Proximity Violence in Migration Times

A Focus in some Regions of Italy, France and Spain

Edited by Ignazia Bartholini

FrancoAngeli
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Direzione scientifica

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PROVIDE
PRoximity On VIolence: Defence and Equity

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JUNTA DE ANDALUCÍA

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1. Introduction. A nagging thought of a scholar

by *Ignazia Bartholini*

1.1 The interweave between desk analysis and field research of "PROVIDE" research

This volume is the product of a combined, reasoned in-the-field research and desk analysis regarding recognition and reception of refugee-asylum seekers, victims of violence within their places of origin, during the journey to the European states bordering on the Mediterranean and, above all, in Italy, the destination of many asylum seekers arriving from the African continent.

This collective volume is also the result of the nagging thought of a scholar and the support the European Commission decided to provide her with in order to favour the theoretical challenge the project envisaged and allowing her to conduct these two years of research supported by a network of partners comprising universities, research centres and non-profit organisations.

The PROVIDE (*PRoximity On VIolence: Defense and Equity*) project [1] proposed, in one of its two macro-areas of action, to conduct research aimed at analysing and identifying good practices and critical elements regarding the reception and charge-taking of migrants, victims of a kind of violence generally referred to as gender-based. It was necessary to describe the ambit within which the reception practices and policies regarding the field within which the different subjects act, first the Nation-States, then the institutions of command and control, which, with the supranational organisms, delineate the field itself availing themselves of Guidelines, Operating Manuals, Regulations, Laws, which define the procedures and practices in favour of the victims. Then, it was necessary to analyse, through the direct testimony of

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[1] The PROVIDE project, coordinated by Ignazia Bartholini, is one of the projects funded by the European Community through *The Rights, Equality and Citizenship Programme 2014-2020*, «that contributes to the further development of an area where equality and the rights of persons, as enshrined in the Treaty, the Charter and international human rights conventions, are promoted, protected and effectively implemented» (https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/programmes/rec).

local government stakeholders, cooperatives, associations and other organisations, the implementation of reception projects and the action of specialised male and female operators.

As a priority, it was proposed to choose and describe an *umbrella* concept, proximity violence, of which violence against women is only one manifestation. Of this phenomenon[2], we endeavoured to highlight the patterns that make defining its material contours and specifying the tesserae that compose it difficult. When we chose to indicate as "proximity violence" the phenomenon-topic, cultural factors, contingent situations became entangled with the vulnerability and resistance of the victims. Lastly, concrete elements of pain and abuse claimed attention making it clear that physical and symbolic violence often turned the victims into things, the objects of negotiations often conducted with the aid of the reference-community itself, when not submitting them to unilateral abuse or, as is frequently the case, of manipulation.

Therefore, the project involved a first research stage, led by the principal investigator and informed by her "*idée fixe*", that of framing a phenomenon of which only the contours, represented by its name, had been defined. Furthermore, it was a matter of investigating the possibilities of accessing spaces of recognition (Honneth, 1996) for migrants who, having crossed various geographical and symbolic borders, find themselves living in Europe, in environments with high vulnerabilisation rates. During the initial phases of the project, the intuition emerged that the name needed to be filled with observations, field surveys, desk analyses, in order that it might become a theoretical category. This is what this consortium of universities, foundations and third-sector organisations has tried to do.

In the opinion of this writer, analysing the effects of gender-based violence did not suffice to unravel the skein of the more subtle forms of violence interwoven with the vulnerability of the victims and the manipulative and seductive abilities of the perpetrators. It was a question of understanding what made violence acceptable and bearable, what naturalised, normalised it within certain contexts, to the point of mystifying it even, providing it with excuses and different names suggesting that neither the victims nor the torturers were such. This meant filling not only a terminological void but substantiating *a manifestation of reality provoked by certain relationships* with indicators, by means of the indirect testimony of those who dealt with it on a daily basis.

If gender combined with nationality and age (Crenshaw, 1989; McCall, 2005; Yuval-Davis, 1999, 2006), informs the imaginary defining concrete "protection-and-reception" policies and practices, as well as the array of be-

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[2] The term phenomenon is used here in the classical sense of the substative phainomenon, indicating what appears and manifests itself but which, at the same time, may not correspond wholly to the objectivity of the senses.

haviour styles considered admissible by the asylum seekers, it seems necessary that the analysis make a further differentiation regarding the perception and self-perception of violence by the victims hosted in the centres and by the operators who work at different levels of the reception services.

It was, therefore, a matter of betting, with the presumption of the social scientist, on the possibility of representing a phenomenon by devising a bridge between theories of gender-based violence and the "thing" – the violence of those who are not strangers and in whom, for different reasons, we trust. Filling this *vacuum* employing the theoretical ability to identify generative assonances and mutual filiations makes it even more difficult to evaluate the phenomenon in terms of social policies and governance.

