and other forms of gender-based violence (Hynes et al. 2000). Using a rape as a strategic weapon of war is not a new phenomenon (Hynes et al. 2000; Refugee Council 2009; Miller 2012).

In the recent decades, sexual violence and rapes have been linked to conflicts in Liberia (1989-1997), Bosnia (1991-1995), Rwanda (1994-1995), The Democratic Republic of the Congo (1996 – present), Colombia (1964- present) and East Timor (1976-1999). It is estimated that around 75% of Liberian girls and women were physically and sexually abused, Bosnian women were raped as an act of ethnic cleansing, while Rwanda's almost all female survivors were victims of rape and other forms of sexual violence. International court defined it as an act of genocide. (Hynes et al. 2000; Refugee Council 2009; Palermo & Peterman 2011.) According to Hossain et al. study in 2014, about 21% of women coming from 14 different conflict countries reported sexual violence. The violence was experienced in the conflict areas, but also on their way to Europe and within Europe. (Robbers et al. 2016.) Violence can occur in the country of origin, on the way to Europe and in Europe, and perpetrators vary from military and border employees, to male refugees and reception centre staff as well as family members (UN 2006; WHO 2016, 2017c; Oliviera et al. 2018).

Nowadays, the majority of migrants and refugees that travel through Turkey take dangerous routes by sea to reach Western Balkans, and from there to the rest of the Europe. The journey they take is extremely dangerous, with a high probability of encountering various forms of gender-based violence and exploitation on the way. Girls and women especially face a high risk of sexual violence. (UNHCR 2016.) Females travelling from various African countries through Libya to Europe experience torture, rape, forced labour and being held for ransom. Once they reach Mediterranean Sea, they are often kept for days on the sea due to the prohibition to enter the European territory. In 2018, 85% of refugees who tried to enter by the sea routes were returned back to the Libyan coast. (UNHCR 2019a.)

A UNICEF report from 2017 presented the results of their interviews with women and children in Libya. According to the results, nearly half of women and children reported experiences of sexual violence and other forms of abuse and exploitation during their journey. They explained the borders and checkpoints as being the most dangerous places and perpetrators usually being military or other armed forces. Out of fear of ending up in detention centres and/or getting deported, many of them kept from reporting the cases to any authority. (UNICEF 2017.)

Single female asylum-seekers and children are particularly exposed to various forms of gender-based violence (UN 2006; UNHCR 2016; WHO 2016, 2017a). Women's personal history of gender inequality and living in a lower class status in a country of origin makes them more vulnerable to violence, and therefore requires more gender-sensitive approach towards them once they reach European asylum reception facilities and services (WHO 2017a).

The systematic review from 2012 covering gender-based violence and experiences of asylum-seekers with the health services, reported that in high-income host countries 35.7% of asylum-seekers experienced sexual harassment in the detention centres by the detention officers, while 44.2% experiences sexual violence by the medical staff (Oliveira et al. 2018). The study from 2015 reported that after the arrival to Europe, up to 69.3% of female and 28.6% of male migrants have been victims of sexual violence perpetrated by the European citizens and professionals (Keygnaert & Guieu 2015; WHO 2017a).

Inadequate living conditions, overcrowded reception centres and general lack of gender-based sensitivity in the reception facilities can increase chances of sexual gender-based violence for women and girls (Oliveira et al. 2018). In 2016, UNHCR, UNFPA and WRC made field visits to the islands of Greece where migrants usually arrive, detention centres in Athens and the entering points between Greece and the former Yugoslavia. The report of the visit presented that reception facilities were overcrowded, hygiene facilities very poor and there was no separation between women and men, which increased the risk of sexual gender-based violence. (UNHCR 2016.) In Sweden and Germany also, countries that have a long history with immigration, many reception centres failed to provide separate lockable rooms (WHO 2017a).

Project called *Co-creating a Counselling Method for Refugee Women GBV Victims (CCM-GBV)* took place in 2017-2019 in six EU member states (Croatia, Cyprus, Germany, Greece, Finland and Italy) and it recognized similar challenges as described above on how women's experiences of violence in the asylum context remain unseen, also recognising lack of services for this particular group. The project developed a counselling method aimed to assist female victims of violence, which was piloted in 6 EU countries. The project also aimed to raise awareness of refugee women's experiences of violence that mostly stay unrecognised in the European Union. (Lilja et al. 2020.)

The awareness of sexual and gender-based violence happening to refugees, asylum-seekers and undocumented immigrants in Europe is existing, but the European reception standards do not address it much (Keygnaert et al. 2014). On the other hand, according to the results, knowledge and awareness that professionals have on gender-based violence is often broader than the one that asylum-seekers have (Oliviera et al. 2019). Cooperation between service-users and service-providers in reception facilities would make a fertile ground for tackling gender-based violence, but also for creating preventing measures for the future (Keygnaert et al. 2014; Oliviera et al. 2019). The EU health response to asylum-seekers, refugees and undocumented migrants is still emergency-driven and focusing on the aspect of the migration factor. Changing the direction towards long-term, people-focused services would help evaluate and strengthen our public health care services and make them available to all, regardless of their legal status. (Puchner et al. 2018.)

### 3.2 Asylum regulations and protection from GBV in the European Union

In the European Union, the *Common European Asylum System (CEAS)* was founded in order to increase the cooperation between all Member States concerning asylum matters and also to make sure that the states are accomplishing their European and international responsibilities towards people in need. The system aims to guarantee that asylum-seekers are welcomed with dignity and fairness, and that all asylum procedures and interpretations of the asylum law are used similarly in the Member States. (EASO 2016.)

The Istanbul convention (11/05/2011) is a legally binding instrument against gender-based violence in Europe. It clearly states that the gender-based violence is to be recognised as a form of persecution and that it does constitute enough basis for an application for the complementary or subsidiary protection. It underlines the need for gender-sensitive asylum procedures, services for gender-based violence victims waiting for an asylum, as well as the assistance when they are applying for a refugee status, determination and an application for international protection. It requires from the states to take legal and other measures in order to help the victims in their life situations (Article 60). It also asks from the states to respect the principles of non-refoulement and not to return victims of gender-based violence back to the states where their life would be at risk, or where they are at risk to suffer gender-based violence (Article 61).



There are several directives, which are crucial to mention, when it comes to gender-based violence experiences of female asylum-seekers and their right to receive support. The directives apply to asylum-seekers in all EU Member States. (2011/95/EU; 2013/33/EU; 2012/29/EU)

| The Qualification Directive (2011/95/EU)   | The Reception Conditions Directive (2013/33/EU)   | The Victims' Rights Directive (2012/29/EU)  |
|--|---|---|
| <ul style="list-style-type: none"> <li>•Guarantees that EU Member States use similar practices in identifying people who in need of international protection, and agree on a minimum level of benefits available (Article 12)</li> <li>•Emphasizes the importance of bringing out the experiences of psychological, physical or sexual violence, since they fulfil qualifications when applying for a refugee status or international protection (Article 9 and 20)</li> </ul> | <ul style="list-style-type: none"> <li>•Defines principles for the reception of applicants for international protection in EU Member States (Article 1)</li> <li>•Obliges EU Member States to take into consideration vulnerable condition of people who have experienced gender-based violence (Article 21), to assess their special reception needs and monitor them, as well as to address these needs in connection to the asylum procedure and an assessment of international protection (Article 22)</li> <li>•Victims of gender-based violence should receive medical or psychological treatment or care as a part of reception services (Article 25)</li> </ul> | <ul style="list-style-type: none"> <li>•Defines obligations for EU Member States to recognise and arrange services for all victims of crime and their family members in Europe (Article 8), regardless of their status, to assure that their rights are protected and their cases approached individually, with respect and non-discrimination (Article 1)</li> </ul> |

Table 1: EU directives applying to asylum-seekers in the EU

Women and girls are entitled to receive information in the language they can understand concerning their rights, the asylum process and support services available so they would know what to do in case they have experienced gender-based violence. Depending on their literacy skills, information should be given in a written or an oral form, and it should also include advices on reporting and complaint mechanisms (Council of Europe 2020).

Although many women might have experienced multiple forms of gender-based violence in different settings inside and outside of the European Union, their cases stay unreported (FRA 2020). They might face difficulties to open up on the violent experiences for the reasons that they do not know the laws and regulations of the EU country they arrived to (Allinen-Calderon 2011). While waiting and worrying about the asylum decision, women might not see their experience of violence as an important issue. Some of the main reasons why women might not be reporting the crimes that happened to them are their language skills, lack of trust towards the authorities, lack of sensitive approach from the authorities' side, fear of losing family members if they speak up, and the pressure of one's own community (Lilja et al. 2020).

It is not always easy to discuss the topic of gender-based violence and some languages do not even have particular terms to describe the experiences of violence (Council of Europe 2020). The vulnerability and nature of violence differs between men and women, so information provided should be communicated in a cultural and gender-sensitive manner (UNHCR 1995, WHO 2014, 2017a; Council of Europe 2020). In many countries, rape is not recognised as a violation of law; neither is it defined in a local language (Allinen-Calderon 2011). There are great differences in the way that the EU States handle gender-related asylum claims or policies applied in practice, which results in women failing to receive reliable and gender-sensitive treatments (Cheikh Ali et al. 2012).

Professionals working with female asylum-seekers should ensure provision of psychosocial and crisis counselling, medical care for survivors of trauma, sexual and other forms of violence (11/05/2011; 2013/33/EU; 2012/29/EU). If needed, access to shelters specialised in gender-based violence services should be assured. The services should also support the empowerment of women and help them in rebuilding their lives through other services, such as education or training. (Council of Europe 2020.) Provision of health and social policies for migrants and refugees around Europe are becoming more restrictive (Carballo et al. 2017). For example, while at the same time, there is greater recognition of sexual violence among vulnerable migrants, there are still many challenges when it comes to access to basic health services or a demand for protection (Keygnaert & Guieu 2015). Services are often left to the non-governmental organisations where, for example, people offering health care services might not necessarily even have any special education for this field of work (Carballo et al. 2017).

### 3.3 Asylum procedure in Finland

In Finland, grounds for an applicant to ask for an asylum in Finland are defined in the *Aliens Act* (301/2004, Section 87):

“a well- founded fear of being persecuted for reasons of ethnic origin, religion, nationality, membership in a particular social group or political opinion and if they, because of this fear, are unwilling to avail themselves of the protection of that country“

In the same act, gender-based violence is recognised as a form of persecution and a valid basis for seeking asylum (Section 87a).

The asylum-seeking process in Finland usually starts when a person arrives to the Finnish border control authorities or a local police, and leaves an application for international protection. The welcoming authority registers the applicant as an asylum-seeker, collects their personal details that are available at that moment, takes fingerprints, a signature and a photograph from the applicant. (Finnish Immigration Service. Applying for an asylum.) The asylum process consists of two parts: examination and interview. During the asylum examination, the Finnish Immigration Service enquires available information about asylum-seeker's identity and family members, its travel route and entry into Finland (Section 97). During the asylum-interview, an asylum-seeker should present the grounds for a possible international protection and reasons why s/he should not be returned to one's country of origin (Section 97a). The interview is either tape-recorded or videotaped and the full transcript of the interview is interpreted in the end, and then added to the application that the applicant is asked to sign. (301/2004.)

The outcome of the application process can be positive or negative. If the decision is positive, then an asylum-seeker gets a refugee status, a subsidiary protection or a residence permit on other grounds (301/2004). If the decision is negative, there is a possibility to appeal against the decision to the Administrative Court. If an asylum-seeker does not appeal, s/he does not have the right to stay in the country anymore. Also, when a negative decision is received, there is a possibility to negotiate over a voluntary return. (Finnish Immigration Service, Negative decision.) Regardless what the decision is, the

applicant should be informed about the decision in his/her mother tongue through the interpreting service or some other language s/he understands (301/2004).

In 2019, there were 4500 first-time applicants for an asylum in Finland, out of which 1472 were female. The year before, in 2018, 1352 were women out of 4548 first-time applications. (Finnish Immigration Service. Statistics.) Although Finland received a significantly smaller amount of asylum-seekers in the year 2015 compared to the other EU countries, it was still quite shocking for the reception services to accommodate around 32 000 asylum-seekers that year. In 2014, the number of applications was almost 10 times less, about 3500. (Eurostat 2016; Tuomisto et al. 2019.) Apart from the new applications, there is a significant amount of people making subsequent applications, meaning that they are applying again for an asylum after one has received a final decision on an earlier application, from either a Finnish Immigration Service or an administrative court. The number of subsequent applications for the year 2018 was 2139 (Finnish Immigration Service 2020). This number can be found on the Finnish Immigration Service page, however it is stated that the number is not certain, which makes it hard to find out the actual percentage of women re-applying for the refuge.

The Dublin Regulation (604/2013) defines the responsibility for examining the asylum-seeker's application among EU Member States, Iceland, Norway, Switzerland and Liechtenstein. If an asylum-seeker entered one of the above mentioned countries and his/her fingerprints were taken, they are automatically registered into the European Asylum Dactyloscopy Database (EURODAC) and that country will be responsible for the asylum procedure. If the same asylum-seeker subsequently arrives to Finland and applies for international protection, s/he will be sent back to the country s/he initially entered.

### 3.4 Asylum services in Finland

After the registration, a person is sent to a transit reception centre, where s/he usually stays until the asylum examination and the asylum interview are completed. After the completion, a person is transferred to another centre to wait for a decision. (493/1999; Finnish Immigration Service. Living in a reception centre.)

An asylum-seeker is given through basic info meetings rules and regulations concerning the conditions of the reception, living in the reception centre, information about social, health care, legal services and reception allowance. All information is provided no later than 15 days after the arrival, in oral or written form, and in a language that an asylum-seeker is able to understand. (493/1999; 2013/33/EU; Finnish Immigration Service. Daily life in a reception centre.) One of the obligatory study and work activities of the reception centre is the basic course on the Finnish society, which offers knowledge about the society and the ways it functions (Finnish Immigration Service. Daily life in a reception centre). In 2018 The Finnish Immigration centre published videos in various languages concerning basic rights of the asylum-seekers, criminal law in Finland and eventual consequences, in case of a crime (Finnish Immigration Service 2018). In the beginning of 2020, new videos emerged, describing various stages of an asylum-process (Finnish Immigration Service). These videos are also used in the reception centres when organising basic infos for asylum-seekers.

*The Act on the Integration of Immigrants and Reception of Asylum Seekers* (493/1999) ensures that proper support and care for the asylum seekers are provided. The Finnish Immigration Service makes contracts with the reception centres, which can be not-for-profit or private for-profit organisations (Tuomisto et al. 2019). By the end of 2019, there were 35 units for accepting adults and families and 5 units for minors. The year before, there were 43 units for adults and 6 for minors. The number of reception centres has decreased, as well as the unit capacity in the existing centres.(Finnish Immigration Service. Services. Reception centres.) The Finnish Immigration Service, Migri, is an agency working under the Ministry of Interior. It is responsible for implementing immigration policies and the follow up of the asylum process. It additionally monitors all services available to asylum-seekers. ( 493/1999; 746/2011; Tuomisto et al.2019.)

