

To approach the migrant women victims of gender based violence:

Focus in the transcultural clinic approach.

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1. Understanding the Specificity of Gender based violence against migrant and women refugees

To be able to welcome the migrant women victims of violence, it is necessary to understand at first the complexity of every situation and the gravity of the violence.

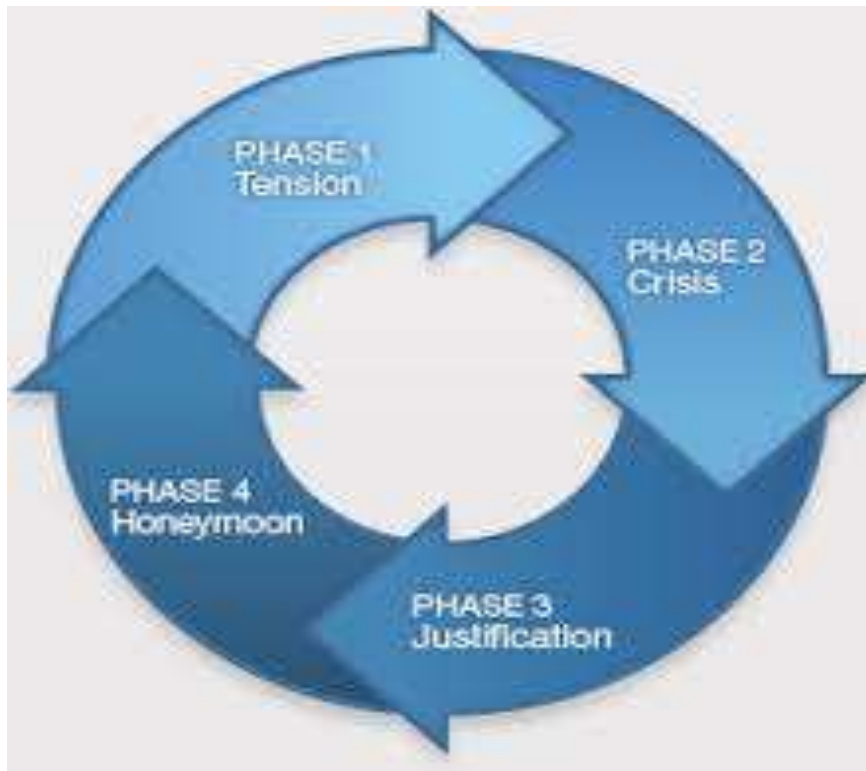
A meshing of violence: the various forms and types of violence articulate in a particular way to every woman, according to the gender relationship, the migratory situation (context of the country of origin, the administrative situation), to be foreign in a country (relationships of classes and of "race" or interethnic) and the social and political situations.

This meshing demonstrates existence of a triple system of domination gender, race and class which exercises numerous violence, from interpersonal to structural, against migrant women. The intersectionality of the violence is thus inherent to the experience of the migrant women.

A continuum of violence: the various forms and type of violence, or the meshing of violence, are present in various stages of the migration; they articulate and accumulate from the country of emigration, during the migratory journey and on arrival in the hostcountry.

A. The issue of the influence

In domestic violence, sometimes undergone for years, the mechanism of the influence makes difficult the expression of the violence and the separation with the violent spouse. The mechanism of the influence is explained by the cycle of the violence:



PHASE 1: tension

The aggressor has fits of anger, threatens the other person of the look, made weigh heavy silences.

The victim of violence feels worried, anguished, tries to improve the climate, take care on her own gestures and words

PHASE 2 : Crisis

The aggressor violent the other person on the verbal, psychological, physical, sexual, symbolic or economic dimension.

The victim of violence feels humbled, sad, is afraid, has the feeling that the situation is unfair and the sense of shame

PHASE 3 : Justification

The aggressor finds excuses to justify his behavior.

The victim of violence tries to understand his explanations ,try to help him to change, doubts her own perceptions, feels responsible for the situation, the sense of guilt

PHASE 4 : Honeymoon

The aggressor apologizes, speaks about therapy or about suicide, becomes softer.
The victim of violence gives a chance to him, brings him her help assistant, notices his efforts, changes her own habits.

The cycles of violence tend to repeat, in a faster and more intense. So it is not easy for a woman to take out of this violence.

For many migrant women, the cycle of domestic violence or circle of the influence tends to be to amplify by the circles of social violence, political violence and the torture.

The meshing of violence on the migrant women places them in a kind of spiral ascending of the influence (several spheres of influence) which risks their dehumanization and puts in danger their survival, attacking them basically needs.

