

SYMBIOSIS



Needs Assessment

GREECE



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WP2 Needs and Resources Analysis

FOMEN: Focus on MEN: Gender Based Violence Prevention Work with Male Refugees and Migrants

REC-RDAP-GBV-AG-2018 Call for proposals to prevent and combat gender-based violence and violence against children

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1. Introduction

The present report presents the results of the needs assessment research that was carried out in Greece in the context of the FOMEN project, which runs simultaneously in six (6) European countries, while the responsibility for its implementation in Greece lies with the non-profit organization "Symbiosis". In each of the participating countries there was conducted a survey for the purpose of exploring the needs and resources for the prevention of gender-based violence, and this was done by means of gathering information from professionals who are working with immigrants and refugees. The survey consists of two parts: A qualitative one, with the use of the Focus Group Discussion method in the context of a workshop for specialists as well as through personal interviews with open-ended questions, and a quantitative part, with the use of a closed-ended questionnaire. The results of the survey constitute the basis on which FOMEN will be designed and implemented as a project for the prevention of gender-based violence and for the development of an educational program for professionals.

The report at hand opens with the presentation of the socio-political context in which refugees and immigrants live in Greece. This is followed by the presentation of the methods and the sample that were used for the analysis of the needs and resources. Then, the results of both the qualitative and the quantitative parts of the research are presented, as derived from the information that was provided by the target groups and the opinions expressed in the interviews, as well as from the closed-ended questionnaire. The last section of the report highlights and summarizes the most important results, as these emerged from the research, and makes some suggestions that could be taken into consideration in the next phases of the project.

2. Presentation of the situation in Greece

2.1. Statistical data

Immigration to Greece is not a new or unprecedented phenomenon, with the difference being that until 2015 Greece was simply a station in the migratory / refugee journey of people from the Middle East, Africa and South Asia, mainly in search of a better life in Europe. However, two crucial political decisions led to the confinement of thousands of those individuals inside Greece, though it was not intended to be their original destination. The first of these was the closure of the borders between the Republic of Northern Macedonia and Greece in March 2016. The second was the signing of the agreement between the EU and Turkey on March 18, the first article of which stipulated the following:

All new irregular migrants crossing from Turkey into Greek islands as from 20 March 2016 will be returned to Turkey. This will take place in full accordance with EU and international law, thus excluding any kind of collective expulsion. All migrants will be protected in accordance with the relevant international standards and in respect of the principle of non-refoulement. It will be a temporary and extraordinary measure which is necessary to end the human suffering and restore public order. Migrants arriving in the Greek islands will be duly registered and any application for asylum will be processed individually by the Greek authorities in accordance with the Asylum Procedures Directive, in cooperation with UNHCR. Migrants not applying for asylum or whose application has been found unfounded or inadmissible in accordance with the said directive will be returned to Turkey (EU-Turkey statement, 2016).

Thus, a country whose approximately 11,000,000 citizens endured a decade of recession and deep economic crisis, was called (and still is) to manage a profound global humanitarian crisis. It is noteworthy that, in 2015, and prior to the signing of the Agreement between the EU and Turkey, there were 872,519 recorded refugee/ immigrant arrivals in the Greek islands. As it is known, the majority of these people were trapped in the islands of Lesbos, Chios, Samos in the Eastern Aegean and, what is more, and in structures that while originally designed for the accommodation of only a few thousand people ended accommodating more than 10,000 persons each. To put matters into perspective, according to the *Ministry of Immigration and Asylum*, on the island of Lesbos alone (with 86,000 permanent residents) 22,251 asylum applications were registered during the year of 2019. However, the recording of the exact number of refugees and migrants across the country has proven to be extremely difficult, especially after the new government's decision to freeze asylum applications in March 2020.

From 2013 to February 2020, 299,620 people applied for asylum in Greece, with the main volume of asylum applications being recorded in the years 2016-2019. Regarding the ethnicity of the applicants, 25% came from Syria, 19.8% came from Afghanistan, 11.3% from Pakistan, 9.9% from Iraq, and a much smaller percentage from Albania, Turkey, Bangladesh, Iran, Palestine, and other countries. Out of the total number of asylum applications, 12,415 requests concerned unaccompanied minors, the vast majority of whom were boys (91.1%). Also, from 2013 to February 2020, 54,302 people were granted refugee status or subsidiary protection, while 63,006 first instance asylum applications were rejected (Asylum Service, 2020).

2.2. Immigration management policies

The main point of reference in relation to the management of the refugee crisis could be the case of Eidomeni, a small village located near the Greek side of the borders with the Republic of Northern Macedonia, which was overcrowded with the addition of 10,000 immigrants when the borders between the two countries were permanently closed in 2016. The increased influx of people, in combination with the unsuitable conditions that were created in the camp of Eidomeni, initiated discussions, both at the national and the European level, concerning the creation of decent temporary reception and accommodation facilities inland, which could lead to the *decongestion* of the aforementioned islands.

The country declared a state of emergency while the European Union, through the *General Directorate of the European Commission's* ECHO (European Civil Protection and Humanitarian Aid Operations) and other support mechanisms, provided funding to Greece in order for it to deal with the humanitarian crisis. By early 2018, the main management of the structures as well as the provision of services and protection had been undertaken almost entirely by international NGOs, but also organizations such as the UN High Commissioner for Refugees through partnerships with national NGOs and civil society organizations and with reduced state intervention. From 2018 onwards, many structures have been staffed with government personnel and their management is carried out entirely by the state, with NGOs having only a supportive role.

In a country like Greece that the last time it was called to deal with a refugee crisis was in 1922, the presence and the assistance of international organizations in the management of the crisis was quite important, as there was a marked lack of know-how mainly with regards to issues of housing, protection and asylum services. The international organizations had a dual role: on the one hand, to assist in the emergency, and, on the other, to share knowledge and experience for the creation of a system of reception and hospitality that would ensure a decent living of the immigrants/refugees and the protection of their fundamental human rights. Particular emphasis was placed on ensuring the protection and security of the most vulnerable populations, such as the unaccompanied children, the survivors of gendered-based violence and those at risk of it, the elderly, people belonging to the LGBTQI community, pregnant women, single-parent families and people with serious medical needs. (Report on the situation in the Reception and Identification Center of Moria Lesvos, 2016).

2.3. Health services

During the initial phase of the crisis management, the health sector was taken over by international NGOs, such as the *Doctors of the World* and the *Médecins Sans Frontières*, which still provide services in some areas, and especially on the islands.

When the situation in Greece went from the state of emergency to something more permanent, the management of the primary health care in the refugee/immigrant camps and the Reception and Identification Centres was passed to the state, and more specifically to KEELPNO (Centre for Disease Control and Prevention), which was later renamed to EODY

(National Public Health Organization), through the PHILOS program (Integrated emergency health intervention for the refugee crisis).

The activities included in this program are public health interventions, operation of an epidemiological surveillance system, coordination of vaccinations in the immigrant / refugee population and assessment of the hygienic conditions in the areas accommodating migrants / refugees. In addition to the above, it also included the reinforcement of the structures of the public health system, in terms of additional human resources to the structures belonging to the public system of primary, secondary and tertiary health care in the fields of pediatrics, gynecology - obstetrics, nursing and mental health, and of the establishment and operation of a reception, and information office for refugees and migrants in the health structures (EODY, 2020).

Concerning, however, the actual access to public health services, the situation appears to be rather complicated. Although the law in Greece states that health care is universal and free of charge, the servicing of refugees and migrants in public hospitals is often incomplete or even impossible, due to a lack of interpretation services as well as a lack of further training and sensitization of hospital staff. Unfortunately, this is something that happens frequently, despite the fact that the National Strategy for Inclusion of 2018, and especially Article 3.6.2, clearly states that the goal is to *“improve access to health and welfare services through actions that contribute to the removal of any obstacles due linguistic or cultural differences, through the specialized intercultural training of the staff of hospitals and of primary health care services”*(National Strategy for Integration, 2018).

The same healthcare politics suggestions are also made in a survey that was conducted as part of the CARE (Common Approach for Refugees and other migrants' health) program in March 2017, with the participation of EODY's scientific team. More specifically, it is suggested, among other things, that the health staff in public hospitals, as well as the administrative staff of local authorities, of the police and of the port, who often work with migrants and refugees, should be systematically informed and supported regarding the needs and the mental health of this population (Recommendations for strategic Public Health planning regarding migrant and refugee populations and the role of civil society organizations, 2017).

Mahmoud Abderasoul, Trainee Medical Doctor at Pammakaristos Hospital writes on February 2020 in the **Policy Brief on Refugees' and Migrants' Health in Greece**, providing the context, as well as further recommendations on the specific challenges and needs:

“The Greek National Health Service (NHS) had to face multiple challenges as the management of the situation requires sufficient financial and human resources that are lacking, due to the economic recession experienced by the country since 2009, affecting the overall public health sector. As Dunja Mijatovic, the current Council of Europe Commissioner for Human Rights, pointed out after her visit to Greece in 2018: ‘The public health sector, which has been severely affected by successive austerity measures, is under extreme pressure and lacks the capacity to cover all the needs for health care services, be it of the local population or of migrants’¹.

¹ Council of Europe, *Report by Commissioner for Human Rights Dunja Mijatovic following her visit to Greece from 25 to 29 June 2018*, CommDH(2018)24, 6 November 2018, para 40, available at: <https://rm.coe.int/report-on-the-visit-to-greece-from-25-to-29-june-2018-by-dunja-mijatov/16808ea5bd>

Consequently, the health facilities were reluctant to serve the newcomer population. Meanwhile, the NHS was also called upon to deal with traumatic experiences, as well as cultural and linguistic differences. Overcrowded reception centers and refugee camps have high health requirements and have been associated with severe illnesses. This highlights the importance of having guidelines concerning medical screening, provision of health care and well-managed transition to hospital facilities. Non-governmental organisations contribute to this, striving to provide adequate support, especially in relation to refugee and migrant children, in the frequent cases of inadequate access to NHS services.

After 2015 the first health programmes were launched with the use of European financial instruments, starting with the Philos programme by KEELPNO (and now NHS). These programmes were initially implemented at Reception and Identification Centres (RIC) at the islands and then at the mainland, with very limited results.

In many cases, the situation remains severe and, in many cases, non-manageable. In the islands of the eastern Aegean, access to health facilities remains particularly limited due to lack of staff. At the RIC in Samos, there was only one doctor throughout 2018. As the doctor resigned during February 2019, health needs were only covered by the island's public hospital². As noted by the UNHCR, *'across the islands and on some camps in the mainland the low number of staff under the Ministry of Health, in particular doctors and cultural mediators, is not sufficient to help refugees with medical and psychosocial needs. The limited public mental health institutions in Greece are a particular concern'*³.

The lack of staff coupled with overcrowding (at the end of 2019 more than 42,000 asylum seekers resided at the RICs in the Greek Islands, although the facilities had a maximum capacity of 6,178 persons⁴) and poor living conditions at the RICs (living in tents, inadequate access to water, poor sanitation, and hygiene) expose people to respiratory, skin and gastrointestinal infections, as well as to environmental hazards⁵. Organisations such as Doctors Without Borders have repeatedly warned about the deteriorating health (especially mental) health of asylum seekers due to restrictive conditions.

Until recently, Law 4368/2016 which provides free access to public health services and pharmaceutical treatment for vulnerable persons without social insurance⁶, applied for asylum seekers and members of their families. However, in July 2019, the Greek Government suspended the issuance of Social Security Number (AMKA) for asylum seekers and undocumented migrants, thus blocking free access to healthcare services and pharmaceutical treatment. In addition, post-traumatic stress disorder is no longer considered as one of the

² Refugee Support Aegean, *Situation on Samos has reached the edge*, 18 February 2019, available at: <https://rsaegean.org/en/situation-on-samos-has-reached-the-edge/>

³ UNHCR, *Factsheet: Greece, January 2019*, available at: <https://data2.unhcr.org/en/documents/details/68057>

⁴ Hellenic Republic Ministry of Citizen Protection, National Coordination Center for Border Control, Immigration and Asylum, *National situational picture regarding the Islands at Eastern Aegean Sea*, 1 January 2020, available at: <https://infocrisis.gov.gr/7364/national-situational-picture-regarding-the-islands-at-eastern-aegean-sea-1-1-2020/?lang=en>

⁵ International Rescue Committee, *Unprotected, unsupported, uncertain: recommendations to improve the mental health of asylum seekers on Lesbos*, September 2018, available at: <https://www.rescue.org/sites/default/files/document/3153/unprotectedunsupporteduncertain.pdf>

⁶ Article 33 L 4368/2016 (FEK 21/A/21-2-2016), available at: http://dipe-a-athin.att.sch.gr/images/symbouloi_eid.agwg/nomos_4368-21_2_2016_arthro82.pdf

vulnerability categories examined during the asylum process, while detention measures have been extended.

The serious situation resulting from the disruption of AMKA (especially for people with chronic and serious illnesses) was addressed after six months with the establishment of the Provisional Security Number (PAAYPA), which is granted to all asylum seekers by the Asylum Service upon registration of the application for international protection. If the asylum application is rejected, PAAYPA will automatically deactivate, while in case of acceptance of the application it will be switched to AMKA.”

Despite the efforts that were made in recent years by international and national NGOs, international organisations, as well as by the state in order to protect the right of refugees and immigrants to access public health services, at the end of 2019 the government banned the issuance of the Social Security Registration Number which is necessary to all citizens in order to be examined in public health clinics and to get prescriptions for their medications. This has created particular difficulties to many refugees and immigrants, and more so to those among them who are chronically ill, in terms of both their medical follow-ups by physicians of the public sector and of their ability to receive their essential medication. While, on January 31st, 2020, a Joint Ministerial Decision was announced, according to which another form of individual social security number was to start being issued exclusively for asylum seekers, this has not yet been implemented (Joint Ministerial Decision 717/2020 - Government Gazette 199 / B / 31-1-2020, 2020).