### 3.4.1 Health care services

Health-care professionals play a crucial part in strengthening the social integration process of asylum-seekers, since they are the first line of direct contact with the migrants and refugees who seek help and an advice (Carballo et al. 2017). There is usually either a registered nurse or a public health nurse in every reception centre. On arrival, asylum

seekers are offered a possibility for communicable disease screenings, blood tests and vaccinations. These services are provided in the private laboratories and clinics outside of the reception centre, with whom the Finnish Immigration Service has made agreements. In case of pregnancy, chronic condition or serious illness, it is possible to make an appointment with the doctor in the same place. (Tuomisto et al. 2019.)

*The Constitution of Finland* (731/1999) states that health services and health promotion are guaranteed for everyone. However, *the Health Care Act* (1326/2010) and *the Act on Municipality of Residency* (1994/201) define which residents have a right to municipal services (Tuomisto et al.2019). Health services for asylum-seekers in Finland are not the same as health services for other residents with Finnish nationalities or residence permits. While other residents are entitled to general public health care services, asylum-seekers are primarily offered services by the reception centre. (493/1999; 301/2004; Vuorenkoski 2008.)

Despite the fact that reception centres are required to provide health care services, the services are not supervised and followed up by the regional state administrative authorities, or by Valvira (the National Supervisory Authority for Health and Welfare ), as it is the case with general public health care. Health services for asylum-seekers are both funded and supervised by The Finnish Immigration Service. (Tuomisto et al.2019.) The situation of health-care services should be different for asylum-seekers under the age of 18, since they are entitled to the equal health service as other residents of Finland and to the school health care (628/1998; 746/2011). In this case, the cooperation with municipality services is essential (Tuomisto et al. 2019).

With the increase of asylum-seekers in 2015, Finnish Institute for Health and Welfare reported challenges in 35 municipalities, and some of the biggest challenges reported were: not enough resources available to take more service users, not enough competence to face asylum-seekers and availability of interpreting services (THL 2016). The challenges were reported also in later years with antenatal, postnatal and well-baby care services. Due to the refusal of some municipalities to offer them to asylum-seekers, the reception centres were forced to purchase the services from the private sector that in practice were not able to offer the full range of services needed (Tuomisto et al. 2019).

In addition, children faced difficulties accessing municipalities' public health care and school health care services too (Vierula 2016).

### 3.4.2 Social welfare services

According to the Finnish Social Welfare act (1301/2014), social welfare services include social work and social counselling. In the reception centre, professionals providing social services are instructors, social worker and/or a social counsellor (Finnish Immigration Service. Applying for asylum. Social services).

According to *The Act on the Reception of Persons Applying for International Protection and on the Identification of and Assistance to Victims of Trafficking in Human Beings* (746/2011), applicants for the international protection or victims of human trafficking are entitled to the services defined in the Finnish Social Welfare act (1301/2014). Services should include counselling, guidance, social problem solving and other support measures that maintain and contribute to the safety of individuals and families, as well as community maintenance (Section 15 & 16). The application of this act should take into account the special needs of the vulnerable applicants for international protection, a person enjoying temporary protection and/or a human trafficking victim. It is also mentioned that the vulnerable position and special needs will be identified individually throughout the asylum process, without a clearer definition on who belongs to the vulnerable group, or providing guidance to implementing these matters in the practical side of the services. (746/2011; Tuomisto et al. 2019.)

### 3.4.3 Human trafficking services

If an asylum-seeker is a victim of human trafficking then s/he is entitled to the services of the *Assistance system for victims of human trafficking*, which offers support according to the individual needs. Usually the worker of the reception centre contacts the Assistance System and asks for an asylum-seeker to be included in the system. After this comes an assessment stage, during which the assistance system decides whether they take an asylum-seeker as their client or not. If yes, then the further assessment is done and support

measures and services start. If an asylum-seeker has a child in Finland, then they also aim to help the child as well. (The Finnish Immigration Service. Assistance system for victims of human trafficking; 746/2011.)

According to the overview for the year 2019 by the Assistance System, 74% of all new clients were asylum-seekers and 27% of them have become victims of human trafficking in Finland (National Assistance System for victims of Human Trafficking 2020a). In the semi-annual review for the year 2020, 59% of human trafficking victims were asylum-seekers and 25% experiencing the human trafficking in Finland (National Assistance System for victims of Human Trafficking 2020b).

#### 3.4.4 Legal aid

Legal aid is available in Finland for all asylum-seekers, but the legal counsellor is not usually present in the asylum-interviews, unless the asylum-seeker is an unaccompanied minor under age of 18, or has presented serious grounds for a legal aid (301/2004; Finnish Immigration Service 2020. Applying for asylum. Legal advice). Mentioned regulations came into force on 1 September 2016 and their aim was to improve the effectiveness of the appeal processes and guarantee legal protection for all beneficiaries of international protection (MOI 2017).

However, these changes have been criticised on national and international level. In 2018, the *Report on the quality of legal aid provided to asylum seekers* focused on the provision of legal aid, its strengths and weaknesses, and an examination of whether the applicants have received the needed help according to the above mentioned amendments made in 2016. According to the report, asylum-seekers experienced more difficulties after the changes, and recommendations of the report asked for an immediate access to legal services after the application. In addition, an assurance of an adequate amount of legal counsels and a normal length of appealing periods was to be respected. (Lepola 2018.)



### 3.4.5 Interpreting services

If an asylum-seeker cannot speak Finnish or Swedish language, or cannot understand one of the languages due to his or her disability or illness, the reception centre arranges interpreting services (301/2004; 746/2011). The use of interpreting services is also defined in the Language Act (423/2003).

In the legislation it is also mentioned that the interpreters are obliged to secrecy, and cannot have personal connections nor relationships due to conflict of interest. In other words, if an interpreter knows or has some kind of relationship with the service user, then the interpreter's services should not be used. (301/2004.) Reception centre employees book an interpreter for the basic information meetings organised by the reception centre, or for an appointment with the nurse, the social worker or the social counsellor (Finnish Immigration service. Asylum in Finland. Daily life in a reception centre. Interpreting).

### 3.4.6 Framework for offering services for gender-based violence survivors

A professional offering guidance and counselling services should be able to recognise different forms of gender-based violence, the consequences of violence on women's lives and on their behaviour, the importance of cultural- and gender-sensitive approach towards the subject, as well as the laws and regulations guiding its own work and asylum-procedures (11/05/2011; Grevio 2019; CCM-GBV 2019).

When looking for possible guidebooks for professionals, or at least a list of advices on approaching female asylum-seekers who have experienced gender-based violence, the only materials I have found for working in Finland with them were a guidebook published by Multicultural Association Monika in 2011 and CCM-GBV project's handbook published in 2019 (Allinen-Calderon 2011; CCM-GBV 2019). The first one explains forms of gender-based violence, its consequences, offers valuable advices on how to approach the subject, emphasises the importance of multidisciplinary teamwork, cooperation with others, development of services and education for professionals, and reflecting their own feelings and attitudes that might come when working with gender-based violence and people from different countries. (Allinen-Canderon 2011.)

CCM-GBV's project handbook, on the other hand, offers information about forms of gender-based violence, understanding it in a refugee and asylum context, EU legislation that guides asylum processes, but also offers possibilities to help as a professional, defines possible counselling methods which are tested during the project. It goes through possibilities and challenges that one might come across as a worker, but also offers advices on what to do, once facing the challenges. (CCM-GBV 2019)

#### 4 AIM AND PURPOSE OF THE RESEARCH

The purpose of my thesis is to offer a broader perspective on gender-based violence occurring in asylum context, on legislation and services they are entitled to, as well as professionals' practical experiences when working in Finland with female asylum-seekers who have experienced gender-based violence.

Through this qualitative research, I would like to find out following:

1. What are the guidance and counselling services available for survivors of gender-based violence, who are in the process of waiting for an asylum decision in Finland?
2. What are experiences of professionals offering the guidance and counselling services?
3. Is there a need for improvement in working procedures or services in general?

As discussed in Chapter 3, EU policies and regulations guide both the asylum-procedures and the work of professionals working in the EU Member States with female asylum-seekers who have faced gender-based violence. Yet, there is not much research done concerning how this work is done in practice, or how professionals see their role and abilities while working with gender-based violence survivors who are waiting for asylum in Finland or other EU Member States.

## 5 QUALITATIVE RESEARCH PROCESS

The process of this qualitative research (Figure 2) was carefully done through different phases and, with constant attention to ethics, I kept awareness of strengths, limitations and trustworthiness during the study.

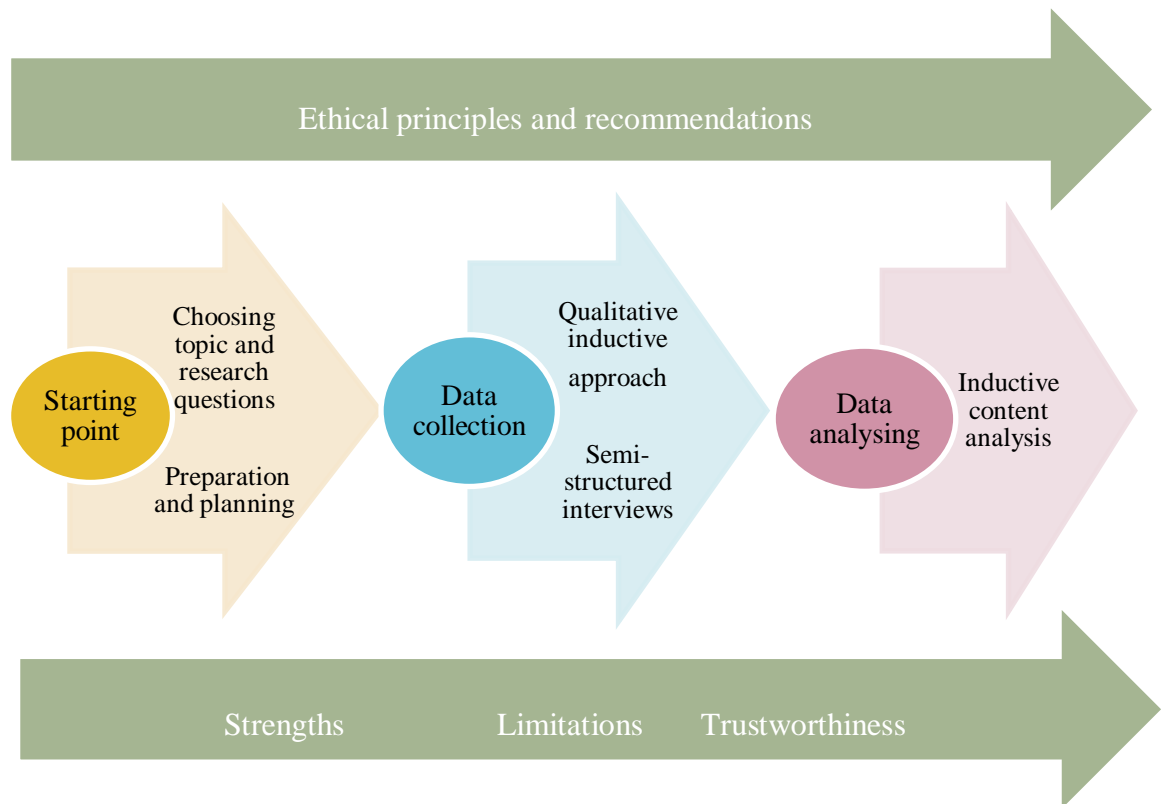


Figure 2: Qualitative research process

### 5.1 Defining topic and preparation phase

I searched for various topics concerning gender-based violence services in Finland, and soon realised that a serious lack of general knowledge about it directly affected asylum-seekers and services available to them. Previous thesis dealing with the point of view of professionals working in Finland mostly focus on domestic violence among multinational clients. There are thesis dealing with professionals working in women's shelter (Parviainen, 2018), care workers in a multicultural association (Lehtikangas 2013) and public health care nurses intervening and helping victims of domestic violence (Vierola 2010). Thesis focusing on the work with asylum seekers covered social work in the reception centres (Allén 2018) and a descriptive review of health care personnel (Touray 2016).

I accidentally came across CCM-GBV project. *Co-creating a Counselling Methods for refugee women Gender-Based Violence victims* (CCM-GBV) that took place in six European countries (2017-2019) situated on the main refugee route (Germany, Italy, Greece, Croatia, Cyprus and Finland). During the time of the project, thirty professionals were writing journals, reflecting on their guidance and counselling services provided to female asylum-seekers and refugees, combining them with the feedback from women too. After one year, The European Institute for Crime Prevention and Control affiliated with the United Nations (HEUNI), based in Helsinki, got over 600 journals to code and analyse. As a result of all this, a practical handbook was created, aiming to help and guide any professional dealing with asylum-seekers and refugee women in their work. (HEUNI 2018.) The more I read about it, the more my passion for the topic grew. I contacted HEUNI office in Helsinki and asked for an appointment. I met Inka Lilja, a contact person for the project in Finland. I had an idea of what I wanted to study, not much theoretical background, so there was enough prerequisite to start with the process of qualitative research (Kyngäs et al. 2019). Since the CCM-GBV project was taking part in six different countries, my first goal was to interview professionals from these countries involved in the project. If I succeeded in that, the aim and the perspective of the research would have been completely different from the ones I am presenting to you now. It was challenging to arrange practical matters in different countries, so after some time I decided to change direction. Unstructured nature of qualitative study luckily offers flexibility and the change of direction if needed (Bryman 2016).

I could not find qualitative studies dealing with professionals' viewpoints on guidance and counselling services in this area of work, so I wanted to contribute with my thesis and fill this gap. The study would be written in English and uploaded to the Theseus page, therefore it has a potential to make an effect on national and international level. I chose to stay with the qualitative research method, and chose inductive approach, since the previous knowledge on this complex topic was unstructured and there were no studies done in Finland (Erlingsson & Brysiewicz 2017; Kyngäs et al. 2019). Also, because I was interested in exploring human experiences and deepening the understanding through professionals' viewpoints (Kyngäs et al. 2019).

Getting oneself familiarised with the literature on this research topic is essential for deciding later on what part a researcher wants to cover in a new research (Bryman 2016).

Gender-based violence spectrum is much larger than of domestic violence, and understanding its connection to the asylum context was not an easy task. For the literature review, I searched many internet sites of international organisations dealing with topics of gender-based violence and female asylum-seekers and refugees. Some of the main ones were World Health organisation (WHO), UN Women, UNHCR, Council of Europe, United Nations, EASO, FRA. Beside Diak library, I used quite a lot of information from the articles found in various databases. For example, I accessed the information from the Cinahl, PubMed, Research Gate, Science direct and Google Scholar.

