

A photograph of two people sitting on a large log in a park. The person on the left is wearing a white jacket and glasses, and the person on the right is wearing a dark blue jacket and a grey scarf. They are both looking at each other and appear to be in conversation. In the background, there is a brick building with many windows and several trees without leaves, suggesting a cool season. The overall scene is bright and sunny.

RECOMMENDATIONS REPORT SAMEN: MOVING FORWARD

SAMEN: Strengthened Assistance for
Migrant Empowerment in the Netherlands

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This document compiles the lessons learned during the SAMEN project, a collaboration between Médecins du Monde the Netherlands (Mdm) and the International Organization for Migration (IOM). The recommendations are based on an analysis conducted by the IOM within the framework of the project activities, supplemented by insights from a diverse group of stakeholders and a review of relevant literature.

The project team extends its gratitude to all the professionals, experts, cultural mediators, and colleagues who contributed to this project. The experiences and discussions

shared have been invaluable to the analysis that shaped this report. Special thanks are due to the cultural mediators, who dedicated themselves throughout the project to bridging the gap between newcomers and Dutch support services. Their advice, both solicited and unsolicited, played a crucial role in the success and positive impact of the project. Lastly, the team would like to thank the European Commission, the Ministry of Education, Culture and Science, and the Municipality of Rotterdam for their support in making this project possible.

Thank you.

ABBREVIATIONS

MdM	Médecins du Monde the Netherlands
IOM	International Organization for Migration
METS	Method for the Empowerment of Trauma Survivors
PTSD	Posttraumatic Stress Disorder
SAMEN	Strengthened Assistance for Migrant Empowerment in the Netherlands
SGBV	Sexual and Gender-Based Violence
SOGIESC	Sexual Orientation, Gender Identity, gender Expression and Sex Characteristics

CONCEPTS AND TERMINOLOGY

Diverse SOGIESC	This abbreviation stands for diverse sexual orientations, gender identities, gender expressions, and sex characteristics. It broadly refers to aspects related to the social constructs of gender norms. In the Netherlands, the term LGBTQIA+ is more commonly used to describe people with diverse SOGIESC. However, SOGIESC is a more comprehensive and universal concept that includes a wider range of categories and diversity than the individual letters in LGBTQIA+. Everyone has a sexual orientation, gender identity, gender expression, and sex characteristics. It often appears that non-Western individuals with diverse SOGIESC identify with the broader terminology. For these reasons, this broader term is used in this report.
Formal support (services)	This report distinguishes between 'formal' and 'informal' support systems, though these terms are not always clear-cut or precisely defined, and the SAMEN team acknowledges the complexities involved. 'Formal' support is not necessarily more important than 'informal' support; they operate on different principles. For this report, 'formal' support refers to registered healthcare providers such as doctors and healthcare psychologists, as well as established and nationally recognized organizations like Veilig Thuis and the Sexual Assault Centers. These 'formal' support organizations typically work by appointment and are less likely to proactively reach out to communities (yet).
Gender-based violence	Gender-based violence is an umbrella term which includes many types of violence. For example, physical, psychological or sexual violence. The European Commission defines gender-based violence as "violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately" (European Commission, n.d.). Gender-based violence is often rooted in unequal power relations and socially constructed gender differences between men and women (UNESCWA, n.d.). The definition of gender-based violence can therefore vary across societies, cultures, countries, and regions. Some examples of gender-based violence include domestic violence, female genital mutilation and honour-related violence.
Informal support (services)	As mentioned in the description of 'formal' support, a distinction is made in this report between 'formal' and 'informal' support (services). These terms are not always clear-cut or precisely defined, and the SAMEN team acknowledges the complexities involved. 'Formal' support is not more important than 'informal' support; they operate on different principles. 'Informal' support (services) refers to organizations and professionals who are not registered healthcare providers but offer support in other ways. They are more likely to actively reach out to the communities they wish to help. Examples of 'informal' support organizations are neighborhood teams, cultural mediators, peer support groups or buddies. These professionals are more likely to work on a voluntary basis and/or spend more time with migrants than those providing 'formal' support. As a result, professionals providing 'informal' support often build a relationship of trust with the target group.
Migrant	<p>IOM describes 'migrant' as an umbrella term, as "a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons." (Sironi & Emmanuel, 2019, p.132).</p> <p>The term 'migrant' is not included in international law, but does include several categories, such as migrant workers and refugees, which are included in international law. In addition, it includes non-legal categories, such as international students.</p> <p>The target group of SAMEN consists of migrants. This term was purposefully chosen, because the target group often moves between legal categories. An individual may initially</p>

be identified as an asylum seeker, but later be referred to as a refugee or undocumented person. The SAMEN team supported people belonging to various categories of migrants, so the umbrella term best describes the target group. In practice, most migrants seeking support from the SAMEN team forcibly left their country of origin, for instance refugees.

Newcomer

In addition to the term 'migrant(s)', the term 'newcomer(s)' is used in this report. A newcomer is a person who has recently come to the Netherlands and does therefore not know the written and unwritten societal rules. Newcomers often do not speak Dutch well yet. The category includes people with and without residence permits.

In contrast to newcomers, the term 'migrants' includes people who have lived in the Netherlands for a long time and therefore know how to find their way in the country. As a result, this group generally needs less support or guidance in finding their way in the Netherlands and the Dutch healthcare system. The SAMEN team has mostly supported newcomers because they were more likely to look for guidance.

Support

This report often refers to 'support' for migrants who have experienced sexual and gender-based violence. Support can refer to a mental health care trajectory, medical assistance, an informal network, a shoulder to lean on, and everything between these 'formal' and 'informal' forms of support. Support looks different for everyone, so the broad term is therefore used in this report.

Survivor

A term to describe someone who, through no fault of their own, has suffered physical, financial, or psychological harm or disadvantage and is recovering from it. People often refer to survivors as victims. In this report, the term survivor is preferred because this term emphasizes a survivor's agency.

Secondary traumatization

Secondary traumatization is the result of prolonged exposure to stress through confrontation with traumatized individuals (Donk, 2001).

Sexual violence

Sexual violence is a type of violence. The Sexual Assault Center describes sexual violence as "a term used for all sexual acts which a person has to perform in an unequal situation. By unequal, we mean that the other person has more power, is stronger, is older or that you depend on them" (Centrum Seksueel Geweld, n.d.).

Cultural mediator

Cultural mediator refers to a qualified person with a migrant background who, through their intercultural understanding and language interpretation, builds a bridge between newcomers and service providers in the Netherlands. Cultural mediators are employed more broadly to support newcomers in finding their way in a new country. They help solve practical problems, provide information and personal guidance and they stand up for the needs and rights of newcomers in the Netherlands. In the SAMEN project, cultural mediators are also referred to as the project's Migrant Ambassadors and are specialized in supporting migrants survivors of SGBV.

EXECUTIVE SUMMARY

People fleeing conflict or persecution face an increased risk of experiencing or witnessing sexual and gender-based violence (SGBV) before, during, and after their journey. For example, UN Women reports that 90% of women and girls traveling the Mediterranean route to Italy are raped during their journey (IOM, MMC & UNHCR, 2024). The impact on the mental health of migrants is significant, with 13-25% of refugees suffering from PTSD and/or depression. Despite this high risk, research indicates that only a small portion of newcomers find their way to the appropriate support services, partly due to a lack of trust (Hendriks & Toksoz, 2023; de Schrijver et al., 2022).

The SAMEN project, implemented by the International Organization for Migration (IOM) and Médecins du Monde the Netherlands (Mdm) from September 2022 to August 2024, aims to address SGBV experienced by migrant communities in the Netherlands through raising awareness and guiding migrant survivors to support services. This report compiles the insights and recommendations drawn from conversations, meetings, and consultations with 165 professionals, 770 migrants, and 15 cultural mediators. The goal of this report is to provide migrant organizations and cultural mediators, service providers, municipalities, and the government with tools to strengthen the response to SGBV.

Migrant organizations and cultural mediators are uniquely positioned to address SGBV within migrant communities due to their direct contact with the target group and their ability to build trust with survivors. Formal support services, on the other hand, often struggle to reach migrants. Migrant organizations and cultural mediators can help other organizations gain access to these communities, but to do so, it is important for them to be visible to external organizations. Effective communication about activities, joining or collaborating with umbrella organizations, and participating in regional online social network “maps” are some strategies to achieve this. Additionally, migrant organizations and cultural mediators can play a crucial role in connecting migrants with formal support services. For example, information sessions between migrants and service providers can bridge gaps and foster effective communication between the two groups. When migrant organizations and cultural mediators recognize signs of SGBV or mental health issues, making timely referrals is crucial to ensuring that survivors receive the appropriate and necessary support.

Support and service organizations also contribute to combatting SGBV by reaching out to and assisting migrant survivors of SGBV. The SAMEN project highlights that a proactive and culturally sensitive approach can foster trust, encouraging newcomers to disclose their experiences. This



proactive approach involves creating a welcoming environment where survivors feel safe sharing their stories. Since informal support organizations often operate in a more accessible environment, collaboration is recommended. Additionally, support organizations can enhance their effectiveness by providing clear information about available services to migrants, volunteers, and professionals who regularly interact with newcomers. These sessions help address migrants' misconceptions about support services, which ultimately hinder trust between organizations and survivors. By adopting a culturally sensitive approach, support and service providers can ensure that their assistance meets the specific needs of migrants. Cultural sensitivity involves not only diverse organizational representation but also a deep understanding of the target group, multilingual services, and clear communication starting with basic information about services and processes. Engaging cultural mediators is an effective strategy to encompass all these elements.

Beyond small-scale initiatives and collaborative efforts, addressing complex and multifaceted issues like SGBV requires a structural and coordinated approach, with municipalities and the national government playing a crucial role. This need for structural solutions is evident from a common challenge reported by professionals and migrants across the country: frequent relocations of newcomers between Dutch reception centers prevent them from developing social networks and disrupt continuity of care with support providers, which can negatively affect a survivor's wellbeing. Therefore, ensuring sufficient safe and sustainable housing is crucial.

Municipalities in the Netherlands can also play a role in sustaining effective local initiatives which promote migrants' well-being, such as accessible walk-in consultations in multiple languages or support groups. Moreover, several municipalities have developed network approaches to regionally combat SGBV. The SAMEN team recommends actively involving

migrants in these regional efforts and sharing successful initiatives across municipal departments and regions.