The situation is even more complicated in terms of the provision of more specialized health services, such as mental health services, and especially with regards to special groups of the migrant/refugee population, such as the victims of torture and the survivors of gender-based violence. However, in the governmental health agencies specialization in these areas is almost non-existent, and such cases are supported almost exclusively by civil society organizations, wherever these are available, i.e., in urban centres such as Athens and Thessaloniki, while in smaller cities this kind of support structures are completely absent.

Many vulnerable people are allowed to travel from the islands to the mainland in order to receive medical care and get access the Greek Asylum Service, but many agencies do not meet or monitor these individual cases, despite being expected to ensure that these people do receive adequate medical care, housing and other services, including interpretation, after their arrival. As a result, many of them, including women and children, have been found living on the streets while many more remain trapped on the islands without access to specialized services (More than Six Months Stranded - What Now?, 2016).

The management and prevention of incidents of gender-based violence that occur in the open accommodation structures are the responsibility of EODY, and they are characterized by the same challenges mentioned before. In particular, the EODY staff are partially or not at all trained in the management and detection of such incidents, as it will be analysed in detail in the following chapter.

2.4. Housing for refugees in Greece

From 2015 onwards, the procedures for refugee housing rehabilitation are intensified due to the increased number of people who remained trapped in Greece. The urgent needs and pressures that have arisen have led to the creation of refugee camps in response to the urgency of providing humanitarian assistance, a decision promoted by the EC and agreed upon by the Greek government, yet much debated as this is the first time following WWII that mass camps are created in Europe. Meanwhile, the EC also funded through UNHCR an accommodation programme in flats for about 20,000 persons in a few cities and towns run by the respective municipalities and NGOs. There are shelters for unaccompanied children, yet covering about half of the actual need, while some temporary shelter has been provided occasionally at hotels.

Once someone receives international protection in Greece, they are no longer entitled to reception services for asylum seekers, including accommodation. The transitional grace period was recently reduced significantly: Since March of this year, people can no longer stay in the reception system for six months after they were officially recognized as refugees -- they only have 30 days.

Among the roughly 11,000 refugees who have been asked in June 2020 to leave the reception system are both people whose grace period expired recently and some who were allowed to stay long past their grace period. Theoretically, officially recognized refugees should have access to most of the social services that Greek nationals have. They are also allowed to work. But in practice, the transition out of the asylum reception system is incredibly difficult for many. The bureaucratic hurdles to receive state support are high, many refugees cannot yet communicate effectively in Greek, and many face discrimination in the job and housing market. So, they have a hard time paying for housing and finding an apartment or house. Particularly in a country severely hit by austerity measures and the crippling of its economy since the 2010 onwards EU memoranda.

2.5. Gender Violence

In order to comprehend the issues of gender-based violence with regards to the refugee / immigrant population in Greece, it would be useful to refer to the institutional framework, the policies and the strategies regarding gender-based and domestic violence in the country as a whole.

Greece was among those European countries that delayed the adoption of the necessary specialized framework for tackling domestic violence. Until 2006, the offences that were committed within a family environment were punishable by the provisions of the Penal Code. When taking a historical look at gender equality and child protection in Greece, it seems that Greece's entry into the European Union (EU) was crucial to securing the relevant frameworks, primarily on an international and European and later on a national level, that led to the awareness that substantial equality between men and women cannot be achieved if women and children are not protected from violence (Actionaid, 2018).

As D. Natsi and T. Pappas (2019) point out in their study, *Legislative Treatment of Gender Discrimination in Greece*, substantial equality between men and women is by no means a fact for which the international community, and even more so our own country, can boast about. More specifically, according to a report by the European Institute of Gender Equality for the year 2017, Greece was at the bottom of the list among the countries of the European Union when it came to matters of gender equality.

Since the signing of the Istanbul Convention on 11-05-2011 and its enforcement on 01-08-14, the relevant Greek legislation has undergone a series of changes in order to adapt to the provisions of the Convention. More specifically, it amended the penal code regarding the female genital mutilation (a practice that is not followed in Greece but that may occur due to refugee / immigration flows) and the justification of crimes in the name of (so-called) honor, in order to emphasize that the perpetrator's customs and traditions, as well as his religion, do not constitute a base capable of reducing the sentence. Moreover, Greece initiated legislative regulations to deal with the predicament of forced marriages, thereby including such instances along with cases of human trafficking. Related to the attempt to eliminate forced marriages is the abolition of par. 3 of article 339 "Seduction of children", according to which no criminal prosecution was exercised if a marriage took place between the perpetrator and the victim. Finally, stalking, as a form of harassment, which until recently did not constitute a criminal offence, was also added to the amendments to the Criminal Code (Natsi & Pappa, 2019).

According to the report of the Ministry of Interior on the draft law, "*Promoting substantial gender equality and combating gender-based violence*", posted in March 2018,

Violence against women is a timeless phenomenon, which is not limited to specific racial, social, economic, religious, or education groups, but constitutes the unyielding nucleus of gender inequalities and generates power relations between men and women. It is even considered a challenging [phenomenon] to overcome if one takes into account the reluctance of the victims to report incidents of violence to the authorities. During the economic crisis, as well as in the midst of continuous migration flows coming from the war zones, the phenomenon of women being abused has grown extremely acute, and there is an apparent necessity for actions to be taken by the State in order to address it (Actionaid, 2018).

It therefore becomes clear that for the Greek state, at least at the institutional level and despite some delay, the issues arising from gender-based violence both with regards to the indigenous population and to the refugee / immigrant one are finally taken into account.

Since the beginning of the refugee crisis, the addressing of gender-based violence and the safety of women and other groups, such as the LGBTQI community and children, have been the focus of attention of both government services, which in this case have shown faster reflexes than in other issues related to refugees, and civil society organizations. In the "*National Gender Equality Action Plan 2016 – 2020*", the *General Secretariat for Gender Equality* refers to the necessity to oppose the social exclusion of women and especially of those who experience a double exclusion because they belong to another vulnerable group,

and therefore to the social exclusion of refugee women. More specifically, it states the following:

In this priority axis, the GSGE focuses on the category of women who suffer multiple discrimination not only on the basis of gender but also on the basis of vulnerability (disabled, imprisoned, released, drug addicted, etc.) and on the basis of risk due to specific situations (long-term unemployed, Roma, refugee women, single-parent families, etc.). However, even the attempt to categorize and delimit the object of discrimination and the socially vulnerable groups is not enough to capture the complexity of individual identities and the otherness that a woman can potentially experience at some point in her life. So, these limits are fluid and this is something that should be taken into account in the formulation of specific policies or positive actions (National Gender Equality Action Plan 2016-2020, 2016).

According to a study published by Actionaid entitled "*Domestic Violence during the Economic Crisis. Professional Perspective and Suggestions for Improving Applied Policies*", being classified as a refugee is considered a risk factor, comparable to others such as the financial dependence of the individual who is subjected to violence, the lack of a supportive environment, marginalization, and discrimination. During the study, the participants identified two main determinants that distinguish this particular population group. The first concerns the conditions that result from their refugee identity, such as the experiences of war, the painful uprooting, the long and dangerous journey to Europe, the instability and uncertainty about the future and the not always hospitable treatment by the Greek society and state. The second determinant concerns the issue of culture, including variables such as beliefs, manners, and customs (Actionaid, 2018).

Validating the connection between domestic violence and the social, economic, legal and political weakening of women, experts note that attitudes which in Greece constitute domestic violence appear to be more pronounced among the refugee population - that is, more frequent and more serious - while they differ in terms of their forms. More specifically, such forms of domestic violence within the refugee communities include honour crimes, forced marriages -often at a young age-, while violence often emanates from the husband's family environment, and especially from mothers-in-law (Actionaid, 2018).

The data reveal that the dynamics of violence are identical to the indigenous experience. However, in the case of the immigrant/refugee population there are multiplier factors. These include the cutting off from one's supportive environment of relatives, economic dependence, and uncertainty about the future. Furthermore, bureaucratic procedures exacerbate a pre-existing asymmetry between spouses (e.g., asylum applications for married couples are evaluated together), while there is also a shortage of basic information covering topics such as reproductive health, violence, and human rights. Similarly, the reversal of social roles is more notable, with male refugees reportedly reacting - at least in part - with utter apathy (Actionaid, 2018).

As early as December 2017, a joint Cooperation Protocol was signed between all involved organizations "For the adoption of a common framework regarding the transferring, hosting, and locating procedures, as well as providing counselling services and actions of support to

refugee women victims, or potential victims, of violence and their children, as well as to refugee women who are heads of single-parent families”.

Part 1 of Article 2 of the Protocol explicitly states that:

[...] the Contracting Parties consent and accept that each Party shall, together and in its entirety, contribute to the best possible preparation, coordination, promotion, and implementation of the following actions with reference: A. the refugee population 1. Informing the refugee women (asylum seekers or non-asylum seekers), in accordance with the "Geneva Convention" and the provisions of Article 2 (b) and (c) of the P.D. 141/2013, for the services provided, that is, for the possibility of accommodation in the Guesthouses of the G.S.G.E. and of the Local Administration and the provision of psychosocial support as well as networking with other agencies and services, under the condition of the provision of interpretation or intercultural mediation. 2. Informing the refugee women about the conditions of hospitality in the Guesthouses, as well as their explicit acceptance of the Guesthouses' Operation Rule, as this has entered into force on 20/12/2013, in accordance with the standing laws, relevant provisions, and ministerial decisions, or as it has been updated and applies. 3. Implementation of the updated internal regulation for the operation of the Guesthouses (General Secretariat for Gender Equality / Cooperation Protocol, 2017).

In addition, Part C of Article 2 states:

[with reference:] to the staff of the Reception and Identification Service and the Open Temporary Reception Structures and the Open Temporary Accommodating Structures 1. Updating of the beneficiary refugee women and their children and provision to them of guidance regarding the framework of the procedures for their identification, referral, accommodation and support. 2. Further education-training plan regarding the prevention and treatment of cases of gender-based violence in the female refugee population. (General Secretariat for Gender Equality / Cooperation Protocol, 2017).

According to a study conducted in 2016 by the Research Centre for Gender Equality and the Centre for Research on Women's Issues 'Diotima' for the purpose of identifying the needs of refugee women living in accommodation structures, the main problems with respect to recording, handling and combating gender-based violence in accommodation structures are: the difficulty in revealing cases of gender-based violence, the complexity and the identification gaps due to the lack of coordination within the structures, the shortage in specialized and experienced high-ranking employees, the issue of interpretation and the lack of female interpreters, the gaps in the referral system and the general absence of security and protection in the accommodation structures. (Research Centre for Gender Equality, 2016).

As it will be seen in the following pages, the problems and difficulties reported by the professionals involved in this study do not differ significantly from those mentioned above.

The same study also addresses the need to raise awareness among men. Preventing gender-based violence is not a one-sided action and is not limited to women. Prevention strategies

should also include men. However, the study also refers to the lack of action regarding the information and sensitization of men in Greece as a whole and in the accommodation structures in particular. (Research Centre for Gender Equality, 2016)

The absence of a central co-ordination among agencies results in the non-existence of a reliable database that would illustrate the problem and the recorded cases of gender-based violence in numerical terms. Besides, the non-reporting of the incidents at the national level, and more particularly with respect to the refugee population is one of the major issues here, indicating that the number of real incidents is much higher than the recorded ones. Indicative of the situation is that in 2017, the UNHCR recorded 622 reports of incidents of gender-based violence in the Aegean islands alone, with 174 cases reporting that the incident took place after the refugees/immigrants' arrival in Greece. The information is even more confusing when it comes to male victims and children. Moreover, as we will see from the results of the present study, the problem continues to exist without any significant improvement (Diotima, 2019).

A research study tackling gender-based violence in the refugee and immigrant population, which was conducted by the Centre for Research on Women's Issues in December 2019, suggests that in order for international and national NGOs to prevent gender-based violence, they need to implement programs for the prevention, empowerment and mobilization of the community, with specialized actions that will be addressed to men, as well as programs for the mobilization of the refugee / immigrant community that will ensure the participation of this community in gender protection and prevention mechanisms (Diotima, 2019).

It is worth noting that the challenges mentioned above do not concern only the refugee population in Greece but the indigenous population as well. Incidents of gender-based violence are difficult to report, and when this happens, there are a number of obstacles, as, for example, the lack of civil servants' training on gender-based violence. Another important problem for all women, regardless of whether they are refugees or not, is the lack of structures for their accommodation from the moment of placing their complaint until the completion of the procedures for their accommodation in a lodge for abused women. However, the most important problem in the Greek reality, which either directly or indirectly has an impact on working with refugees and immigrants regarding issues of gender-based violence, is the incomplete or even totally absent information and awareness of the Greek society on gender issues. In addition, the educational system refers exclusively to the biological - without any reference to the social- gender, with the subject not being discussed at all or even being treated as a taboo. For this reason, the professionals who work with refugees are uneducated when it comes to gender issues and their interventions are often lacking in any feminist approach to the issue.

3. Research methods and sample

This chapter analyses the research methods that were used to assess the needs of professionals working in the field with male immigrants and refugees, the needs of the men themselves concerning the prevention of gender-based violence, and the needs for the development of a vocational training program for professionals in the field. During the first phase, in the period between December 2019 and February 2020, the qualitative part of the research took place and the methods used for it were the Focus Group Discussion and interviews with open-ended questions. The quantitative part of the research was conducted in March 2020 with the use of a questionnaire which was compiled jointly by all the partners on the basis of the results of the qualitative research. The aforementioned questionnaire was distributed to professionals working with refugees and immigrants.

3.1. Focus Group Discussion

Focus group discussions constitute a method of data collection that can be used both autonomously, as the sole one for a study, and as well as as supplementary to another qualitative and / or quantitative method. The group of participants consists of people who are unknown to each other, but at the same time connected by a similar experience or engagement with the subject under study. In most cases, the discussion is completed within one meeting, with the moderator asking open-ended questions on the subject under investigation. The role of the latter is mainly to ensure the participation of all members and to encourage the expression of all views (Angeliki Moraiti, 2010).

The advantages of focus group discussions are that that they help to explore the views of different groups, they contribute to the enrichment of data through the "snowball" phenomenon that occurs when the responses of some participants are a stimulus for others, they create a sense of security, they are an economical way to collect data from a significant number of individuals, and the fact that that the researcher has the ability to interact with the participants (Angeliki Moraiti, 2010).