For all the women in this situation, it will be necessary a long time, more than others to be able to break the circle of domestic violence. Sometimes, even if they are conscious to be victims of domestic violence, they will need a very long time and maybe will never separated with their spouse.

In front of this spiral of the influence, the migrant women are obliged to rank (to organize into a hierarchy) circles of violence in the urgency to answer their need for survival, and often the administrative protection of all their family, particularly the children, come before domestic violence.

It is a question for the professionals of accompanying gradually these women in their long process of liberation of the social, community and conjugal influences.

B. Social and cultural adjustment

As most of the migrants, the women who arrive in France have to straighten their place in the host country and his culture. The anthropologist Jean Melville Herskovits, to develop the notion of acculturation to express the various meet between two cultures:

- Acculturation through the acceptance of the proposed or obligated culture: there is no question of adaptation of strongest to lowest but a selective tolerance which operates a choice among the cultural models given by the dominant culture

- Acculturation through the defensive isolation: dodge by certain groups to meet the host country, because for them is being able to be a threat to their ethnic identity, or fold on themselves without looking even for the contact with the other one.
- Acculturation through the resistance: the contact engenders a violent movement of antagonism in the foreign values.
- Ethnocide: total Destruction of a culture, which does not pass by the process of acculturation.
- Interbreeding, miscegenation, tropicalism and transculturality: process of reciprocity and exchanges between cultures in contact.

So the migrant women are pulled by this inevitable movement of the acculturation and can alternate between several models: between personal pursuit and collective pressure, from her group of origin or the host country.

For example, for a woman the migration can be a possibility of emancipation, in case it will be about a cultural interbreeding, to take elements of the European culture to win freely or power to act.

But sometimes in front of difficulties met as the economic, administrative, disqualification of diplomas in Europe can publish to the woman that the migration is a failure and it risk to make a fold, to resist to the host country.

This ambivalent meeting between various cultures where the condition of the woman is not the same, obliges the migrant women to question their place, to adjust to their environment, for do that she need a lot of energy, ant this process can bring to a important tiredness and an anxiety.

More the societies is very different and more there are situations of violence, more the acculturation can be a difficult, to be a slow and painful process, which it is a question of understanding.

C: Express the violence

The issue of the capacity to express the violence is central in the process of support the migrant women and particularly for refugees, because generally their state protection will depend on their capacity to describe the violence.

«How to deal with the order to testify when the memory is invaded by the traumas and the deceased? "(PESTRE, 2014). There is a real difficulty to tell the violence for the women having undergone the tortures, the rapes and having witnessed of massacres

First, the **"barrier" of the language** is an important obstacle in the statement of the violence.

To be able to express the violence in the native language is really important; however there is insufficient service for these purposes.

To use to the children or other one close relation for translation is not valid when it is about violence against women because it affects the intimate dimension of these women.

In the statement of the violence, through a language, also expresses himself a representation of the world. Every word in a language have no correspondence in another one, however the use of expressions can allow expressing the central idea. In the translation it is semantics which is at stake. The professional requirement to leave the possibility with the expression in native language it is also opening a door in the culture and the representation of other one, of women refugees.

According to the culture, the expression of the pains, the suffering is coded; sometimes it is not usual to express the pain.

Using word is a way to express the violence and the pain which are associated with it, but it not the only way. The body can express the pain also.

“The body seems to become for many the refuge. Sometimes it is embodies the unique place in which the painful problems can stayed. The unconscious appeal and almost systematic of the refugee to this body which is suffered, makes a privileged support, which can receive attacks ceaseless of the suffered psyche .the soma plays a role of spokesperson, embodying the main media for the subject who the language was sometimes partially abolished. So the affected body comes to express to the others, but also to oneself, something of unthinkable met in the past”(Pestre ,2004).

The women refugee can express the violence through the pains of their body, by the process of somatization which is a medical expression which means the physical translation of a problem or a psychic conflict.

The psychic and emotional suffering can be expressed by intense headaches or a sensation of an important weight on the heart even if on the medical dimension there is no "anomaly", these pains are real.

In several cultures the body, the mental and the feelings are united, we speak about connected body (Massé, 1998). The physical, mental and emotional expression, are the main modes of expression of the suffering.

For example, in case of sexual violence, the reproductive system is blooded and the woman dignity is soiled, the women survivors are often afraid of losing their fertility which symbolizes the loss of their femininity and the fear of not being anymore a woman. The physical expression of the sexual violence is expressed by pains in the reproductive system, bleedings, the stops of the menstruations and the weight gain.