Clarifying for myself what I wanted to find out, from whom and how was very important for making the ground of my research (Bengtsson 2016). I wanted to reach out to professionals working in the social welfare and health care field in various municipalities of Finland, who have a chance to work with the target group in their working environment and hear more of their experiences on the services offered. I was ready to travel around for the interviews on my own expenses, so I had to carefully create the plan for the process, of the use of my time, and map resources available to me (Bengtsson 2016).

According to Krippendorff (2004) and Patton (2002), the sample size is defined according to its ability to answer the research questions with enough information and confidence to support it (Bengtsson 2016). My aim was to reach minimum 5 and maximum 10 professionals, working in different municipalities. Doing qualitative research in more than one setting can help the researcher to identify the importance of context and the means in which it affects behaviour or ways of thinking (Bryman 2016).

While still being in the process of gathering material for the literature review, I started to draft an interview guide. I thought of the main research questions I wanted to answer to with my work, and according to them, I created a list of possible questions I would like to ask the participants during the interviews.

## 5.2 Data Collection

With research questions in focus, I chose the most suitable data collection method for my interest. Since there was not much data available from before on my research topic, I chose inductive approach and semi-structured interviews as a way to collect the data (Elo & Kyngäs, 2007; Elo et al. 2014). Semi-structured questions for the interview (Appendix 3) left some room for more knowledge to come along the process. (Bryman 2016.)

Before conducting any of the interviews, I approached the professionals by phone call, mail or face-to-face, in order to explain the interest of my research and to ask for their interest and willingness to participate in the study. If interested in participating, I sent them *the information letter* (Appendix 1) by mail to get familiar with the study more before the actual interview. The information letter was presenting the study program that I am a part of, the inspiration and interest for the thesis topic and research questions. In the same letter, I underlined the importance of confidentiality, freedom of participating and withdrawing from the study at any point they would decide to do so (Bengtsson 2016). Before conducting any interview, I would go with the participants through the information letter once again and make sure we have mutual agreement on the process. I presented them with *Consent of participating in the research* (Appendix 2) and after going through the points of the consent, we would both sign it and start with the interview.

The process of the interviews was carried out during the autumn 2019. Interviews lasted 35 to 90 minutes and were recorded by the voice recorder application on the phone. I interviewed ten professionals working in five different municipalities. Nine of the interviews were conducted in Finnish, and one partly in Finnish and partly in English. Seven professionals worked for the reception centres and three professionals for the NGO organizations. Their professional background included two nurses, one instructor, one team manager, one social worker and five social counsellors. Educational backgrounds were a bachelor of social services, a bachelor and a master of health care, a social worker, an interpreter and a rehabilitation instructor. The choice of professionals turned out to be a very good one since they truly had the closest knowledge of the topics, that I was interested in studying (Elo et al. 2014).

In qualitative research, interview as a choice of collecting data gives a chance to bring out interviewee's perspective and the information they see as significant (Bryman 2016). The professionals found the topics of discussion and the matter I was researching important, and that emphasised their interest in bringing their own points of view. My own working experiences with asylum-seekers and gender-based violence topics was beneficial in understanding some matters professionals were speaking about, so I did not need to ask an extra question and demand explanations, for example: when they were speaking of basic services, the asylum process, Finnish Immigration service and basic legal acts that were guiding their work. Previous knowledge or familiarity can create expectations or prejudices, so being aware and reflecting on one's actions and ways of acting was very helpful. For this reason, also for the interviews, I chose first to contact places and people that I was not familiar with in any way.

Self-reflection is essential when doing any qualitative research (Bengtsson 2016), and I personally find it healthy and useful for any professional to reflect on one's own reactions and question one's conclusions. I am lucky I had the chance to do so with some of my fellow students and teachers who were guiding the process. I am thankful also to our information specialist who guided me towards the proper literature that helped me learn more about the world of research and process of it, and become aware of the challenges that might come along the way.

Changes with interview questions happened since the very first interview. In the beginning, I did not ask about educational background or how did the professionals attain knowledge of gender-based violence, but through discussion about gender-based violence forms, they turned out to be very important questions. Later I also added a question about a gender-based asylum and a legislation related to it. The semi-structure interviews and qualitative research allowed these changes, and I was thankful for that possibility.

Researcher's role is assuring that the recording equipment works well before the interviews (Bryman 2016). Although I checked the voice recorder application before and during the interviews, there was one interview that showed me that life can always surprise you. The interview went very well on the phone, and the answers I got were truly detailed and rich. When I checked the recording file afterwards, I could only hear my voice and the professional's part sounded like noise, no understanding words or sounds. I wrote to



the interviewee, explained the situation and apologised. She faced the situation with great kindness and understanding, and suggested to do it again face-to-face. In the end, seven interviews were done face-to-face, one by phone, one by Skype, and one by both phone and face-to-face.

Recorded material was a great help for natural limitation of human memory (Bryman 2016). I kept the files for some time on a memory card on the phone. Audio files in mp3 format allowed me to listen to them on the computer, but also to re-listen on the phone, when for example, taking a walk, still without transcribing them. I did this in the beginning, in order to get a better picture of what we talked about, without going straight into the details and data analysing. Listening to the interviews in this way made me realise, that data based on human experiences is complex and consists of many levels of meaning (Erlingsson and Brysiewicz, 2017).

### 5.3 Data Analysis

I chose qualitative content analysis as a method, because of its usefulness when evaluating audio and written communication messages (Kyngäs 2007). Content analysis is usually applied to the interview transcripts and creating concepts, categories and themes out of them. Inductive approach was already chosen, therefore the analysing of the data was due to be inductive too. Inductive content analysis consists of data reduction, data grouping and concept creating in order to answer the research questions. (Kyngäs et al. 2019.)

The starting point is transcribing the interviews into texts (Erlingsson and Brysiewicz, 2017). Transcribing the files required a lot of attention, it was a focus demanding and a very exhausting process. Not to get tired with all the information, I needed to make breaks between and after the transcriptions. I was aware that human mistake due to tiredness or misinterpretation may happen (Bengtsson 2016), so for this reason it was also important for me to take distance from the material, and do something completely different once in a while. The topic of gender-based violence and asylum-seeking process are not easy, so I deliberately took breaks to reflect my own reactions to the material. I wanted to make sure that I preserve my neutral and unbiased approach as much as possible.

According to Loftland and Loftland (1995), it is wise to go through qualitative data little by little while the process of the interviews is ongoing and not to leave the whole amount for the end phase to be listened to and transcribed (Bryman 2016). I created challenge for myself by leaving the transcribing of the interviews for the end. I was taking notes and reflecting while doing the interviews, but the transcription I left for the end. I needed frequent breaks from the data so I would not overflow myself with the information or skip important details. I cannot say that it was a wrong decision, but it certainly felt like a lot of work when doing it all at once in the end. Transcription of the data resulted in 136 pages of written text, Calibri font, size 12, and space between the lines 1. After the text was gathered, I destroyed the recordings so that nobody would have access to them.

Before breaking data into smaller units, the researcher should truly get to know the gathered material and understand it (Bengtsson 2016). Due to the big amount of data, I decided at one point to focus on research questions that I aimed to answer with my study (Elo & Kyngäs 2007). I would have otherwise felt very lost in dealing with this amount of data and this complex topic.

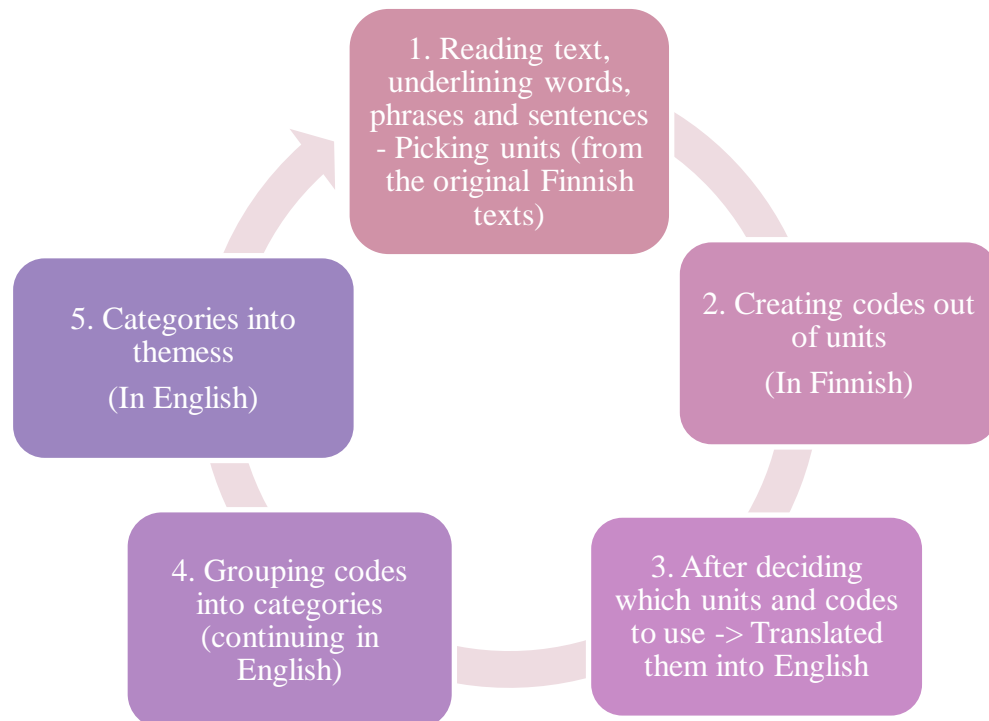


Figure 3: Data analysis

| Meaning unit  | Code                                 | Category                                   | THEME  |
|---|--------------------------------------|--|--|
| ...that is the subject I would hope my employer to pay more attention to  | Hoping for attention                 |  |  |
| ...we work with highly traumatised people<br>... especially the ones with gender-based violence experience or sexual minorities | Challenging work<br>Challenging work | Employer's support<br><br>Challenging work | Lack of adequate training on gender-based violence |
| ...I truly would hope from an employer more support on training when it comes to these  | Hoping for support                   |  |  |
| ..we can participate sometimes in one day long trainings,   | Access to trainings                  | Informative trainings                      |  |
| ... but they are kind of informative only<br>...of course you get some kind of info   | Receiving information                | One-way trainings (without dialogue)       |  |
| ...I personally would still miss professional trainings on more deeper level  | Missing depth (in training)          |  |  |
| ...the last one I was in, I am about to take part two of the training, was about honour violence                                | Receiving information                |  |  |
| ...different experts expressing their views<br>...they speak of general characteristics of honour violence                      | Receiving information                |  |  |
| ..about research and statistics   | Receiving information                |  |  |
| ... it is pretty much kind of, that there is no dialogue or any discussion involved   | Missing dialogue                     |  |  |
| ...we just sit and listen   | Receiving information                |  |  |

Table 2: An example of coding and categorising

Figure 3 shows the process of the data analysis in practice. If the paragraph consisted of lots of useful data that could be marked as codes and turned into categories, I would translate almost the whole paragraph and start dealing with it as such. An example of it can be seen in Table 1. This is one answer to the question “*Do you have a chance to participate in some trainings on gender-based violence?*”

The process of going through the data this way was making it possible for me to reduce the amount of text collected, group it into categories and make more understanding of it (Bengtsson 2016), which helped when dealing with the results part. After writing the results part in this study, I went back to the transcribed text and once again went through it thoroughly. I wanted to see if the results match the original text, if I marked all the relevant material and to double check if I have skipped something. I found this very important phase to do, since it gave me chance to reconsider some parts I wanted to add and take away in order to serve the purpose of this study the best way possible.

#### 5.4 Ethical awareness throughout the study

Ethics is an essential component of the whole research process and it starts from the beginning when a researcher is choosing the topic, going through data collection and analysing, then presenting the results in the end (Kyngäs et al. 2019). I made sure that I got familiarised with the materials from Finnish advisory board on research integrity (TENK) and The Rectors’ Conference of Finnish Universities of Applied Sciences (Arene). Doing research with humans always involves process of their personal data (TENK 2019), therefore, it is important to build trust and mutual understanding concerning the data collection, analysing and the usage afterwards.

Freedom, liberty and the right to privacy of the participants is to be highly respected and assured with the researcher’s choices of action, without any chance of causing risk or harm to them (TENK 2019). Before conducting any interview, I discussed with professors at the university the need to ask for a permission from the ethics committee, or a research permit in general. With my study, there was no need for any of the mentioned, since the participants were all adult professionals and I did not target one organisation in particular.

Participants were sent an information letter to get to know the subject in advance, had a chance for questions and discussion, and in the end to voluntarily decide on the participation. Interviews were about their own experiences and knowledge of available guidance and counselling services for gender-based violence survivors, who are waiting for the decision on an asylum application. Most of the participants also informed their supervisors about the research, asked for a permission to participate and for supervisor's opinion about the permits, before answering to me. None of the participants was a service user or belonging to a vulnerable group. None of the client's lives and such details was discussed in particular. Each participant was informed about the thesis being public and published eventually on the Theseus-page.

The information letter, the letter of consent, as well as a verbal discussion assured the participants that everything we discuss would be fully on a voluntary basis and that they had right to withdraw from the research in any part of the process. By offering a chance to go through the information letter and the consent of the participating in the research together, I left room for questions and discussions before moving to the interviews. The practical side showed it as a good decision, since some of the participants had questions or wanted to make sure that the results would not make them recognisable as individuals. For this reason, I also included a part in the information letter that says that I would send the summary of the results to the participants who wanted to check them. We agreed that the timing of this would be when I send the preliminary version of the study for the evaluation. I would then have the chance to correct the text, if there was something to correct, and finally inform the professors of the changes.

During and after the interviews, I did not use participants' personal names while marking or evaluating data. I thought for a long time of how to differ the answers from the interviewed professionals and make them more trustworthy for the reader in the results part, but I stayed with the decision to use mostly the term "professional". In some occasions, mentioning their working place or their professional or educational background could be too risky since some of the participants could be recognised. As explained already to the participants, recorded audio files would be deleted once transcribed, and so they were. After the results of the writing and the thesis were accepted by the professors, the transcribed texts would be deleted as well.

There were no conflicts of interest to interfere with my research process along the way, and I think I managed to familiarise myself with the topic in order to conduct the research (Arene 2020). I did not receive any financial assistance for conducting this research, nor did I offer any kind of compensation to the participants involved. Travelling to different municipalities was carried out on my own expenses.