Although the Member States have, in recent years, intensified their efforts to simplify the decision-making process, common policies and general governance, this effort has not been adequately reflected in the procedures form asylum implemented by the *Dublin Regulation in the European States* where the migrants first land. It is with the precise intent of favouring a minimum of standard norms governing the rights, support and protection of victims of gender violence, experienced both within their states of origin and during the journey which brings them to the Europe's southernmost shores, and to guarantee the access of victims and their family members to general and specialist support, according to their needs, that the Provide project proposed, within the ambit of research, to distinguish between proximity and other forms of violence, by establishing the links and indicators they share with and those which distinguish gender-based from proximity violence.

1.2 Gender-based violence and proximity violence

It was not a matter of "raising the bar" as regards gender-based violence, but violence perpetuated and turned into a spectacle for helpless or incautious observers; a form of violence intuited, perceived, undefined as yet, which even had a name and needed to be reflected upon: "proximity violence", an umbrella concept which precedes the violence which treaties and recommendations foreground. It not only contextualises the occurrence of violent relationships, locating it within the situations where it occurs (Rutter, 2012), but it also throws light on its relational peculiarities and the viscid connections existing between vulnerability and resistance. It was not a question, therefore, of defining the physical-spatial context in which it matures and erupts only, but of outlining the broader perimeters of different levels of relational arrangements – family, community, society – and the asymmetrical connections they reveal – in order to describe their horizon. In the case of asylum seekers, this is a form of violence related to the particular conditions arising from the journey itself, characteriaed – as we are aware – by increasingly

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frequent violations of human rights. For the States where the victims are received, it is often a matter of bypassing the phenomenon by deciding whether the victim is entitled to reception on the basis of other factors (Cherubini & Tudela-Vàsquez, 2016).

A description of the viscid connections existing between the vulnerability (Kirby, 2006) and the resistance (Bracke, 2016; Butler *et al.*, 2016) of migrant women subjected to patriarchal forms of culture and, therefore, easy preys of violence, is of the utmost important, when seeking to identify an order of discourse, which is also and above all an order of practical domination by males, of their way of wielding power over subjects, over relationships between subjects, by abuse and contempt of the body and the mind of the weakest.

Violence involves practices of discrimination and social exclusion (Jaji, 2009; Crisp *et al.*, 2012), secondary victimisation (Pinelli, 2011; Tognetti, 2016), exploitation of labour (Coin, 2004), human trafficking (Krause-Vilmar, 2011; Peano, 2013; Gallagher, 2015) sexual abuse (Crisp *et al.*, 2012). Although recent literature has defined gender violence amply as the exercise of physical and psychological control over the victim, highlighting the various modalities (direct, indirect, physical, symbolic, cultural, instrumental, etc.), through which it expresses itself, the problem remains trapped within a cultural paradigm which tolerates gender inequality within the sphere of private life or restricted social ambits. It not only acts upon the body, but through the body with the division of tasks and the attribution of roles, a mix of complicity, consensus and lack of acknowledgement (Morgan &Thapar-Bjorkert, 2006). In this perspective, gender-based violence is a "modernist phenomenon" attributable to cultural models of the past referring to codifications of relations between genders based on stereotypes and representations typical of patriarchal inter-sex structures.

What gender-based violence shares with proximity violence is its reference to a culture of male hegemony, both in the case where it is recognised and metabolised and in that where it is imposed, that is, whether it is a matter of modern, culturally legitimised, pre-eminent hegemony, or, on the contrary, an attempt at a virilist *revance* within a post-modern context. Proximity violence, however, does is not characterised by abuse and violence alone but also by deception, used to fool the fraud of weaker subjects, manipulate and reify them.

The violence to which immigrant women and refugee/asylum seekers are subjected is often bound in its genealogy to intimacy, and, equally often, surfaces from commercial agreements, marriage, at times, sexual exploitation, and towards which the victims remain passive on account of their vulnerability. The symbolic mechanism which favours this is, in actual fact, derived from parental authority or its delegation (in some cases, even delivery to the traffickers) which permits disposing of them as objects.

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The purpose of this volume was to pinpoint the boundaries existing between gender-based and proximity violence related to the sphere of migration, by making a tenacious attempt at describing the counterpoints of violence. The first of these regards gender and violence. The second locates both of these within a proximal relationship.

Proximity violence is a particular expression of violence, available only to those close to the victim. In this kind of relationship, the perpetrator is not a "neutral subject", but "the" person or "one of" the people legitimated by patriarchal codes to subject women to their influence.

In proximity violence, it is the symbolic and material oppression which has been culturally stratified and relationally embodied in the victim by the "close" subject, which renders the victim acquiescent. This stems from the vulnerability of the victim, on the one hand, but also from her sentimental dependence on and trust in the perpetrator. This dependence turns into resistance, that is, into adaptation to the situation and condition thus created. It acts as a cement within the dynamics that substantiate it. In the case of couples, it stabilises the relationship itself.