The disadvantages - limitations of the use of focus group discussions are that they cannot always ensure the personal disclosure, as some participants may find it difficult to express their views and feelings within a group, the domination of the discussion by a few participants and the possible development of conflict within the group, with the risk that some of the participants may face difficulty in expressing their views.(Angeliki Moraiti, 2010).

Taking into account all the above, in the framework of the workshop for specialists organized by Symbiosis for the FOMEN program, a focus group discussion took place in Athens in December 2019.

The team included 15 professionals working with refugees and immigrants and three researchers (one acting as the moderator of the discussion, one keeping notes and one in the role of observer). The group of participants consisted of 11 women and 4 men, all professionals in the psychosocial field. A few of them were slightly acquainted with each other due to some previous collaboration.

More specifically, the participants' team included:

- A human rights female lawyer working for an NGO.

- A male child protection worker working in a camp for unaccompanied minors (boys only); a structure that accepts adolescents aged 14-17 and works with them on issues such as gender equality.
- A female social worker working for an NGO for unaccompanied minors (boys).
- A male social worker working for an NGO with a target group of homeless young people aged 16-20, who are offered a place to shower, wash their clothes, and psychosocial support. Although this NGO's centre is open to both boys and girls, boys visit it more often and the number of young people visiting the centre is increasing.
- A female interpreter (German, Dari / Farsi, Turkish) who has worked for a centre for the prevention of violence, for a men's counselling centre, and for an NGO for immigrants / refugees. She provides interpreting services to group activities as well as to therapeutic meetings.
- A female social worker, supervisor and trainer specializing in violence prevention and working with perpetrators. She leads a group of perpetrators and is a trainer for "Men Talk", a men's dialogue group.
- A male specialist in men's participation for a women's NGO. He implemented a two-year program with male refugees and migrants in a refugee structure the focus of which was the prevention of gender-based violence, and he expanded this program by providing support and guidance to other NGOs regarding the same issue.
- Two social workers of the Greek Red Cross.
- A female trainer of adults working for the Greek Red Cross.
- A female social worker working in a child protection NGO.
- A female psychologist working for an NGO in a refugee camp.
- A female social worker working for the social service of an NGO.
- A male program coordinator of an international NGO.
- A female expert on gender-based violence working for an international NGO.

3.2. Interviews

The second method that was used during the process of qualitative research was that of a structured interview. In order to conduct the interview, the interviewer used an interview "guide" with specific questions which were addressed in the same order to all the interviewees.

As a method of research, the interview enables the interviewer to have face-to-face communication with the interviewee. This allows the interviewer to explain a question several times in order for the interviewee to fully understand and be able to answer better. On the other hand, the disadvantage is the risk of subjectivity, in cases where the interviewer has not been adequately trained.

In the context of this research, a total of six structured interviews were conducted, either face-to-face in Athens and Thessaloniki or via Skype, with professionals and experts on issues of equality, masculinity and gender-based violence.

More specifically, the sample for the interviews consisted of:

- **Interviewee 1:** Social Worker, "Solidarity Now" NGO Coordinator, Thessaloniki (psychosocial, legal, and educational support for refugees).
- **Interviewee 2:** Psychiatrist and member of the NGO "PRAXIS" (medical and psychosocial services to refugees).
- **Interviewee 3:** Program Manager "DIOTIMA MKO" (support for gender issues to refugees).
- **Interviewee 4:** Program Director "KMOP MKO" (refugee education services).
- **Interviewee 5:** Social Worker, Member of the "Velos" NGO, responsible for a Day Centre for unaccompanied adolescents, Athens.
- **Interviewee 6:** Clinical Psychologist and Scientific Director at the "Babel Day Centre" (Mental Health Services for Refugees).

3.3. Quantitative research

The quantitative part of the research was carried out by means of a questionnaire with closed-ended questions. The questionnaires were distributed via e-mail throughout Greece, to professionals working with migrant/refugee issues, as well as in various other fields.

Sixty-nine professionals in Greece between the ages of 18 and 64 (M = 25-34 years old, 58%) participated in the research based on the FOMEN project "Focus on Men", of which 46 were women, 21 men, and 2 non-binary persons. Moreover, 62 participants live in their country of origin while 24 participants consider themselves individuals with an international family history. Only 2 of the participants were refugees themselves.

Concerning their professional status, 8 of the respondents were teachers, 15 were social workers, 17 were psychologists, 1 was a medical doctor, 3 were sociologists and 1 was an anthropologist, while 24 participants marked the choice "other". Regarding their field of activity/expertise, 14 participants stated that they work in the area of migrant and intercultural education, 8 participants in the area of gender and masculinity, 13 participants in the prevention of violence, 33 participants stated that they work with LGBTQ groups, 49 with adults, 42 with minors, 60 with refugees, 59 with asylum seekers, and 41 with immigrants. In terms of years of experience, 10 professionals had less than a year of experience, 19 had between 1-3 years, 28 had between 4-10 years, and 12 had more than 10 years of experience.

4. Results of the Qualitative and Quantitative Parts of the Research

In this chapter we will present the results of both the qualitative (focus group discussion and structured interviews) and quantitative (questionnaire) parts of the research. Before moving to a more detailed analysis of the results, these can be summarized as follows:

- The needs and interests of male immigrants and refugees.
- The conditions and methods for approaching men in prevention programs.
- Examples of good practices in preventing gender-based violence and what it would be best to be avoided.
- The needs of the professionals when dealing with refugees and migrants for the prevention of violence, particularly in terms of knowledge and behaviour, organisational conditions, and educational programs.

4.1. Needs and interests of male immigrants and refugees

What has been made clear from all the different stages of the research as well as from the literature review is that a large portion of the refugee and immigrant population in Greece is deprived from the satisfaction of their basic needs, such as access to asylum and mental and physical health. Though from an institutional point of view the provision of the basic needs of asylum seekers in Greece is seemingly guaranteed, in fact there are a number of difficulties that many refugees and immigrants face.

One of the fundamental needs that is not met for everyone is housing. On the subject of the immigrant/ refugee camps located in the Aegean islands, the overcrowding of people in constructions with inadequate capacity has been the subject of public commentary around the globe. The situation does not appear to be any better in the two major urban centres of the country, located in the mainland, with instances of overcrowded structures and a significant amount of homeless people for whom it is not planned to find housing other than the structures for the homeless available in each municipality, the access to which is not guaranteed. During the survey, professionals placed a distinct emphasis on unaccompanied minors, since some of them end up homeless and exposed to high risks after they reach adulthood and leave the sheltering structures where they were accommodated.

As already mentioned above, access to mental and physical health care is not a given for any refugee or immigrant in Greece. Many of the health services are inaccessible due to the lack of training of the healthcare staff or to the non-availability of an interpreter, especially in cases with complex health problems. It is characteristic that with the exception of the two major urban centres (Athens and Thessaloniki) drug rehabilitation programs are not accessible to refugees and migrants in the rest of the country.

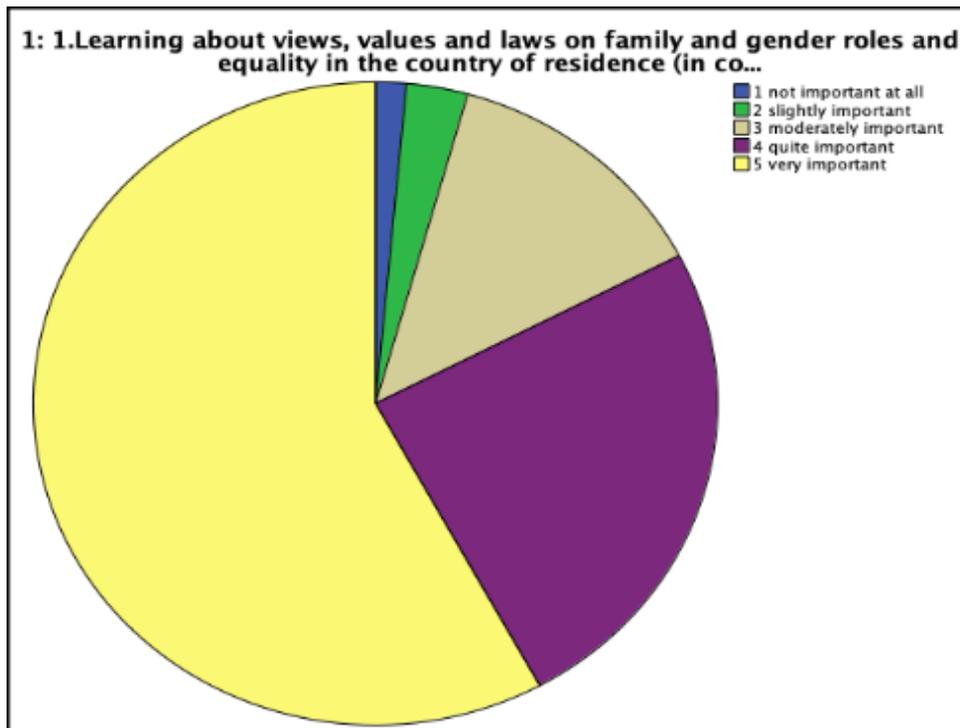
Another need of male immigrants and refugees that emerged through the research is that of self-realization. More specifically, and as explained by the professionals, there is a difference between the reality they experience in Greece and the expectations that exist for them on the part of the society in their country of origin. There are many cases of male refugees and immigrants living in Greece who rely on their wives and children in matters of interacting with the services, since the latter speak better English and Greek due to the wives' involvement in

the activities within the camps, and the children's engagement in the school environment. In addition, many minors and young adults forgo education in order to work, as it is expected from them by their families in their home country.

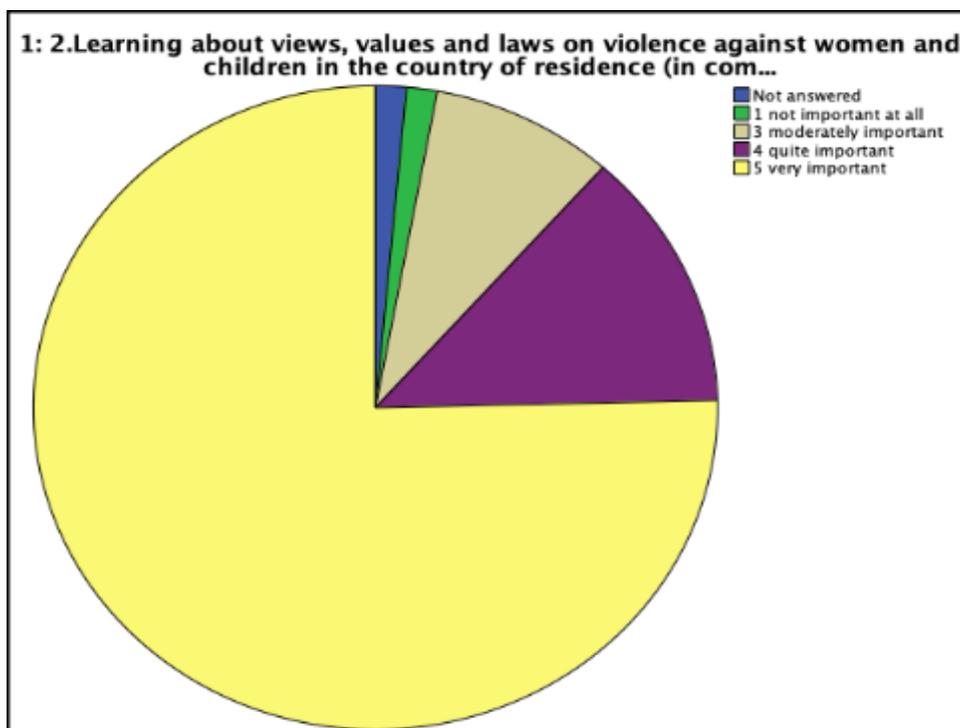
Many of the professionals pointed out, not so much as a need but as a perception and a feeling, that many men experience a state of "boredom" in the structures for refugees and immigrants in Greece. Since the possibility of receiving a job offer is considerably low and there are no employment-counselling services inside the camps, they tend to spend their days without any particular pursuit. This is reinforced by the fact that most of them consider Greece as a temporary stopover until they reach their final destination (Central and Northern European countries), and consequently there is a lack of motivation to participate in any form of activity as long as this would not bring them any immediate gain.

With regard to the prevention of gender-based violence by refugee and migrant men, the professionals involved in the study highlighted the need for information and a detailed explanation of the legal framework in Greece, or more simply, information on what is allowed and what is not. There is an impression that though Greece is a democratic country belonging to the EU, there is special treatment for refugees and immigrants within and outside the structures of their accommodation, and that the legal framework of the country does not apply to them. This impression is more common in people living in camps and not so much in the population housed in apartments in the urban fabric. This situation appears to have been created by mismanagement on the part of international and domestic NGOs and voluntary organizations that had access to the immigrant/refugee structures at the beginning of the crisis, where there was no state control there was no state control on who entered. The lack of information and understanding of the legal framework leads to a state of lawlessness within the structures and exposes vulnerable people, especially women and children, to danger. Moreover, with regard to gender-based violence, there is a need for a better understanding of the rules of masculinity and of the social standards of the country of residence.