## 5.5 Strengths and limitations

I found the qualitative research a great possibility to gather accurate data straight from the field of work, giving for researcher a possibility to explain unclear matters or participants to ask more questions - if there is something unclear during the process. While thinking of goals and objectives of my study, I decided that the sample for this study would be drawn from the service provider's point of view. Conducting it in different settings and municipalities (Bryman 2016) gave me better understanding of the variety of services available in different areas. We might have rules and regulations, but talking to participants also emphasised the fact that changes that were happening in the previous years in the asylum-seeking world could be heard and understood in the best way through experiences of people who were experiencing those changes (Kyngäs et al. 2019) in their working environment.

People I interviewed are not supposed to represent everyone working with female asylum-seekers (Bryman 2016). However, professionals working in different municipalities did give me a broader perspective on the discussed services, since the majority of legal and working regulations and the services for asylum-seekers should be the same, regardless of the municipality they work in. Qualitative research is sometimes criticised for being subjective (Graneheim & Lundman 2004; Bryman 2016). It is true that the data consists of thoughts, emotions, attitudes and understandings of the each individual taking part in it - both participants and the researcher (WHO 2005). However, reflecting on one's own feelings and reactions through keeping notes, discussions with fellow students and professors, helped me to bring the work back on the right track, if there was need. Hearing another point of view with an open mind does help in remaining neutral.

## 6 RESULTS

Each interview has brought ever so many valuable experiences and views on gender-based violence. I have tried my best to categorise the results and to narrow down the scope in order to fulfil the aim of my research questions. The results are divided into four following categories: Gender-based violence in the asylum context (6.1), Guidance and counselling services (6.2), Supporting factors successful service provision (6.3) and Hopes and visions for the future services (6.4). I have used the professional background of the participants in the quotations or presented the results with professional background, where it was possible. For the protection of the participants, I have used the term “professional” in cases where most of them were agreeing on the same matter or had similar views, but also when presenting some of the sensitive matters or an opinion, that could make them recognisable if presented it with their professional background.

### 6.1 Gender-based violence in the asylum context

It is important to understand the complexity of gender-based violence occurring in the asylum context and the forms of it, before offering any kind of services in Finland to female asylum-seekers. In this subchapter, I am presenting the forms of gender-based violence mentioned during the interviews, and possibilities of professionals and female asylum-seekers to approach and present the subject.

#### 6.1.1 Forms of gender-based violence

All professionals have met and worked with female asylum-seekers, single ones or with families, who have experienced gender-based violence. The most commonly mentioned forms of gender-based violence were domestic violence (9), sexual violence (8), rape (5), honour violence (7), physical violence (8) and human trafficking (6). Claimed by more than a half of interviewed professionals, these were listed in a majority of discussions. Other forms mentioned were female genital mutilation (3), forced prostitution (3), torture (3), child marriage (2), emotional (3), economic (2), slavery (2) and sexual harassment (1).

Many women have experienced violence multiple times, and sexual violence and honour violence were also mentioned as reasons that some women run away from their country in the first place to look for an asylum in Europe. In addition, many experienced several forms of gender-based violence, so speaking about only one form and dividing them according to that definition was not possible when working with asylum-seekers as clients. In many cases, violence experienced by female asylum-seekers has happened in one's own country of origin, on their way to Europe, in other European country and/or in Finland. This was stated by 5 professionals. Two professionals wanted to point out, that young men experience physical and sexual violence, also human trafficking, and that this should not be overlooked. One of them mentioned the violence that sexual minorities experience as well.

I find it significant to present the forms of gender based violence in the beginning, since it is very much connected with types of services needed in practice and important for the later discussion.

#### 6.1.2 Initiating the subject of gender-based violence

The basic info meetings in the reception centres were mentioned in the theoretical background. In order to understand the practical side of them, I will explain them shortly before presenting the further results. These explanations were gathered through discussions with the reception centre staff.

It is usually so that an instructor or a social counsellor keeps basic info meetings related to living in the reception centre. The nurse keeps basic health info and a social worker takes care of social info. Nowadays, the social worker also informs asylum-seekers on legal services. On some occasions, there is a police info meeting organised. In the majority of cases, info is kept for a larger group of people, divided into their language groups, and while a reception worker addresses them, there is an interpreter who speaks to them in their own language. If the interpreter is not available, they might go to the language group that they might understand or unfortunately stay without a chance to hear the provided information.



One of the nurses saw the basic check-ups and info meetings as the most pragmatic approach towards the clients. She mentioned the importance of speaking about gender-based violence in her info meeting. While explaining the health services, she also tries her best to explain the forms of violence. Furthermore, she also asks her clients to write on the form all possible types of violence that they might have experienced. If she notices that someone has written something in the form, she books an appointment and the work of supporting services begins.

Both nurses saw the basic check-up form as challenging, since it did not mention gender-based violence anywhere. At some point, they are supposed to evaluate the vulnerability of people they meet, but as one of them noticed, if she asks about height, weight, hearing and vision abilities, she cannot evaluate vulnerability only based on those. She saw it as a great lack, but also mentioned the new forms that might be coming in the future from the project called Terttu. They should, according to her, include the part that enquires about gender-based violence in more details in the future.

An instructor or a social counsellor usually welcomes and accommodates the new asylum-seekers. One social counsellor emphasised the importance of noticing things since the first arrivals of female asylum-seekers to the centre. She explained that many women who would arrive alone throughout the years, arrive scared, unable to produce much talk, or in shock. She emphasised the importance of the welcoming stage from the first moment when registering asylum-seeker as a client to the reception centre and showing them to their room. She pointed out that being aware of their behaviour is very important for further work with them. The social worker saw basic info meetings in the reception centre as a chance to meet with the clients, pick the names of all females from the group and arrange to meet with them later on, regardless of their marital status. Meetings are organized either with a social worker or a social counsellor, or in some cases, both.

Two reception centre professionals did not feel that it was their task to ask anything about the asylum-process or client's personal experiences. Both presented the possible scenario of an asylum-seeker being returned to another Dublin country or their own country of origin, and saw this as an obstacle for initiating the subject of gender-based violence.

They did not see it as a right of a worker in the reception centre to ask of gender-based violence, but preferred to stay as neutral as possible and to guide asylum-seekers to the NGOs known to them. NGO services were usually outside of the reception centre. One of them also pointed out the fear of an asylum-seeker opening up “their wounds”, and her as a professional not being able to help. The fear resulted from professional’s own feeling of incompetence to absorb, what might come out of the client. Another one also expressed her own and team’s suspicion of the truthfulness of asylum-seekers’ stories and wondered if asylum-seekers are maybe inventing or exaggerating stories of violence to the professionals in order to affect the results of their asylum-process.

One nurse and one social counsellor were hoping that professionals working in the reception centres would not approach the subject of gender-based violence just because of their own curiosity. They emphasised the importance of knowing your own limits as a professional, to be ok with not knowing all the answers or ways to approach, and rather seek for advice from your teammates or a supervisor. The nurse and the social worker also advised that, if the women do not open up, one should not be insistent or pushy, but let them be in peace and later approach the subject in another appointment, if possible. According to the nurse, experience, patience and presence can teach you many valuable lessons.

From the NGO's side there was more liberty to approach the gender-based violence matters. All three workers were determined to approach the subject and help clients in their vulnerability the best way they can. Even when they did not know what to do, all three were willing to look for advice or answers from somewhere else.

Two of them work for an NGO shelter-home, so approaching the subject of violence in the first meeting came naturally. Even though the shelter home is only for the victims of domestic violence, according to both professionals, in the discussion they always approach gender-based violence survivors by speaking of all forms of violence that one might have experienced. The NGO workers found it important to speak of fears, even the ones concerning the fear of a negative decision to the asylum application or Dublin returns. They did not see it as an obstacle to deal with gender-based violence, but rather an importance of speaking about emotions as means of empowering women.

### 6.1.3 Encouraging female asylum-seekers to speak up

In the reception centre where the nurse spoke of gender-based violence in the basic info, hearing about the subject encouraged the client to ask for an appointment, even if they did not mark anything to their info sheet. According to the nurse, some clients book appointments and do not necessarily say anything at first about gender-based violence, but there may be other accompanying symptoms that might indicate that violence has occurred. For example, insomnia, stress, some pain, anxiety. Workers should be aware of these and not neglect the symptoms. Both nurses emphasised the importance of their acute reception times, where in one place clients could come and take a waiting number, and in another they could book a meeting. These appointments were very short, but they would open possibilities toward booking a longer session for speaking of one's own matters.

Two reception centre professionals saw police info meetings as important in encouraging asylum-seekers to speak of gender-based violence. As an example, one of them mentioned an info meeting that she attended with the clients and how the police officer automatically opened up the subject of gender-based violence, while explaining the forms at the same time. The second one mentioned a police info meeting, organised due to the events in Oulu, when male asylum-seekers were accused of sexual violence. In this info meeting, the police officers opened up on the topic of gender-based violence and it resulted in a very good discussion and in raising awareness of what is considered gender-based violence.

The experience of the NGOs workers was usually such, that female asylum-seekers were guided to their services by other reception centre professionals, but they also had experience of asylum-seekers informing other acquaintances or friends about NGOs services, so in this manner other female asylum-seekers approached the NGOs with more comfort.

Four professionals stated that many female asylum-seekers are afraid to speak about the gender-based violence subject, because they fear that it might have a negative effect on their asylum procedure. Clients possibly arrive from environments where the authorities cannot always be trusted, so these four workers placed enormous importance on taking time to build trust towards them as authority representatives.

As one of them explained:

“Be aware that these women have other experiences too. Some of them might have the experience of losing their home, being forcibly displaced from their own country, running away from war, losing someone, or having other traumas. In worst cases - all of the above. On the top of everything, now they are asylum-seekers with limited rights to services. It is not only gender-based violence you are approaching.”

One of the professionals emphasised that the pressure of the asylum-seeking process and experiencing it alone is too intense on an individual. Understanding the meaning of gender-based violence, according to her, would need some more visible material, not just an occasional mention of it. Six professionals mentioned the importance of multilingual materials in the reception centres and the serious lack of them. There are no brochures or posters that could be put on the walls, in order to encourage asylum-seekers to approach the subject themselves, or to learn more about gender-based violence.

Three professionals found it important to give words to women's experiences, so they used various ways of approaching the subject and forms of gender-based violence in practice. They mentioned using images, explaining with their body language what forms of violence they speak about, taking time to go through these and naming them, so later the women are able to understand them better and possibly explain, when needed. The shelter home had available multilingual material explaining their services in several languages, and the third NGO worker used the flyer of her project that had images of forms of violence printed on it.

## 6.2 Guidance and counselling services

Once the subject of gender-based violence is approached, it is time for guidance and counselling services. This chapter presents service provision by the reception centres, the NGOs and other organisations. Since some women arrive with children or families, I will also present experiences of working with them.

### 6.2.1 Guidance and counselling in the reception centre

As much as some of the reception centre professionals would be willing to guide and counsel the clients on gender-based violence, work is so hectic that meetings may happen for a very short time period, or only during acute reception times. Both nurses emphasised the importance of social counsellors in the reception centres and the possibility to share the workload with them. In most of the cases, they try to cooperate with other NGO organisations in order to offer the women services they need.

All of them pointed out, that majority of regulations and instructions for their work come from the Finnish immigration service, and that one of the main regulations is that a social counsellor, a social worker and a nurse are responsible for 150-200 clients each. Three professionals used very often terms as “keeping them barely alive” or “putting out the fires”, implying on the lack of time and unstructured work, which affects the lack of quality services and guidance possibilities.

One of them said:

“No background education offers you knowledge of gender-based violence or how to work in the reception centre, and you overcome the challenges of this work by learning them by practice. No two days are the same, not even Mondays. It is challenging. Not enough professional knowledge to handle it, resources missing, so we take care of the most urgent cases only. For others - no time. In a place of 200 asylum-seekers, there is not enough working tools or time to deal with all this.”

One reception centre had a very effective working method for gender-based violence developed by the social counsellors years ago, that helped the everyday challenges.

It was solely meant for single females or single mothers, so whenever such client would arrive, they would automatically make an appointment for them. According to the professional, who explained the method, and still uses it herself, there is a clear need for a specific approach and a counselling method when working with female asylum-seekers who have experienced gender-based violence.

In addition, their method is nowadays used with male asylum-seekers under age of 25, since they are also recognised as a vulnerable group of clients.

According to her experience:

“Many female asylum-seekers come scared, distressed and unable to speak much, might be in shock and might not be able to understand many important details for a long time, especially the ones concerning the asylum-seeking process. Meetings are initially kept once a week, later on when the situation improves, less frequently.”

Three reception centre professionals mentioned cooperation with other reception centres as being very important, but also challenging. They might belong to different organisations and municipalities, and have completely different ways of working. Sometimes it might be very challenging to convince other centre to continue the same work that was done, but also hard to gather willingness to continue somebody else’s work, since it might require more time than they have in practice. Additionally, professionals find it challenging to adjust service needs to a small municipality, where many reception centres in Finland are located. Smaller municipalities often lack services that bigger cities provide.

Majority of reception centre workers wished they could do more cooperation with NGOs and attend, for example, meetings where they would discuss together on how to help client in their life, but once again, lack of time and inability to leave one’s own shift came as an obstacle. This included meetings for example, with shelter homes or with the Assistance system for victims of human trafficking.

### 6.2.2 Guidance and counselling in the NGOs

NGO workers had more time for individual counselling sessions due to the different working rhythm and environment. All three underlined the importance of the cooperation with the reception centre while offering services to female asylum-seekers and expressed, that there should be more of it in practice. Cooperation requires improvement when sharing information about clients or assuring that the care continues in another place. For

example, if an asylum-seeker has been in a shelter home for some time and then moved back to the reception centre, the shelter home workers are not allowed to check how the client is doing later on.

One professional emphasised the need to develop practical issues that affect straight the life of an asylum-seeker and services provided:

“If you send an asylum-seeker to a shelter home, all expenses of interpreters, transportation, and doctor’s appointments are the responsibilities of the reception centre. This does not seem to be obvious to all workers.

There is a great lack of understanding of what it means to come and live in a shelter home, what services we provide, and how we can together help someone with gender-based violence experience. The whole criminal process on the top of it all, the awareness of all these things, should be known to the workers in the reception centre.”

They had many good experiences with several social workers. One of them said that a good cooperation with the reception centre’s social worker might help some even get a residence permit on gender asylum grounds. They also underlined the importance for the reception centre workers to become familiar with gender-based violence and to learn to recognise it in practical working life, as well as to offer help, even by guiding them towards NGO if the service provision is not possible in the reception centre. Two of the professionals pointed out, that sometimes reception workers have an image of certain services being available only to people with a residence-permit, so they do not even try to guide asylum-seekers further.