Proximity violence expresses itself through a vast array of actions ranging from beatings to rape and the material suppression of the victim, within a time frame envisaging the procrastination of the violent act itself and its repetition to the bitter end. Proximity violence, as manifested in relational contexts agreed upon and undergone by the weaker subject, and endowed with a prologue and epilogue, in the worst of scenarios, coincides with the destruction of the victim.

However, resilience corresponds to gender violence to the same extent that resistance corresponds to proximity violence.

If resilience foresees the possibility of personal redemption, the convergence of resources which the violence undergone generates in the victim, this does not occur generally in cases of proximity violence or within its time frame which dilates precisely because of the peculiarity of the relationship existing between the victim and perpetrator. Resistance determines conscious exposure to domination by the Other and the likelihood of resisting the more deleterious effects of violence without, however, achieving freedom from dependence. From this point of view, the resistance of a vulnerable subject prevents her not only from overcoming the condition of exposure to the power of the other but actually underpins her permanence within that condition (Butler, 2004; Butler *et al.*, 2016). The repetition of the violence suffered is itself a consequence of the victim's resistance against severing the dynamics that make her the victim of her abuser. Male domination, and the way in which it is not only imposed but undergone, is the consequence of resistance on the part of the victim against escape from a condition/situation she does not fully acknowledge in its gravity, precisely because of the oppressive, sentimental relationship of trust binding her to the perpetrator.

Sometimes, the hope of a better future is used as a lever by the perpetrator to force the victim to see the present where she is the subject of deception and sexual exploitation, as a necessary part of a plan aimed at improving her condition.

1.3 The field research

The collection of essays contained in this volume are the two-fold outcome of field research and desk analysis regarding reception systems – national and regional – carried out by privileged observers from the universities of Palermo and Jaén and by the ISMU, OXFAM Italia, Telefono Donna, SamuSocial International, Badia Grande, Aseis Asociatión, all international organizations operating in Italy, France and Spain. Privileged, precisely because they are "insider within" observers who, from various points of view, have studied and analysed in depth an aspect of the migratory phenomenon, accepting the need to acknowledge it beyond the rhetoric and political manipulation of the prejudices that obscure it within the context of the indifference generated by obsession with security.

Migration is today the playing ground where different forces confront each other not only at institutional level, but at national and local governance level too. It is not just a matter of recognising the different national sovereignties within the European Community, but of balancing the populist themes of anti-migration policies, so that they do not provide scope for further security policies of closure and defence of borders. The threshold of national borders, real and symbolic, is defended so well by a tight web of regulations that it is increasingly unlikely that it will be crossed unless clandestinely.

To this end, tension regarding security has shaped the current legislative framework that in Europe, and, as a domino effect, in the single nation-states, has privileged restriction of the numbers of those entitled to asylum, rather than listening to the reasons that determine their requests.

From this particular angle, one of the chapters, fundamental to the overall economy of the volume, is that by Rafaela Pascoal, who provides a reasoned account, from a legal point of view, of interpretations of the term violence and of multiple forms of transit violence (sexual, physical, exploitation and abuse) of migrants (unaccompanied minors, women and LGBTs). This chapter also offers a synoptic view of the phenomenon attributable to the vulnerable categories mentioned in the European Directive 33/2013 and subsequent norms regulating access to rights for victims of violence. Therefore, if the identification of proximity violence within the migratory context offers a novel, in–depth interpretation of the normalisation of transit violence, the chapter by Pascoal completes the theoretical picture by providing a normative overview strengthening the agency of victims.

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The procedural challenge which captured the scientific and methodological interest of the many researchers involved in various ways in the Provide project and whose results are outlined in this volume, funded, above all by European Community because of its cogency and actuality, has been that of recognising and taking charge of victims of proximity violence: refugees/asylum seekers thronging along the borders of Southern Europe.

In the encounter between the demand and supply of research, different sensitivities have gathered around a change in theoretical perspective guiding this empirical research endeavour.

As far as Italy is concerned, the research was led by the University of Palermo (UNIPA) with the operational support of the Badia Grande Cooperative in Sicily; the Iniziative e Studi sulla Multietnicità foundation (ISMU) and the Telefono Donna Onlus in Lombardy; the OXFAM Italia Intercultura association in Tuscany. It also received input from the SamuSocial International which conducted research in France, in particular, in the Paris area, and from the University of Jaén in collaboration with the Asociación por el Empleo y la Integración Social (ASEIS), which conducted research in Spain, in particular, in Andalusia.

The qualitative survey reported in this book was divided into three parts:

a. a desk analysis of the most relevant studies on migration and gender violence (good practices, reports and volumes published in the partner countries).

b. a participant observation carried out within the CASs (Extraordinary Reception Centres) and the SPRAR (Protection System for Asylum Seekers and Refugees) facilities, as well as within the Sicilian Hotspots (facilities for initial reception) coordinated directly by some of the partners involved in the PROVIDE project in Italy, France and Spain with a view to shedding light on the models of charge-taking provided to migrant victims.

c. a conduction of 125 semi-structured interviews with operators within the sector, most of them (78 semi-structured interviews) subsequently treated using Nvivo program[12]. These interviews provided accounts by operators and stakeholders who play different roles within the area of migration (administrative and legal authorities, health and social workers, professionals working at reception centres for asylum seekers as well as anti-trafficking operators).