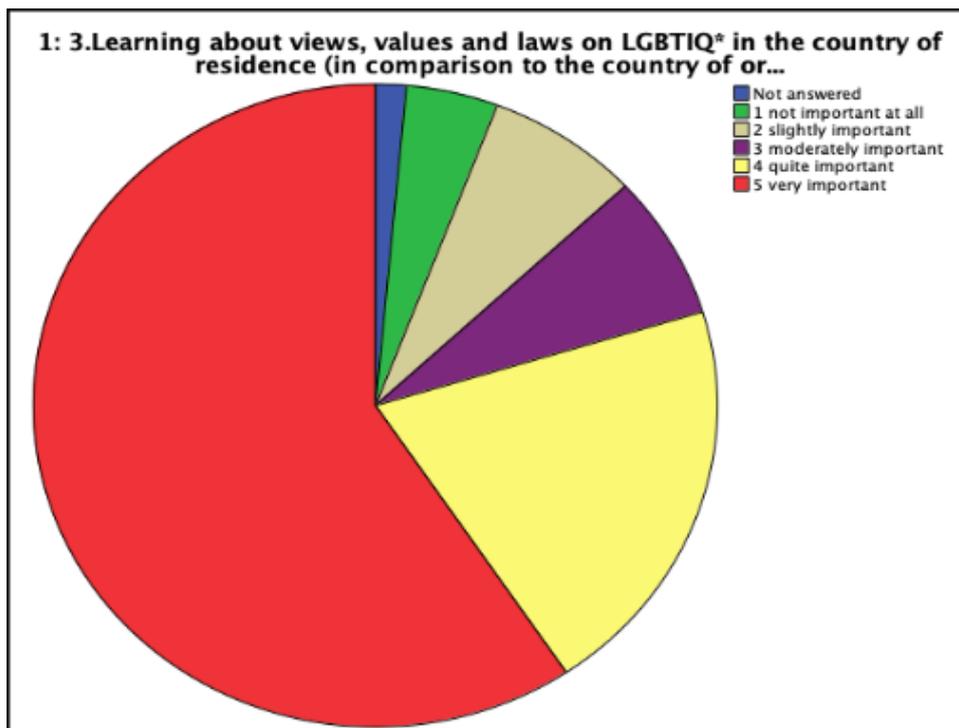
The main needs that surfaced during the quantitative survey were associated with the knowledge and information about values as well as with the legislation regarding gender-based violence, gender roles, equality and behaviours related to flirting and relationships (see Graphs 1, 2, 3).



Graph chart 1: Learning about views, values and laws on family and gender roles and equality in the country of residence (in comparison to the country of origin)

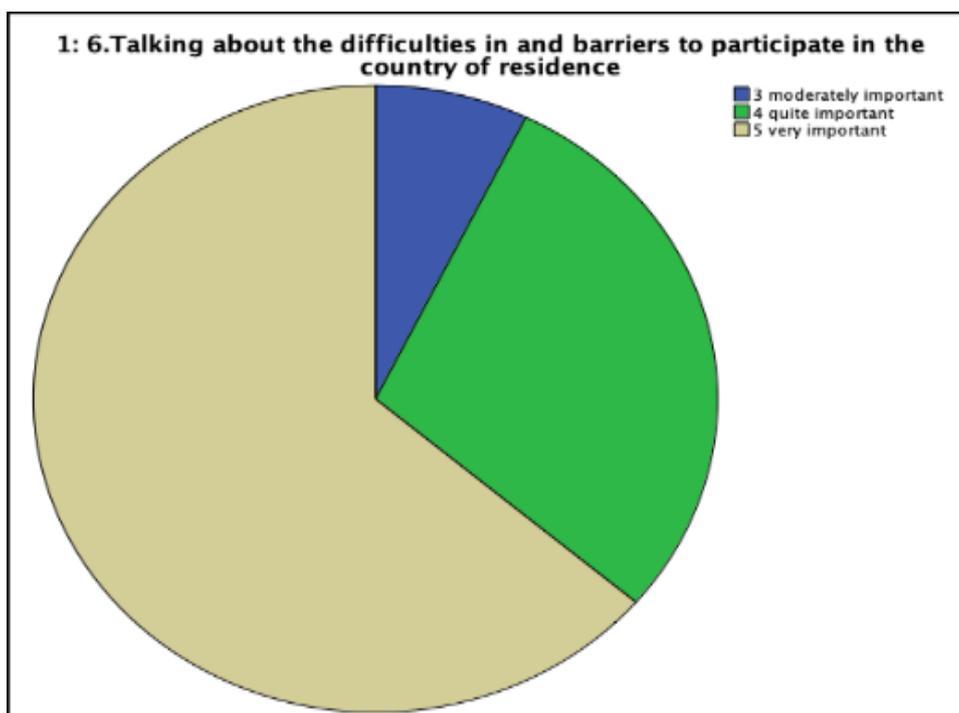


Graph chart 2: Learning about views, values and laws on violence against women and children in the country of residence (in comparison to the country of origin)

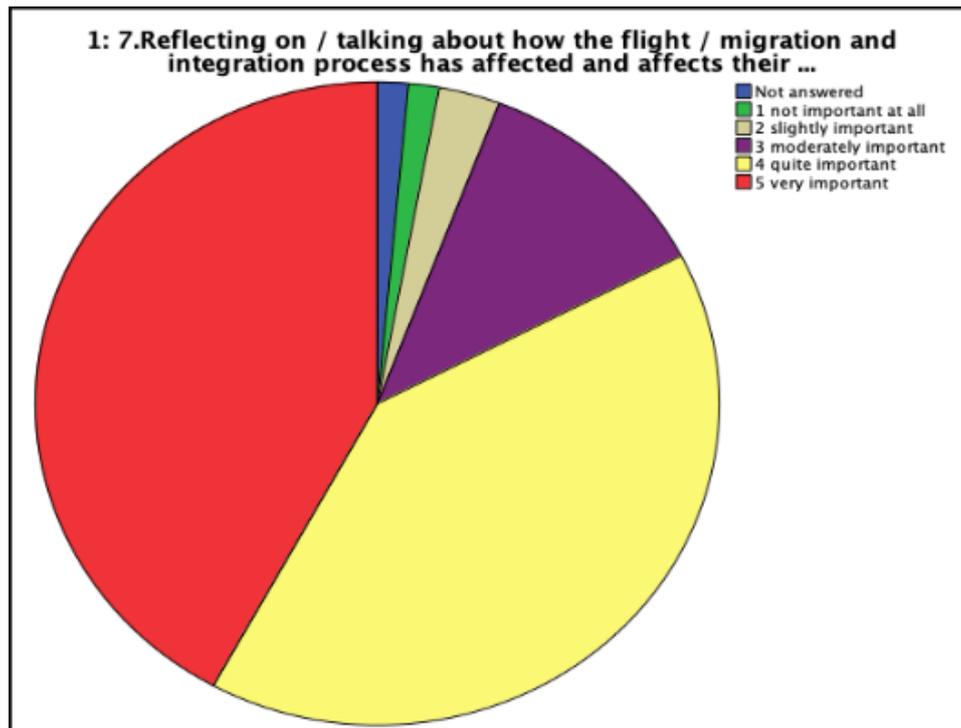


Graph chart 3: Learning about views, values and laws on LGBTIQ in the country of residence (in comparison to the country of origin)

Another important need, according to the survey, is the necessity of refugee/migrant men to talk about their experiences. That is, to be given the space to talk about their experience of fleeing their homelands, the difficulties they face in the country of residence that prevent them from joining and participating, and finally to share their mutual experiences with the other participants. (see Graphs 4,5).



Graph chart 4: Talking about the difficulties in and barriers to participate in the country of residence



Graph chart 5: Reflecting on / talking about how the flight / migration and integration process has affected and affects their role and identity as men

Finally, another issue that was discussed is the encouragement of the self-organization of the refugees and migrants in Greece. As already mentioned, refugees and immigrants' support organizations are abundant, especially in the urban fabric, and these try, in turn, to support other migrant and refugee groups that are neither acknowledged nor supported by organizations.

4.2. Conditions and methods for approaching men in gender-based violence prevention programs

As it will also be discussed below, no program for the prevention of gender-based violence has been implemented in Greece so far with men as its target group, with the exception of some groups created in the context of other programs aiming at the general psychosocial support of the refugee/immigrant population. For this reason, the professionals who participated in the research referred to techniques and methods of approach that they themselves follow in their work fields. The main points of those methods that could be applied in a prevention program will be presented below.

As emphasized by the participants, there is a need for an approach that will allow us to take into account the individual man and how he perceives all these terms (patriarchy, gender-based violence, etc.). If we could have an open discussion with men about terms such as patriarchy and masculinity, we might have some reduction in gender-based violence.

According to a comparative study on the effectiveness of various approaches in order to prevent cases of gender-based violence, the involvement of men and boys in the prevention of the phenomenon has been found to have a positive impact. More specifically, the analysis

of various prevention programs in refugee populations indicates that programs which use participatory educational groups for the purpose of changing behaviours related to gender violence have shown positive results, particularly when some of them involve men in addition to women (Tappis, 2016).

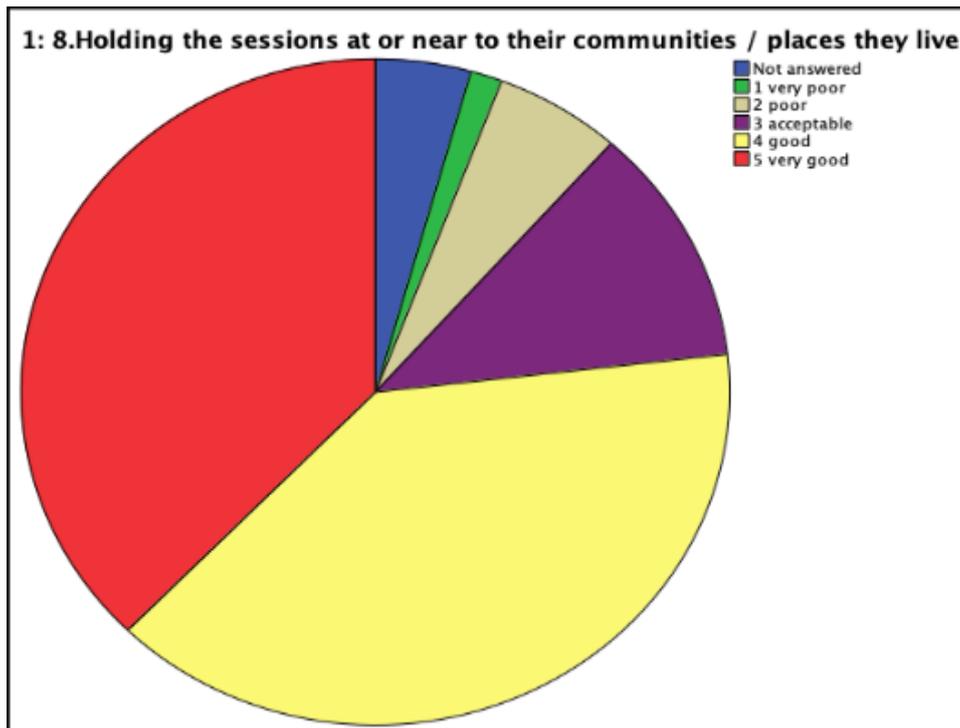
A 2006 review of 58 evaluations of men's and boys' involvement in the prevention of gender-based violence and health promotion shows that this involvement promotes equal gender relations by means of involving men and boys in the discussion of gender and masculinity for the purpose of changing gender related behaviours. (Tappis, 2016).

According to one interviewee, it is very challenging to work with men from sub-Saharan African, Arab, and Islamic countries, on these terms. To elaborate, one should be very cautious while addressing gender-based arguments, as there are very strong stereotypes among those communities, that often reach the limits of the imaginary. In such an approach, we should remind ourselves of the following phrase "Before you deconstruct you should know" and should use it as a rule. Based on the preceding information, one could perhaps commence a discussion carrying uncertainty and even doubt. In this case, a male moderator could play a positive role, since he would have the advantage of respect due to his gender, a characteristic that may help with the process.

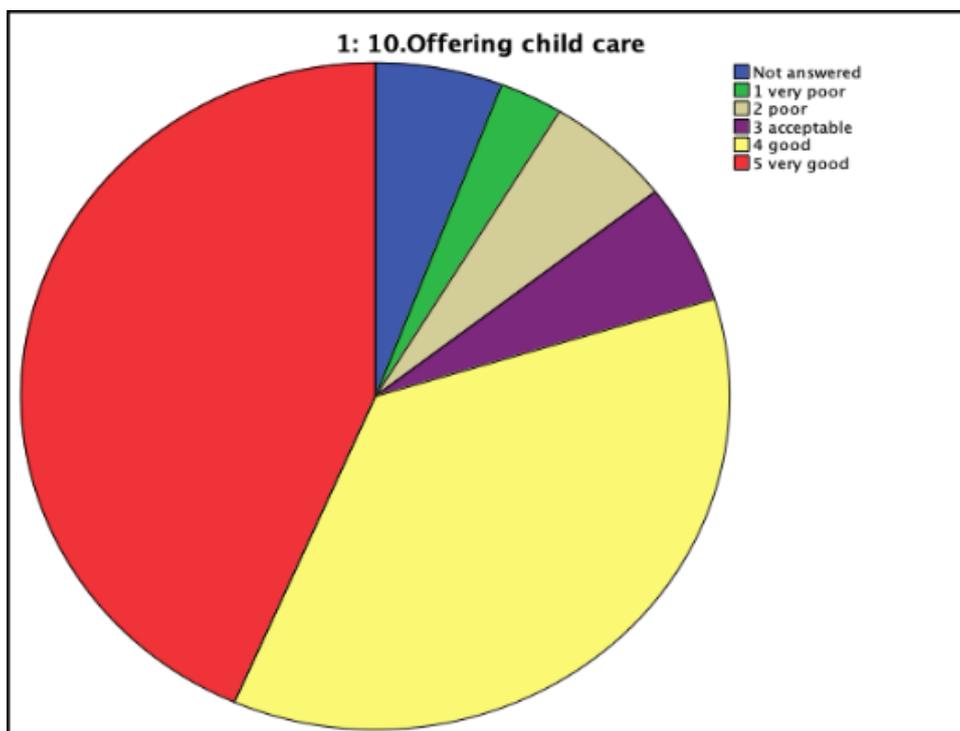
According to other professionals, "inclusion" is another way of approaching that has demonstrated a positive impact on their daily professional experience. These professionals point out that when there are conducive circumstances and the people they serve are involved in decisions and daily activities, then it is easier to approach them and build their professional relationship with them.

As one interviewee pointed out, in Greece we have a partial understanding of the issue in general, but also in particular regarding the refugee and immigrant population, often attributing incidents of gender-based violence to people's culture and ignoring the complexity of the phenomenon. We therefore need a way to approach all aspects of the problem, taking also into account the institutional violence that is being exercised on the population we serve. As claimed by D. M. Indra, refugees will remind us that people can speak from different subjective positions, where the positioning of experience in time and place is important and necessary to adequately understand the human condition (Indra, 1993).