### 6.2.3 Working with other service providers

When working with gender-based violence in particular, organisations that professionals mentioned in more than one interview were: The assistance system for victims of human trafficking (4), Seri Support centres for victims of sexual assault (3), Multicultural Women’s association Monika (4), Victim Support Finland (2), IOM (3), SOS Crisis Cen-

tre (4) and shelter homes (2). Other mentioned organisations were: police, child protection, National victim support centre, The Finnish Refugee advice centre, Women's Line, Association of Iraqi women, Sopus work (honour related conflicts and violence), Centre for Torture Survivors in Finland and Lyömätön Linja (Services for men who have been abusers). Possibilities to send clients to therapy because of gender-based violence experiences was mentioned by two professionals.

All reception workers were thankful for the cooperation with other organisations, but there were some challenges due to the lack of services or limitations to access. For example, SOS-crisis centre that offered short term crisis counselling has had long waiting lists with more than a month of waiting. Several reception workers mentioned that they stopped sending clients long time ago to the Centre for Torture Survivors in Finland, since they lost hope of getting any services from there.

Five reception centre professionals had a good experience with Seri support centres, although there were challenges in this cooperation too. They were aware of Seri services being for all citizens, but the precondition of Seri centre is to seek help from them latest within a month of violence occurring. It was challenging to guide female asylum-seekers to Seri support centres, since it took a long time for many to open up to the reception centre professionals, or their experiences of gender-based violence were older than one month. However, the nurse emphasised that Seri workers are always willing to give advice and guidance. The same nurse also pointed out that she is aware of a Seri centre in another municipality, which was taking only victims of sexual assault under 25 years of age, and this was challenging too. Quite often, the reception centre workers are left dealing with gender-based violence issues alone, with team-members or another NGO.

One of the professionals pointed out the importance of shelter homes in Finland to be more open towards immigrant clients in general, and asylum-seekers. She saw it challenging to guide clients further, since some of them saw their shelter home as having little in common with client's culture or not knowing the language they speak. In her opinion, their job as professionals is firstly to understand the phenomenon and complexity of gender-based violence, then to think of other issues such as cultures or language barriers.



#### 6.2.4 Working with children

I also asked about services for female asylum-seekers arriving with children and each worker said that many women have children, and that speaking with them might be challenging, since there is often few or no possibility for childcare. Workers in many cases try their best to help each other and keep the children in a separate room; some arrange activities for children in the same room, and some simply have to speak in front of children. In two reception centres childcare is organised regularly once or twice a week, so professionals choose to arrange their appointments with parents during this time.

Three workers underlined the importance of recognising children as clients too, since they might have witnessed or experienced violence themselves. This, however, did not happen in practice so often and they saw it as a place for improvement. In cases of domestic violence, only one place brought an example where a violent husband was offered services too, but that was possible only thanks to the child protection services and their demand for it. It has done a great deal to help the whole family.

#### 6.3 Supporting factors for successful service provision

Professionals mentioned several factors as essential for offering quality guidance and counselling services, supporting cooperation with other service providers, as well as their own wellbeing as professionals in this field. The factors are shown in the Figure 4.

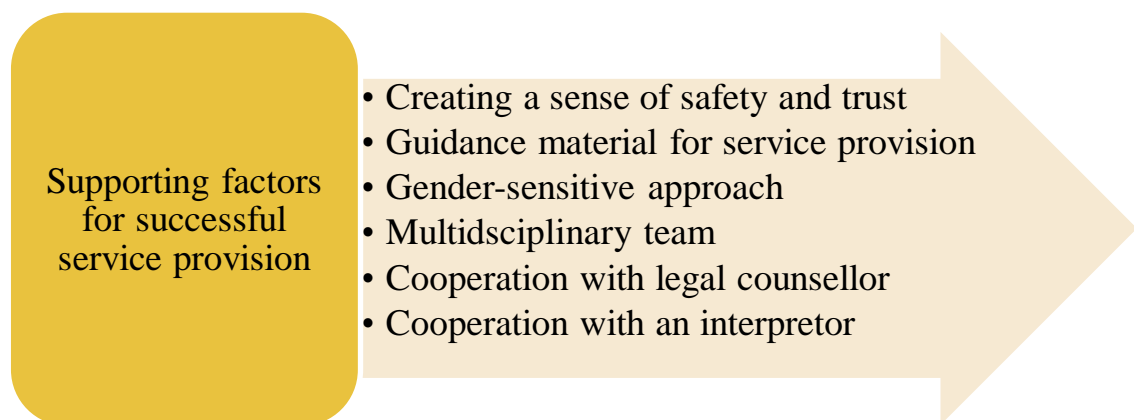


Figure 4: Supporting factors for successful service provision

### 6.3.1 Creating a sense of safety and trust

Four reception centre professionals emphasised the importance of remembering to approach asylum-seekers first with some everyday matters, or asking about their journey to Finland on a general level, and remembering to explain one's own role as a worker in the reception centre. All four also underlined the need to create the feeling of safety for women they speak with. Important things to take into consideration were: building trust from the first moment of meeting them (4), finding a safe and a quiet place where to speak (3), being fully present (3), not being in a hurry for other matters (2), being aware of their body language (2).

As one of the social counsellors explained it:

“Firstly, before even going into the topic, the best attitude to approach is to be fully present yourself. Somehow, it all starts with that first encounter and you cannot go to those meetings in a hurry. You cannot go so that the haste and the pressure of other things is visible on you. Make sure that the person is faced with full attention and genuine interest from your side. Because you need to create a feeling for them that they can speak to somebody, and that they can trust this situation.”

The social worker explained her first meetings with clients as following:

“When we meet, I usually ask how the life in the reception centre has started. I speak about my work and responsibilities, what are the services I offer. I ask about the trip to Finland, about their own country of origin. I mention that I am aware of what women might experience, and difficult situations they might have gone through. Identifying with others and recognising that someone else might have experienced gender-based violence too, makes them open up about their own experiences. Then, the speech flood starts... I find it important to reach a client like this, because it creates a feeling of security, and if there is no feeling of safety and connection, they cannot talk. They might be in a bad shape otherwise, so I usually make another appointment and try again. “

The social worker pointed out that in each appointment she likes to notice and discuss the personal resources of an asylum-seeker, and to emphasise them as important too. She wants to show the full respect for all the experiences they went through, and the fact that they still moved forward and reached Finland. She finds it important to help them build that side of the story too, so they recognize their strengths, not only their weaknesses and bad experiences.

Working for the NGOs allowed workers to create sense of trust and safety more freely by arranging meetings with female asylum-seekers and their families in a quieter environment, distant from the reception centres. The workers of shelter home, for example, also had a chance to let women in their own rooms to rest, fed them and gave them clothes if needed, before starting with any talk on gender-based violence.

### 6.3.2 Guidance material for service provision

Social worker used the guidebook of Monika Naiset, that was created some years ago and it spoke about facing clients in reception centres with experiences of gender-based violence. She also underlined the importance of the spoken word, taking into consideration that some clients are illiterate.

The social counsellors, who created the method in one of the reception centres, also left guidance material for others with matters to take into consideration when facing the clients. For example, they left advices on how to start speaking of confidentiality first, the role of a social instructor or a social worker, their working responsibilities, and then about the asylum-seeking process. They found it important to also inform asylum-seekers of their own rights and possibilities in the Finnish society. They introduced them to the laws concerning equality, protection from crime and gender-based violence.

NGO professionals used images to speak to the clients about sexual health and gender-based violence. Visual representations of these topics made it somehow acceptable to talk about them. They also brought out the importance of body language, non-judgemental approach to the subject, and time needed to create safe space to be accepted and heard.

One of them said:

“The photos I show at first get comments that these things happen in my country and then later on that they happened to me. It takes time and patience, but also courage for a professional to be open, speak, and dare to ask questions. “

Another NGO worker saw importance in presenting the circle of violence and opening more on the topic of culture, if a client would mention it:

“Once the client has said her side of the story in her own words, I start speaking more about gender-based violence and what kinds of forms exist. I show through images, or I show them a circle of violence and explain the process itself a bit more. If I get the feeling that the client does not know much about gender-based violence, or assumes that it is accepted in the culture, I like to remind that nobody likes to be abused.

Saying it out loud is a start of allowing oneself admitting that I was hurt. I see it as very important to go through this kind of discussion with a client, because it also helps them to define their own feelings and allows them not to be ok with what happened to them. They should know that they have a right to say no, that these kinds of behaviours are forbidden in the Finnish law and that there is help available.”

### 6.3.3 Gender-sensitive approach

Since all the professionals I interviewed were female, at some point it came naturally to me to ask how they see the importance of gender, when working with survivors of gender-based violence. All professionals recognised the need for gender-sensitive approach for several reasons. Most of the reasons were connected to the nature of gender-based violence that women have experienced. For example, in cases of sexual violence and rape, the perpetrator was usually a man or many men. Some women have never even had a chance to spend time with boys or men in their life before leaving their country, or experiencing violence.

If a perpetrator was a man, some of the professionals understood it as a natural human reaction not to feel comfortable to open up about such intimate and sensitive matters in front of a strange men - being it a doctor, an interpreter or another professional.

Other reasons mentioned were strong gender roles in the societies where some of the women came from, different culture or gender inequality that was a part of the same living environment. The social worker pointed out that she does not like to get stuck on the culture issue, but tries to understand more the level of vulnerability that it brings along. For example, in her work she witnessed that the same topics concerning the patriarchal society repeated themselves through the years. If someone lost a husband, a father, a big brother, some important male figure who could protect them in the living surroundings, if they don't have an educational background or their own incomes, she would hear that the result of that has led to human trafficking or forced marriage. Understanding the vulnerability and reasons behind the experiences is very important. Both for the client and the worker.

One of the NGO professionals also hoped that the theme of gender would be discussed more among professionals, but also between professionals and asylum-seekers. According to her, it is not only about division between female or male. She continued that, we should be able to accept the fact that there are male professionals and there are female professionals, and continue further discussion about differences of patriarchal and non-patriarchal societies. She saw great importance on explaining the consequences that patriarchal society might bring on expectations of people, images of male and female, their capabilities. Through this kind of discussion in her own experiences, she felt that she was able to move in several instances onto speaking with women about human rights, freedom and in the end about their experiences of gender-based violence.

Two professionals understood the need for a gender-sensitive approach in some situations, but also underlined the meaning of a connection that a professional can make with the asylum-seeker and how one takes time to build trust. One of them pointed out that, in many cases, if a man has experienced sexual violence, he might not want to speak to another man about it.

#### 6.3.4 Multidisciplinary team

The multidisciplinary team in the reception centre usually consists of a social worker, a nurse, a social counsellor, an instructor and possibly a supervisor.

All of the professionals working for the reception centres found it important to discuss gender-based violence and other asylum-seekers' matters in a multidisciplinary team, because stories and cases might be too challenging to understand and take on their own. Teamwork in general helped them with reflecting one's own experiences, insecurities and fears, offered a chance to exchange different points of view, and gave many of them a chance to learn more about the work itself. The NGO workers had their own networks of professionals who were either belonging to the same organisation or coming from the outside, with whom they were doing regular cooperation.

There were some challenges that came up with teamwork in the reception centres. Social counsellors and instructors work in shifts, so a major challenge for them is to participate in the multidisciplinary team meetings, that usually happen during morning shifts and occur once in several weeks. There was also a lack of possibility to share the information on the client's health in the multidisciplinary team. Three professionals mentioned that in their working environment, instructors and social counsellors were allowed to guide clients to the nurse, but were not allowed to deal with the case further. They found it challenging for further cooperation, since the clients anyways choose to speak about their matters to whomever they want and if an adult client has given a permission, they did not understand the point of the restrictions. All three pointed that with having so many clients each on their responsibility; combining their strength and knowledge would help with the workload, as well as the possibility to offer quality services.

#### 6.3.5 Cooperation with a legal counsellor

Majority of the interviewed professionals saw the cooperation with a legal counsellor as essential – both for advising asylum-seekers and for giving advices to professionals.

According to their experience, due to the law changes in the past years, even the most vulnerable asylum-seekers do not have time to get a legal counsellor in time. Calls for asylum interviews come so fast nowadays, less than two weeks after their arrival.

Professionals working in the reception centres try their best in this case to send notice to the Finnish Immigration service, and ask for a possible moving of the appointment date, but in most of the cases it is not possible. It would be essential to have a legal counsellor as a support in an interview, especially with someone belonging to a vulnerable group.

One professional mentioned the current difficulties with the legal support:

“I remember that before clients would get a chance to get a permit for humanitarian reasons, but nowadays it is not so easy anymore. You need to have a good legal advisor and to provide more evidence of violence, which makes the process harder.”

Reception centre professionals explained that the Finnish Immigrations Service sometimes might ask for a statement from a social worker or a nurse concerning the life situation of some of the asylum-seekers. In case of writing statements, the importance of cooperation with the legal counsellor was emphasised, since legal counsellors are the ones who know what is good to take into consideration when writing one. Majority of the professionals wrote the statements if asked by the Finnish Immigration Service or a legal counsellor. Some expressed their insecurities, since the Finnish immigration Service might demand the statement from “an expert”. They did not always know if they can write the statement or not, so in cases where legal counsellor was not available, professionals asked for the statements from Riku (Victim Support Finland).

In one reception centre, it was underlined that, as workers, they cannot affect in any way the process of someone’s asylum application, so they did not write any statements.

One professional mentioned the benefit of the cooperation for statement writing:

“I have witnessed that with correct counselling services from here (the reception centre) and a good cooperation with the experts and professionals outside of the centre, we can offer the client the help they need, offer them the legal support they need and yes, statement has helped some get positive decisions. Especially in case of human trafficking.”

One NGO worker pointed out, that she would need advice on asylum procedures in order to help female asylum-seekers when they come and speak to her about gender-based violence experiences.

### 6.3.6 Cooperation with an interpreter

Professionals saw the interpreter as a very important part of the process with asylum-seekers. The good ones they defined as empathetic, non-judgemental, understanding, present for the client and their story, not carried away with feelings over what the client has to say. However, all professionals brought up the subject of quality of services provided from interpreters during the past years. Many had a list of trustworthy interpreters that they were contacting whenever possible.

As one of them explained her own experience:

“Now situation is better compared to some years ago when it seemed that anyone was interpreter, and the interpreting was so unreliable. There are more educated interpreters nowadays.”

Majority of professionals used face-to-face interpreting, while three professionals emphasised the importance of the phone interpretation. They see it as useful because it protects the client and their anonymity. It also gives a chance to speak in a more relaxed way about gender-based violence experience without fear of being recognised. One used phone interpreting due to the distance between her working place and other interpreting companies.