Consultations indicate that professionals see a role for the Dutch **national government** in researching and coordinating the overall approach to supporting migrant survivors of SGBV. Experience shows that regular services and approaches are often inadequate for newcomers, highlighting the need for a migrant-centered approach. This approach could start with researching the specific circumstances and SGBV risks faced by migrants in the Netherlands. Findings from the SAMEN project further emphasize the importance of involving cultural mediators and providing streamlined information as essential components of the solution. Cultural mediators act as intermediaries between newcomers and support services,

provided they receive appropriate recognition and guidance to manage complex issues. Additionally, both support organizations and newcomers express a need for structural, clear and accessible information provision. While service providers seek information on risks within the target group and cultural sensitivity, newcomers need information about their rights, gender and sexuality, SGBV, and the Dutch support system at different stages of integration.

Two years of the SAMEN project have shown that collaboration, information sharing, and accessible, inclusive support services are effective in providing the support that migrant survivors of SGBV deserve. Only by working together, a collective step can be taken toward a future free from sexual and gender-based violence.



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INTRODUCTION

Migrants are at increased risk of experiencing or witnessing sexual and gender-based violence (SGBV) before, during and after their migration journey. For women and individuals with diverse SOGIESC (Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics), violence is the primary reason for leaving their country of origin (IOM, 2021; Hall & IOM, 2023). Estimates suggest that 63-80% of women and 25-56% of men with a refugee background have experienced sexual violence (Amnesty International, 2023; Busch, Hansen, Hougen, 2015). Furthermore, UN Women reports that 90% of the women and girls who travel along the Mediterranean route to Italy are raped during their journey (IOM, MMC & UNHCR, 2024). A study conducted across seven European countries, including the Netherlands, reveals that 50.1% of asylum seekers in reception centers experienced gender-based violence in their host country (Oliveira et al., 2018). Data from Pharos indicates that 13-25% of refugees develop post-traumatic stress disorder (PTSD) or depression, and the suicide rate among male asylum seekers is twice as high as that of men without a refugee background (Pharos, 2018a). Despite these alarming statistics, research shows that only 4% of asylum seekers seek formal help after experiencing sexual violence (De Schrijver et al., 2022).

In response to this situation, the SAMEN project was implemented in the Netherlands by the International Organization for Migration (IOM) and Médecins du Monde the Netherlands (MdM) from September 2022 to August 2024. The SAMEN project aims to raise awareness about SGBV in the Netherlands, to guide newcomers who have experienced SGBV to support services, and to improve migrants' access to care. The SAMEN team reached the target group through informational sessions, accessible consultation hours, the outreach activities of cultural mediators, and through group programs which provided survivors with a renewed sense of hope for the future. Additionally, the project contributed to broader awareness among Dutch service providers regarding SGBV in migrant communities and the essential role of cultural mediators through networking events, informational materials, and workshops.

During the project period, the number of policy initiatives on this issue increased: the launch of a National Action Program against Sexual Harassment and Sexual Violence (Dutch Government, 13 January 2023), the revision of the Sexual Offences Act (Dutch Government, 30 March 2024), the promotion of feminist foreign policy (United Nations Security Council, 31 October 2000; "About NAP1325," n.d.), and the publication of an in-depth analysis by Amnesty International (2023) of the legal status of sexual violence survivors in the asylum process. Additionally, various municipal-level network strategies were developed, organizations

built their capacity in relation to the theme, and cultural mediators followed training to expand their knowledge on SGBV. Efforts have also been intensified at multiple levels to support the migrant community specifically, with initiatives such as the National Network Approach on Harmful Practices, the [Vesta-project](#), and the [Alliantie Verandering van Binnenuit](#) ('Change from Within') as key examples of bringing professionals together, providing accessible support to newcomers, and reaching closed communities.

Despite these positive developments, the SAMEN project found that significant potential remains to enhance the information and support provided to migrants who have experienced SGBV. Throughout the two-year implementation period, the SAMEN team collected valuable insights and experiences through various activities, including network meetings for professionals, workshops, informative sessions for newcomers, brainstorming sessions with cultural mediators, and consultations with experts and professionals. In total, the SAMEN team engaged with 115 professionals during six network meetings held in Amsterdam, Arnhem, Den Haag, Nijmegen, Rotterdam and Utrecht. These professionals represented local governments, support organizations, healthcare institutions, diverse SOGIESC advocacy groups, migrant organizations, and other organizations operating in the field of migration. Additionally, the team consulted with 50 more professionals through online discussions.

Furthermore, 15 cultural mediators — qualified individuals with a migrant background who help newcomers navigate their new environment — also contributed their insights and expertise at various stages of the project. Alongside the medical volunteers from MdM, they supported 770 newcomers in multiple ways throughout the project, offering informational sessions, facilitating group programs for SGBV survivors, and providing individual support. The SAMEN team analysed these discussions and consultations and complemented the analysis with a review of relevant literature, such as the [IOM Handbook on Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse](#). The most frequently mentioned lessons, challenges, and solutions are compiled into this report, which reflects these various perspectives.

The recommendations in this report were not only brought forward by these parties but are also written for them. One key lesson the team has learned is that addressing SGBV in migrant communities requires collaboration. This document is therefore written for migrant organizations, healthcare and service providers and (local) governments. Each chapter of this report focuses on one of these target groups as they operate on different societal levels. Throughout the

chapters, various ‘best practice boxes’ offer tools, further in-depth exploration or concrete examples.

The first chapter is written for migrant organizations and cultural mediators. It offers practical tools to make the organization or work of cultural mediators visible, to refer survivors of SGBV to support services and to facilitate opportunities for knowledge exchange and information provision. Chapter two is written for healthcare and service providers. This chapter provides practical guidance on how these organizations can reach migrants, build trust, and work

in a culturally sensitive and inclusive way to better support migrants. The third chapter offers tools for municipalities to structurally contribute to proposed ways forward, focusing on capacity, embedding best practices, representation and exchange. The fourth and final chapter provides recommendations for the national government. This chapter offers insights on research gaps, ways to embed the role of cultural mediators, the importance of safe and sustainable shelter, and observations in relation to information provision to professionals and migrants.

Project SAMEN

Project SAMEN is a partnership between the International Organization for Migration (IOM) and Médecins du Monde the Netherlands aimed at addressing sexual and gender-based violence (SGBV) within migrant communities in the Netherlands and guiding survivors to appropriate support. Implemented in six cities—Amsterdam, Arnhem, The Hague, Rotterdam, and Utrecht—from September 2022 to August 2024, SAMEN focused on two main target groups: migrants who have experienced SGBV and Dutch service providers.

For Migrants

SAMEN's goal was to open the conversation about SGBV within migrant communities in the Netherlands and assist survivors in finding support. The project offered three main services to migrants: informational sessions, individual counseling, and group programs. These services were provided by medical volunteers and cultural mediators from Médecins du Monde the Netherlands, ensuring accessibility and cultural sensitivity. Additionally, SAMEN enhanced the online availability of these services and developed informational materials on SGBV for migrants, such as [this animation video](#) and [brochure](#) available in multiple languages.



For Service Providers

SAMEN also aimed to improve the Dutch service sector's response to SGBV experienced by migrant communities. This was achieved through networking events to foster collaboration, workshops for professionals on the subject, and the sharing of best practices. For example, these videos showcase how SAMEN's cultural mediators effectively reached out to and supported migrants. This recommendations report is part of these efforts and aims to share the lessons learned from the project. For example [these videos](#) showcase how SAMEN's cultural mediators effectively reached out to and supported migrants. This recommendations report is part of these efforts and aims to share the lessons learned from the project.

FOR MIGRANT

ORGANIZATIONS AND

CULTURAL MEDIATORS



INTRODUCTION

This chapter highlights the lessons learned from the SAMEN project that are pertinent to migrant organizations and cultural mediators. These insights have been gathered through consultations and collaboration with migrant organizations and cultural mediators throughout the project. These professionals took part in six meetings held in Amsterdam, Arnhem, The Hague, Nijmegen, Rotterdam, and Utrecht, where stakeholders shared knowledge and experiences. Additionally, there were ad-hoc consultations with cultural mediators and involved migrant organizations throughout the project. For example, SAMEN's cultural mediators supported the preparation of project activities, spoke at meetings, and provided psychosocial support to migrants alongside medical volunteers. This chapter summarizes these insights with the aim of strengthening the position of cultural mediators and migrant organizations.

The following paragraphs offer a brief overview of the roles of migrants, migrant organizations, and cultural mediators in the Netherlands. The chapter then addresses three key lessons from the SAMEN project: the importance of association, the need for accessible information, and the importance of collaboration for effective referrals. The chapter concludes with a summary of these lessons.

BACKGROUND INFORMATION

In the Netherlands, newcomers are primarily responsible for their own integration process. For example, they often seek a language school themselves and are accountable for attending and funding their classes.¹ Municipalities provide support and guidance in this regard. Many migrants invest significant time and effort into their integration to find their place in a new society. Therefore, these recommendations aim to strengthen their position rather than increase the pressure on them.

Migrant organizations and cultural mediators hold a unique position that allows other organizations to connect with migrants. Their networks and expertise ensure that they maintain frequent, close contact with migrants. They often build trust, making them essential stakeholders for reaching the target group. More specifically, cultural mediators often work on a voluntary basis to help newcomers acclimate to life in the Netherlands. They typically dedicate much time to assisting newcomers, which helps build trust. The experiences of SAMEN's cultural mediators indicate that newcomers are more likely to approach trusted individuals, especially when dealing with sensitive issues. Consequently,

¹ For asylum seekers, the municipality covers the costs of language course and two exam attempts. Other migrants who have to complete the integration process can get a loan through DUO. More information can be found here: [Borrowing money from DUO - DUO Inburgeren](#)

cultural mediators frequently encounter cases of sexual and gender-based violence.

In the Netherlands, the responsibility for supporting cultural mediators lies with the organization they are affiliated with. Despite their trusted role, cultural mediators do not always receive adequate tools to handle complex issues. SAMEN's cultural mediators have therefore received training on sexual and gender-based violence, learned about referral procedures, and obtained advice and support from medical volunteers to help prevent secondary trauma.