From the results of the quantitative analysis it appears that what prevails in the methods of approaching male refugees and immigrants for their participation in a program for the prevention of gender-based violence is the element of proximity and the facilitations that can be offered to the participants, so as to ensure their participation and stay in the program. An example of one such facilitation would be to hold the meetings near their place of residence, and perhaps the provision of some form of childcare. (see Graphs 6,7).

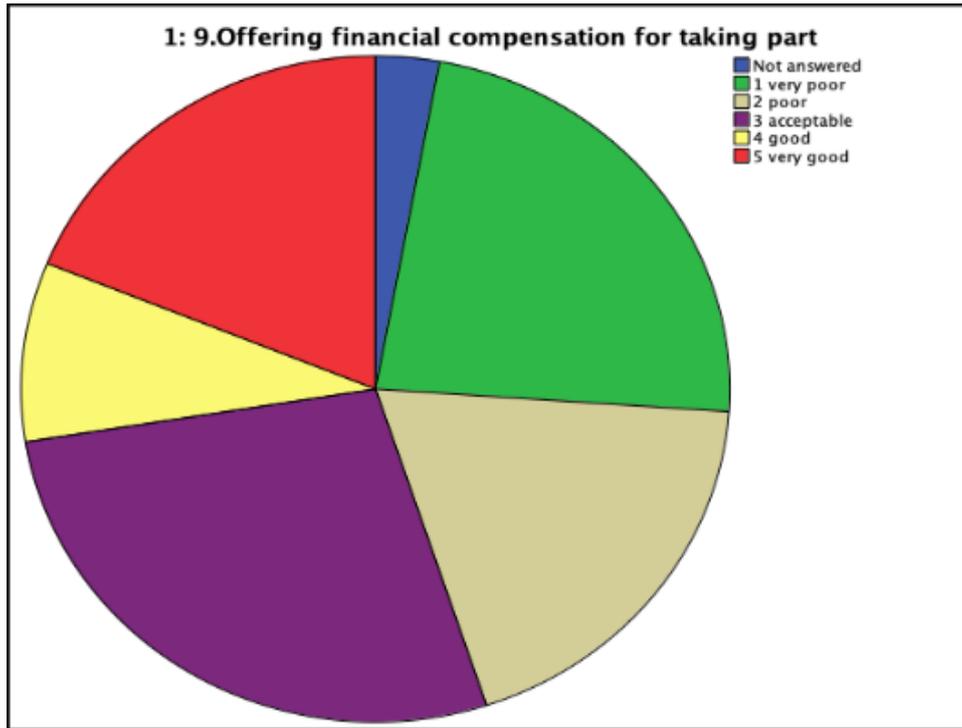


Graph chart 6: Holding the sessions at or near to their communities/places they live

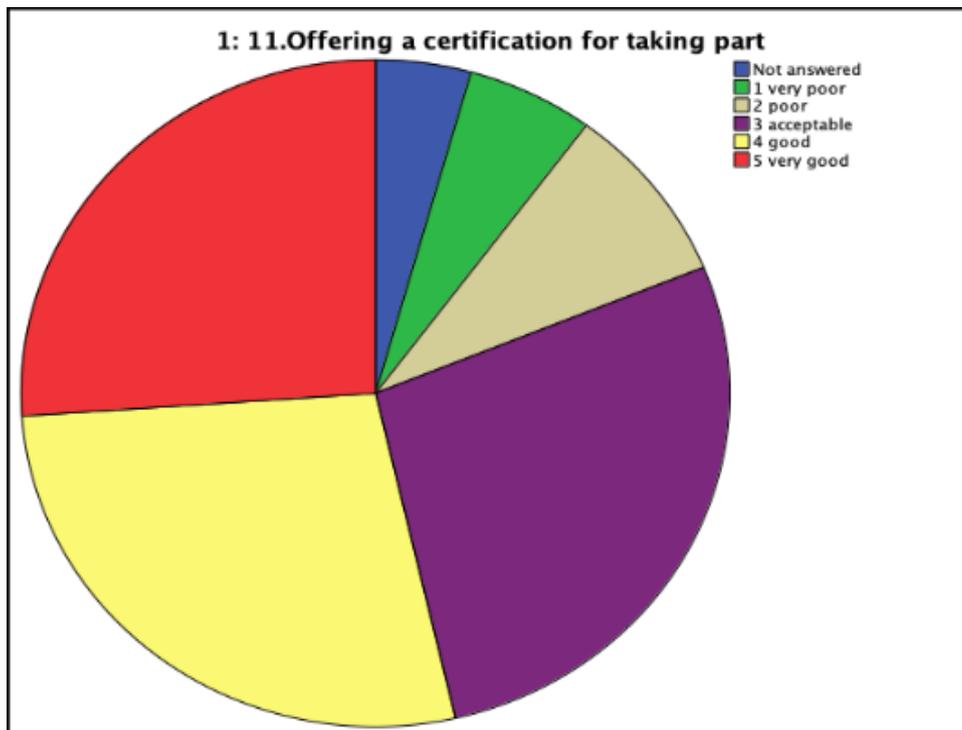


Graph chart 7: Offering childcare

The provision of some financial assistance or a certificate of participation have been met with some positive response. However, not very beneficial practices have emerged from it (see Graphs 8, 9).



Graph chart 8: Offering financial compensation for taking part



Graph chart 9: Offering a certificate for taking part

All participants agreed that a program for the prevention of gender-based violence addressed to males should clearly employ a feminist approach. An example of such an approach would be a relevant to the issue under discussion intervention of "DIOTIMA" (see below), where men were not approached as potential perpetrators, but through an effort to sensitize them by making them aware of the impact patriarchy has on themselves and of the roles and limitations within which they themselves are trapped because of their gender.

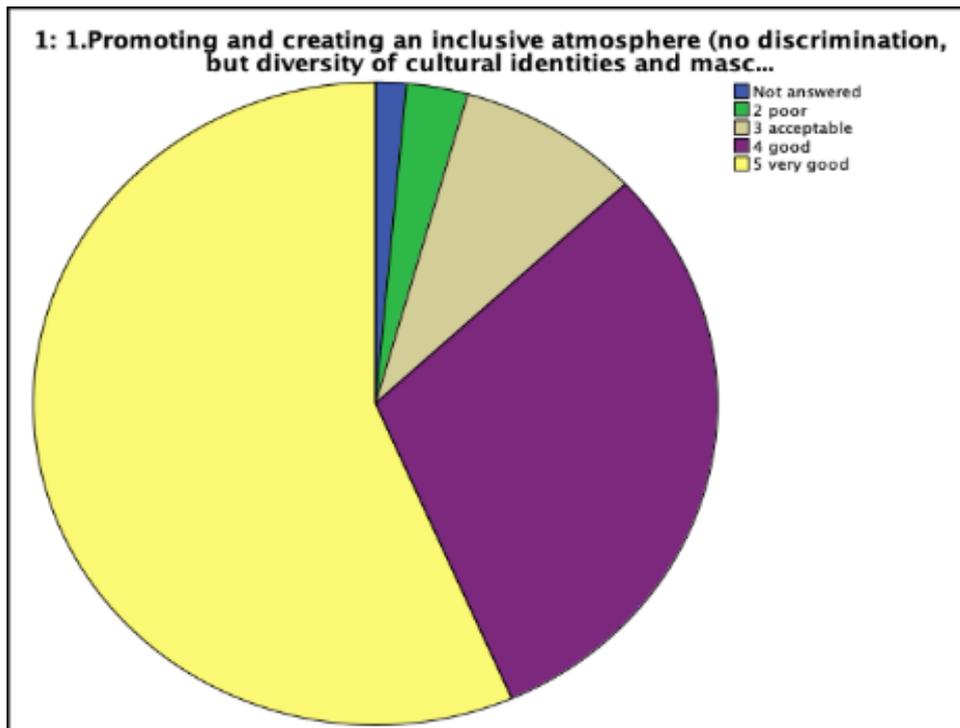
4.3. Good practices and what should be avoided

During the the different phases of the research, one of the main concerns of researchers and participants alike was the absence of programs aimed at the sensitization and participation of men in the prevention of gender-based violence, generally in Greece but also more specifically in the refugee/immigrant population. Among other things, this concern also reflected the fact that in Greece there is a lack of good practices that have been shown to have a positive impact on preventing gender-based violence.

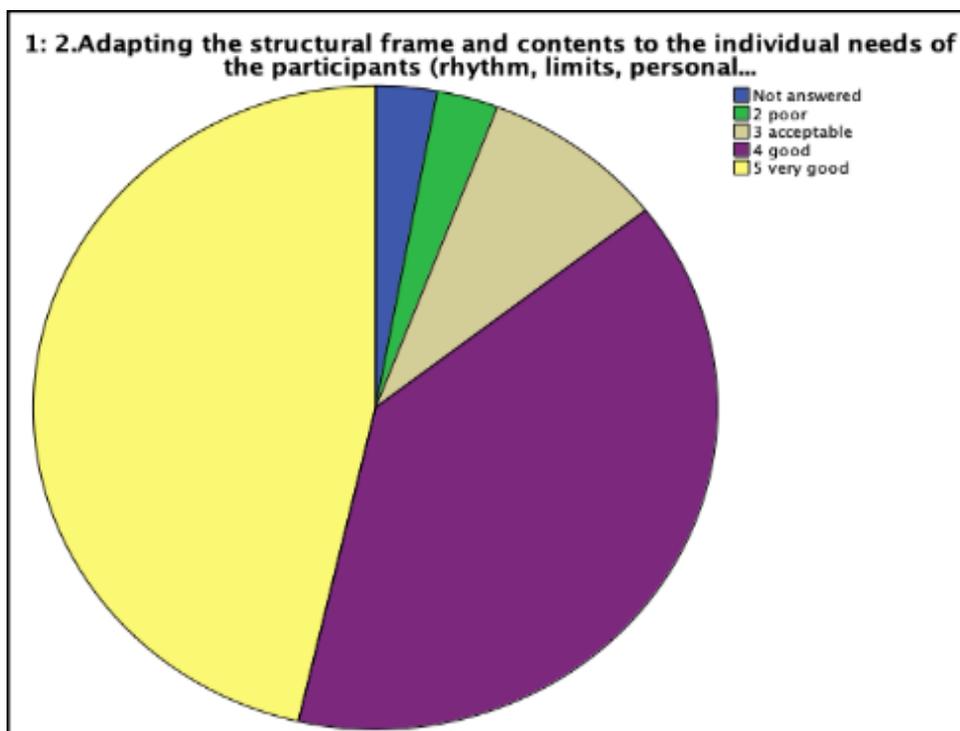
In the context of another program, DIOTIMA organized a group of men in a structure in the region of Attica, where an effort was made to work on the issue of preventing gender-based violence through focus group discussion and other activities. The research involved professionals according to whom these groups aimed to bring people from different cultural backgrounds and different customs, opinions and views closer together, so as to discuss with them the fact that in a patriarchal world, men are also victims.

Many professionals involved in the study reported that the up to now efforts to sensitize men on issues of gender equality, gender-based violence etc. have been made in the context of the population's psychosocial support rather than being organized and aimed at preventing gender violence, and they stressed how important and necessary such a program would be for Greece. However, there have also been some concerns according to which for any such program to have positive effects, it would need to firstly ensure the safety of women (back-fire), and that no relevant intervention should begin without the prior empowerment of women and without ensuring that we do have services are available to them.

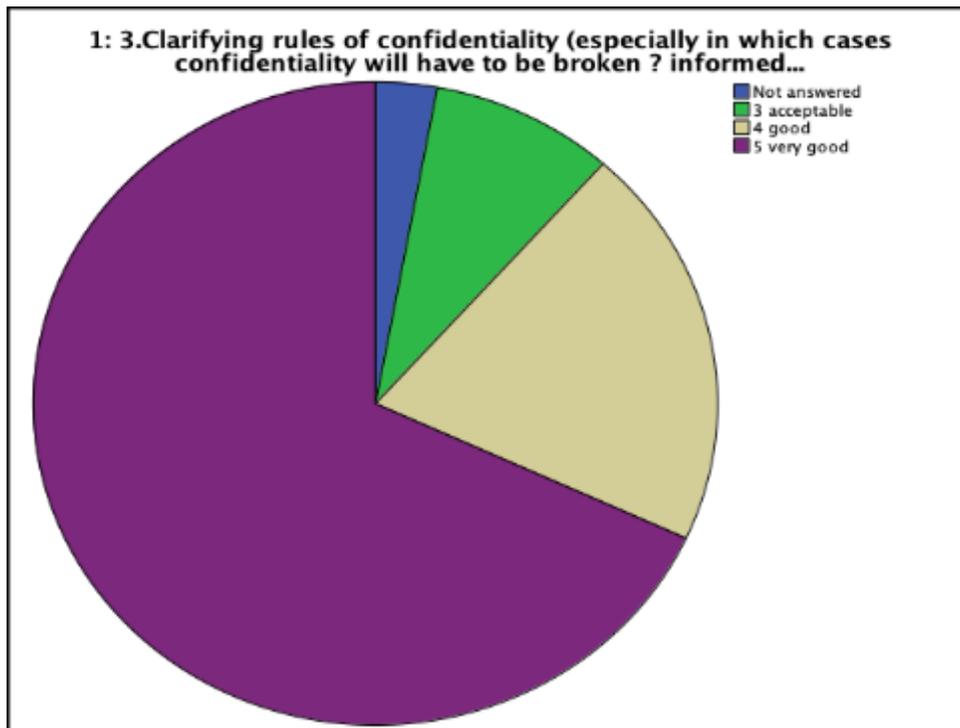
Finally, the good approach practices that were highlighted through the answers to the questionnaires were; a) the creation of a climate of inclusion in the group without any discrimination, b) the adaptation to the individual needs of the participants, c) the ability to ensure confidentiality and d) the encouragement of the the participation of all (see Graphs 10,11,12,13).