From this angle too, this collective volume provides a pioneering study of the issue of proximity violence as experienced within the context of migration and includes the testimonies of all those actors who, from the identification to the protection phase, take charge of the victims.

Therefore, the research carried out aimed at filling the scientific gap regarding correlations between the topic of proximity violence and the migratory system, by offering a multidisciplinary and transnational perspective, based also on the direct experience of the actors involved.

The Mediterranean route is considered the deadliest and most dangerous sea crossing to Europe. A growing body of evidence has highlighted the scale and scope of exploitation, including human trafficking, experienced by migrants along these routes. In particular, the abuses suffered by migrants in Libya impose to strengthen our reception system and to identify the most appropriate strategies for managing the asylum seekers. The aim of the book was to help readers understand the complexity of the migrant reception systems set up by the three partner states involved in the project, where the analysis of the heterogeneity of the asylum system at national and transnational level, underlines, at times, the lack of structured networks capable of responding to particular needs by adopting a multidisciplinary approach, while also foregrounding the good practices due precisely to the implementation of synergistic networks capable of acting with the context of long-term migration.

With a view to detecting the presence of best practices and inter-institutional protocols, the Provide project teams applied a mixed methodology, referred to the specific operating methods and work networks available. Therefore, four of the partners (University of Palermo, ISMU, University of Jaén, and SamuSocial International) initially carried out a documentary investigation of asylum systems at national and international level. The analysis focused on the legal framework of migration, on the perpetration of violence during migration and upon access to the reception and help facilities. The University of Palermo team provided a detailed account of "Italian and European guidelines", of "regional and local protocols in Italy", of published "reports" subdivided into gender, human trafficking, vulnerability, minors, etc[3].

OXFAM Italia, ISMU, SamuSocial International, by availing themselves of focus groups and semi-structured interviews have highlighted the quality of assistance and reception services for migrants, paying particular attention to the institutional response provided to cases of violence. The University of Palermo with the support of the Badia Grande cooperative conducted 75 semi-structured interviews with law enforcement officers, health-care workers, professionals – psychologists, social workers, cultural mediators and educators – who work at reception facilities or in centres connected with them (hospitals, anti-violence centres, local authorities etc.). The Telefono Donna team used the participant observation method to analyse the reception system in their particular areas of reference. The University of Jaén carried out a qualitative survey using several analytical tools.

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[3] Now published on the Provide project website - http://www.unipa.it/dipartimenti/cultureesocieta/progetto-internazionale-provide/.

1.4 The Reception System in Italy, Spain and France

1.4.1 In Italy

Over the years, the Italian reception system has set up different types of facilities, run by the Interior Ministry's Department for Civil Liberties and Immigration, which, during its initial phase, responded mainly to the massive emergency flows of migrants entering the country. These were the CDA reception centres, the CPSA first aid and A&E posts, the CARA reception centres for asylum seekers and repatriation services, the CIE identification and expulsion offices (Accorinti, 2015). The larger facilities, capable of accommodating an extraordinary number of migrants, are normally located in isolated places, outside urban centres. As a result, distance from urban contexts acts as an obstacle to integration and authentic knowledge of the social fabric of the host country (Marchetti, 2016).

Due to increases in migratory flows of recent years, many structures were obliged to accept a number of immigrants greater than their maximum capacity, imposing guarantees of minimum services standards on the guests (In Migration SCS, 2018). Lacking legislation on the subject, the reception system underwent improvisation based on ordinances, decrees and circulars, without a medium-long-term plan, addressed, above all, to a business-oriented kind of regimen (ANCI, 2017).

In 2015 did the *Migration Agenda* of the European Union establish the Hotspot system in the European countries of first arrival like Italy and Greece. The Hotspot system is supported by agencies such as EUROPOL, EASO, and Frontex as well as by international organisations like UNHCR and IOM. They provide greater support during identification operations, including fingerprinting, registration, application for asylum, programmes of relocation in other EU Member States and the possibility of recurring to assisted voluntary repatriation.

In Italy, the Hotspot system is regulated by Art. 6 c.3 bis of Decree 142/2015, which states that applicants may be detained only for the time strictly necessary, in any case, for no more than thirty days. In Italy six Hotspots were set up, 5 in Sicily (Trapani, Pozzallo, Porto Empedocle, Lampedusa and Augusta) and one in Puglia, in Taranto. Are facilities for identification, registration and fingerprinting of asylum-seekers and migrants arriving in the EU by sea. The reason why these structures were created was to facilitate a five-day screening of each migrant's situation. Obviously, five days proved insufficient to determine potential vulnerabilities the migrant might present with (Rigo, 2016).