RECOMMENDATION 1: MAKING MIGRANT

ORGANIZATIONS MORE VISIBLE

Experiences from the SAMEN project show that 'formal' support organizations often lack direct contact with migrant organizations or cultural mediators. A positive development is that migrant organizations are increasingly being included in network strategies aimed at addressing SGBV. However, during SAMEN project's network meetings, several migrant organizations and cultural mediators reported that they had not previously been invited to such events, despite their interest in participating (more research is needed to explore the causes and extent of this gap). Nonetheless, the SAMEN project has already identified several best practices for enhancing the network position of migrants and migrant organizations. These practices mainly focus on effective communication, connecting with other organizations, and information dissemination.

Firstly, migrant and/or diaspora organizations with a clear overview of their activities and expertise on their website are more easily found by other organizations, leading to invitations to network meetings and other events which strengthen their position. For example, the Federation of Somali Associations in the Netherlands (FSAN) effectively outlines its activities to prevent female genital mutilation on its website. This example illustrates that clear and effective communication is crucial for engaging with relevant network partners.



Additionally, umbrella organizations offer smaller organizations or cultural mediators a chance to improve their position. Umbrella organizations like FSAN or the Alliance for Self-Determination (“Alliantie voor Zelfbeschikking”) connect with various local (self)organizations. By joining the umbrella organization and thereby benefitting from the organization’s visibility, smaller migrant organizations or cultural mediators are more likely to be found by other professionals. Migrants and cultural mediators could explore whether they can join such umbrella organizations. If no suitable umbrella organization is available, migrant organizations and cultural mediators can independently connect with other organizations by sharing information about their services. Moreover, including migrant organizations in regional online social maps (often created and hosted by municipalities), if available, can also be beneficial. Sharing relevant experiences and stories with other professionals and the wider public can further enhance the visibility of their work, as demonstrated by the SAMEN project’s experiences.

RECOMMENDATION 2: FACILITATE

ACCESSIBLE INFORMATION SESSIONS

Many migrant organizations and cultural mediators have extensive networks within migrant communities, while service providers often struggle to reach this target group. At the same time, newcomers often feel uncertain about the available services in the Netherlands or have little trust in formal support organizations. This lack of trust generally stems from negative experiences with organizations in their country of origin, transit or destination, or fear of what might happen after approaching an organization. For instance, asylum seekers often worry that contacting an organization for support negatively affects their asylum procedure. Others fear negative reactions from their community and are unaware of the fact that healthcare professionals are bound by Dutch patient confidentiality laws and so keep their personal information and stories confidential.

Migrant organizations and cultural mediators can first determine if this uncertainty or mistrust also applies to their network. If so, exchanges between newcomers and service providers, such as Médecins du Monde the Netherlands, can provide clarity and encourage trust. Additionally, informational sessions serve a preventive function; by addressing harmful gender norms and the rights of the diverse SOGIESC community, these sessions can help raise awareness and contribute to the prevention of SGBV.

Municipality websites often include information about available funds for these types of initiatives. More information about the possibilities and conditions can be found on the website of the respective municipality. Moreover, the ‘best

practice box’ on the next page provides practical tools to organize informative sessions, based on the experiences of SAMEN.

RECOMMENDATION 3: CONSULT

AND REFER

Migrants often do not seek specialized care even when they need it. [Belgian research by De Schrijver et al.](#) reveals that only 39% of asylum seekers seek informal help after experiencing sexual violence, with most turning to a friend (De Schrijver et al., 2022). Just 4% seek formal help, and none of the respondents approached the police. These statistics emphasize the critical role of the informal network, which migrant organizations and cultural mediators are more likely to access, and which newcomers are more inclined to utilize. More specifically, those in need of shelter experience barriers in accessing this form of formal support due to limited availability and discriminative screening practices, as reported by Pointer (2023). Migrants then turn to their informal network for a place to sleep, which in turn puts additional strain on the capacity of informal support services. Although migrant organizations are often not in a position to solve the capacity issues of shelters and other formal support services, there are some considerations for migrant organizations and cultural mediators can keep in mind:

1. Learn about the available services in the region and know which organizations to refer to. Municipality websites often include a list of regional support services or a ‘social map’. The IOM the Netherlands website also provides a [brief overview](#) of national support services.
2. National organizations such as Veilig Thuis, the Sexual Assault Centre or Victim Support Netherlands offer advice to professionals. Migrant organizations and cultural mediators can call these organizations anonymously for advice for themselves or for someone else. These organizations can facilitate interpretation if necessary.
3. Whenever possible, and with the survivor's consent, try to refer to formal support services. Before doing so, inform the survivor about the next steps and the role of these services to help manage their expectations. You can find details about these roles and next steps on the organization's website. Referrals serve two goals. Firstly, formal support organizations have the expertise and resources to effectively support survivors of SGBV and minimize (psychological) harm on the short and long run. Secondly, it is important for bystanders and cultural mediators to

take care of their wellbeing, which involves reducing the risk of secondary trauma. Many newcomers have endured severe trauma, and repeatedly hearing these stories or carrying the burden of someone else's trauma can lead to secondary trauma. Thus, referrals ensure that 'no harm done' values are adhered to, thereby realigning responsibilities with capacity and minimizing the risk of secondary traumatization.

Tips for organizing informative sessions about SGBV for migrants

1. Since SGBV is a topic which is usually surrounded by stigma, a session on this topic might initially have a deterring effect. However, it's crucial to address and reduce the stigma by talking about it. To ensure a safe and comfortable environment, the SAMEN team recommends starting with broader topics, such as the Dutch healthcare system, social safety, or physical health. SGBV can be introduced as a sub-theme in this initial session. Subsequent sessions, whether individual or group, could then further address SGBV or show available support services for survivors.
2. Voice of All Women and Pharos, two Dutch organizations, developed a methodology to discuss SGBV with refugee women. This manual describes how organizations, individual professionals and/or volunteers can start a conversation about SGBV through five sessions. The manual can be downloaded for free using [this link](#).
3. [This guide, published by the UMC Amsterdam in collaboration with a host of expert organizations](#) was written for facilitators of support groups for women survivors of SGBV with an Arab refugee background. The document contains information about facilitating support groups, the guidance of facilitators and the content of the meetings.
4. Médecins du Monde the Netherlands and the Amsterdam UMC also wrote [this guide](#) for facilitators of support groups for male refugees from Arabic- or Tigrinya-speaking regions.
5. Once a group of migrants has come together to talk about SGBV, they often wish to stay in touch through a peer-support group. The organizing party can take a first step by creating a WhatsApp group for the participants to continue supporting each other.



RECOMMENDATIONS SUMMARIZED

1. Make the work of migrant organizations and cultural mediators visible by uniting, communicating, and informing. Joining an umbrella organization or having a clear overview of activities on the organization's website are examples to enhance visibility.
2. Facilitate accessible and informative exchanges between professionals and migrants to raise awareness about SGBV, available support services and to support professionals in reaching out to migrant communities.
3. Explore available support services for migrant survivors of SGBV, seek their advice and refer migrant survivors when necessary.



FOR SERVICE PROVIDERS



INTRODUCTION

The second chapter of this recommendations report is intended for support and service organizations, along with the professionals who work there. Similar to the broad group of 'migrants', this broad group of service providers encompasses differing views, perspectives and experiences. This diverse group includes organizations which sometimes interact with migrants, those with limited exposure to migrants, organizations who directly work with migrants, and those providing assistance to survivors of SGBV. Many organizations belonging to this broad group participated in the SAMEN project's activities and consultations.

This chapter draws on their insights and expertise, complemented by literature research and the experiences of cultural mediators. The opening paragraphs provide an overview of the general insights gained by the SAMEN team. The following sections present four recommendations, addressing the importance of cultural sensitivity, taking a proactive approach to reach migrants, providing basic information, and promoting diversity within the organization. "Best practice" boxes are included to offer concrete examples and guidance. The chapter concludes with a short summary of these recommendations.

BACKGROUND INFORMATION

After two years of assisting 770 migrants through the SAMEN project, it has become clear that effectively reaching migrants, particularly newcomers, requires an active approach, trust-building, and clear, accessible information. Upon arriving in the Netherlands, this group often has limited knowledge of available support services and limited access to social support. Various risk factors at the individual level, such as age, gender or level of education, can exacerbate these obstacles (IOM, 2019). It is therefore important to inform them about the available and accessible support services.

However, statistics reveal that around 96% of asylum seekers who have experienced sexual violence do not seek formal help (De Schrijver, et al., 2022). In this Belgian study, 59.5% of respondents commented that shame, fear of not being taken seriously, a belief that they do not need help, or a lack of trust in others are reasons for not seeking help. Additionally, 21.4% feared further violence, sought to protect the perpetrator, or wanted to avoid bringing shame to their family or community. In other instances, limited access to services or other factors played a role. Cultural mediators from SAMEN also report that a lack of trust, fear of consequences, shame, or unawareness of available services often deter migrants from seeking help.

On the other hand, SAMEN's network meetings, which were attended by a total of 115 professionals, revealed that service providers have questions about reaching migrants, how to work in a culturally sensitive way, and how to identify SGBV survivors within this group. Moreover, professionals expressed a wish to learn more about culturally sensitive approaches to initiating conversations about SGBV with migrants. Many professionals, despite their expertise and available toolkits, find it challenging to bring up the topic during consultancy hours or conversations with migrants. The following recommendations therefore provide practical guidance for support and service organizations to better connect with migrants and enhance the support they offer.

RECOMMENDATION 1: GET TO KNOW THE TARGET GROUP AND POSSIBILITIES

Recognizing issues and supporting migrants becomes easier as soon as one has basic knowledge about common challenges within the target group. In the Netherlands, organizations often consider this specialized knowledge, while 14% of the Dutch residents were born abroad (CBS, 2021). Statistically, a large part of the patient population thus has a migrant background, which in some cases includes migrant-specific risk factors. For instance, migrants with diverse SOGIESC are at higher risk of experiencing SGBV.



Service providers should ideally be aware of these risks and know how to address them in a culturally sensitive manner. A culturally sensitive approach starts by getting to know each other. This does not have to take much time and can be adapted to fit the context and role of the service provider. For example, an informal lunch meeting or joining a local integration activity can be a good starting point. In addition, showing interest in daily matters like food and music helps bridge gaps, lowering the barrier to initiating conversations in the future and helping service providers to build trust more quickly. To maintain this level of trust, it is important to respect differences, such as varying religious beliefs.