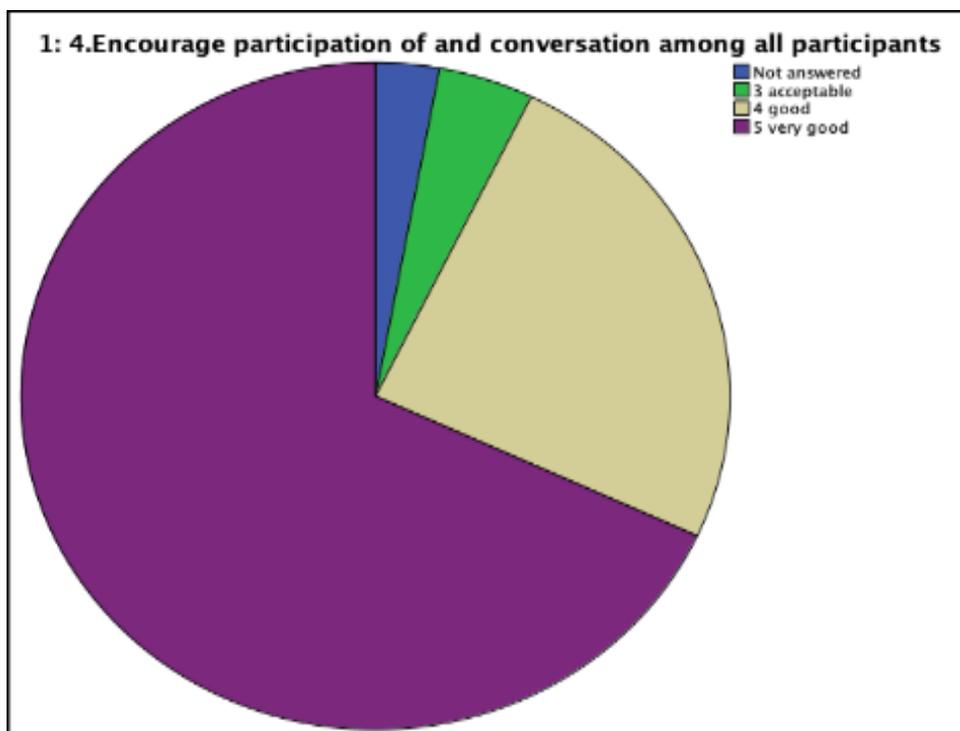
Graph chart 10: Promoting and creating an inclusive atmosphere (no discrimination, but diversity of cultural identities and masculinities)



Graph chart 11: Adapting the structural frame and contents to the individual needs of the participants (rhythm, limits, personal background/experiences)



Graph chart 12: Clarifying rules of confidentiality (especially in which cases confidentiality will have to be broken – informed consent)



Graph chart 13: Encourage participation of and conversation among all participants

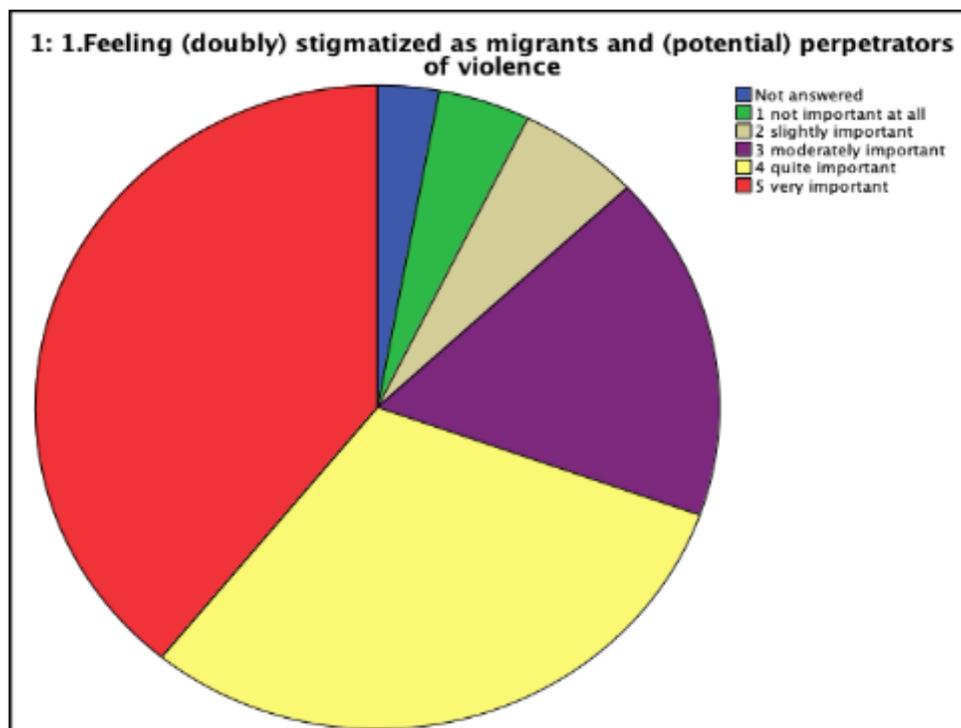
In the absence of similar programs in Greece, both during the interviews and the focus group discussion, the professionals referred mainly to beneficial and non-beneficial ways of approaching men, and they did that based on their experiences.

More specifically, they pointed out that what should be avoided on the part of the professionals is *homogenization*, *conservatism*, the *fantasy of their omnipotence*, and the *degradation of other cultures* versus the Western culture.

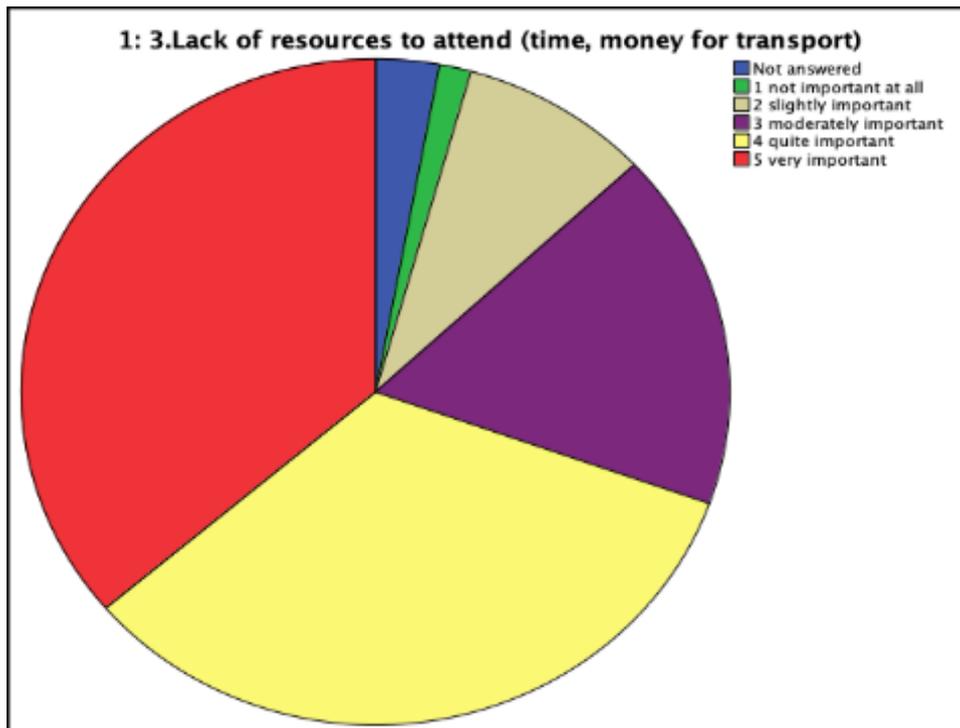
They also stressed that an aggressive approach on their part would be negative as they should keep in mind that there may be perpetrators in their groups, that monologues should be avoided from all parties in order to facilitate the dialogue, and that it is time to change the practice followed so far to oversimplify the phenomenon and to deal with it one-sidedly.

Finally, some of the participants in the study referred to a practice that is followed by professionals in organizations in Balkan countries, though not in Greece, which should be deemed wrong and is not expected to have any positive effect in the long run as it does not solve the problem structurally. More specifically, they mentioned that in some of these organisations, men are threatened that if they engage in violent behaviour, they will lose resources and privileges.

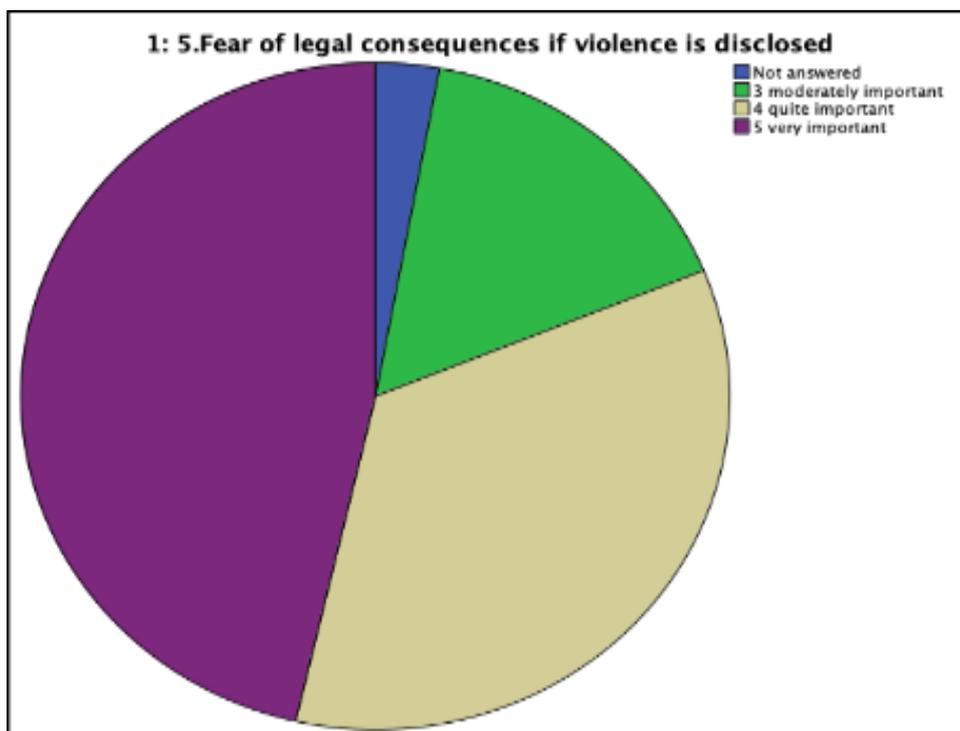
The analysis of the results of the quantitative research revealed some difficulties/obstacles that may arise in the effort of approaching the male immigrants and refugees, which should be taken into account in the design and implementation of a program and be avoided. These difficulties/obstacles are the double stigmatization of participants as immigrants and potential perpetrators of sexual violence, the lack of resources for their participation, and the fear of the legal consequences from their participation in a program related to gender-based violence (see Graphs 14,15,16).



Graph chart 14: Feeling (doubly) stigmatized as migrants and (potential) perpetrators of violence



Graph chart 15: Lack of resources to attend (time, money for transport)



Graph chart 16: Fear of legal consequences if violence is disclosed

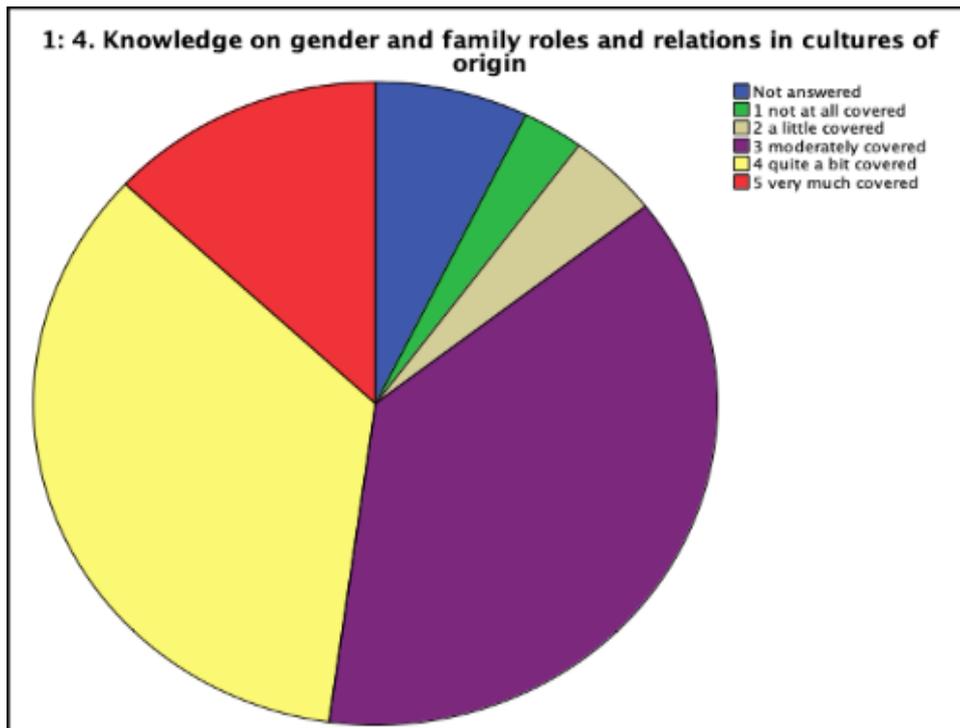
4.4. The needs of the professionals

At the stage of the qualitative part of the research, it was acknowledged that the professionals who participated, but mainly, as they pointed out, those working with refugees and immigrants, have certain needs most of which are not covered, and especially so in the field of gender-based violence.