The CASs (Extraordinary Reception Centres), as first-stage reception facilities, represent the first step after entry into the Italian Hotspots. These were regulated by Decree 142/2015, which assimilated European Directives

32/2013 and 33/2013. As a first-stage reception service, the CASs provide a substantially assistance-type response, guaranteeing only bare necessities and lack any kind of plan for the integration of the beneficiaries. Homogeneous responses of this kind of reception tend to clash with the heterogeneity of the asylum-seeking population, especially with regard to their specific needs. The CASs tend simply to divide the beneficiaries by gender and age. Moreover, despite the fact that these centres are obliged by law to identify the specific needs of the migrants, as per the art. 17 of Decree 142/2015, the improvised running of the Italian reception system has become an obstacle to the identification of the actual needs of the migrants, due to a lack of appropriate conditions and the fact that the system fails to place the beneficiary at the centre of its intervention. Furthermore, one of the consequences of the massive entry of migrants and the implementation of Decree 142/2015, which permits asylum seekers to remain on Italian soil until the final outcome of their application, is the inability of the first-stage reception centres to facilitate the transit of migrants to second-stage reception facilities, such as the SPRARs. The transfer of applicants to a SPRAR, the so-called second-stage reception centre, has frequently failed to take place, or has often occurred after the mandatory 25 to 30 days from arrival established by Decree 25/2008. On the contrary, many asylum seekers have remained in a CAS until the final outcome of their application, extending waiting times up to as many as two/three years from the moment of entry (CIAC, 2012).

The SPRAR (Protection System for Asylum Seekers and Refugees), deemed a model of excellence, requires a network of actors on the ground, coordinated by the ANCI – the National Association of Italian Co-Municipalities – whose goal it is to integrate the beneficiary (Marchetti, 2016). Furthermore, the SPRAR system is charged with identifying and adequately responding to the specific needs of migrants, by means of an individual, holistic approach (Cittadinanza Attiva *et al.*, 2016). However, the lack of investment by the Italian state in this type of facility, actually reduced the number of places available to vulnerable subjects to 35,352, in 2016 (ANCI *et al.*, 2017).

To conclude this examination of the reception system in Italy, it is necessary to recall that in October 2013, the government passed its so-called Security Decree, No. 113 of the 10/4/2018 which, in art. 12, created the structures "*Siproimi – Sistema di protezione per titolari di protezione internazionale e per minori stranieri non accompagnati*" (System for the protection for holders of international protection and for unaccompanied foreign minors). The basic trait of this Decree is its restrictive nature and the fact that it makes it practically impossible for asylum seekers and holders of international humanitarian protection to access the Siproimi system. Those entitled to reception according to the Siproimi system include migrants awarded in-

ternational protection like those with refugee and subsidiary-protection status, holders of residence permits for medical treatment, victims of disaster, those who have performed acts of particular civil value, as well as holders of special residence permits issued pursuant to articles 18 (social protection), 18 bis (victims of domestic violence), 22, co. 12-quater (labour exploitation) of Decree 286/98, if they fail to access specifically dedicated protection systems. Instead, unaccompanied minors can access them regardless of their legal status. Furthermore, unaccompanied minors requesting asylum, as soon as they come of age and have already been hosted by a SPRAR facilities can continue to remain there their application for international protection has been decided upon.

1.4.2 In France

The *OFII – Office français pour l'immigration et l'intégration* (French Office for Immigration and Integration), coordinated by the Ministry of the Interior, has three main missions regarding the reception of migrants:

a. host and integrate legal migrants by means of socio-linguistic programme;

b. host asylum seekers;

c. provide support in the event of return to and reintegration in the host country.

The OFII coordinates the national reception system, the DNA – *Dispositif national d'accueil*, which takes charge of asylum seekers and assesses their specific needs during the different phases of their sojourn, in order to provide a targeted response to their needs. DNA is responsible for newly-arrived asylum seekers, asylum seekers and refugees, so as to guarantee material and health-care assistance: housing, access to rights as well as to health-care and administrative support.

The national reception system includes both government agencies like OFII, OFPRA – *Office français de protection des réfugiés et apatrides* (French office for the protection of refugees and stateless persons) and the CNDA – *Court Nationale du Droit d'Asile* (the national court of asylum rights), HCE – *Haut Conseil à l'Egalité femmes/hommes* (the high commissioner for gender equality), which public local agencies like municipalities, hospitals as well as social services for the protection of children, and non-governmental actors like FTDA – *France Terres d'Asile, Coallia*, *SamuSocial*, Emmaus and Groupe SOS.