In the case of the weight gain issue, for the women suffered sexual and physical violence and the tortures, we can say that the metaphor «the migration transforms» is embodied: there is a metamorphosis of the woman in migration cause by the exile and the trauma

2. The Transcultural care and clinic

A. The transcultural approach

Sometimes transcultural Clinic or ethno-psychology is be confound with cross-cultural psychology, but is not exact.

Cross-cultural psychology is a branch of psychology that looks at how cultural factors influence human behavior. While many aspects of human thought and behavior are universal, cultural differences can lead to often surprising differences in how people think, feel, and act. Some cultures, for example, might stress individualism and the importance of personal autonomy. Other cultures, however, may place a higher value on collectivism and cooperation among members of the group. Such differences can play a powerful role in many aspects of life. Cross-cultural psychology is also emerging as an increasingly important topic as researchers strive to understand both the differences and similarities among people of various cultures throughout the world. The International Association of Cross-Cultural Psychology (IACCP) was established in 1972, and this branch of psychology has continued to grow and

develop since that time. Today, increasing numbers of psychologists investigate how behavior differs among various cultures throughout the world.

It's a concept of cultural competence which brings cross-cultural psychology with ethno-psychoanalysis and ethno-psychiatry.

For Josepha Campinha-Bacote, the process of cultural competence in the delivery of healthcare services is a model that views cultural competence as the ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community). The process of cultural competence in the delivery of healthcare services are cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire.

In the past ten years, the field of French-speaking social sciences has witnessed the emergence of a new paradigm: ethnopsychiatry. Clearly, it had already happened that within ten to twenty years after the massive arrival of immigrants, Western psychiatry produced a sub-discipline crossbreeding anthropology and psychiatry. Indeed, comparable research programs appeared after World War Two, in the 50's and 60's, in the US and Canada, in the 70's in Britain, Germany and Holland, and are flourishing today, in Italy, Switzerland, Belgium etc... In the United States, both empirical and classifying orientations were adopted, sign of the times or locally inspired: first, Folk Psychiatry, then Transcultural or Cross Cultural Psychiatry, and Medical Anthropology.

Ethno-psychoanalysis was been created by George Devereux,(1908-1985) anthropologist and psychoanalyst, having promulgated the therapeutic care in an native of the tribe of the Mohave in Kansas, he developed a methodology of clinical work: the *complementary* method.

It is the obligation to use a double speech to study a fact concerning the human being: it is about a double analysis within the framework of the ethnology and within the framework of the psychology. For him, there are two notions of culture: culture as notion of invariability in the personality (Universalist) and the cultures as the local expressions of the personality.

George Devereux start with a postulate that there is a psychic unity of the humanity, thus for the same psychopathology, but the expression of the suffering can vary from a culture to the other one. For him, culture and psyche are two facets of the same reality, the culture is a therapeutic lever which allows to reach the representation of the patient and from there, we

look for a universal symptom, what avoids the excess to generalize the care according to the culture.

So the methodology of the ethno-psychiatry leans on the complementarity of two disciplines, generally the psychology and the anthropology.

In his work, *Psychoanalytical Ethnopsychiatry*, François Laplantine, defines the ethno-psychiatry as *«the study of relationships between the psychopathologic conducts and their cultural frame. More exactly it is a multidisciplinary research and a therapeutic practice based on this one; which tries to include the cultural dimension of the mental disorders and the psychiatric dimension of the cultures, by avoiding falling in the double excess which would consist in putting in perspective everything in the psychiatry, the other one is putting all culture in perspective of psychiatry»* (LAPLANTINE, 2007).

The transcultural care can be understudied as a generic name of the forms of therapies which take account to the cultural otherness of the patient. Accordingly, a psychoanalytical anthropology has to be based on a double practice: the psychoanalysis through the patient discovers of his own psychic otherness, and the ethnology, through the therapist develops the knowledge of the cultural otherness of his own company. The anthropology allows to decode the frame and the psychic packaging of the conflict. The psychoanalysis intervenes on the subjectivity of the patient and on the expression of his conflict through its history. Transcultural care is then a space of negotiation between actors (patient, family, therapists, institutions ...) among which expectations, representations and values differ.

In France, the ethnopsychiatry was put into practice by Tobie Nathan, who was a pupil of George Devereux and opened the first ethno-psychiatric consultation into the hospital of Avicenne in Paris in the 80s which addressed mainly to the migrant populations. Tobie Nathan created a specific technical device where the migrant patients have the possibility of speaking their native language thanks to the presence of the interpreters, and the consultations are made in a group.