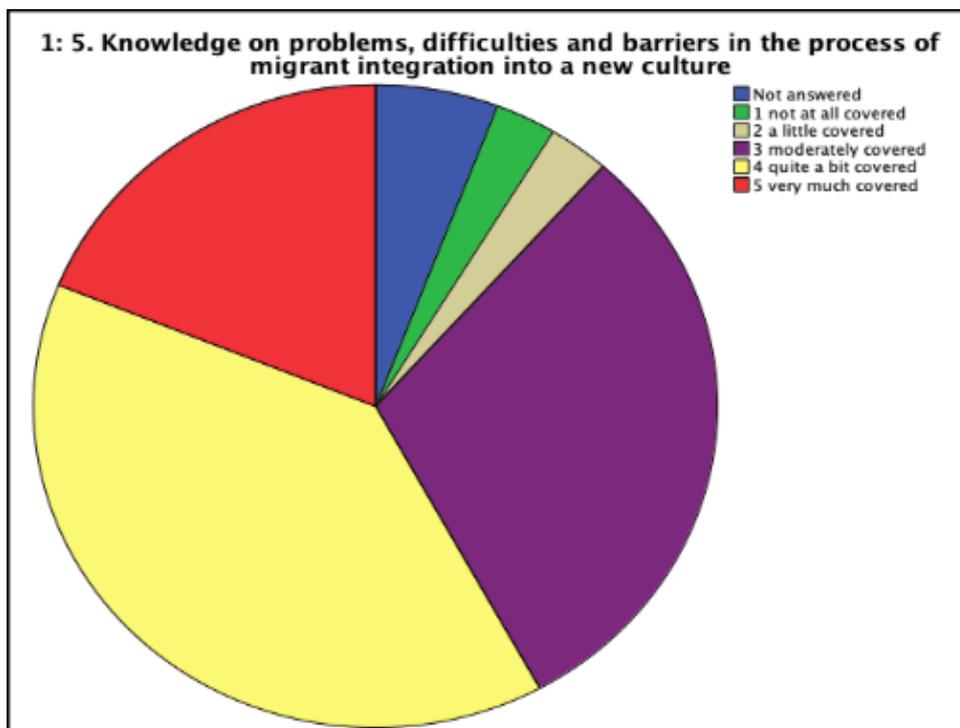
One of the most basic needs of professional working with refugee / immigrant populations is for them to know what it means to be a refugee or an immigrant, both formally as well as in the deeper sense of what the refugee experience means for the individual itself, as well as to have developed an understanding and empathy for this situation. As noted by many professionals, this may be considered a given, but in many cases it is not.

Another need that emerged is the deep understanding on the part of the professionals who handle incidents of gender-based violence of concepts such as gender-based violence, masculinity and patriarchy, as well as the existence of some common lines of dealing with these issues. According to one participant in the focus group discussion, there have been cases where, as a professional, she was called upon to handle incidents of gender-based violence where her colleagues decided to intervene expressing their own *subjective* opinion on how severe they were. In the same context, another participant stated that even though he is familiar with the theoretical concepts of patriarchy, sexism, and gender-based violence, he is not confident about whether he fully acknowledges them in his daily life.

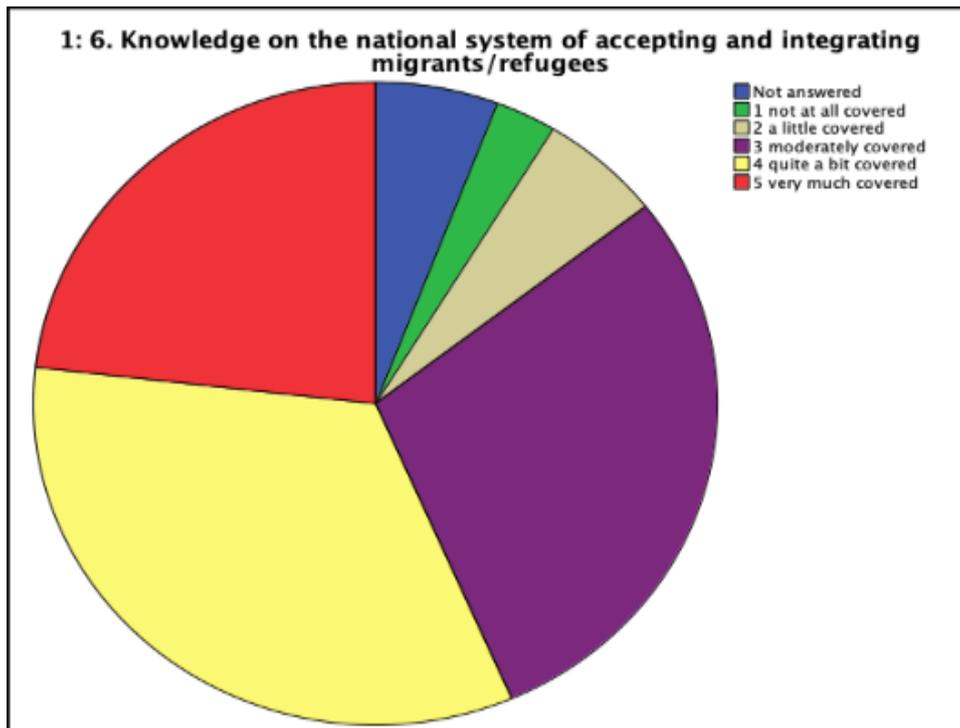
The lack of education and information on the issues of gender-based violence and of masculinity as well as the lack of information regarding the relevant legal framework are also depicted in the analysis of the quantitative research results, where it appears that most professionals believe that their needs have been met either only partially or not at all. (see Graphs 17,18,19,20,21,22,23).



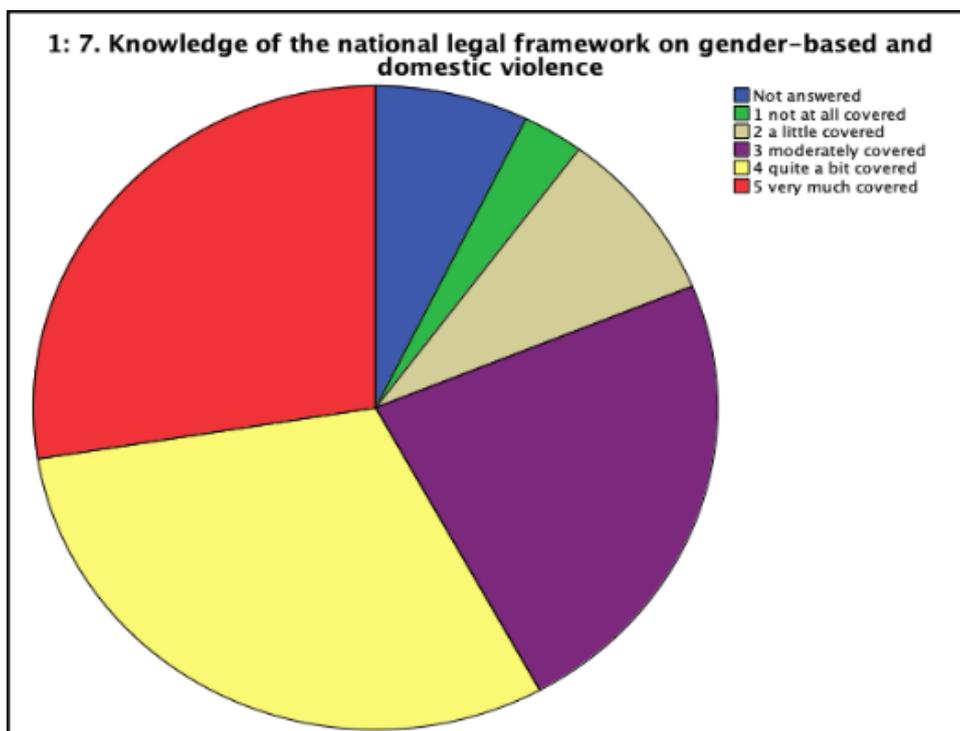
Graph chart 17: Knowledge on gender and family roles and relations in cultures of origin



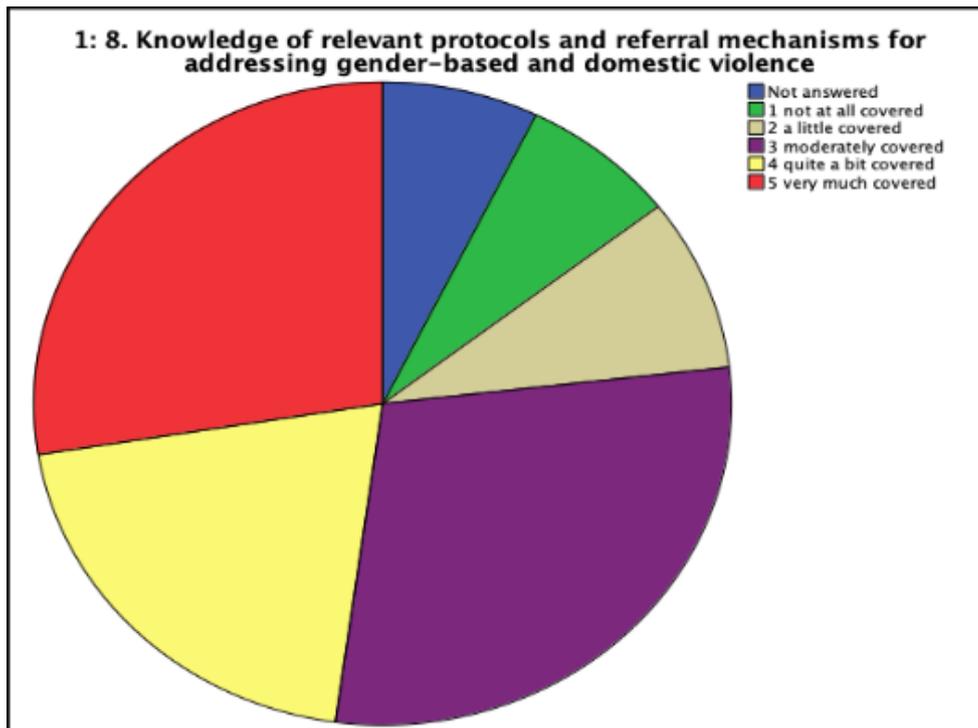
Graph chart 18: Knowledge on problems, difficulties and barriers in the process of migrant integration into a new culture



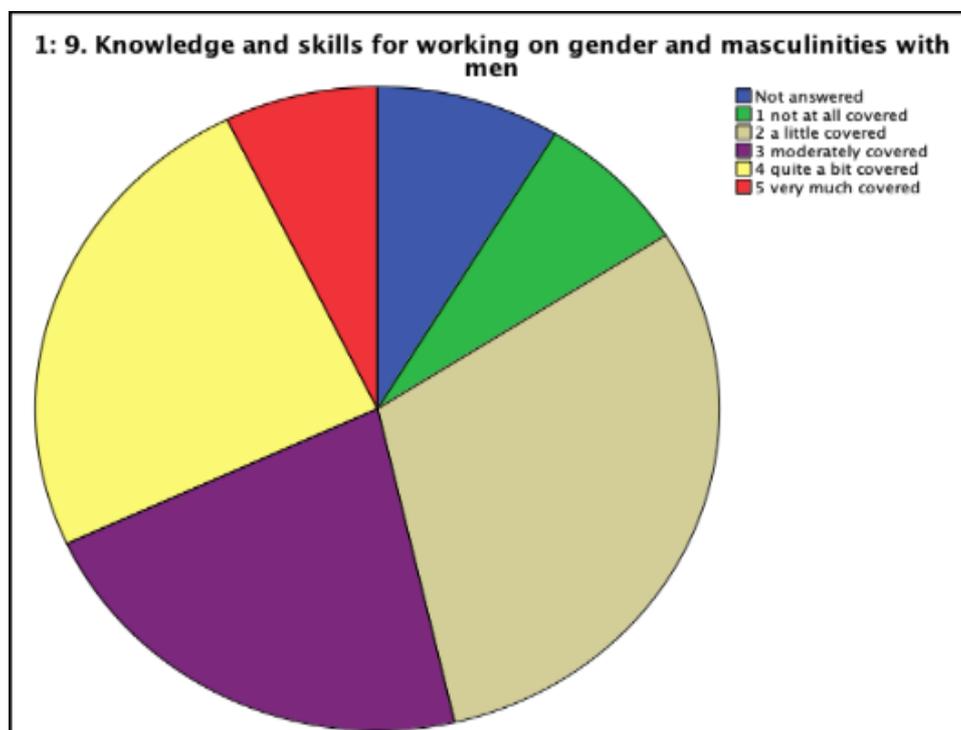
Graph chart 19: Knowledge on the national system of accepting and integrating migrants/refugees



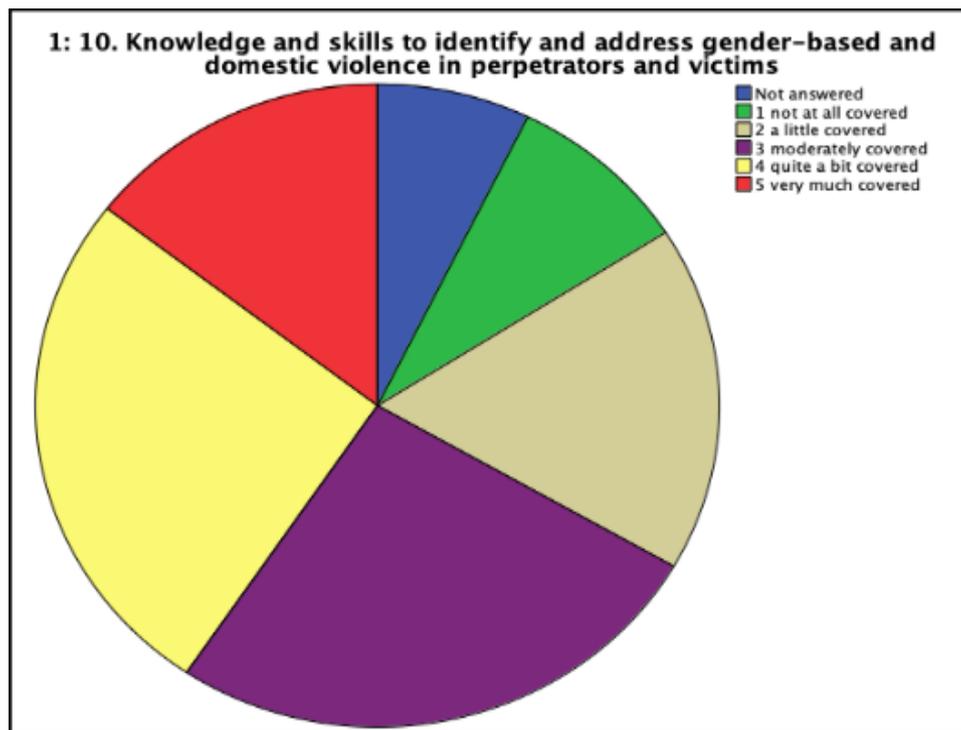
Graph chart 20: Knowledge of the national legal framework on gender-based and domestic violence



Graph chart 21: Knowledge of relevant protocols and referral mechanisms for addressing gender-based and domestic violence



Graph chart 22: Knowledge and skills for working on gender and masculinities with men



Graph chart 23: Knowledge and skills to identify and address gender-based and domestic violence in perpetrators and victims

Continuous supervision is another need that has emerged from the discussion, mainly from professionals such as social workers and psychologists, who are the ones that bear the burden of managing such issues. Many organizations do not invest in supervision either due to lack of funding or due to a lack of understanding of its importance, which often leads the professionals to feel that there is an absence of direction and guidance and that that they have nowhere to turn to.