Besides getting to know each other, service providers can enhance their understanding of migrant-specific issues by consulting the manuals, factsheets, and e-modules of expert organizations such as Rutgers and Pharos. Various organizations also offer training courses designed to reduce hesitation, uncertainty, or reluctance to take action. For example, do healthcare providers recognize the symptoms associated with female genital mutilation? Are they aware of the dangers people may have faced during their flight to the Netherlands and the high prevalence of PTSD among refugees? And how can service providers initiate conversations about these sensitive topics in a way that fosters trust? By being aware of these issues, service providers can more effectively identify psychological and medical concerns and respond promptly when necessary. The resources listed in the best practice box below offer tools to assist with this.

Resources to Start the Conversation About SGBV With Migrants

On this [website](#), hosted by Rutgers you will find useful information about discussing sexuality with people with a refugee background. The website furthermore also lists several factsheets on sexual and reproductive health and rights in Syria, Eritrea, Somalia, Afghanistan and Iraq. Moreover, [this website](#), called Zanzu, includes useful information for service providers, for instance about opening a conversation about sexuality in a culturally sensitive way.

In addition, the [PROTECT-questions](#) support service providers with identifying mental health problems among refugees.

Service providers can read more about the healthcare rights of undocumented people healthcare [here](#).

In addition to identifying symptoms, it is helpful for healthcare providers to be familiar with relevant regulations and available support services. For example, different types of residency permits can influence a migrant's options and ways to reimburse the costs of provided healthcare services. Healthcare providers can enlist the help of [an interpreter](#) and access [various funding schemes](#) to cover the costs of care provided to migrants without health insurance or residence permits. Moreover, service providers can refer to Médecins du Monde the Netherlands' 'Zorgcafés', where a team of trained cultural mediators and medical volunteers offers psychosocial support to migrant survivors of SGBV. Furthermore, there are specialized organizations, such as the National Psychotrauma Centre ARQ, which provide tailored care for refugees with complex psychotrauma symptoms. However, it is important not to overlook the value of 'informal' support networks, which can play a crucial role in trauma recovery. For example, religious and social networks can offer comfort and healing for survivors of SGBV.

The Police

The consultations with migrants and migrant organizations indicated that many newcomers who were forced to leave their countries of origin wish to avoid contact with the police due to negative experiences in their country of origin or transit countries, and experience a continued fear as a result thereof. This also applies to SGBV survivors who are uncertain about their residency status or are in the asylum process; they generally want to avoid contact with the police because they fear that it might affect their residency status, as indicated by the cultural mediators of the SAMEN-project.

When the healthcare or service provider initiates a conversation about SGBV, it is therefore advised not to mention the police right away. Any mention of the police in this stage could hinder trust and openness. If the police are mentioned, it is important to explain their role and the consequences of reaching out to them. If the healthcare or service provider does not have an answer to these questions, they can (anonymously) consult the police.

Additionally, SAMEN meetings revealed that migrant organizations would value receiving information from the police. Service providers greatly appreciated the police's presence at these meetings, as it provided them with clear, practical explanations of procedures.

RECOMMENDATION 2: ACTIVELY REACH OUT

TO MIGRANT COMMUNITIES

Reaching out to migrants requires a proactive approach because migrants are relatively unfamiliar with the available services in the Netherlands. Moreover, shame, fear, stigma, and mistrust in official institutions are important considerations for migrants not to talk about SGBV. Thus, if service providers want to reach this target group, they should actively build connections with migrants and organizations that work with migrants directly. There are several strategies to accomplish this, including networking, sharing information with professionals who frequently work with migrants, and offering direct information to migrants themselves.

A broad professional network can open doors to new target groups. Numerous organizations, both formal and informal, interact directly with migrants, such as community centers, neighborhood teams, migrant self-organizations, cultural mediators, or agencies within the migration system. Municipal websites often provide a list of these organizations. Establishing strong connections between these organizations and those offering support to survivors of SGBV can ensure migrant survivors' access to support. Therefore, it is beneficial to involve one another in networking events or discussions on how to improve (inter)regional collaboration.

Collaboration between different organizations in the sector can take different forms. For example, the SAMEN team provided workshops on referring to regular healthcare services for organizations outside the formal healthcare system. Other service providers can share similar information by presenting their activities to staff from other (informal) organizations. When professionals who work with migrants are informed about available support, they are more likely to make referrals. Furthermore, migrant organizations have indicated that having direct contacts at formal support organizations would be advantageous for the referral process. Lastly, informal support organizations have expressed a willingness to be involved in follow-up processes, such as strengthening the social networks of survivors. Thus, collaboration not only improves outreach to the target group but also creates new opportunities for providing suitable support.

Furthermore, migrants are more likely to engage with organizations that actively reach out to their communities directly, thereby building trust. Newcomers have indicated to the SAMEN team that knowing a staff member from the organization directly is helpful. Organizations can achieve this in several ways:

1. It is recommended that support and service organizations provide information sessions at reception centers, community centers, language cafes, or other initiatives targeted at the community to inform

migrants about their services. This requires significant time investment, as each session generally reaches only a small number of newcomers.

2. Alternatively, newcomers suggested creating a video in which staff members explain what happens after someone contacts the organization. This video should ideally be available in multiple languages and prominently featured on the organization's website. To disseminate the video, organizations can share it with their extensive network, including cultural mediators, and ask them to use the video to inform newcomers.

RECOMMENDATION 3: START WITH BASIC

INFORMATION PROVISION

Based on the insights gathered from informational sessions and discussions with 770 migrants, it is evident that providing clear, basic information is essential for effectively supporting newcomers. In a new country where migrants are often unfamiliar with the language, culture, social services, and healthcare system, it can be challenging to understand how sensitive information, such as experiences with SGBV, will be handled. Here are some recommendations for support and service providers when addressing SGBV with newcomers:

1. **Ensure a Good Match with a Service/Healthcare Provider:** Confirm with the client whether they prefer a provider with the same cultural background or not.
2. **Verify Interpreter Compatibility:** When using an interpreter, ensure that both the migrant and the interpreter understand each other well (considering differences in regional dialects, etc.) and clarify expectations regarding the translation. Decide whether the interpreter should consider cultural context or if a literal translation suffices. If cultural context is important, consider involving a cultural mediator who is experienced with discussing SGBV. (More information about cultural mediators is included in the next chapter.) Inform the interpreter or mediator about the nature of the conversation, including any sensitive terms and the types of questions being asked.
3. **Clarify the Purpose of Questions:** Explain the reasons behind certain (difficult or sensitive) questions to promote understanding and agency.
4. **Explain Confidentiality Practices:** Many countries of origin have different confidentiality norms compared to the Netherlands, so sensitive information might reach the community. In communities where honor plays a significant role, this can pose safety risks and cause fear.

5. **Clarify the Provider's Role:** Clearly outline the support provider's role within the Dutch (healthcare) system and discuss what they can or cannot do for the survivor. Address common misconceptions about this, as outlined in the 'best practice' box below.
6. **Focus on the Survivor's Preferences:** Prioritize the survivor's wishes, explain when and why colleagues are consulted, and obtain consent before proceeding with any further steps. Allowing survivors to decide on their healing process generally leads to more effective and lasting solutions.

Common Misconceptions

Based on the experiences under the SAMEN project, it has become clear that there are frequent misconceptions about Dutch support and service organizations. For example, newcomers often believe that reporting an issue might lead to immediate changes in their family situation or negatively impact their residence status, even if they are victims of a crime. These misunderstandings can foster distrust and avoidance. To address these misconceptions, service providers should offer clear and accurate information, thereby avoiding the creation of unrealistic expectations. The SAMEN project's findings indicate that the most effective approach is for organizations to provide information directly, allowing newcomers to see the organization's commitment to their wellbeing and putting a face to the services offered.

RECOMMENDATION 4: THE IMPORTANCE OF DIVERSITY IN (SERVICE PROVIDING) ORGANIZATIONS

Diversity within an organization offers numerous benefits: it allows the organization to better address the specific needs of different target groups, reach a broader audience, and fosters innovation (Hewlett, Marshall & Sherbin, 2013). Support and service organizations should assess their own diversity by considering factors such as various cultural backgrounds or specific language skills. For instance, is the assistance or information provided on the website available in multiple languages? Various guidelines, such as those from [the Dutch government](#) or the [Social and Economic Council](#), outline how organizations can take steps to become more diverse.

Achieving a more diverse organization takes time and cannot be done overnight. In the meantime, cultural mediators can play a crucial role in cases that require intercultural expertise.

Their relevant background knowledge enables them to accurately assess migrant-specific situations and contribute to finding suitable solutions. The experience from the SAMEN project shows that advice from someone with the same cultural background is often more effective, though this is not always the case.² Seek advice or mediation from cultural mediators and collaborate with them as equal partners. Lastly, it is important to fairly compensate them for their time and expertise. Cultural mediators often undertake a significant amount of unpaid work, yet their experience and expertise are unique and highly valuable.

A Good Example of Representation

The [MANO Foundation](#) in Rotterdam is actively working on a diverse and expert workforce. Within their projects, expert role models are trained to become colleagues. Through their personal experiences, they can also help newcomers find their way in Rotterdam.

RECOMMENDATIONS SUMMARIZED

1. Get to know the target group and the possibilities to effectively identify survivors and their needs, respond and refer in a culturally sensitive manner.
2. Actively reach out to migrant communities by organizing information sessions and collaborating on an equal basis with cultural mediators, migrant organizations, community teams, and/or other 'informal' service providers. Compensate cultural mediators and migrant organizations for their time and expertise to reinforce an equal working relationship.
3. Start with basic information provision to effectively support migrants.
4. Ensure diversity within your organization to reach different target groups, such as by having a diverse staff or offering services and (anonymous) help lines in multiple languages.

² In some cases, it happens that newcomers do not want to be supported by someone with the same cultural background. This can be due to tensions within the community, stigma within the community or a lack of clarity about the duty of confidentiality.