Two professionals that used only phone interpreting saw it as a great advantage that they could order an interpreter just by saying the needed language and the name of the country, so that they would get the interpreter with a correct accent. In order to protect the women, they would not use their names in the discussion either. As one of them said that, in small communities, people might know each other personally. In the beginning of the discussion, they would agree with women to raise a hand if something was not right. If a hand was raised, the worker would not ask more questions about the situation, but just stop the



discussion and finish with the interpreter. Later on, they would check the issue through another interpreter. One of the given examples was a case when a woman raised her hand and later, when speaking to her through another interpreter, they found out that the first interpreter was asking extra questions, and went as far as to asking where she was physically residing at the moment. For this reason, the advice for professional ordering interpreting services was to be present and aware of client's reactions during conversations, or agree in advance on some common rules.

Eight professionals raised the importance of an interpreter being female. According to one of the nurses, the subject itself sometimes requires dealing with females:

“Speaking to the nurse, social instructor or doctors about experiences of gender-based violence, having gynaecological check-up is much easier for many women if there are all women involved in the conversation. There are male interpreters that have lived here long and they know the Finnish society how it works, and yet, it is not always easy to speak openly of the topics such as sexuality, gender-based violence, and sexual minorities. We should be aware of these challenges and understand them. “

Three professionals mentioned the importance of choosing the right interpreter when meeting women for the first time. As one of the social counsellors explained:

“The first encountering between you and a woman, the place you choose and the interpreter that is with you present – if these three work together, you have about 90% chance to progress with a client when approaching the topic of violence. “

#### 6.4 Hopes and visions for the future services

During the interviews, I also asked the professionals about hopes and ideas on how to improve service provision in the future, if there was need for it. The suggestions for im-

provement emphasised the importance of developing the basic curriculums for social welfare and health care professionals, changing some of the factors that affect working life and service provision, and improving international cooperation.

#### 6.4.1 Qualified professionals working with gender-based violence survivors

Each professional with social welfare and health care background, including the social worker and the rehabilitation instructor, emphasised the lack of knowledge on gender-based violence. Several underlined that, when looking back at their curriculum, there was not a single course covering gender-based violence. One of them remembered the course about child protection, where domestic violence was mentioned.

One of the nurses expressed her view by saying:

“I have been working for more than two decades in the nursing field, but this is the first place where I came across human trafficking, which often implies to sexual violence or slavery. Experience in nursing alone is not enough, but experience in these subjects is the one that matters. In order to support the client to be able to speak up, we need to be aware of them and know what to do in practice. “

One of the shelter home professionals said that she has been working for more than 10 years with gender-based violence and has graduated a long time ago. She likes to ask future bachelors of social services who come for practical trainings to their working place about the current curriculum. It turns out that there is still not a single course properly covering gender-based violence, so a freshly graduated person is truly unfamiliar with the topic, unless they start out of one's own interest to investigate the subject.

Reception centre professionals also expressed the need for qualified social welfare professionals working in the reception centres. Five reception centre professionals mentioned that in their working places instructors do not have bachelor degrees in social services or health care, but completely different educational background.

In addition, the number of instructors was usually much bigger than, for example, the number of social counsellors. Educational background of the instructors was, among others, hairdresser, practical nurse, interpreter, engineer student and a conscientious objector. A conscientious objector is a male, who refused to go to the Finnish military services and is performing his civilian service somewhere else. In other words, they can be of any educational background or none at all.

One social counsellor explained the difficulty in practice, by saying that in a place with so little resources in general, it is hard when not everyone is allowed to guide and counsel, due to their educational background. This significantly raises workload for her as a social counsellor, since the division of tasks is uneven and she might be the only one in the shift allowed to work with vulnerable asylum-seekers.

She explained the reality she faces in the reception centre:

“We are working with a challenging group of people. We are literally those who accept them to the reception centre and we should have awareness and professional skills to do so. I would suggest taking care that everyone has at least social welfare or health care background. Everyone has their own personal potential, but in this area of work, you need the awareness and knowledge. Not from some of the workers, but from all of them.”

She underlined, that the social counsellor is usually responsible for many other reception centre’s practical tasks and services, so their working hours are not only for offering support to the asylum-seekers through individual appointments. Since all instructions for work come from the Finnish Immigration Service, she feels that there is not much that can be done to change the working procedures.

#### 6.4.2 Quality trainings on gender-based violence

Six reception centre professionals mentioned trainings organised by the Finnish Immigration Services, usually lasting for half a day or one full day. They were defined as very basic, without a chance to deepen one’s own professional knowledge, and not offering

tools for practical life or a chance for a dialogue. Participation in the trainings is not obligatory. Social counsellor mentioned that trainings happen during a daytime, and pointed out that instructors and social counsellors work in shifts, so that makes it hard to participate in some of the trainings, regardless of the interest. The nurse mentioned that they were allowed to participate only in certain numbers of trainings during the year. Sometimes she could not attend them due to prioritising other urgent matters at work, and sometimes because she has already used all of her assigned quota for the training days.

NGO workers mentioned the same challenges with one-day trainings offered by THL or another NGO. The professional who did this work for more than ten years, missed more learning of the good practices from somewhere else on, for example, honour-based violence. The trainings offered at the moment are, in her opinion, for someone who knows nothing of gender-based violence. All three NGO professionals supported the importance of reception centre workers receiving trainings on recognising gender-based violence and approaching the subject, since they are the ones guiding the clients to them.

Majority of professionals were very interested in the topic of gender-based violence, and for that reason were eager to study more, even if it meant by themselves. However, when speaking of working life and services needed for the clients, hopes for training topics were following:

- a) Going through forms of gender-based violence properly and with dialogue
- b) Understanding signs of trauma
- c) Approaching the subject of gender-based violence
- d) Understanding and approaching FGM
- e) Recognising sexual violence happening in the family
- f) Sexual violence as a way of torturing
- g) Slavery and human trafficking
- h) Understanding the network needed when working with honour-based violence
- i) Skills for guidance and counselling
- j) Knowledge of services that are available to asylum-seekers
- k) Knowledge of organisations one can work with
- l) Knowledge on legislation concerning gender-based violence, but also the asylum processes and regulations
- m) Chance to exchange good practices with others

Professionals speaking about trainings also recognised the need to train municipality workers, who should offer various social welfare, health-care and education services and cooperate more with them. One of them listed following places, where it would be good to raise awareness of what an asylum-seeker is and what services they are entitled to, according to the law, so that the future cooperation would be easier: hospitals, health care centres, school, social workers (child protection).

#### 6.4.3 Multilingual materials about gender-based violence

All interviewed professionals recognised the importance of multilingual materials about gender-based violence and services available for their work. One of the professionals implied that, if someone cannot speak at first or process all the information given orally, information about gender-based violence in their own language gives a chance to go through the topic in their own time and come back later to speak about it. She explained the use of her own multilingual materials:

"Many women laugh it off, saying that they are used to violence so much, but once they go to their rooms and get to read material in peace, the attitude changes. They might come back and say "I remember when we spoke about this" and then the conversation starts. What is good, they take also this information into their community and I have seen it in practice, how many clients have approached us just because they found out there is help available."

Two reception centre professionals hoped for improvement of the basic info courses that the Finnish Immigration Service demanded from asylum-seekers to attend, as a way to learn about life in Finland and Finnish society with them. The four topics at the moment are covering the Finnish society, legislation, working life, gender equality and sexuality. Each session is based on ready-made materials from the Finnish Immigration Service and usually the instructors keep them. The experience of working with Finnish Immigration Service materials was seen as limiting, since there might be only one-hour time to present one of the topics to asylum-seekers.

One professional also mentioned the use of multilingual videos made by the Finnish Immigration Service, that asylum-seekers were also required to watch, and how some of the asylum-seekers thought of the video material to be more offensive than helping.

One professional gave her opinion on the info course about Finnish society, as a side comment, while speaking of client's traumatic experiences:

“I feel that we do things backwards here. You just went that entire trip through many countries and possible violence. You arrive to a reception centre and they offer you immediately basic info on Finland and Finnish society, and you might be experiencing a huge trauma, not being able to comprehend a word they say. “

#### 6.4.4 Joint activities for creating dialogue and raising awareness

One of the nurses pointed out the importance to offer clients workshops on coping with stress and anxiety, on human rights and their rights in Finland, working life regulations, gender-based violence, and some other topics that would support their well-being. The nurse and one of the social counsellors hoped that workshops would encourage dialogue between the reception centre staff and the clients, and in that way allow exchanging of information on various topics including gender-based violence.

Also one NGO professional saw the reception centre as a great potential for raising awareness on some of the issues that are important to know and are not known to female asylum-seekers. These issues included their rights in Finland, learning that physical violence and rape are not a normal part of the marriage, that divorce is possible and that it will not automatically mean losing a chance for an asylum, that you can report your own husband. She also saw the reception centre as a great ground to develop the first basic services for well-being and feeling of safety. She pointed the vulnerability of female asylum-seekers when they arrive to the reception centre, and the importance to let them settle down in peace and then offer official information.

As she said:

“...so they have time to realise where they are, what asylum process is all about, what the new country is all about, and what their experience of violence is all about”

In one place, the cooperation between asylum-seekers and reception workers was developed in order to support clients' daily life, well-being and to ease clients' mind from waiting for the decision. They were painting the walls of the reception centre together, fixing beds and repairing things, cleaning, taking care of plants. They also had Finnish lessons, handcrafts club, reading the news from Finland together, including the homework club for children where their parents were also welcome. The professional who brought the example of cooperation underlined the importance to see these people as talented, former professionals with useful skills in various trades, and the need to keep them engaged, rather than just waiting and going around the empty halls of the reception centre. She also noticed that, while some of these people have been waiting for the decision since 2015, their children have already been born here. The conditions they live in are also challenging for everyday life, since they are sharing the kitchen or toilet facilities with strangers that keep coming and going. The stress of this alone is understandable, not to mention the pressure of waiting for the unknown decision on their future.

#### 6.4.5 Coordination and monitoring the quality of services

Two professionals stated clearly that they would appreciate the existence of one place that could offer advices to all professionals working with female asylum-seekers who have experienced gender-based violence. It would give a chance for those who are also living in smaller municipalities or faraway places to call and ask what to do in certain situations, where to guide the clients. One saw this important, due to the long waiting lists in various places she tried to guide clients to, and another one due to working in the place where not all the services are close by and available to her.

Third professional strongly expressed the need for an official place known to all professionals that would coordinate and monitor quality of services offered to female asylum-

seekers victims of gender-based violence. This place would also be accessible to professionals to call and ask for advice if needed. The need for coordination and defining the responsibilities of professionals working in the reception centres came in several discussions.

According to one professional:

“Laws and regulations exist, but nobody is monitoring the practical implementation of them. Many things that happen in practice do not go according to the Finnish acts or EU agreements.”

Both NGO and the reception centre professionals hoped that there would be a monitoring and coordinating authority, who would ensure that the cooperation between the reception centre and NGOs would improve in the future.

#### 6.4.6 International cooperation

Majority of professionals hoped they could do cooperation with other NGOs or reception centres at least in the European Union. One of the reasons were the Dublin returns. The professionals expressed the challenges and frustration when an asylum-seeker gets a decision to be returned to another Dublin regulation country, or one's own country of origin. They might have arranged the services in Finland, created good cooperation with others and then the decision comes. As one of them said:

“All the work that was done goes to waste in a way, and even if they are returned to other EU country, we cannot be sure of the help and support they might get. Especially if I think of returning to Greece or Italy. If you were in forced prostitution in Italy and then here you got help, then you are again returned to that environment because of Dublin agreement... It is so obvious that you will be in danger there, you have escaped the danger of your own country and now you are forced to leave the safe European country you found and got support in... It is unbelievable that we even consider returning that person back to those conditions.”



Some of the workers used internet to find services in other EU countries, contacting foreign NGOs and service providers, since they did not want to leave clients without any support system after all the intensive work with them. This is especially needed if the client is going to be returned to Italy or Greece, where reception services are on a much different level than in Finland, or to say non-existing. One of the NGO professionals had a very good experience of a professional from another country reaching out to her and asking for help. She got the basic information about the woman and her contact information. They were able to find her and continue offering support services that were started in another country.

Several professionals suggested common information exchange system, or common asylum system, where at least the vulnerable ones could be marked and in that way information would be transferred to another EU country more safely. The system, according to one of them, could also have the official list of NGOs or some other organisations working with asylum-seekers in other EU countries. The current system leaves them on their own, usually coming down to checking internet information that they are not even sure if it is the right one.

## 7 DISCUSSION

The literature part of this work covered the phenomenon of gender-based violence, human rights and legislation, gender-based violence occurrence in Finland and accessible services. The second part of the literature covered the asylum-seekers' situation in Europe and Finland, gender-based violence faced by female asylum-seekers, legislation guiding services and work of the professionals, asylum process and reception services in Finland.

Throughout the inductive qualitative research and semi-structured interviews, I aimed to find out about guidance and counselling services in Finland offered to female asylum-seekers that are survivors of gender-based violence. I was also interested in hearing practical experiences of professionals working with them, and their suggestions for possible improvements needed in the future. In the previous chapter I presented the main findings from these interviews outlining challenges as well as proposal for improvement by the professionals. In this chapter, I am evaluating the importance of the results from the interviews and comparing them with the theoretical background presented in the beginning of this master's thesis.

### 7.1 Gender-based violence in the asylum context

Forms of gender-based violence presented in the first chapter of the literature background (11/05/2011; WHO 2012) were almost all recognised when the interviewed professionals spoke of their experiences with female asylum-seekers. All ten of them have met and worked with female asylum-seekers who have experienced gender-based violence, and some of the most common forms of violence were domestic violence, sexual violence, rape, honour violence, physical violence and human trafficking. Other forms of violence mentioned by them were FGM, forced prostitution, torture, child marriage, emotional and economic violence, slavery and sexual harassment.

Several reports emphasized that gender-based violence experienced by female asylum-seekers is interrelated, often repeated and occurring in more than one form (UN 2006; Refugee Council 2009; WHO 2012, 2014a). Professionals strengthened this statement by saying that violence experienced by women were explained by being repetitive and

consisting of many forms. They also mentioned that sexual violence and honour violence were reasons that many women flee their country to look for an asylum in Europe.

Five of them stated that, very often, women were experiencing violence in one's own country of origin, on their way to Europe, in other European country and/or in Finland. This also supports the various research articles that tried to emphasise the importance of understanding that the violence does not stop once the women leave their country. In most of the cases, it continues or gets even worse, once they reach Europe. (Hynes et al. 2000; Refugee Council 2009, Miller 2012; Keygnaert et al. 2012.) I find this very important for the professionals to understand since, often when we speak of female asylum-seekers and immigrants, we tend to turn and speak to the setting of their country of origin or a culture, forgetting that the violence might have happened to them in Europe and Finland too. For example, in the year 2019, 74% of all new clients of the National Assistance System for victims of Human Trafficking were asylum-seekers and 27% of them have become victims of human trafficking in Finland (National Assistance System for victims of Human Trafficking 2020a).