Asylum seekers are first brought by a CAO – *Center d'Accueil et Orientation centres* (reception and orientation centres), which directs migrants according to their status. This means that those wishing to apply for asylum are referred to the first-stage PADA – *Plateforme d'accueil des demandeurs*

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d'asile (reception platform for asylum seekers) run by the associations. Through PADA asylum-seekers can book a visit with the GUDA – *Guichet unique d'accueil des demandeurs d'asile* – single reception desk for asylum seekers – and apply for asylum at OFPRA. After registering, the applicants receive a "kindergarten certificate", equivalent to a residence permit. In the event of a negative ruling by the CNDA, the applicant has fifteen days to appeal or a month to leave the facility.

The DNA system provides three types of accommodation: pre-reception facilities, orientation and temporary reception facilities like the CAES – *Centers d'accueil et d'examen de la situation* (centres for reception and examination of the situation) – providing a maximum stay of eight days for the definition of a general framework for the administrative needs of the applicant and his/her possible process of return; the CPO – *Center de pré-orientation* (pre-orientation centres) – and the CPA – *Center de premier accueil* (first-stage reception centres).

The transit facilities are the CAO – *Center d'accueil et orientation* (reception and guidance centres) – and the CHUM – *Center d'Hébergement d'Urgence de Mineurs exilés* (accommodation and emergency centres for minors). These facilities are not coordinated by OFII and are located in the Paris area only. They include the CHUDA – *Center d'Hébergement d'urgence des demandeurs d'asile* (housing and emergency centres for asylum seekers); accommodation facilities for re-applicants and refugees: CADA – *Center d'accueil pour demandeurs d'asile* (reception centre for asylum seekers), HUDA – *Hébergement d'urgence pour demandeur d'asile* (emergency accommodation for asylum seekers), AT-SA – *Ac-cueil temporaire - service de l'asile* – temporary reception and asylum services.

These three types of centres provide administrative, social and health-care support.

The CPH – *Annuaire centre provisoire d'hébergement* (provisional annual accommodation centre) offers French-language courses and professional integration services, as well as support to seek accommodation; PRAHDA – *programme d'accueil et d'hébergement des demandeurs d'asile* – reception and accommodation program for asylum seekers; CAF-DA – *Coordination de l'Accueil des Familles Demandeuses d'Asile* – reception coordination for families of asylum seekers).

4.3 In Spain

In Spain, the integration and assistance services provided for asylum seekers and refugees are coordinated by the *Secreteria de Estado de Migraciones* (the state secretariat for migrants), which avails itself of the *SAI* –

Sistema di Acogida and Integración Español (Spanish reception and integration system). The reception system is integrated by a dependant national reception network of Migration Centres (Pasetti & Sánchez-Montijano, 2018), comprising two CETIs – *Centros de Estancia Temporal para Inmigrantes* (temporary residence centres for immigrants) for migrants entering the national territory irregularly at Ceuta and Melilla for a total of 1,212 places; four CARs Centros de Acogida at Refugiados (reception centres for refugees), with a capacity of 416 – located in Alcobendas (Madrid), Madrid, Mislata (Valencia) and Sevilla and other centres and apartments managed by non-government organisations like ACCEM , CERAR and *Cruz Roja Española* (Spanish Red Cross) subsidised by the Ministry of Labour, Migration and Social Security. The SAI has a beneficiary-centred approach, aimed at enhancing guests' self-determination and autonomy (ACCEM, 2017).

The reception system for asylum seekers is based on *Ley Orgánica* 4/2000 – law n. 4 – of the 11 January 2000, which does not differentiate between asylum seekers and holders of international protection of rights. In this case, it is the services and reception programmes which are required to adapt to the needs of the migrants. Reception follows three phases: during the first phase migrants are hosted by one of the reception centres, depending on characteristics like number of people in their family. At this stage, the goal is to provide an answer to the basic needs of migrants, like bed and board, but also services favouring social intervention, psychological and legal support and linguistic mediation. This phase generally lasts about six months, although in cases of particular vulnerability it can be extended. The second phase concerns integration – both social and employment – which is also supported by financial aid. This phase too lasts about six months, except in cases of particular vulnerability. Finally, if during the previous phases the migrant has not totalled over18 months, he/she enters the third phase, where support aimed at catering for the particular requests of migrants, is guaranteed (Pasetti & Sánchez-Montijano, 2018).

1.5 Critical elements regarding the reception system

The lack of the possibility for asylum seekers to decide the location and type of structure in which to be hosted is a trait that reveals the arbitrariness of the Reception System (Castellano, 2017) and emphasises the need to standardise the criteria applied. The survey aimed at detecting the veritable ambiguity and heterogeneity of the treatment provided by the different facilities, not only in the European states the present project examined, but also in the regions of Italy it explored (even more so the different Territorial Commissions called upon to evaluate applications for international protection).

Furthermore, one critical element is represented by the time suspension experienced by projects like the SPRAR facilities and, to a greater extent, by the CASs, where ad hoc programmes are not always activated for the victims of proximity violence. Besides, these are not present either in the guidelines or the protocols designed for refugees, nor do they translate into practices by the operators who might propose and implement them from the bottom up.

