Communicating the unutterable: mediating the sufferance of gender-based violence in migratory flows towards Europe

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The condition of the migrant is the condition of the translated being. He or she moves from a source language and culture to a target language and culture so that translation takes place both in the physical sense of movement or displacement and in the symbolic sense of the shift from one way of speaking, writing about and interpreting the world to another...

Translation is thus not a matter of idle speculation or a [...] classroom exercise [...] but is a question of real, immediate, and urgent seriousness.

The ability to translate (autonomous practices) or be translated (heteronymous practices) can in some instances indeed be a matter of life and death

M.Cronin (2006) Translation and Identity
Dejà vu...

- **BBC news website**

  12 May 2021

Lampedusa: Italy’s gateway to Europe struggles with migrant influx

By Mark Lowen
BBC News, Lampedusa

3 hours ago

Europe migrant crisis

Cloaked by darkness and guarded by police, they huddle together at the port: the latest migrants to reach Lampedusa, out of the shadows into Europe.

More than 2,000 have reached the southern Italian island since Saturday, raising fears that the warmer weather could bring a new rush to Europe’s shores.

Around the new arrivals, fragments of aluminium thermal blankets flutter in the air, buffeted by the winds they faced on their crossing from Libya.

Almost 13,000 have landed in Italy so far this year; three times more than the same period in 2020. And more than 500 have died – a four-year high.

Appeals falling on deaf ears
More than 2,000 migrants arrive on Italian island in 24 hours

Hundreds of asylum seekers forced to sleep outside as Lampedusa reception centre reaches capacity

Migrants arrive at Lampedusa Island on Sunday. A further four boats arrived overnight after people smugglers took advantage of calm seas. Photograph: ANSA/EPA

More than 2,000 people have arrived on Lampedusa in 24 hours as people smugglers took advantage of calm seas to launch at least 20 boats, pushing the reception centre on the tiny Italian island to its limit.
[...] the management of migratory flows becomes an emergency only when there is no forward planning. When there is no plan to organise resources so that existing and arriving populations could occupy and co-exist in the same territories, then levels of despair and conflicts over (limited) resources inflate, as is the case in the context of Sicily.

Filmer and Federici (2018) “Mediating Migration Crises: Sicily and the languages of despair”
Presentation overview

- Introduction to the research, methods and research design;
- the context: migrant emergency?
- who is the intercultural mediator?
- issues of trust, gender, and identity within the GBV mediating triad.
Research questions...

Procedures involved in identifying survivors of (S)GBV on arrival and provision for intercultural mediation and/or interpreting (combining both linguistic and cultural needs) in such contexts;

Who is the intercultural mediator? What training/experience/background? Pivotal role of the intercultural mediator in the clinical settings that ensue.

Difficulties and obstacles that need to be overcome so that communication is effective and sensitive to cultural, linguistic, and emotional needs.

What do mediators want?
Research design: ethnographic methods

- Postdoctoral grant, The University of Catania, School of Modern Languages and Literatures, Ragusa site;
- building on previous research (see Filmer and Federici, 2018), the project followed similar procedures and protocols;
- semi-structured interviews carried out in-situ (Crabtree et al., 2012; Rouncefield and Tolmie, 2016), with operators (social workers, reception centre staff), medics, intercultural mediators and the survivors of GBV;
- documentary evidence extracted from the websites and publications produced by humanitarian and other NGOs.
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<thead>
<tr>
<th>Code</th>
<th>Informants' Role</th>
<th>Informants’ details</th>
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</thead>
<tbody>
<tr>
<td>P1</td>
<td>Psychologist 1</td>
<td>Male Italian. Works as part of the socio-medical team for a local religious non-profit organisation that manages several CAS (Centro Accoglienza Straordinaria) and, SPRAR centres (Sistema di protezione richiedenti asilo e rifugiati).</td>
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<tr>
<td>P2</td>
<td>Psychologist 2</td>
<td>Female Italian. Works with a non-profit organisation</td>
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<tr>
<td>M1</td>
<td>Medical doctor</td>
<td>Female Italian. Works for non-profit organisation</td>
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<tr>
<td>O1</td>
<td>CAS Operator (centro accoglienza straordinaria – emergency reception centre).</td>
<td>Female Italian. Trained as an intercultural mediator (ICM) at university. Works as an administrator/ICM for a co-operative association that runs CAS</td>
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<tr>
<td>O2</td>
<td>CAS Operator</td>
<td>Female. Social worker.</td>
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<tr>
<td>ICM1</td>
<td>intercultural mediator 1</td>
<td>Female. Native speaker of Arabic. Speaks French and very little English.</td>
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<tr>
<td>ICM2</td>
<td>intercultural mediator 2</td>
<td>Female. Native speaker Arabic. Speaks French and English. Holds MA in intercultural mediation and completed regional training course and medical training.</td>
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<tr>
<td>ICM3</td>
<td>Intercultural Mediator 3</td>
<td>Female. Italian. Has a degree in Cultural Mediation. Speaks Arabic and English.</td>
</tr>
<tr>
<td>V1</td>
<td>Volunteer ‘Servizio Civile’</td>
<td>Female. Has a degree in Intercultural Mediation. Speaks English and Arabic.</td>
</tr>
<tr>
<td>O3</td>
<td>Operator in a religious association that runs several shelters and reception centres.</td>
<td>Male. No training or language skills pertinent to the position.</td>
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The context: migrant emergency?
The migratory routes
Total arrivals by sea and deaths in the Mediterranean 2017