## 7.2 Ensuring the discussion on gender-based violence

After leaving an application for international protection and the registration, an asylum-seeker is transferred to the reception centre where s/he is informed of the rules and regulations of the reception centre, social, health care and legal services, as well as reception allowance (2013/33/EU; 493/1999; Finnish Immigration Service. Daily life in a reception centre). In order to start any kind of guidance or counselling, the subject of gender-based violence needs to be approached first by the professional working with asylum-seekers or an asylum-seeker oneself.

There were clear differences in the method that professionals working in the reception centres used to approach the subject. In some reception centres, gender-based violence and its forms were explained in various info or individual meetings. However, in two reception centres workers did not see it as their task to ask about client's personal experiences or the asylum process.

The Reception Conditions Directive (2013/33/EU) obliges professionals to recognise vulnerable condition of people who have experienced gender-based violence (Article 21), to assess their special reception needs, and to address these needs in connection to the asylum procedure (Article 22). Rules and regulations should be known and common from the start for all professionals offering reception services. This would make every-day work easier and it would also make cooperation between centres smoother when guiding clients from one place to another.

Professionals working with asylum-seekers should take into consideration that a high number of female asylum-seekers has most likely experienced violence on their journey, before reaching Europe or Finland. It could have been inflicted upon them by the military and border employees, male refugees, reception centre staff, family members, social and welfare services providers and other EU citizens (UN 2006; Keygnaert et al. 2014; Keygnaert & Guieu 2015 WHO 2016, 2017a, 2017c; Oliviera et al. 2018). Several interviewed professionals understood that female asylum-seekers were often afraid to speak about violence experiences, due to the inherent lack of trust in the authorities and due to a belief that speaking up might result in a negative asylum decision.

The social stigma and previous experiences of discrimination might affect the way women reveal the violent experience to the worker (Oliveira et al. 2018). An asylum-seeker might not know the laws and regulations of the EU country they arrived to, nor understand the violation of law, when it came to their experiences (Allinen-Calderon 2011). In the reception centre, where the nurse spoke of the violence in the basic health care info, or where the workers had a working model, asylum-seekers spoke of their experiences, since they were in practice given permission for that.

The Istanbul Agreement obliges the EU Member States to offer information to women and girls, regarding their rights, understanding the asylum process and available services in the language they can understand (11/05/2011). The majority of reception centre workers spoke of the necessity of multilingual materials at their workplace, also about the severe lack of them. There were no flyers or posters available on the subject of rights or gender-based violence in any of the languages.

On the other side, NGO workers found proper usage of multilingual materials and images. Informing the asylum-seekers of the violation of their rights was important, and as one NGO worker pointed out, the message went through their clients to the rest of the community. Considering all this, I see it as very important to offer information in the beginning about the meaning of freedom, human rights and legislation accessible to the asylum-seekers in Finland, whether through group info meetings or in individual meetings. Availability of multilingual information in the reception centres would give the female asylum-seekers more knowledge of their rights, gender-based violence or other challenges they might face, and services that they are entitled to. It could significantly ease the path to approaching the subject from the client's side.

### 7.3 Guidance and counselling services available

The most important European treaty for protecting women from gender-based violence is the Istanbul Convention (11/05/2011), which obliges states to prevent and eliminate all forms of gender-based violence, create services for the survivors of violence, and punish perpetrators. Special needs of the vulnerable asylum-seekers should be recognised and assisted, services should include guidance and counselling, and other support measures (746/2011; 2013/33/EU; 1301/2014). The hectic environment of the reception centres does not usually allow social counsellors and nurses to deal with female asylum-seekers the way they would want to or the way that the client's life situation would demand. Besides other practical matters and meetings, social counsellor, social worker and a nurse are responsible for 150-200 clients each. Because of this, some professionals felt that working with clients meant replying to emergency matters only. The nature of work also affected on the ability to meet the client in peace, get to know them and recognise the vulnerability, so that they could guide them further or create cooperation with others in more qualitative way.

The accelerated asylum procedures make it difficult for female asylum-seekers who have experienced gender-based violence to get support and counselling services in time (Council of Europe 2020). Some of the professionals expressed their concern that, because of the law changes from some years ago, it was more difficult to get a legal counsellor in time for the asylum-seekers, since the invitation for the interviews usually came in less

than two weeks after the asylum-seeker's arrival to the reception centre. This did not give them enough time to arrange even the basic group info meetings in time, not to mention the possibility of a one-on-one session with a client in order to assess their needs for her guidance and counselling, or legal help.

According to the Istanbul Convention (11/05/2011), The reception Conditions directive (2013/33/EU) and The Victim's rights directive (2012/29/EU), professionals working with female asylum-seekers should ensure provision of psychosocial and crisis counselling, medical care for survivors of trauma, sexual and other forms of violence (11/05/2011; 2012/29/EU; 2013/33/EU). The reception centre professionals often guided female asylum-seekers to the Assistance system for victims of human trafficking, Seri Support centres for victims of sexual assault, Multicultural Women's association Monika, Victim Support Finland, SOS Crisis Centre and shelter homes. All professionals were thankful for the cooperation, but there were challenges due to the lack of services or limitations to access. For example, SOS-crisis centre that offered short term crisis counselling has had long waiting lists with more than a month of waiting. Several reception workers mentioned that they stopped sending clients long time ago to the Centre for Torture Survivors in Finland, since they lost hope of getting any services from there.

Sexual violence referral centres (SERI) have been set up around the country to provide services for female victims of sexual violence (THL 2020c). Seri support centres were seen as extremely important by the workers, but it was also challenging to guide female asylum-seekers to them, since the precondition for the Seri centre is to seek help latest within a month of the violent act taking place. This made many reception workers turn to the NGOs.

Finnish domestic violence shelters should allow access to their services to all women, regardless of their nationality, residence or other status (THL. Turvakotipalvelut; THL. Turvakotipalveluiden uusin tilasto). According to the workers, asylum-seeking women were usually sent only to one particular Helsinki-situated shelter, which is specialised to work with immigrant women. They saw this as a great challenge and hoped that other shelters in Finland would be more open towards immigrant and asylum-seeking women, without paying attention to cultural and lingual gaps, but rather focusing on the services they are anyways providing when helping survivors of gender-based violence.

When looking at the statistics from Europe and Finland for gender-based violence experiences of women and girls, violence is not something new that came with the asylum-seekers (Fra 2016; EIGE 2016). Prevention and response measures for gender-based violence should be rooted for this reason already in a public health approach. (Oliveira et al. 2018). While I am typing the discussion part, the latest article that came about Seri Support centres expressed the great concern that, in 2020 Seri Support centres are overcrowded and their only support for gender-based violence survivors comes from the NGOs such as Girls Houses and Tukinainen. The opinion of the psychologist and a therapist in the article is that, with some extra training for public health care professionals on sexual health and gender-based violence, public health care professionals should be able to take in survivors of gender-based violence and not just guide them forward to NGOs. (Yle 2020)

Something that surprised me was that, when speaking of female asylum-seekers experiencing violence, children were usually seen as someone who is in need of care and attention, while the professionals only spoke to mothers. Girls and children in general are mentioned in many reports and journal articles as someone who also might experience various forms of violence in many different settings. For example, journeys through Turkey or Libya resulted in girls and women being at high risk of sexual violence (FRA 2016; UNHCR 2016; UNICEF 2017). Overcrowded and inadequate reception centres lacking gender sensitive approach increased the risk of sexual violence for both women and girls (FRA 2016; UNHCR 2016; Oliveira et al. 2018; UNHCR 2019b). Around 200 million women and girls around the world have undergone female genital mutilation (FGM) and more than 700 million were married before the age of 18. One third of the forcibly married ones were under 15 years of age at the time of marriage. (UN 2017.) If we stop and think of the numbers, there is a high probability that some of these girls ended up in a Finnish reception centre too.

Even without experiencing the violence, children growing up in an unstable environment or witnessing violence have more health problems and behavioural instabilities (UN 2006; WHO 2012, 2014a). Taking these facts into consideration, professionals should consider speaking with children and other underage asylum-seekers, due to a high probability that they have experienced or witnessed the violence, and if needed, organise support services as well.

Three professionals recognised this and had children as their clients too. Supporting and counselling children did not happen in practice so often, and all three recognised it as particular place in need for improvement. One of the obstacles that the NGO worker pointed out was that the reception centre is paying for the services, and if the centre does not consider a child as a client in need, it was hard for them as NGO workers to order the interpreter and speak to the child.

#### 7.4 Factors supporting successful service provision

The Istanbul convention (11/05/2011) underlines the need for a gender-sensitive approach during the asylum procedures, while offering the female asylum-seekers services related to gender-based violence. Majority of the professionals saw the importance of a gender-sensitive approach because of the strong gender roles, inequality in the societies that the women came from, and the nature of gender-based violence experienced by the women. One of the NGO workers called attention towards creating more discussions about gender among professionals, and between professionals and asylum-seekers, in order to broaden the understanding of the effects of patriarchal societies and the images they create of male and female. Women might come from societies with different social and cultural norms, but it is important for a professional to understand that it is also because of the nature of gender-based violence and the consequences of it, that the gender-sensitive approach is needed (Council of Europe 2020).

The professionals saw the presence of a legal counsellor important, both for helping an asylum-seeker with preparing for the interviews and as a support during the interview, but also for giving the professionals legal advices on statement writing and some other issues concerning asylum procedures. Often in practice, this was not possible. The opinions of workers strengthened the results of the study, that emphasised how changes in the law from 2016 created more difficulties for the asylum-seekers and decreased the chances to get legal help in time, or even at all (Lepola 2018). In order for a legal counsellor to participate in the asylum-seeker's case, the asylum-seeker has to present first serious grounds for a legal aid (301/2004). In most of the cases, this is not possible, since the majority of female asylum-seekers are not aware of their rights and Finnish regulations before receiving information of it in the language they understand.



Current accelerated asylum procedures do not allow professionals either to get legal aid for the asylum-seekers in time. The programme of Sanna Marin's government aims to improve the provision of legal advice to asylum-seekers and enable the use of a legal counsellor during the asylum interviews (Finnish Government 2019).

The experience of the professionals of the interpreting services showed that there is a great need for improvement in trustworthiness and reliability of the services provided to the clients and workers alike. Even though the majority of workers had the list of their trustworthy interpreters, many of the interpreters still lacked proper education, since there was no official demand for them having one. I see great importance in supporting them in their work by preparing them well with the vocabulary, introducing to the tools of ethics, cultural and gender-sensitive approach to difficult topics, strict confidentiality agreements and consequences if they are broken. Diaconia University of applied sciences offers a possibility to study in a bachelor's degree programme in humanities and public service interpreting. Languages offered in the programme are also languages that many asylum-seekers speak. (DIAK. Degree programmes. BA degree programmes.) I trust that the improvement of the interpreting services can be achieved with proper education and support.

Reasons for using phone interpreting and no names of the clients sounded like a better way of protecting someone's anonymity and assuring that the services could be cut any-time the client felt uncomfortable or something inappropriate has happened with the interpreter. With gender-based violence being a very sensitive matter in itself, female asylum-seeker being in a very vulnerable state, I would see the need to have more usage of phone interpreting services in order to approach the subjects with trust, confidentiality and as a way to encourage the client to stop something that is occurring and is not right and legal. However, this was possible for NGO workers, but not for the workers in the reception centre.

## 7.5 Hopes and visions for the future

Beside all the challenges, the passion and interest for the work they do made majority of professionals also share their visions on possible improvements of the services.

In order to guide and counsel, one should also have an appropriate professional background, understanding and knowledge of gender-based violence, legislation and services available. Professionals offering guidance and counselling services should be qualified to work with topics of violence, guide and assist with knowledge of legislation and services, and through cultural and gender-sensitive approach (11/05/2011; Grevio 2019; CCM-GBV 2019). All professionals with social welfare and health care background, including the social worker and the rehabilitation instructor, emphasised the lack of knowledge of gender-based violence. None of them has it covered in their curriculum, they just learned about the topic and the services through working life experience and from other teammates.

When speaking of qualified professionals, another challenging issue was the fact that the instructors in the reception centres could be of any educational background, and in practice, this meant that only the social counsellors or social workers did the guidance and counselling. The instructor's background varied a lot, and many did not have any kind of social welfare or health care background. At the same time, there were usually more instructors than social counsellors working in the reception centres. I find this alarming, since in order to recognise the vulnerability of female asylum-seekers who have experienced gender-based violence, or even to work with this group of people in general, I would assume that the professionals would have more specialised educational background and not less. Especially not any kind of educational background.

Except for a simple wish they could obtain more qualified social welfare professionals in the reception centres, professionals working there also hoped for more resources, so they could offer social welfare and health care services in a more planned and structured way. EU health services for asylum-seekers are usually emergency-driven, and there is a great need for improvement toward planned and long-term services, with people in focus, services that would truly be available to all, regardless of their status (Puchner et al. 2018.).

According to the Istanbul Convention (11/05/2011), the training of the professionals dealing with victims of violence should cover the prevention and detection of such violence, equality between women and men, the needs and rights of victims and the prevention of secondary victimisation (Article 15).

Professionals explained the current trainings as very basic ones, without a chance for a dialogue or deepening the knowledge of gender-based violence. All of them expressed the need for more quality training that would provide them with deeper knowledge on gender-based violence, skills and tools for practical working life, legislation and services, and offer more chance for a dialogue and exchanging good practices with other professionals. There were cases when a professional could attend the meeting, due to working in shifts or having a reason to prioritise the main work in the reception centre. When arranging some of the trainings that others cannot participate, I see it useful to record the training, and then later on share the recording with the ones who could not make it.

Greivio report emphasised the need to offer the asylum-seekers information on their rights, and the relevance of gender-based violence and persecution for their asylum claim, soon after their arrival (Greivio 2019). Majority of the asylum-seekers living in the reception centres might not even be aware of the existing services in the host country and there is a great need to offer them more knowledge and training on gender-based violence awareness and conceptualisation, and their rights (Oliveira et al. 2018). Several professionals underlined the importance of multilingual materials existing in the future and recognised the reception centres as fertile grounds for raising awareness about both gender-based violence and services available. I see a great potential in basic info meetings to present and open general discussion on the topic. After this, maybe filling the individual form would be easier for an asylum-seeker and would ease the approach towards professionals working in the reception centre. I see extremely important recognising the individual needs when speaking of violence. For example, in cases where the person is illiterate, using more images and clear definitions, or video materials.

One of the professionals mentioned that the videos from 2018 were considered as offensive by some of the asylum-seekers, so I checked the Finnish Immigration Service videos made in 2018 covering basic rights and criminal law. As much as I appreciate the effort of the Finnish Immigration Service to make the videos available for public in many languages, the first thing I would change is not to list 12 videos, out of which only one covers basic human rights, and the other 11 the consequences of crime.