Tobie Nathan's definition of ethno-psychiatry:

1. A clinical discipline taking as its object the analysis of all therapeutic systems, viewed as systems of objects; all systems without exception nor hierarchy, those claiming to be "scholarly" as well as those purporting to belong to a specific collective or community - be it

ethnic, religious, or social. Ethnopsychiatry sets out to describe these systems, to extract their own rationality and especially to demonstrate their necessary character. This discipline claims a specific scientific rigour stemming from the fact that, considering therapeutic systems as the property of groups - according to the aforementioned formula: groups manufacture objects which in turn manufacture persons - it seeks to demonstrate its hypotheses through the development of methods allowing representatives of these groups to take a stance on their validity.

2. A discipline which sets out to test the concepts of psychiatry, psychoanalysis and psychology in light of theories belonging to the groups whose therapeutic systems it studies. It creates situations, imagines settings, invents methods intended to test these theories in light of the cultural and clinical realities it observes.

3-A clinical practice which considers that the processes and results of points (1) and (2) are of concern primarily to the patients; a practice interested in engaging in a true debate with them; finally, a practice deliberately setting up spaces prohibiting on the part of therapists the practice of insulting patients, their families or their groups- by this I mean that it isn't satisfied with simply leaving the respect of this rule up to the moral value of the therapist, but rather it actively engages in constructing a setting which concretely precludes such a practice.

The current of the ethnopsychology and the ethnopsychiatry was been developed in France, particularly with Tobie Nathan and also with Marie Rose Moro who gives consultations with the children and the parents. She is interested in the stakes in the parenthood in migration, in the interbreeding, in the bilingualism.

Claire Mestre also developed a transcultural care which allows the pooling between the patient and the therapist, both of culture different, of a set of cultural representations who allows the therapeutic alliance. The process is the analysis of cultural counter-transfer. For Claire Mestre the transcultural relation has to be to build also in terms of social and political context.

- **Collective frame :**

Several variants of transcultural care are existed, but the frame remains the same:

It is collective frame. For the issue of the gender based violence, the patients are welcomed alone or with their children by a group of therapists. There is a first therapist, generally a psychologist, and several co-therapists generally anthropologists, others psychologist, psychiatrist. In this frame there is always presence of an interpreter, except in the case or the patient doesn't want.

According to Nathan, the collective approach is essential because of the «conception of the person and of the functioning of the etiologic traditional systems which require a collective frame, because these systems are mediation between universes (for example, ordinary and extraordinary) cannot work in a dual situation (face to face)».

The frame of collective consultation has several functions:

- Concerning welcoming: in societies with a model community traditional, the question of the mental health is regulated in a group, in family or by the community. The women from these societies do not know the psychological frame in private, in face to face, as it is used in Europe.

-A more complete and crossed reading of the situation of the patient. Through to professionals' presence coming from various disciplines, it allows a more global approach of the situation of the patient. The exchange between professionals allows a diversification of the therapeutic hypotheses and of the answer to care and cure the women victims of violence.

-Improve the capacity to welcome the sufferings of the women. In the case of patients having PTSD because of the extreme violence which they suffered, a collective frame is necessary for the professionals are not invaded by the traumas, because the traumas can be passed on (vicariate trauma). The group allows to share the emotional charge of the trauma between several professionals and so, to support it and to remain able to supporting the women.

- **The professional medical and social interpreting**

The recourse to the professional interpreting supposes the respect for the confidentiality, the neutrality, the empathy, and the sensibility. The request of the professional interpreters must be made by consider the specificities of gender, the geopolitical and the socio-cultural contexts

The recourse to the formed interpreters is essential in the statement of the violence, because through a language, the representation of the world. Is been expressed. The professional requirement to propose the possibility to express the violence experience in a native language, it is also open a door in the culture and the representation of other one.

- **Formed professionnals :**

The professionals who work in the transcultural frame must be formed to the clinic of the trauma, to the violence, to the torture and have especially of human high qualities of empathy for the migrant people.

In the transcultural care, it is very important that the professionals are able to make a *decentering* vision to their reference culture to being able to perceive the representations of the patients and build a therapeutic alliance.

Cultural relativism or ethnocentrism is not permitted in the transcultural practice. These attitudes could become symbolic violence, as for example compare the fights of the women by making a reference to the European context, by ranking the cultural contexts, the risk would be that a woman feels in inferiority, excluded from this process and takes refuge in the isolation.

To be exposed to the painful narratives with violence and with suffering, can lead to two reactions of the professionals:

- **Consternation:** to be completely captivated by the narrative of the patient, this shakes the therapist.

- **Rejection:** in front of a narrative which describes acts inhuman real-life experiences, the therapist can activate the mechanism of defense of his psyche and close himself from the testimony of the patient.