(Source: International Organisation for Migration)

164,908 total arrivals by sea.
3,113 total dead/missing

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<tr>
<th>COUNTRY</th>
<th>ARRIVALS</th>
<th>DEATHS</th>
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<td>Italy</td>
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<td>2,844</td>
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<td>Spain</td>
<td>20,043</td>
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<td>61</td>
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<td>Cyprus</td>
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<td>0</td>
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<tr>
<td>Malta</td>
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Total arrivals by sea and deaths in the Mediterranean 2018

(Source: International Organisation for Migration)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>ARRIVALS</th>
<th>DEATHS</th>
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</thead>
<tbody>
<tr>
<td>Italy</td>
<td>23,011</td>
<td>1,285</td>
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<tr>
<td>Spain</td>
<td>52,678</td>
<td>681</td>
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<td>Greece</td>
<td>29,782</td>
<td>167</td>
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<tr>
<td>Cyprus</td>
<td>930</td>
<td>0</td>
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<tr>
<td>Malta</td>
<td>1,182</td>
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107,583 total arrivals by sea
2,133 total dead/missing
Migrant emergency?

• Poor, inadequate, and short-sighted lack of planning at institutional and political level—despite years of experiencing of incoming migratory fluxes—is the predominant cause of the so-called ‘emergency’.

• The Italian example is particularly significant in terms of its linguistic and cultural implications for it highlighted the need for translators and interpreters on an unprecedented scale.

F. Federici (2016) Mediating Emergences and Conflicts
Following a sharp decline in 2018 and 2019 - the “Salvini years” - arrivals to Italy are steadily increasing again...

...and since then?
Il grafico illustra la situazione relativa al numero dei migranti sbarcati a decorrere dal 1 gennaio 2021 al 12 maggio 2021* comparati con i dati riferiti allo stesso periodo degli anni 2019 e 2020.

*I dati si riferiscono agli eventi di sbarco rilevati entro le ore 8:00 del giorno di riferimento.
Fonte: Dipartimento della Pubblica sicurezza. I dati sono suscettibili di successivo consolidamento.
...so where are the migrants?
Out of sight out of mind?

5,000-6,000 migrants are in detention centres in Libya

Registered Refugees and Asylum-Seekers in Libya 43,021

Last updated 01 May 2021

Out of sight out of mind?

Europe’s inability to deal with irregular immigration, and its disavowal of the situation in Libya triggers a cascading crisis in the increased number of migrants arriving with serious mental disorders and psychological disturbances. The scant provision of psychological care thus becomes a major issue worsened by limited availability of linguistic and cultural support to facilitate that care.

Issues in intercultural mediation
This person links the institution with the community and brokers communication between providers, staff, patients and family members. It is essential to note that translation and interpreting are core tasks expected from and performed by the intercultural mediator...

... yet there are no regulations or standards in place to require that they demonstrate ability in such competencies.

C. Angelelli (2015) Study on Public Service Translation in cross-border Healthcare
Tasks carried out by ICMs on a regular basis include clinical and community interpreting, asylum and legal interpreting, cultural brokering, health assistant, offering psychosocial support, preventing conflict and supporting resolution, and last and not least in the Sicilian context, emergency and crisis mediation during and immediately following disembarkations.