FOR MUNICIPALITIES



INTRODUCTION

The third chapter of this recommendations report is intended for municipalities in the Netherlands, which play a vital role in the reception and support of newcomers in the Netherlands. Since 2021, municipalities have assumed greater responsibility for guiding newcomers through their integration process. Additionally, many municipalities facilitate reception centers and arrange housing for asylum seekers. Although these and other responsibilities can put pressure on their capacity, they also present opportunities to tailor approaches to the regional contexts and residents.

The SAMEN project was implemented in six Dutch cities: Amsterdam, Arnhem, The Hague, Nijmegen, Rotterdam, and Utrecht. These municipalities have developed various interventions to accommodate and support newcomers and allow them to participate into society. As a result, several successful initiatives have emerged across the country to support newcomers who have experienced SGBV and to promote their mental well-being. Throughout the project, the SAMEN team engaged and collaborated with these municipalities in various ways. Municipalities shared information with the team about existing services in the region, local policies, and initiatives for newcomers to ensure that the project was effectively implemented in different local contexts. In many cases, municipal staff contributed to the network meetings with their insights and involvement. The insights gained during these network meetings and other SAMEN activities in the respective municipalities are discussed in this chapter.

The following sections highlight the lessons learned and recommendations from the SAMEN project, including the need for adequate sustainable accommodation, to ensure the continuation of existing initiatives for newcomers, representation, and interregional and interdepartmental exchange. Throughout the chapter, various 'best practice boxes' showcase good examples and concrete next steps. The chapter concludes with a brief summary of the recommendations

RECOMMENDATION 1. CONTRIBUTE TO THE RECEPTION CAPACITY

In line with the European Commission's Reception Conditions Directive, aiming to ensure common standards of reception conditions throughout the European Union, member states have to ensure that applicants for international protection have access to housing, food, clothing, healthcare, education for minors and access to employment (European Commission, n.d.). Moreover, the directive pays special attention to persons in vulnerable persons, such as

victims of torture, for which member states have to conduct individual assessments to identify their special reception needs and ensure that they can access medical and psychological support

Signals from the Reception Centers

The SAMEN team has received concerning reports about security incidents in asylum seekers' centers. These issues are not isolated incidents but represent systemic problems and discrimination against individuals with diverse sexual orientations, gender identities, gender expressions, and sex characteristics (commonly referred to in the Netherlands as the LGBTQIA+ community). It is essential for all professionals within the asylum system to take these signals seriously, address them, and ensure a safe environment. In the Netherlands, utilizing the '[reporting code](#)' can help address these issues effectively. It is also important to engage with residents and staff members regularly about the importance of treating each other with respect.

In a decentralized system, such as the Netherlands, municipalities are important partners to facilitate housing for asylum seekers. Municipalities decide if they participate in establishing one or more reception centers, including the type, size, duration and location of these centers, as well as how they will be integrated into the community (VNG, 2021). Due to the significant role municipalities play in the development of these reception centers, this recommendation has been included in this chapter.

Due to the currently limited availability of spaces, asylum seekers residing in Dutch reception centers move frequently. On average, a person relocates once within the first six months, but this can increase to as many as four moves over time (CBS, 2023). This group is also more likely to face (psychological) challenges: between 63-80% of women and 25-56% of men with a refugee background have experienced sexual violence (Amnesty International, 2023; Busch, Hansen, Hougen, 2015), and around 13-25% of refugees suffer from PTSD and/or depression (Pharos, 2018b). The impact of (untreated) PTSD is significant: individuals experience mental and physical health issues, struggle to envision a future, and see their social circles shrink (Leijen, 2023). Although asylum seekers are entitled to mental health care, frequent relocations often result in them being shuffled from one waiting list to another, assuming they are even actively seeking formal support. Due to feelings of distrust, fear, and shame, only 4% of asylum seekers pursue such assistance (De Schrijver, et al., 2022).

Consultations with professionals and migrants highlight that the limited capacity of reception centers including staff members' lack of time to provide individual assistance, significantly impact the well-being and safety of asylum seekers. Several professionals have pointed out that, due to the likelihood of relocation, treatments are often either not initiated or not completed with the same therapist. This observation underscores the critical need for sufficient, stable reception facilities where individuals can stay for extended periods. Such stability enables newcomers to maintain social connections, build the trust necessary to share their experiences, and begin treatment if required.

However, reception comes with its own set of challenges, such as the availability of facilities and securing public support. To address these issues, various guidelines have been published, and the Central Agency for the Reception of Asylum Seekers (COA) is keen to work alongside municipalities (COA, 2024). For instance, COA has developed a [guide for asylum reception](#) which provides detailed information on opening reception centers, meeting basic requirements, real estate considerations, financial arrangements, and effective communication strategies.

If the primary concern is gaining public support for migrants within the municipality, the handbook from the International Organization for Migration (IOM), created as part of the Moving the Middle project, can be particularly helpful. The IOM has researched methods for fostering nuanced discussions about migration with people who have unclear or conflicting views—a group which represents about 44% of the Dutch population. These [two knowledge dossiers](#) outline effective communication styles for this target audience, the key elements of organizing a nuanced intercultural dialogue, and strategies for launching a communication campaign aimed at nuancing polarized discussions.

RECOMMENDATION 2. ENSURE LONG-TERM

CONTINUATION OF INITIATIVES FOR

NEWCOMERS

To ensure continuous support for newcomers, it is essential to sustain successful initiatives. Professionals generally recommend that municipalities do this by providing consistent funding and establishing dedicated points of contact for these efforts. The regular involvement of cultural mediators, combined with an accessible and welcoming environment, can significantly contribute to this process (see the following 'best practice boxes'). However, it is important to remain adaptable to the diverse needs of individuals from various countries of origin. The wellbeing of migrants requires continued efforts to help them find their place in the Netherlands.

Involve Cultural Mediators in the Structural Guidance of Newcomers

Cultural mediators are individuals with a migration background who help newcomers navigate their new environment. Their intercultural expertise and personal experience bridge the gap between newcomers and service providers in the Netherlands. Given their deep understanding of what it is like to be a newcomer in the Netherlands, involving cultural mediators in the guidance of newcomers is essential. There are several ways to integrate their role effectively, with three examples provided on page 30 and 31 illustrating how to sustain their involvement. The SAMEN team recommends considering the following aspects:

1. **Equality** - Ensure that cultural mediators are treated equally to other professionals in the region. Invite them to network meetings and focus groups and take their signals and referrals seriously.
2. **Compensation** - Although many cultural mediators work on a voluntary basis, they take up many responsibilities. Financial compensation is necessary to acknowledge their important contributions, thereby reinforcing their role as valued partners or colleagues.
3. **Capacity** - Cultural mediators work based on trust, which means they often encounter sensitive and intense situations. It's crucial to provide them with the necessary knowledge and skills to respond appropriately and make effective referrals. Additionally, offer regular supervision and training to help them manage these challenging situations and minimize the risk of secondary trauma.



Providing continuous support involves ensuring that initiatives effectively meet the needs of the target group. During the SAMEN project, it became evident that accessible support is crucial. With waiting lists for mental health care, many residents of the Netherlands already face challenges accessing these services. For newcomers, especially those without a residence permit, this challenge is even greater. Accessible support offers a way to bridge waiting lists and provide alternative forms of assistance. The below 'best practice box' outlines the success of low-threshold Zorgcafés and group programs managed by Médecins du Monde the Netherlands.

Accessible Support

The 'Zorgcafés' (literal translation: 'Healthcare Cafes') operated by Médecins du Monde the Netherlands in various cities provide effective, low-threshold assistance for newcomers. This support is partially funded by municipalities. At the Zorgcafés, teams of medical volunteers and cultural mediators help newcomers navigate the Dutch healthcare system. They are regularly available at accessible locations, such as community centers, where newcomers can easily reach them. By offering services in the newcomers' native languages and allowing for multiple conversations, these teams build trust, which is particularly important for survivors of SGBV, as it encourages them to share their experiences.

In addition to general support, the Zorgcafés offer psychosocial assistance through various methods: counselling for individuals until they can access regular care, support groups and group programs using the 'METS' method (Method for the Empowerment of Trauma Survivors). This approach focuses on empowering survivors by rediscovering their own strength and identity rather than directly addressing the trauma. Often, participants in these group programs express a desire to stay in touch, leading to the creation of peer-support groups.

In addition to involving cultural mediators and providing accessible support, professionals emphasize the importance of having an up-to-date 'social map'—a comprehensive overview of available support services for newcomers in the region. While several organizations have initially made efforts to create these maps, they often quickly become outdated. Some municipalities have taken charge of maintaining these social maps; for instance, The Hague has a "[health and migrants](#)" overview. In Nijmegen, an online guide is being developed which outlines support services specifically for survivors of sexual violence, thereby dedicating a section to services for migrant survivors.

A concrete, impactful first step is for municipalities to verify whether a similar social map exists, checking if it is up to date, ensuring it addresses various target groups, and confirming that regional professionals are aware of it. Given their central role in the region, municipalities could also take on the responsibility of managing and updating the social map.

RECOMMENDATION 3. REPRESENTATION IN NETWORK APPROACHES

Municipalities have developed successful network approaches to address gender-based violence, including sexual and domestic violence. A group of representatives of regional organizations regularly meet to share insights, discuss developments, raise issues, collaborate, and exchange knowledge. Effective network approaches must include a diverse range of voices, including those from marginalized groups: individuals with and without migration backgrounds, people with various SOGIESC identities, and individuals of different ages and socioeconomic statuses. To achieve this, invite relevant migrant or diaspora organizations and cultural mediators to meetings, or request that they organize a thematic session for the network.

This diversity principle also applies to municipal staffing: ensure that the workforce reflects the diverse population to effectively reach and engage different target groups. Additionally, provide staff with the necessary support and resources to accomplish this. While achieving equitable representation can be a long-term process, there are interim strategies to include migrant voices in the meantime. For instance, IOM has set up advisory councils featuring migrants for projects and municipalities. More information about these Migrant Ambassador Advisory Boards can be found in the 'best practice box' on the next page.



Migrant Ambassador Advisory Boards

Migrant Ambassador Advisory Boards can play a crucial role in incorporating migrants' perspectives into policy-making, project implementation, and decision-making processes at local and national levels. These boards consist of representatives from the migrant community and provide both solicited and unsolicited advice on the projects or policies. By incorporating this feedback, the boards help ensure that initiatives are more closely aligned with the actual needs and challenges faced by migrants, thereby enhancing the effectiveness of policies and projects.