The dreams, desires, prospects of the beneficiaries conveyed by the interviews are often associated with the notion of leaving the reception programme even in the absence of social networks and external resources.

This is due, too, to the standardisation of the asylum system, which has brought to light gaps regarding the provision of specific assistance to asylum seekers suffering from specific vulnerabilities, as required by art. 21 of Directive 2013/33 / EU.

In France there is a lack of porosity between the law of the land and the right to asylum ; there is a significant discrepancy between the ordinary legal system, which deals with the victims of violence suffered in France, and the system of asylum, which caters for women but also for children and adolescents who have undergone violence before their arrival in France. The professionals of one organization are not sufficiently informed regarding the specificities of the other and are often not trained adequately to provide support to victims of proximity violence. As a result, refugees and asylum seekers often find it difficult to access suitable services and avail themselves of the care support they need.

In Italy, diversity of approach to violence of proximity emerged as well as disparity between the care services provided in various areas of southern and northern in the country.

The activation of services designed to cater for cases of recorded violence is generally related to the adoption of mainstream gender solutions, which, more often than not, mean no more than sending victims to anti-violence centres and anti-trafficking referents. The research project also foregrounded a number of lacunae in the provision of assistance to migrants with specific needs. Violence is perceived by most operators as gender-based only, thus causing them to overlook the far broader issue of proximity violence and the cases to which it refers.

Likewise, in Spain, the phenomenon of proximity violence, of which refugees are victims, is confused with gender-based violence or violence in general. Therefore, the violence suffered by migrants after leaving the country of origin is not normally considered a reason for conceding international and national protection. Furthermore, there is no formal, coordinated system between the law governing the right to asylum and the law in general, between the reception system provided to asylum seekers and the system of protection for victims of violence because current initiatives are implemented by actors acting independently.

Protection is guaranteed to some specific categories such as victims of trafficking, unaccompanied minors or victims of torture, without, however, applying an intersectional holistic approach going beyond the confines of legally established categorisation. A similar approach would require collaboration between services of various types which because they often fail to communicate, thus, losing sight of the complexity of the needs of victims of proximity violence.

In short, there exists a problem of legislative inhomogeneity between the EU and the various states; no services for persons with specific needs are available; there is a lack of understanding of the phenomenon of proximity violence.

1.6 Different instances of best practices

Although migrants are received on the basis of a standardised system and there is a lack of global understanding of the specific vulnerabilities of migrants at international level, the partners involved in the Provide project acknowledge the existence of different instances of best practice, especially in the private sector.

These refer mainly to the work of multidisciplinary groups operating together to solve specific problems, sometimes formalised through of protocols or as a result of informal working relationships.

ISMU, which works in the Milano area, and OXFAM Italia, which refers to the region of Tuscany, have foregrounded a synergy of different services working in favour of the victims of proximity violence. In Tuscany, in particular, the health-care services have activated the so-called "pink quota", which provides for the presence of a female health-care worker capable of reporting particular signs of violence and aggressiveness.

Furthermore, in Tuscany, the Sprint project, with its multidisciplinary team of ethno-psychologists, anthropologists and cultural mediators, provides migrants with psychological and emotional support. The project also collaborates with the Tuscany Region's Local Health-Care Units (USL), to bring together health-care services and reception centres. The Samira project, on the other hand, involves national anti-violence centres, set up to create collaborative support for asylum seekers who have suffered violence, particularly during forced migration.

In Tuscany, the good practices identified regarding the charge taking of the victims and the training of facility operators, cultural mediators and personnel of health-care services, of the anti-trafficking and anti-violence bodies, may be identified in the following programmes:

1. The Sprint Project: an on-the-road multidisciplinary team comprising ethno-psychologists, anthropologists and cultural mediators which tackles

the psychological, emotional, psychiatric problems of asylum seekers and refugees who need to be taken charge of by the region's health-care services following a report from the reception centres or the migrants themselves. The project collaborates with the Tuscany Region's Local Health Units.

2. The Samira Project: a programme which has seen the involvement of anti-violence centres at national level and aimed at creating a collaboration network to support asylum seekers and refugees who are victims of violence. The project involved the training of operators and cultural mediators in order to strengthen the service in favour of victims of violence subjected to forced migration.

In Lombardy and in the Milano area, several positive training opportunities are already available to operators.

The municipality of Milano recently funded a training project for CAS operators within the facilities themselves. The training was delivered by the sexual and domestic violence service – SVSeD-Soccorso Violenza Sessuale e Domestica – of Milano University's general and teaching hospital – Ospedale Maggiore Policlinico – and its Department of Forensic Medicine.

Other good practices in the Milano area is the new "Casa delle donne maltrattate" – the house for illtreated women-project. Recently the association was made a gift of a large facility which will soon become a reception centre for women asylum-seekers and refugees, victims of violence. The project provides a pathway fostering the autonomy and empowerment of women seeking to escape from violent situations.