It is thus important that the professionals are capable of identifying in them these mechanisms.

Supervisions of team by an outside therapist is essential on the transcultural practice to allow the professionals to express their felt in front of difficult situations.

B. Culture as therapeutic lever

In the transcultural approach, there is this understanding of the dialectic between the packaging and the contents of the thought, the social and cultural orders / psyche of the individual. It is about lean on both dimensions and their relation to favor the therapeutic process of the migrant women who suffered violence.

Packaging can be the social and cultural resources of the women. It is important to value them, in the transcultural approach, the culture can be a therapeutic lever, and there are forms to resist and survive the violence which take roots on the culture.

To build a personalized approach adapted to every migratory journey and to every experience of the violence, which based on the capacity of resilience and the socio-cultural resources of every woman.

The migrant women are not to be only considered as victims of violence, but also as actresses of their migratory experience. Exist a diversity of trajectories of the migration and also exist a diversity of tactics used by the migrant women to resist at the violence and the dominations which are imposed on them.

So it is important to improve the individual agency and the collective agency of the women who suffered GBV from their own packaging (culture, religion; social relationship and family).

Some packaging

- **Understand(the family and social relationships (identification of the people resources):** the migrant women victims of violence are been part of family and community group, which will be their reference groups. Even being in another country, they will try to get closer to them. It is necessary to identify with the women, the people who can bring assistant and the support her. The extreme violence and the torture aims at dehumanizing the women, at breaking all them social relationship. For that is necessary support the women to re-enter in a human group, which is one of the characteristic of the human being: social being, it will allow to breathe of the humanity at the women and to accompany her in the progressive restoration of her social relationships.

- **The naming:** all the cultures have not the same way of naming her members. It is interesting to wonder and to question the patients about the modes of naming in their

culture, on the meaning of their name and those of their children. It is a door which opens towards the representations of the migrant women and can facilitate the therapeutic alliance. Sometimes in the name of the migrant women, there is the strength which their family endowed. Making reference to this family's intention can restore strength to the women to help them to surmount the events which they live.

- **Considers the socio-cultural determiners of the violence:** socio-cultural determiners have an impact on the actions, the behaviour but above all on the perceptions of every person. The importance that must be granted to the representations of the violence by the populations, by the service provider of care and very important by the victims.

Because the violence tries to eliminate the sense of the humanity in the victims, making reference to their socio-cultural determiners, its means to their interpretation of the violence, allows to support the victims to put sense in their thoughts.

- **The knowledge of the women in the health:** value the role of the women in the preservation of the health of their family, that is value the experiences cultural as the methods of protection of the children and the therapeutic traditional knowledge which the women learnt. To make a reference to these cultural experiences allows valuing the knowledges of the victims of violence and supporting them in the recognition of their capacities to act / agency.
- **The return in the religion and in the spirituality** is also a tactics of resistance which seems to supply a reassurance to the women victims of violence. The religion can be a link between the death, live, culture and current reality of the women migrant, and with all the people who they left. It is One way also to feel a little protecting and less only in foreign ground.

C. Collective activities

Organize collective activities in the aim to symbolic restoration of the women; it begins with the restoration of the human dignity through the recognition of their experiences of violence, by the possibility of testimony of it and by reconstructing a social relation. All the way of expression is necessary: the verbal, physical, written, artistic or sensory expression.

The artistic mediators are therapeutic care complementary of the transcultural care; they allow an expression of the sufferings and the pain which expresses itself by the body and by the not verbal expressions (forms, colors). For example for the women who suffered gender based violence, dance therapy workshops are relevant: with an adapted methodology, a very soft dance which work with the internal part of the body of the women victims by the sexual violence. The work on the motricity also allows reuniting the body with the spirit, in particular for patients who have symptoms of dissociation.

D. Sanitary , social and cultural mediation

The violence lived by the women migrant has an impact in their physical and mental, and are deteriorated by the language barrier and the social precariousness. It is often difficult for the women to decode the sanitary and social system, because the systems change according to countries, sometimes they are non-existent. So for access to the rights and to the protection the women have to know the services, have access to the information and be support for their approach. It is relevant to develop social, sanitary and cultural mediation to support the women towards the services adapted to them situations and with their administrative procedure concerning their protection.

E. Network

Strengthen the work in network with the partners , car la problématique des femmes migrantes victimes de violence est très complexe et concerne les sphères domestique , sociale , administrative, légale , médicale , qui requière un accompagnement global . Il est rare qu'une seule structure puisse répondre à tous ces besoins, le travail en réseau est donc indispensable pour bien accompagner les femmes migrantes.