For example, IOM Netherlands established Migrant Ambassador Advisory Boards for various projects, such as the [LEARN](#) and [Moving the Middle](#) projects. These boards have contributed to making the projects more practical, feasible, and relevant for the target groups.

RECOMMENDATION 4. COLLABORATION AND COORDINATION BETWEEN MUNICIPALITIES AND DEPARTMENTS

The increased focus on initiatives and network approaches to address sexual and gender-based violence across the country is a positive development. However, professionals have highlighted a lack of coordination and information sharing in some areas, which can leave migrants in a vulnerable position. This issue also results in disparities between well-resourced municipalities and those with limited resources, affecting the support available to newcomers. These differences can create challenges for individuals who frequently move between municipalities. Several strategies can help bridge this gap.

Firstly, municipalities could explore additional funding opportunities. For instance, the [Vesta project](#) in Utrecht, aimed at enhancing the mental health of permit holders, benefits from partial funding by the European Commission. This project is a collaboration between the Dutch Refugee Council, Médecins du Monde the Netherlands, It's My Child, Al Amal, Power by Peers, Mowad, Pharos, and the municipality of Utrecht, providing accessible support for status holders.

Moreover, exchanging ideas and experiences between municipalities can inspire new solutions and create beneficial synergies. For example, an initiative from one municipality might be easily adopted or adapted by others, making it relevant for a broader audience. For instance, could social maps

and Zorgcafés be expanded to serve neighbouring municipalities as well? Such exchanges and collaborations can save time and reduce costs, enabling more survivors of SGBV to receive support.

In addition to interregional collaboration, internal coordination among municipal departments is crucial for addressing complex or multidisciplinary issues. SGBV can significantly impact an individual's daily life, affecting their asylum process and long-term participation in their new environment. Therefore, it is important to integrate efforts: include newcomers' needs in policies against SGBV while paying attention to the broader impact of SGBV on areas like participation. Equip organizations interacting with newcomers — such as community centers and schools — with resources to assist individuals on issues related to sexuality, gender, and violence. Ensure that groups in vulnerable positions, including migrants with diverse SOGIESC identities and undocumented people, receive adequate attention. Additionally, consider inclusive strategies to support (potential) perpetrators. This holistic approach is essential for effectively preventing and addressing SGBV.

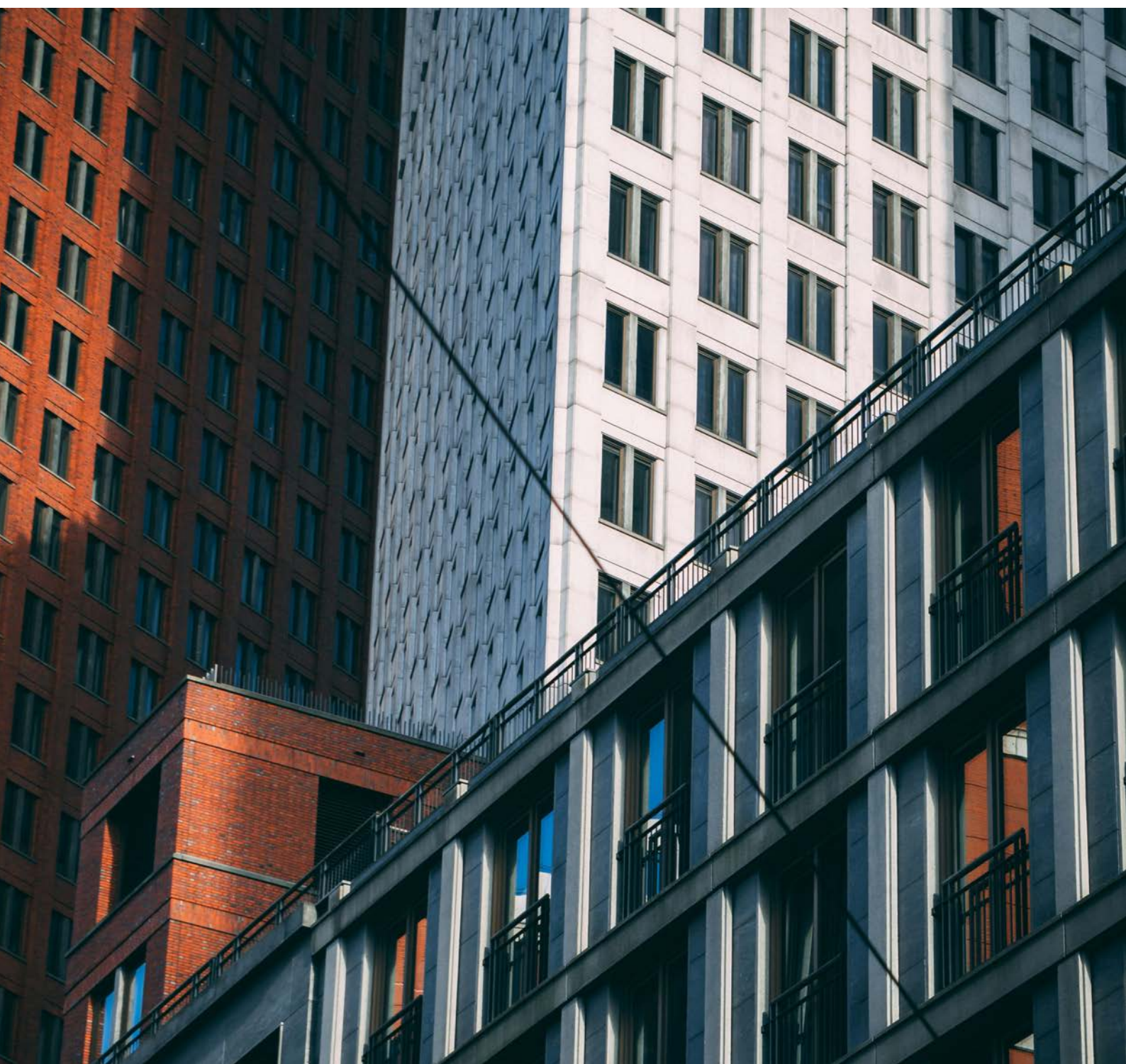
RECOMMENDATIONS SUMMARIZED

1. In a decentralized system such as in the Netherlands, whereby municipalities are important partners in establishing reception facilities, it is important for municipalities to contribute to sufficient and sustainable reception centers to promote the well-being of migrants by, for example, facilitating the search and identification of suitable locations for long-term reception centers.
2. Provide consistent, high-quality support for newcomers by sustaining effective initiatives. The SAMEN project highlights that a combination of engaging cultural mediators and creating an accessible environment is highly effective in reaching and assisting newcomers. It is furthermore crucial to offer continuous support to those awaiting mental health treatment.
3. Foster inclusivity in network approaches by involving a diverse range of organizations, such as migrant and diaspora groups, cultural mediators, LGBTQIA+ organizations, and organizations which support individuals with intellectual disabilities.
4. Exchange ideas and collaborate with other departments within the municipality and with other municipalities on developments and initiatives to address issues holistically and facilitate knowledge exchange.

FOR THE

DUTCH NATIONAL

GOVERNMENT



INTRODUCTION

The Dutch national government is actively addressing violence through various initiatives. In 2023, the National Action Plan against Sexual Harassment and Sexual Violence was launched, followed by the implementation of the revised Sexual Offenses Act in July 2024. Moreover, an action plan to combat femicide was launched, the Future Scenario for Child and Family Protection was developed in 2021, and the Harmful Practices Network regularly brings professionals together. This network in particular operates at the intersection of migration and violence. Moreover, both the network and the National Action Plan serve as good examples of interdepartmental collaboration to tackle this multifaceted issue. The government also supports the Verandering van Binnenuit (“Change from Within”) alliance, which focuses on improving the social safety of women and individuals with diverse SOGIESC identities and migration backgrounds. Moreover, the SAMEN project was cofinanced by the Dutch Ministry of Education, Culture and Science. Additionally, since 2019, a reporting code for domestic violence and child abuse has been in place, with Movisie providing [a fact-sheet](#) for professionals on how to recognize and respond to (suspected) honour-related violence.

Despite these positive developments, discussions with 165 professionals, 15 cultural mediators from the SAMEN project, 770 migrants and the literature reveal an ongoing need to address SGBV in migrant communities and to reduce the frequently encountered structural barriers to accessing support, as regular services often fall short for migrants, especially newcomers. Not further addressing the issue could negatively impact migrants’ well-being and their participation in both the short and long term. Previous chapters of this report have highlighted several lessons from the SAMEN project, such as the effectiveness of low-threshold support combined with the support of cultural mediators, the integration of ‘informal’ and ‘formal’ support networks, and the importance of a proactive and culturally sensitive approach.

This chapter offers an overarching perspective on the lessons learned from the SAMEN project, focusing on both the prevention of SGBV and the support for migrant survivors. The recommendations touch on multiple policy areas and require collaboration among various experts and stakeholders. As for the Dutch national government, this chapter is specifically relevant for ministries involved in national strategies to address SGBV or migrants’ wellbeing after arrival in the Netherlands. The chapter is divided into four sections. The first section examines available data and identifies research gaps that the SAMEN team encountered during the project’s implementation. The second section delves into the crucial role of cultural mediators in addressing SGBV. The SAMEN project illustrates that cultural mediators are

essential in reaching migrant survivors of SGBV. As more organizations begin to involve cultural mediators into their strategies, this section showcases several best practices. The third section addresses the challenges migrants face related to relocations and waiting lists for services. The fourth section focuses on a shared need for information, as raised by both migrants and service providers. Consultations with professionals and migrants reveal a mutual need for information and identify challenges that hinder a coordinated information flow. This section is included in this chapter for the government because streamlining and coordinating information flows requires a national perspective. The chapter concludes with a short summary of these four sections.