Related to the above is also the need for the professionals' participation in training programs and seminars and their being updated on new methods and practices, as organizations often place this burden of training and updated information on the will and ability of each professional, without providing the necessary resources.

The updating of referral systems is another important issue. The professionals who participated in the research stressed the importance of referring a case to other professionals or services when this is at an impasse. In addition, they pointed out that in practice referrals are based mainly on the personal acquaintances of a professional and on the network he/she has set up, as there is no common ground and understanding among organizations.

The same category of needs includes the updating of the mapping of services in each area and each structure, as there is the risk of an unnecessary delay of cases, and, finally, the mandatory implementation of standardized procedures in each organization by all its professionals.

Several professionals have highlighted the need for additional resources and staff. The funding for the immigrant/refugee issues has now been minimized and so most organizations work with inadequate staff. As they said, they often feel that they are covering other job

positions with their work and that they are forced to do a lot more than what was originally asked of them. It is, therefore, important for them that the gaps are identified and recorded, so that additional staff can be hired in order to eliminate the risk of the existing staff being led to exhaustion and to a "burn out".

In the same line, and perhaps the major need discussed in the context of the research, is the duration of the programs. Many of the professionals work on programs that last from three to six months. As it is easily understood, in this period it is difficult or even impossible to build and establish a relationship of trust with the refugee population. The participants pointed out that especially in prevention programs the duration is of particular importance, as there should be enough time to test techniques and examine whether they have any effect or not. If, for example, a program focuses on changing behaviours, this cannot last only three or six months. All such interventions should be continuous and long-term. According to them, short-term programs, in addition to not bringing any benefit for the target population as such, they do not allow the professionals themselves to feel certain and secure.

Moreover, all participants expressed their concerns about the issue of gender-based violence and its dimensions, generally in Greece and not only in the refugee population. It appeared to be unanimously accepted that there is a need for preventive intervention with regards to gender-based violence, as incidents of this as well as of domestic violence in the field are on the rise and unrecorded.

Many of the participants, both in the focus group and in the interviews, showed particular interest when they were asked about the needs of the professionals, but at the same time they also expressed a sense of futility. This attitude is in line with all the above regarding the reality of the current situation of the refugee/immigrant issue in Greece.

5. Suggestions - Conclusions

The present and last section of this report presents the proposals and conclusions that will guide us in the next stages of the program. More specifically, it presents the suggestions of the professionals who participated in the research regarding work with male refugees and immigrants for the prevention of gender-based violence, as well as regarding the programs for the development of relevant professional skills.

5.1. Prevention of violence and sensitization on gender issues in the context of working with male refugees and migrants

Taking into consideration the results of both the qualitative and quantitative parts of the research with respect to working with migrants and refugees in Greece for the purpose of preventing gender-based violence in Greece, we conclude that when designing, developing and implementing a relevant educational program we should focus on the intercultural exchange with these men and on the need to provide them with the necessary space so as to express their own thoughts, beliefs and experiences from the new life conditions they are experiencing.

As most of the professionals who participated in the research have pointed out, the process of approaching immigrants and refugees during the implementation of any program ought to meet the following qualitative criteria:

- Professionals should be adequately trained for the purpose of working with groups of men from different cultural backgrounds.
- Professionals should be free from personal thoughts and beliefs and able to focus on the dynamics of the group.
- Professionals should follow a non-discriminatory approach and avoid stigmatizing the participants as "perpetrators".
- As far as this is possible, there should be used male interpreters.
- The availability of interpreters for all spoken languages is essential.

Focus Group Discussion is considered to be the most useful method of approach as it helps the professionals to set the context and the boundaries of the discussion, while providing the participants with space to focus their thoughts on a specific topic as well as to express and exchange opinions, ideas, and experiences with other members of the group. Many professionals stressed the importance of the existence of a safe place for men, where they will be able to express themselves and talk about their concerns.

Another approach that seems to be considered beneficial, provided that it has a clear goal and framework, is the engagement in collective activities such as cooking, where the participants can get involved in a shared activity as a starting point for conversation around issues such as gender, equality, etc.

The main subjects of the program could be summarized as follows:

- Migration / Migratory experience

- Everyday life / challenges / opportunities
- Gender relations (Country of origin and country of residence)
- Gender equality
- Violence / Prevention of violence
- Legal framework
- Life skills

5.2. Development of skills for professionals

The results of the research have shown that in Greece there is a shortage of professionals trained on gender issues to work on the field following a feminist approach. While there are some organizations with a clearly feminist approach, the majority of professionals who deal with cases of gender-based violence on the field do not have some form of specialization on gender issues and do not follow some specific approach, despite having a solid academic background.

The problem in Greece is mainly institutional, as the state does not have a specific policy and the educational system does not touch on issues such as social gender, adopting the binary and biological dimension of gender. As a result, there is a possibility that professionals such as social workers or psychologists working on the field for the prevention and handling of gender-based violence may not be adequately trained in areas such as gender, masculinity, etc.

The discussion regarding gender equality in Greece began in the 1980s and adopted mainly the binary approach. It was only in 1983 that the Family Law was modernized and adapted to the constitutional requirement of the application of the principle of gender equality. Abortion was allowed in 1986, domestic violence was criminalized in 2006, and human trafficking in 2004. The social dimension of gender was only discussed in 2010-2012, and the change in legislation regarding the legal recognition of gender identity took place in 2017.

According to the professionals who participated in the research, field-workers in the area of prevention of gender-based violence should develop skills such as:

- Distinction between individual and the cultural identity.
- Personal intervention.
- Use of legal framework as a tool when there are no institutional mechanisms
- Further education on the concept / importance of gender and on the deconstruction of prejudices.
- Development of neutrality and avoidance of abusive behaviours.
- Use of non-gendered language.
- Combating prejudices over the individual person's appearance.
- Intercultural education - deconstruction of stereotypes.
- Cultural education without cultural relativism.
- Gender related education (masculinities).

- Use of interpretation / cultural mediation as a tool to prevent gender-based violence.
- The importance of being a refugee. Recognition of the importance of being a refugee - what the refugees are affected by and what they affect.
- Methods of approaching refugees on specific issues such as culture, the position of men and women in society, etc., and how all these issues are affected by the refugee experience.

In order to achieve the aforementioned, it is necessary to plan long-term well-structured and continuous educational programs that lead to conclusions, while refraining from the logic and form of a single seminar. On the subject of methodology, the professionals are recommended to participate in the daily life of the target group, since participatory observation and on-site research can be used as tools.

A skills development program for professionals in Greece should include the following:

1. Collaboration with organizations specializing in gender, masculinity and gender-based violence for the acquisition of educational material and information.
2. Focused group discussion, with professionals working in the field and with a concentration on masculinity and the feminist approach. Discussion of professionals' attitudes and views on gender-based violence, masculinity and patriarchy.
3. Designing and implementing a training seminar tailored to the needs of professionals.
4. Designing and implementing an online seminar for professionals working in remote areas (i.e., islands).
5. Organizing seminar meetings open to professionals who do not work exclusively with refugees and immigrants.

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APENDIX A

EXPERT WORKSHOP SUMMARY REPORT

Date	12.12.2019 (09:30 am-16:00 pm)
Place	Cultural Center “Serafio”, Athens, Greece
Facilitator(s)	Nicole Petalidou, Stella Sakonidou, Despoina Syrri
N° of Participants	19 participants and 3 facilitators

1 | Description of the participants

Please describe the participants at the Expert Workshop: what kind of professionals from which organisations took part, which field of expertise did they represent, etc? Add any comment or relevant information to best understand the group composition.

It was a group of 19 participants (14 females ,4 male) working in the psychosocial sector. Most of them were either social workers or psychologists and they were experienced in the refugee and migrant field. Few of them knew each other but not so well

The group consisted of:

- A lawyer working for a human rights NGO
- A child protection officer working in a shelter for unaccompanied male minors. The shelter accepts teenagers 14-17 years old and they are working with them issues as gender equality.
- A social worker in an NGO working with unaccompanied male minors
- A social worker working for an NGO whose target is homeless young people 16-21 years old. They offer them a place to have a shower, wash their clothes and psychosocial support. Although the center is for both girls and boys, mostly boys are visiting it. The number of young people who visit the center increases.
- An interpreter (German, Dari/Farsi, Turkish) employed by a violence prevention center, men’s counselling center, as well as an NGO specifically working with migrants/refugees. She interprets in group settings but also during therapy appointments.
- A social worker, supervisor, and trainer with a specialty in violence prevention and work with perpetrators. She leads a group for perpetrators and is a trainer for Men Talk, a dialogic group for men.
- A male engagement expert for a women NGO. He used to run for two years a project focusing on prevention of gender-based violence with male migrants and refugees in a refugee camp. He expanded this project providing support and guidance to other NGOs on this issue.
- Two social workers of Hellenic Red Cross
- An adult’s educator of Hellenic Red Cross
- A social worker in an NGO specialized in Child Protection
- A psychologist working for an NGO in a refugee camp
- A social worker working for the social service of an NGO
- A program coordinator of an INGO

- A GBV specialist from an INGO

2 | Step by Step description of the Workshop

Please provide a step by step description of the agenda of the expert workshop.

1. Welcome
2. Presentation of Symβiosis
3. Introduction of facilitators and participants
4. Migration and refugee crisis in Greece the upcoming challenges
5. Presentation of the Council of Europe and gender equality
6. Presentation about violence prevention
7. Focus Group Discussion (Method and Protection of Data, Sign of the consent forms)
8. Question 1: Needs and Interests of Men
 - Contents
 - Methods
 - Motivation to take part
9. Question 2: Needs and Interests of Professionals
10. Question 3: Expectations and Needs from a Training Course for Professionals
11. Best and Worst Practices in violence preventive gender-reflective work with male migrants and refugees
12. Questions for questionnaire
13. Additional Comments Round
14. Thank you

3 | Main needs of male migrants and refugees

Please sum up the discussion around the main needs of male migrants and refugees regarding gender based violence prevention work: themes and contents, reaching out and motivating them, taking into account issues such as language, culture, religion, education, social background, family structures, policing and legal structures, asylum processes (including legal and institutional framework, reception and integration), masculinity stereotypes, etc.

What men might need from a measure of gender-based violence prevention work:

The main needs that were identified regarding the measure of gender violence prevention work can be summarized in the following:

- Accommodation, access to asylum and access to mental and physical health are basic needs that in Greece are not met for all. For example, many men that used to live in a shelter for UAMs in Greece after eighteen they end up homeless and they are exposed to great risk.
- Self-realization: there is a difference of the reality that they are experiencing in Greece and the expectations the society of their home countries has for them. For example, many minors

and young adults stop their education in order to work as it is expected by their families back in their countries. Provision of information and motivation.

- Boredoms is one of the feelings that most men are experiencing in the refugee camps in Greece. As job offers are low for them and most of them have Greece in their mind as a temporary station, they spend their days doing nothing. Motivation to participate in activities, in decision making processes and job counseling.
- Provision of information and better explanation of the legal framework, what it is permitted and what is not. Understanding of the masculinity norms and social standards
- Encouragement in their effort to self-organization. There are many movements and groups of refugees and migrants in their effort to provide support to others, but they are not recognized and supported by us

4 | Main needs of professionals working with male migrants and refugees

Please sum up the discussion around the main needs of male migrants and refugees regarding gender based violence prevention work and, specifically, delivering a gender sensitive and violence preventive programme: knowledge and skills needed, motivation to take part, expectations, conditions for collaboration with the project or experts in violence prevention, legal and institutional framework for violence prevention and gender equality, quality standards (e.g. translation issues), etc.

The main needs of professionals working with migrants and refugees that were identified are:

- Knowledge and empathy of their situation
- Deep understanding of gender-based violence, masculinity and patriarchy and common lines between professionals
- Continuous supervision
- Participation on trainings and seminars and updated in any new method
- Updated referral pathways. In cases that we reach to a dead end always refer them to other colleagues or more appropriate services
- Updated service-mapping
- Follow strictly the SoPs
- Ask for extra resources and staff
- Duration of projects-Most of the projects are for six or even three months and there is no time to establish a good and trustful relationship. This also does not allow the professionals to feel secure and confident

APENDIX B

EXPERTS INTERVIEWS SUMMARY REPORT - GREECE

1 | What kind of educational programs should be provided to professionals working with male migrants and refugees in gender-based violence prevention?

2 | Do you understand terms like gender-based violence, patriarchy, masculinity? How would you define them?

3 | What would you describe as a good practice working with male migrants and refugees, and what do you think should be avoided?

4 | Good practice examples of violence prevention with male migrants and refugees

Please sum up the discussion around any experiences or examples of good practice in this kind of work: useful strategies / methodologies, difficulties or obstacles and how to overcome them, lessons learned, quality standards, etc.

5 | Questions for questionnaire

Please sum up the discussion around the main questions that should be included in a questionnaire for professionals on needs and resources in gender based violence prevention with male migrants and refugees.

6 | Comments

Please, write down any additional comments on the Expert Workshop that you think might be useful, any other relevant themes that emerged during the workshop, and include your own reflections as a facilitator.

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