For example, in the playlist of the videos from 2018, in the beginning of each video there is a mention of a certain crime. Each video is also ending with the warnings about the different length of imprisonment, sentences being public in Finland, openly shown and discussed in the media, and how the act of crime may affect getting the residence permit or prevent a person from getting one. The videos include 12 following topics: basic human rights, theft, stealing someone's property, threatening people with violence, verbal threat, carrying a knife or other sharp object, an assault, hurting a child, buying alcohol for an underage person and engaging in sexual activities with them, limiting someone's freedom (implying on honour violence), sexual crimes, sexual innuendo and touching and sexual harassment. (The Finnish Immigration Service 2018.) What I found alarming is that these videos spoke of family violence, honour violence, and various forms of sexual violence as if the listeners were the perpetrators and not the people who could also experience these forms of violence. There was no mentioning of asylum-seekers being entitled to the services, if something like that happens to them.

This kind of material would personally inflict more fear on me towards the authorities in Finland, rather than to create a basis of trust. I would experience it more as a scare method than a way to inform me of my own rights as an individual. Sentences that stayed in my head after watching these were "*Luckily, you can simply choose not to commit a sexual crime.*" or "*The law comes before religion and family. If you abuse your child, they may be taken away from you.*" (The Finnish Immigration Service 2018). As someone who has also worked with challenging families and child protection services, I am sure we would not talk to the Finnish citizens firstly of religion and possibilities of taking the child away, before mentioning the services that could support both the child and the parents.

There is a recognised need for workshops that would give guidance to asylum-seekers in coping with stress of their life situations and the asylum process (Oliveira et al. 2018). Three professionals recognised the importance of workshops and saw them as a possibility to increase dialogue between professionals and asylum-seekers, raise awareness on several topics including gender-based violence and a fertile ground to develop the first basic services for well-being and feeling of safety. Effective communication between professionals of the reception centre and asylum-seekers can increase cultural understanding and create possibilities for approaching the subjects of gender-based violence and creating the preventive measures together (Oliveira et al. 2018).

Some professionals expressed the need for a clearer coordination of services and hoped for a possibility of a place, where an expert in this field would work, and professionals from around Finland would call the place and ask for advice. This place could also be responsible for assessing the needs for training and to offer them. The Finnish Immigration Service, which is responsible for implementing immigration policies and the follow up on them, is also responsible for monitoring all services available to asylum-seekers (493/1999; 746/2011; Tuomisto et al.2019). The Finnish Immigration Service has a great potential to create common rules for the working environment in the reception centres, to offer guidance and detailed instructions for working environment, as well as to monitor the quality of the services provided in the reception centres. Dialogue with professionals working in reception centres is important, since they do the practical implementation of rules and regulations on a daily basis and the discussion through my interviews pointed out that the professionals do evaluate their work and want to develop it for better.

I see a great contradiction in the statement of Article 61 in the Istanbul Convention (11/05/2011). It asks the states to respect the principles of non-refoulement and not to return victims of gender-based violence back to the states where their life would be at risk, or where they are at risk to suffer gender-based violence. Yet, when returning the asylum-seekers to another EU country, this does not seem to be important. If a female asylum-seeker has experienced gender-based violence in Italy or Greece, and was not protected by the reception or other authorities over there, I understand the challenges and frustration expressed by the Finnish professionals when the already ongoing service process for the ones in need is cut.

Several professionals saw a great need for a common information exchange system existing in the future, where at least the vulnerable ones could be marked and in that way the information about them would be transferred to another EU country. The system, according to one of them, could also have the official list of NGOs or some other organisations working with asylum-seekers in other EU countries. The current system leaves them on their own, usually coming down to checking internet information that they are not even sure if it is the right one. I would see the role of the Common European Asylum System (CEAS) here as extremely important, since it is responsible for increasing the cooperation between all Member States concerning asylum matters, and their international responsibilities towards people in need (EASO 2016).

When thinking of the objectives of this study, the valuable results I got from the literature and the interviews, it was all more than I could ever hope for. Many social scientists think that research should make a difference in a world we are living and working, and their purpose should be practical (Bryman 2016). I have to admit that this was my aim from the beginning when thinking of usefulness of my study for the practical life of professionals or students working in the social welfare or health care field. It also brought its own burden, since I wanted to do things as correctly and unbiased as possible. I paid attention to the theoretical background in detail, wanted to offer as much as possible knowledge on gender-based violence, as well as asylum process and regulations in Europe and Finland. I aimed to make a good ground for a reader to understand my interest for the topic, complexity of the two big themes combined, questions of the research and eventually the results.

## 8 CONCLUSION AND FURTHER RECOMMENDATIONS

An asylum-seeker or a refugee may come from any part of the world, and meeting them as clients might bring completely new challenges for professionals, form a strong demand towards reflection of one's own professional knowledge and skills up till that moment, also towards development of the new skills as well. The purpose of my thesis was to offer a perspective on gender-based violence happening in asylum context, to bring out the practical experiences and ideas for improvement of those professionals who work with the survivors of violence. There was no other thesis done on the topic and I hoped that my master's thesis would fill the gap, offer more knowledge on the subject to both professionals and students in the social welfare or health care field.

Applying for an asylum in the EU country should offer a possibility to asylum-seekers to access basic services and get protection, especially if they have experienced gender-based violence. While more recognition towards female asylum-seekers experiencing violence is there, the access to services still seems to be very challenging. Hectic and unstructured working environment affect the quality of services and guidance possibilities in the reception centres. As majority of the professionals confirmed, services to survivors of gender-based violence are mostly provided by the NGOs. Even though there are many NGO professionals educated and having long working experience with the subjects, they should not be the only ones assuring the services.

We have reception centres that receive very traumatized people who possibly went through war, violence, losing someone close, and other difficult life situations. In order to receive the services they are entitled to, we should not have employees working with them without any social welfare or health care background, or without any understanding of the gender-based violence and its possible grounds for international protection. To receive international protection, an asylum-seeker needs to explain well their grounds. If they have experienced gender-based violence, the consequences of violence can affect their physical and mental ability to do so, or even to understand their basic rights to services.

The professional working with female asylum-seekers who have experienced gender-based violence should be aware of all this, and offer the needed knowledge and support.

Understanding the complexity of the asylum procedures and the services needed for the survivors of gender-based violence is not an easy task, therefore the professionals need great support through proper working tools, multidisciplinary teamwork, cooperation with legal counsellor and interpreter, and other service providers.

The aim with this study was not only to gather the information of the professionals, but to return it to the field afterwards. The professionals had an educational background and enough working experience to evaluate the strengths and limitations of the work with gender-based violence and asylum matters. I find the data gathered a very valuable asset and a resource for raising awareness of strengths and limitations that are existing in our service system for asylum-seekers. I also recognise good practical approaches to work, that are worth noticing and preserving. In addition, most of the suggestions for improvement would not require great economical investments, rather adjusting the existing procedures towards more working ones. For example, including one quality course of gender-based violence in the curriculum of bachelor studies in social services or health care would prepare future professionals better for the working life, and save a lot of money used for trainings that do not always reach them. Trainings offered to the professionals in the working life could offer rather more possibility to exchange good practices done in the reception centre, municipality, as well as in the NGOs. This would also make it possible to create an understanding towards each other's work; offer possibilities for new networks and with these methods increase the chance to help gender-based violence survivors in a way that is more efficient.

All this is not possible without coordination and monitoring of the quality of services, collecting feedback from both professionals and the asylum-seekers on the services provided and received. If such a monitoring authority would exist, it could also take care of assuring that the Istanbul Convention and EU directives and regulations are truly applied in practical working life by the professionals who meet asylum-seekers as their clients.

For the students and professionals lacking knowledge about gender-based violence happening in asylum context, I would recommend starting with the *Handbook on counselling asylum seeking and refugee women victims of gender-based violence - Helping her to reclaim her story* made by the CCM-GBV project. The link to the handbook can be found



in the reference list of this master's thesis, and it is available in six different languages. Paper versions of the handbook can be found in Diak UAS campus libraries in Helsinki, Oulu and Pieksämäki. More training material and other reports on gender-based violence happening to asylum-seekers and refugees can be found on HEUNI's page.

When thinking of the discussion with the interviewed professionals, I would recommend the future research to look into the services offered to young men who were also recognised as a vulnerable group and possible victims of sexual violence and human trafficking. In addition, I would be interested in investigating the cooperation between the reception centre and municipality services when it comes to supporting the family in cases of domestic violence, or the municipality services in general offered to the asylum-seekers and the need for their possible improvement in practice.

Finally, I find it extremely important for any professional working with gender-based violence survivor who is also an asylum-seeker to understand that by offering quality and needed services for their well-being, the professionals are also empowering possible future residents of Finland. Helping them strengthen the grounds for a better future, strengthens also the future that might include educational or working possibilities, and produce future professionals working one day even with us as their clients.

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Helsinki, 16<sup>th</sup> of August 2019

Dear respectful professional,

My name is Sanela Pehlivanović and I am currently working on my Masters degree of Global health care studies. It is a joint degree programme which involves 3 universities: Diaconia University of Applied Sciences (Finland), Arcada University of Applied Sciences (Finland) and the University of Eastern Africa, Baraton (Kenya).

During the summer and autumn 2019 I will be conducting interviews for my thesis, called: *Gender based violence in context of asylum seeking process - Guidance and counselling services in practice.*

I drew inspiration for my work from the EU-project called "Co-creating a Counselling Method for refugee women Gender-Based Violence victims" (CCM-GBV). The project is taking place in six European countries which are currently being affected by the main refugee route (Germany, Italy, Greece, Croatia, Cyprus and Finland). During the last year, various professionals that took part in this project have been trying to evaluate their work with asylum-seeking and refugee women, and to co-create services using the feedback from their clients. At the end of this project, a handbook will be created. It will include pointers, suggestions and words of advice for people who work with refugees and asylum-seeking women. The European Institute for Crime Prevention and Control; HEUNI, situated in Helsinki, was responsible for the research component of the project and editing a handbook on counselling asylum seeking and refugee women victims of GBV. The handbook is available at <https://heuni.fi/-/handbook-on-counselling>

My aim is to focus my thesis on professionals who are working with female asylum-seekers, who also might be survivors of gender-based violence. Through this work I seek to find out how professionals working in and outside of the reception centres in different parts of Finland are facing asylum-seeking GBV survivors.

My goal is to conduct 5 to 10 individual interviews, to find out what kind of guidance and counselling services are existing at the moment and if there is a need for improvement. Main focus will be on the following questions:

1. What are the guidance and counselling services available for survivors of gender-based violence, who are in the process of waiting for an asylum decision in Finland?
2. What are experiences of professionals offering the guidance and counselling services?
3. Is there a need for improvement in working procedures or services in general?

**Your participation and confidentiality:**

This research requires your participation in an interview in a maximum of one hour. Interviews can be done face-to-face, by Skype or a Whatsapp call. Your choice of languages are English, Finnish and former Serbo-Croatian.

Your participation in this research would be entirely voluntary, fully confidential and anonymous. If any of the questions would make you uncomfortable or you simply chose not to answer them, you are free to do so and I will move to the next question. I will not ask you to disclose something that you are not comfortable sharing. The discussion would take place either in a place of visit or through an online call. No one else but you and me will be present, unless you want them to be.

If you agree, the interview will be audio-recorded, but no-one will be identified by name on the tape. The information recorded is confidential, and no one else except me will have the access to it. The material will be destroyed after I have gone through it for the thesis work. The knowledge that I get from this research will be shared with you before it is made widely available to the public. Each participant would receive a summary of the results and I will also go through the thesis with my supervisors before publishing anything.

**Why research on this topic?**

The results of my research would hopefully be useful for social welfare and health care professionals who are studying and working in Finland. Since the thesis will be done in English and uploaded online to the Theseus page, it would be accessible for professionals outside of Finland as well. My wish is to broaden the knowledge and views of professionals currently working in the field of gender-based violence, and it is also meant for future professionals in this field.

I would be honoured if I could get a chance to meet and interview you.

If you need more information concerning my master's thesis or the interviews, please do not hesitate to contact me:

Sanela Pehlivanovic

XXX (Whatsapp and Viber apps also available)

[sanela.pehlivanovic@student.diak.fi](mailto:sanela.pehlivanovic@student.diak.fi)

Supervisors in DIAK:

Contact person in Heuni:

Thank you.



## APPENDIX 2. Consent of participating in the research

I have been asked to participate in the process of creating master's thesis called *Survivors of gender-based violence during the asylum-seeking process - Guidance and counselling services in practice*. The thesis is a part of Masters degree of Global health care- program in Diaconia University of Applied Sciences.

- I received, read and understood the fact sheet given to me about the thesis.
- From the fact sheet I have gained enough information about the thesis and the data collection in the form of interviews and the process itself.
- I had a chance to ask for more information concerning the thesis work and its process. I was given more information by Sanela Pehlivanović.
- Before the interview, I have had enough time to consider my participation in the interviews related to the thesis.
- I understand that my participation in the interview is completely voluntary and confidential.
- I have the right to refuse my participation in the interview and the thesis itself at any part of the process. Refusal to participate in the research, discontinuation of participation in the research or the withdrawal of consent will not affect me in any way.

I confirm my participation with this signature:

\_\_\_\_\_  
Signature of the participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the author of the thesis

\_\_\_\_\_  
Date

### APPENDIX 3. Interview questions

#### Meeting survivors of gender-based violence

1. Have you met female asylum-seekers who have experienced gender-based violence? If yes, what kind of?
2. If you suspect that someone has experienced gender-based violence, how do you approach the subject? (Materials used, interpreter, what if they are with children)
3. If an asylum-seeker would like to approach the subject of gender-based violence, how is it possible in practice? How do they know they can approach with such subject?
4. Is there something good to remember when trying to approach topic of gender-based violence for the first time or in general?

#### Experiences of guidance and counselling

1. Do you have a chance to counsel client yourself? Could you explain the practice of it?
2. Do you work alone, or is there possibly a team you work with on these issues?
3. If there is a team, what kind of and what professionals are involved in it?
4. Do you cooperate with other organisations and authorities? If yes, what kind?
5. What is your background education?
6. What is your knowledge of gender-based violence and where did you gain it? (Forms of gender-based violence, recognising and approaching, counselling methods, legislation)
7. How much do you know about legislation that can affect asylum-seeking process if the person has experiences gender-based violence?
8. What happens if an asylum-seeker got support services here and s/he gets a negative decision, or needs to be returned to one's own country or Dublin regulation country? Is there a way to cooperate with other EU or Dublin regulation country?

|                             |
|-----------------------------|
| Suggestions for improvement |
|-----------------------------|

1. What is your opinion on services provided for asylum-seekers that have experienced gender-based violence?
2. What are the strengths of the services, and are there some weaknesses?
3. Would you suggest some improvement?
4. What kind of skills and knowledge in your opinion worker should have when working with survivors of gender-based violence, who are also asylum-seekers?