RESEARCH AND EVIDENCE

Conducting research on SGBV in migrant communities is essential to effectively address risks and better understand the needs of this target group. Globally, awareness of the vast scale of SGBV is increasing. To summarize the statistics mentioned throughout this report, estimates suggest that 63-80% of women and 25-56% of men with a refugee background have experienced sexual violence (Amnesty International, 2023; Busch, Hansen, Hougen, 2015). Additionally, UN Women reports that 90% of women and girls traveling the Mediterranean route to Italy are raped during their journey (IOM, MMC & UNHCR, 2024). Although it is unclear how many of these individuals end up in the Netherlands, data from other European countries suggest that the figures among refugees in the Netherlands are likely to be similarly high.

In addition to sexual violence, there are also statistics on other forms of gender-based violence. For instance, in 2021, the Dutch police recorded 628 cases of honour-related violence (Janssen, 2022), with individuals of Syrian origin involved in over one-fifth of these cases (Bakker, 2023). Pharos (n.d.) reports that nearly 41,000 women in the Netherlands have undergone female genital mutilation, and an estimated 4,200 girls are at risk in the next 20 years. Concerning domestic violence, an article by Pointer highlights that migrant women experiencing such violence often do not access appropriate support services in the Netherlands (Hendriks & Toksoz, 2023).

The latter described barriers to accessing the right services are not limited to survivors of domestic violence. Belgian research indicates that only 39% of asylum seekers seek informal help after experiencing sexual violence, most often turning to friends (de Schrijver et al., 2022). Only 4% seek formal help, and none of the respondents approached the police. This lack of formal support can have serious negative impacts on migrants’ well-being and health. A 2010 report by RIVM already highlighted that up to 80% of refugees and

asylum seekers in the Netherlands suffer from anxiety and depression (Hoeymans, Melse & Schoemaker, 2010). 50% experience trauma-related symptoms, worsened by migration-related stress and a lack of social support. A more recent Pharos factsheet from 2018(b) reports that 13-25% of refugees experience PTSD and/or depression. These concerning figures underscore the need for targeted interventions for migrants.

Despite the aforementioned research and data, the SAMEN team identified additional challenges for which no scientifically substantiated information was available during the project. Below are five key research questions which require further investigation:

1. *What is the prevalence of SGBV experiences among different groups of newcomers?*

This research should include undocumented migrants and those with a refugee background, and adopt an intersectional approach. Additionally, “SGBV experiences” should be disaggregated into specific forms of SGBV (physical violence, psychological violence, sexual violence, and denial of rights or services). It is also important to investigate (potential) perpetrators, and the stage of the journey during which the violence occurred.

2. *What situations in the Netherlands increase risks for SGBV in migrant communities?*

Analyse relationships of dependency which are typical for newcomers, such as family migrants’ dependency on sponsors for residence status. How can accompanying risks be reduced?

3. *What are the risk factors for SGBV within asylum seekers’ centers?*

Over the project’s two years, the SAMEN team received numerous reports of unsafety within and around reception centers, about which can be read more on page 23 of this report. Although research on unaccompanied minor refugees in these centers shows that 66% experienced violence (Zijlstra, et al., 2020), a comprehensive overview and effective solutions are still lacking.

4. *How do newcomers evaluate the information sessions on SGBV and the Dutch healthcare system?*

Despite the availability of information sessions in the Netherlands, newcomers may not always be aware of where to seek help. How effective are these sessions, and are any adjustments needed?

5. *How can cultural mediators be more effectively involved to identify SGBV and guide survivors to support services?*

What challenges do cultural mediators face, and what

additional support do they need to effectively address these challenges?

THE ROLE OF CULTURAL MEDIATORS IN PREVENTION AND SUPPORT

In the Netherlands, various organizations, such as Pharos, GGD Haaglanden and Médecins du Monde the Netherlands, engage cultural mediators, who support newcomers in various ways. Most often, this support is focused on orientation and general guidance: cultural mediators explain how everyday matters work in the Netherlands. The benefits of deploying cultural mediators are many, including but not limited to:

1. Cultural mediators are qualified experts who understand newcomers’ challenges better than anyone else. At the same time, they are more familiar with Dutch services and procedures than newcomers.
2. Due to their shared language and cultural background, newcomers and cultural mediators often have an established level of understanding, fostering trust and openness.
3. Cultural mediators are often intrinsically motivated to assist newcomers because they have experienced similar issues. As a result, they often go the extra mile to support someone and remain involved in the well-being of newcomers.
4. Cultural mediators often operate in the same circles as newcomers, making it easier for them to connect. As such, they can also have a vital role in effectively reaching out to newcomers.³

Through their guidance efforts, cultural mediators often build a relationship of trust with newcomers. Due to newcomers’ typically limited social networks, cultural mediators often become their closest points of contact. As a result, newcomers may turn to them for help with serious matters, including SGBV. However, cultural mediators may lack the necessary resources or training to effectively address these issues.

Several other challenges arise in the deployment of cultural mediators. Firstly, many cultural mediators receive neither financial compensation nor formal recognition for their efforts. They frequently undertake multiple roles — such as social safety net, interpreter, supporter, and coach — on a

³ In 2017, Movisie drew up a dossier on outreach work, including a section dedicated to the deployment of migrant organisations. This dossier can be read [here](#).

voluntary basis, and often feel undervalued by support agencies. This lack of recognition contributes to high turnover rates, resulting in a loss of networks and expertise.

Second, cultural mediators often work independently, disconnected from larger organizations. This independence can mean that they lack regular guidance and supervision, and other organizations may have difficulty finding them.

To deploy cultural mediators in a more strategic and systematic way, it is important to assess their broader role within the Dutch healthcare system. This can be achieved through several approaches. For example, during the SAMEN project, cultural mediators first participated in multi-day training sessions focused on discussing SGBV and received guidance on preventing secondary trauma. Their close collaboration with medical professionals within the SAMEN project ensures they have access to professional support when needed. Moreover, there are opportunities for career advancement; one cultural mediator eventually became the coordinator for cultural mediators within the project. Other organizations adopt different models for working with cultural mediators. Drawing on various successful examples, the SAMEN team has developed several scenarios in the 'good practice boxes' below.

Scenario 1 – A Team of Cultural Mediators in Each Region

In this scenario, teams of cultural mediators would be integrated within municipal bodies, such as the Public Health Service, throughout the country. This body would serve as the coordinator, overseeing the team's activities and investing in their capacity building. They could also provide low-threshold consultation locations, like the aforementioned Zorgcafé and provide guidance and support to cultural mediators. The SAMEN project has shown that cultural mediators cannot perform their roles effectively without a supportive and accessible environment. In this scenario, cultural mediators would operate independently, actively engaging with migrant communities, with an overarching organization monitoring their well-being.

The responsibility for the sustainability of this setup lies with the municipality, which should also have financial resources available to pay the cultural mediators for their work and realize the facilitation. Municipalities are currently facing capacity problems, so this is the biggest challenge in this scenario.

Comparable Practical Example: In The Hague, the Public Health Service and the Soneca Foundation have initiated the '[Wegwijzer](#)' initiative. Wegwijzer is a desk

for asylum seekers which operates at fixed times in a neighborhood center. Cultural mediators are always present to assist asylum seekers with practical questions.

Scenario 2 – Encouraging Cultural Mediators as Part of a Diverse Workplace

The second approach encourages organizations to incorporate experienced cultural mediators into their teams. In this model, the organizations themselves are responsible for compensating and supporting the cultural mediators. These mediators can be trained on specific topics relevant to the organization's focus. While this approach may lead cultural mediators to become more specialized, their strength currently often lies in providing general support, from assisting with paperwork to offering personal guidance. There are several challenges to consider when scaling this solution:

- Organizations may risk working in silos, leading to fragmentation. This could undermine the quality and consistent presence and roles of cultural mediators across regions. Given the frequent relocations of newcomers, this could create challenges and cause confusion amongst newcomers and organizations.
- Additionally, organizations might use cultural mediators to serve their own objectives, which may not always align with the best interests of newcomers, potentially eroding trust in cultural mediators.
- The role of service organizations would need to shift towards a more proactive or outreach-oriented approach, which might differ from their traditional methods, potentially changing their operational models.
- The success of the cultural mediators in the SAMEN project was partly due to their operation in accessible environments like the Zorgcafé. This combination of cultural mediators and low-threshold settings is essential, but not every organization may be able to replicate it.

Comparable Practical Example: [Stichting MANO](#) in Rotterdam employs colleagues with lived experience on the accommodation boats in Rotterdam

Scenario 3 – The National Overview

In the third scenario, a publicly available national overview of cultural mediators is created. The overview could be managed by the government or outsourced to a national organization. In this scenario, cultural mediators continue to work independently, but their contact information, areas of expertise, and the region in which they operate, are made publicly accessible. Cultural mediators would remain responsible for their own well-being, since there would be no overarching support beyond the registry itself. This system would make it easy to identify who is working where, which could be particularly useful given the frequent relocations of newcomers. Organizations seeking to utilize the expertise of cultural mediators could contact them directly. Financial compensation in this scenario could be partially arranged through a national scheme or, if organizations contact the cultural mediators, covered by the requesting organization. Cultural mediators can claim reimbursement for their time and investment in this way.

Similar to the other scenarios, this one presents several challenges too. Firstly, cultural mediators are already overburdened in the current system, which sometimes affects their well-being. This scenario does not address the issue unless a national entity takes responsibility for the guidance, capacity, and well-being of the cultural mediators, which would be a considerable undertaking. Secondly, there would be no clear oversight of the capacity and knowledge of the mediators. It may be

unclear whether the information provided by cultural mediators is always up-to-date, potentially leading to misunderstandings. Lastly, maintaining the accuracy of the registry would be a challenge, requiring dedicated resources to keep it current.

Comparable Practical Example: [Pharos](#) currently manages a publicly available overview of a group of cultural mediators.



In accordance with the European Commission's Reception Conditions Directive, European member states provide applicants for international protection with access to housing, food, clothing, healthcare, education for minors, and employment opportunities (European Commission, n.d.). The directive also emphasizes the need for special attention to vulnerable individuals, such as survivors of torture, mandating that member states perform individual assessments to determine their specific reception needs and ensure they receive necessary medical and psychological support.

Due to limited reception capacity in the Netherlands, asylum seekers in the Netherlands frequently move between locations. These relocations make it difficult for newcomers to build lasting relationships, both with fellow residents and professionals. It becomes challenging for newcomers to establish a social network to rely on, (language) schools face frequent turnover, care providers struggle to start or complete treatments, and neighborhood teams find it harder to build trust. As a result, professionals and bystanders have less visibility into the newcomers' lives, leading to delayed or missed identification of the issues and opportunities for intervention.