The (inter)cultural mediator: the outsider’s view

There is considerable confusion across Europe about the exact role of cultural mediators. The term ‘cultural mediation’ is sometimes used as a blanket term to cover both translation and interpreting and the terms interpreter and cultural mediator can appear synonymous. In France, Italy and parts of Belgium and Germany the terms interpreter, cultural mediator and, also intercultural mediator are used interchangeably and the role boundaries are unclear, especially to outsiders.

Perspectives from the practitioners

Intercultural mediation
From the practitioners point of view

- How would you define the role of intercultural mediator [IM] and in which ways, if any, do you think it differs from translator/interpreter within the context of the migrant crisis?

- The mediator is a very important figure in my opinion because it doesn’t just mean speaking different languages. You also have to be a mediator of people. Because to be a mediator you have to be a listener, too [...] Mediation means this; being between two parties without siding with one or the other and mediating in the fairest way.

D. Filmer & F. Federici (2018)
Dichotomy between interpreter and mediator

- In your opinion how is that different from an interpreter?
- Interpreting is a completely different thing. I’ll give you an example. If you say to me ‘T., tell him not to touch that’, I will say as an interpreter ‘Look, Dr Filmer says you mustn’t touch that’. Stop. I must not add anything else. An interpreter does this. Instead a mediator does more. The mediator can also add information, mediate, change the words, can also understand that the if the person comes from Mali I should explain that in Italy, for example, you cannot say something in that way, you have to say it like this.
A question of trust
Identity and trust

Do you think having an ethnic origin nearer to the migrant is an advantage?

Yes, absolutely. Sometimes I take full advantage of this fact to win over their trust. Sometimes I tell them about my personal experience as a migrant to say ‘I am just like you’. In that moment you have to use every instrument available to you.
Moving towards source or target culture?

- A mediator from the same ethnic background can be a comfort, a sort of refuge; you see your co-national and you feel safe, but in my opinion this is a *doubled-edged sword* because this way leads to isolation and ghettoization.
Mistrusting the mediator

I asked him if he could translate my words. He said yes, it’s perfect! But still I don’t trust. No. Because you stay here in Italy for three or four years... you say you can speak perfectly this language, but you are not born here. It’s not possible. What I say to you in Wolof you cannot say all in Italian.
Gender trouble?

Is it difficult to be a woman and do your job?
• No. I am recognised and respected here
Gender trouble

• Sometimes there is a lack of respect because I am a woman... I don’t take it badly, though. Everything is relative and in their culture, for many of them it's normal to think of women as having a secondary role... I don't take it personally because I put myself in their shoes... if it had happened outside of these confines my reaction would have been different. Here I have a role as mediator and I cannot overstep the mark.
Intercultural mediation and victims of [S]GBV

Real life experiences of psychologists working in the field.
GBV is a violation of human rights

An abuse of power that inflicts harm on the survivor. It may be physical, emotional, or sexual in nature involving rape, physical assault, sexual abuse, or intimate partner violence.

Honour killings, child marriage, female genital mutilation, and other harmful practices also constitute GBV.

Other forms of GBV include forced marriage, the denial of resources or restriction of access to services and information, as well as psychological or emotional abuse.

It comprises violence committed by family and friends, by members of the community, unknown assailants, or that which is perpetrated or condoned by the state, non-state actors, or institutions.
Female migrants, fearing rape, often sleep on the streets close to police stations, but this brings new danger 
Recent weeks have seen nightly bombing in an air war waged with drones. “They think 50 metres from a police base is close enough to protect themselves,” says al-Jafeer. “But they are the first targets to be bombed.”
The precarious and under-resourced reception services in Europe are ‘failing to provide adequate medical or psychological support for the women who have been victims of violence in their countries of origin or their migratory journeys’.

UN Support Mission in Libya (2018: 6) states that the high percentage of the women and older teenage girls who have been ‘gang raped by smugglers or traffickers […] are in need of tailored medical and psychological support and rehabilitation’.