During the SAMEN project, service providers frequently illustrated these challenges with practical examples. Some service providers decided not to refer individuals to formal support services due to waiting lists and the possibility of upcoming relocations. Additionally, treatments occasionally cannot be completed with the same provider, requiring the newcomer to undergo another referral process, endure additional waiting periods, and establish a new relationship with a different provider. This can be a significant burden and potentially harmful to individuals dealing with psychological problems.

The call for fewer relocations and safer housing was a consistent theme in every SAMEN network meeting. Survivors of SGBV need stability, a supportive social network, and safety. Newcomers with diverse SOGIESC identities are particularly vulnerable to physical and psychological gender-based violence after arriving in the Netherlands. It is essential to address these issues through an intersectional approach. The following paragraphs summarize practical tools for doing so.

A major challenge is gaining public support for reception facilities, as 71% of local residents find the presence of an asylum center in their neighborhood undesirable or even very unpleasant (van der Schelde, 2022). A quarter

of the population would prefer or strongly oppose having an asylum center nearby. There are many misconceptions about what migrant reception means for a community. The International Organization for Migration has therefore developed a [knowledge dossier](#) to bring more nuance into public debate and create inclusive and nuanced messaging about migration to the public. This resource includes findings and practical tips for campaigns and intercultural events. Balanced and fact-based communication about migration is crucial for fostering a stable, safe, and supportive environment that benefits society.

Additionally, an intersectional approach is needed to prevent and address SGBV. Different groups within the newcomer population face unique safety and health concerns. For example, transgender migrants often encounter unsafe situations in reception centers and may not always have access to necessary hormones or psychological support (IOM, 2023). Service providers report that they need additional resources and tools to better support this group. Moreover, discussions with migrants reveal that information sessions are essential for preventing violence against this group. The next section will explore this issue further.

A BROAD NEED FOR INFORMATION

This report identifies a widespread need for effective information, brought forward by various stakeholders throughout the SAMEN project: organizations working with newcomers need guidance on referrals, healthcare providers seek more knowledge about migrant-specific issues and culturally sensitive practices, and newcomers require structural information-provision to navigate life in the Netherlands. Many organizations and individuals are addressing these needs, which has occasionally led to fragmentation. For example, reception centers frequently receive numerous similar requests from trainers to organize sessions for newcomers in the same geographic region. Moreover, due to regional and locational differences in available resources, coupled with the frequent relocations of many asylum seekers, not all migrants receive consistent information during their initial stay in the Netherlands. Experiences from the SAMEN project highlight the need for coordination to streamline information provision. The following paragraphs explore the needs raised in relation to information provision by various stakeholders.

Firstly, implementing organizations that work with newcomers, including cultural mediators, highlighted the need for training on how to deal with SGBV disclosures. These professionals often hear personal and traumatic stories as they are typically the first point of contact for newcomers and work based on trust. However, they may lack the knowledge needed to refer newcomers to support services or provide information on sensitive issues like sexual

violence. Therefore, it is crucial to equip them with the tools necessary to adopt trauma-sensitive work methods, offer initial support to survivors of SGBV, and prevent secondary traumatization.

Secondly, service providers have expressed a need for more information on culturally sensitive practices during various network meetings. Although training materials and courses are available, as described on page 19 of this report, service providers often remain uncertain about taking action. Moreover, it is important to integrate 'inclusive practices' into relevant training curricula for future service providers. This includes culturally sensitive and gender-responsive approaches. Service providers should also be aware of the options available for different migrant groups, such as undocumented individuals. Several service providers, including social workers and doctors, have indicated that a single training session is insufficient to address these practical challenges and suggest to practice more frequently with inclusive communication. Engaging the target group and experienced professionals in curriculum development is essential, and therefore, involving them in curriculum reforms is crucial. To implement this recommendation, it is advisable to start discussions with educational institutions to explore possibilities.

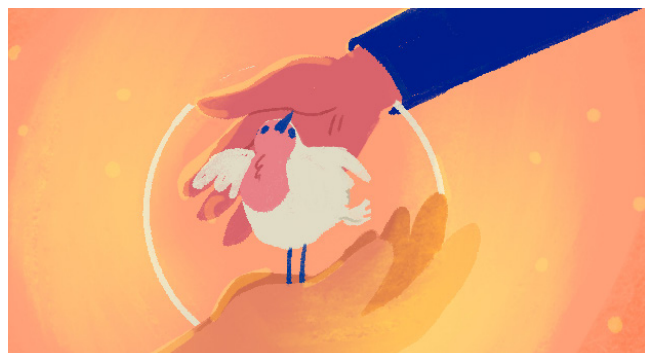
Lastly, the information provided to newcomers themselves was flagged throughout the project. SAMEN's cultural mediators have consistently received questions from migrant survivors of SGBV about where to seek help and what the steps look like after having sought help. While this type of information is provided shortly after newcomers have arrived in the Netherlands, SAMEN identifies a clear gap, also noted in the [PROTECT report](#). The PROTECT report called for streamlined and structured information provision that aligns with migrants' priorities at different stages of integration. During the reception phase, migrants often focus on basic needs such as housing, residence permits, family reunification, and income, rather than on social norms and identity. However, it remains essential to inform them about their rights in the Netherlands at this stage to ensure respectful treatment of fellow residents in reception centers, regardless of diverse sexual orientations, gender identities, gender expressions, and sex characteristics. Addressing topics such as sexuality, the Dutch healthcare system, relationships, and sexual and gender-based violence (including domestic violence) multiple times is important. These themes are often inadequately covered in brief, general orientations. Additionally, it is recommended to discuss these topics in a safe environment. Given the many providers of training for newcomers, there is a need to ensure a streamlined and high-quality information provision in the reception phase and beyond.

The Determinants of Migrant Vulnerability Model

In 2019, IOM introduced the [Determinants of Migrant Vulnerability Model](#) to assess risk and protective factors in relation to migrant vulnerability at the individual, household/family, community and structural levels. The model informs guidelines, practices, standards and interventions to reduce migrants' vulnerability to violence, exploitation and abuse.

The model can be used as a framework to shape research, policies, programmes and other types of interventions to reduce migrant vulnerability. A few concrete recommendations from the model, relevant to lessons from the SAMEN project, are included below:

1. *Reliable data* is essential to the development of effective policies and programmes on migration, including for protection and assistance geared towards vulnerable migrants. Solid data and analysis of this data can help to identify an issue, design and implement a policy or programme, and evaluate an intervention. Pages 211, 212 and 213 of the handbook further elaborate on collecting reliable migration data.
2. *National referral mechanisms* are a means of promoting cooperation between multiple stakeholders to provide protection and assistance. These mechanisms are necessary because migrants in vulnerable positions have a wide array of needs cutting across sectors and providers, therefore requiring coordinated collaboration to avoid fragmentation. On page 207, the handbook suggests ways to set up a national referral mechanism for migrants in vulnerable positions.
3. *Capacity development* is an ongoing process cycle. The handbook offers insight into the steps of this cycle and common types for building capacity, such as advisory support for more effective processes, the creation of networks, exposure/study visits and training on pages 208 and 209.



RECOMMENDATIONS SUMMARIZED

1. To better understand migrant-specific risks, research on sexual and gender-based violence in migrant communities and best practices for prevention and responding to SGBV is necessary.
2. Integrate the role of cultural mediators into the Dutch healthcare landscape to ensure (financial) recognition, service quality, and the well-being of the cultural mediators.
3. Ensure a stable environment for newcomers after arrival in the Netherlands. Frequent relocations between asylum centers during their early stay, coupled with long waiting lists for specialized care, make it challenging to access the necessary professional support. Additionally, these relocations hinder newcomers' ability to build a social support network.
4. Streamline the information provision to migrants, healthcare providers and service providers and provide them with a clear course of action. There is a widespread need for information: organizations working with newcomers require guidance on making referrals, healthcare providers seek more knowledge about the target group and culturally sensitive practices, and newcomers are looking for consistent information to help them navigate life in the Netherlands.



CONCLUSION



During the SAMEN project, the team engaged with 165 dedicated professionals committed to the well-being of migrants. Additionally, the team connected with 770 migrants striving to find their place in the Netherlands, despite the traumatic experiences they have endured. If combatting sexual and gender-based violence (SGBV) depended solely on the passion, resilience, and expertise of these individuals, this report would not need any recommendations. However, addressing SGBV experienced by migrant communities requires more than individual efforts; it calls for a structural, holistic, intersectional, humane, and coordinated approach. Navigating these abstract concepts can be challenging but is necessary to find out what truly works for this group of people. Therefore, this report offers practical tools for individuals, small organizations, and large institutions to move closer to an effective strategy.

Generally speaking, everyone can contribute to the well-being of migrants. As migrants adapt to the customs and language of a new society, the society itself can play a supportive role by providing a welcoming environment. If societal support diminishes, this can lead to health risks, crime, poverty, and inhumane conditions — all of which increase the risk of SGBV. Therefore, this report urges everyone to take on a share of this collective responsibility: get to know each other, understand the risks, engage in dialogue, share knowledge, offer support, foster cohesion, conduct research, facilitate resources, and coordinate efforts to combat SGBV within migrant communities.

In practical terms, this report advises migrant organizations and cultural mediators to increase their visibility, thereby strengthening their position. These professionals, having experienced life as newcomers in the Netherlands, are invaluable sources of information and should be recognized as such. For service providers, an active, accessible, and culturally sensitive approach is essential for effectively reaching and supporting migrants. Moreover, Dutch municipalities can contribute by supporting the availability of safe and sustainable housing, enabling newcomers who have experienced SGBV to build social networks and access necessary health-care. Furthermore, municipalities play a crucial role in facilitating and ensuring accessible services, thereby engaging cultural mediators. Consultations indicate that professionals see a role for the national government in researching and coordinating the overall migrant-centered strategy for preventing and combatting SGBV.

Two years of the SAMEN project have shown that collaboration, knowledge-sharing, and accessible services are effective in providing the support that migrant survivors of SGBV deserve. Only by working together, we can take a collective step toward a future free from sexual and gender-based violence.



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