Freedman (2016) Sexual and Gender-based violence against refugee women: A hidden aspect of the “refugee crisis”.
Of medics and mediation
Angelelli (2015, p. 4) summarizes difficulties in linguistic mediation in healthcare contexts:

- uneven levels of health literacy and power differentials among participants: more vulnerable participants in communication (patients) vs. expert participants (healthcare providers);
- management of sensitive and confidential information (e.g. patient’s medical records, treatment alternatives and their side effects);
- decision-making and responsibility on sensitive issues that may impact directly on a patient’s health and well-being e.g., provider requesting informed consent for treatment/procedure.

In patient care for migrant survivors of SGBV, these issues are amplified (Merlini, 2015; Valero Garcés, 2015).
'Let’s not forget that these mediators, most of them, have a past. Those who have had similar experiences to the patient for whom they are mediating, this can influence their approach...

They can have an attitude of ‘I made it through, I survived’ and distance themselves too much from the patient...or they can discriminate against who is outside their culture: ‘You, doctor, how can you suggest these things (abortion, contraception), that are not sustainable in our religion?’
Empathy and ghosts from the past. The ICM’s perspective

• I have the most difficulty if the patient’s narrative contains episodes of violence, for example physical violence perpetrated by a brother or the father, which reflects my own personal experience. In that moment I see my own past before me once again, a story that repeats itself. In fact, in order to deal with this, I am seriously thinking of undergoing psychotherapy myself in order to confront those demons from my past.
Obstacles to effective intercultural mediation in cases of [S]GBV
Identifying victims of GBV

...it’s unlikely that a victim will open up immediately on arrival and say what they might have endured [...] all of them arrive in a state of shock, they are starving, undernourished, they’re carrying terrible burdens, they won’t speak on that first day
Identifying victims of GBV

experience plays a significant role in recognising signs of physical abuse...

...you learn to look very closely at people in the eye and you understand from their expression. If you mediate during medical check-ups you learn to distinguish between burns caused by being too close to the engine on board the boat and burns cause by torture in Libya.
Obstacles to communication

- It’s clear when a guest has suffered sexual abuse [...] as soon as you mention Libya, they beg you not to mention that place. They want to cancel it from their lives. A person who has been through the desert, been through the detention centres in Libya, has been through all of this – they don’t want to talk.
Cultural interference

- during an asylum hearing in front of the territorial commission, the official mediator let out a snigger during the asylum speaker’s declaration that he was persecuted in his homeland because of his sexual orientation. In cases like this we are dealing with the most intimate details of someone’s life. *We cannot afford to have unprofessional and untrained mediators.*
Religion can be a great constraint to mediation because it imposes a biased vision [...] Mediation should be performed from a position of neutrality, but it is difficult to reach this “0” point [...] the issue of gender is always at the root. Male mediators are certainly not suitable in these types of clinical situations.
In the reception centre for women where I worked 90% were Nigerian. They spoke English but a macaroni English, broken English, as my mediator colleague told me. Initially she found it difficult to understand them. The mediator only knew British English. She asked them to speak a more fluent English and they replied that this was the only English they knew.
Transcending the spoken word in psychotherapy

We did drawings. I tried to interpret how and what they drew, the colours they used, the images they portrayed. In this way I managed to understand them and earn their trust.
• The patient was very embarrassed when she perceived that she was being spoken about by two men – one of whom was myself but the other, the mediator was her co-national – *but he was the only person who spoke Tigrygna*. This certainly put her in a difficult position.
Trust is more important than gender:

• We had a case just yesterday. The man began the session by stating point blank that in front of two women he would not speak. But slowly slowly, by realising that he was not being judged or derided, he finally opened up.
...and the future?
Addressing the question of training
What is needed is mental elasticity – a university course is essential – vocational training courses are not enough. Knowing the culture thoroughly and knowing the basics of psychology is a great advantage. Psychology helps because it gives insight into how to approach the patient during a session. In the end what makes a good mediator in these circumstances is the approach they have with the patient.
• A much broader survey of intercultural mediators’ needs across European contexts
• Reflective practices, such as debriefing and discussion groups (Tiselius 2019) enabling informed recommendations for educators and institutions.
• We should be harnessing the linguistic and cultural knowledge, and experience accrued by those who are the first generation of a “new breed of linguist” (Amato and Garwood 2011) to better approach the complex societal and multicultural challenges of the twenty first century.
• Provide training paths and skills to better equip those already involved, and those who have yet to start on a path of intercultural mediation. Not as a part time, ad hoc job, but as a mission and chosen profession.
THANK YOU FOR YOUR ATTENTION