The municipal authority of Milano has recently inaugurated "Casa Chiaravalle", beautiful, large premises confiscated from the mafia. The facility (50 places) is managed by the PassPartout Association and the project envisages the reception, empowerment and autonomy of migrant women, victims of violence.

The "La Strada" cooperative deals with widespread reception; they create individual and ad hoc pathways for migrant women, victims of violence, reinforcement pathways, to permit the victims to recover their autonomy and return to social life as soon as possible, since a long stay in reception centres without any prospects is tantamount to yet another form of institutional violence

In Spain, interinstitutional coordination was implemented by drafting protocols aimed at fighting violence; at treating victimized women; at transmitting messages correctly; on reception procedures to apply in shelters; on the standardisation of work with vulnerable women; on how to act with foreign women; as well as ad hoc protocols for professionals. Furthermore, in the Andalusian region, the first protocols regarding health–care action have been drawn up: the "Andalusian Protocol of Health-Care Action Against Gender Violence" (2008, Revised in 2015), the "Andalusian Protocol for Health-Care in the field of urgent action against gender-based violence" (2012), the "Medical Assistance Regulations for the treatment of Injuries"

(2011) "or the "Training Network teaching how to deal with Maltreatment of Women in Andalusia".

In France, no automatic, structured system of protection against gender-based violence for refugees and asylum seekers is available at present. Many of the services of this kind provided are based on individual initiative, partnerships between civil society and state agencies and on the availability of individual persons within the institutions.

Many stakeholders have designed specific training programmes and/or modules regarding gender violence, violence against women and/or child protection, like the "Stop the violence" website. The Hubertine Auclert Centre provides tools and content for self-training in matters of violence against women. Some universities also offer courses on gender-based violence. GISTI provides short modules on topics related to asylum seekers and unaccompanied minors.

The following is a list of the good practices at operational level found in all three of the countries which took part in the project:

➢ the collaboration of multidisciplinary groups, dealing with specific areas of violence, like psychological distress, gender violence or human trafficking. These teams are often composed of psychologists, anthropologists, health-care workers, cultural mediators and social workers. Some of them can also count on the collaboration of the public institutions and law enforcement agencies on the basis of specific protocols;

➢ the activation of forensic services for the detection and documentation of violence suffered in the past by women and men seeking asylum. In some hospitals, doctors listen to accounts of the violence experienced by migrants sent by legal operators and carry out medical examinations aimed at detecting trauma and physical violence compatible with and attributable to the experience narrated by the migrants. This documentation is used to support requests of asylum submitted to the Territorial Commission;

➢ referring to and fixing medical appointments for women with signs of/reporting violence, aggression, and so on, to the health-care services (A&E with activation of the "pink code", gynaecological examinations, tests for infectious diseases, etc.);

➢ the activation of pathways of ethno-psychological support in collaboration with the local mental health-care services and the charge-taking of refugees and asylum seekers who show signs of psychological and psychiatric problems due also to violence, torture and trauma suffered in the country of origin and during migration;

➢ sending women and girls who claim having suffered or that they are still suffering from violence perpetrated by their partners or people close to them, to anti-violence centres;

➢ sending girls and boys identified as "victims of trafficking" to anti-trafficking associations for informational talks, support and activation of social-protection pathways;
➢ requesting the support of lawyers and police personnel if the victims decide to lodge a formal complaint;
➢ the implementation of *ad hoc* protocols between institutions and third-sector cooperatives.

1.7 A number of recommendations

The "PROVIDE" research group has drawn up the following recommendations as a corollary to the identification of good practices:
- the need for training regarding the concept of "an integrated gender approach to gender-based violence and vulnerability";
- the need to design gender sensitive management tools;
- the provision of training of the parties involved in the reception of refugees and in the management of proximity (and transit) violence, but also of all those professionals who operate outside the system of reception of and assistance to victims of violence (protection system for victims of violence);
- interculturality and awareness of issues despite the cultural diversities that cause them to surface;
- empowerment aimed at "dealing with difficult situations" during the work with the victims of violence on the part of different professionals and the management of the stress they may have to bear.
- Finally, it is necessary to underline the fact that some of the reforms regarding the concession of asylum currently being debated or taking place in Italy, France and Spain – for instance, measures envisaging shorter waiting times for application for asylum and longer periods of administrative detention for asylum seekers – risk increasing the vulnerability of migrants. One effect might be to render the victims of proximity violence even more invisible than they already are.

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2. The phenomenology of proximity violence: relational strategies and modalities used against vulnerable migrants

by *Ignazia Bartholini*

2.1 Migration and segregation

Over the past few years a drastic reduction in flows of migrants to Europe from the African continent has taken place because of the recent restrictive policies governing the entry of asylum seekers promulgated and implemented by a number of European States (Lafleur & Stanek, 2017). Between 2017 and 2018, the general elections held in some EU member states[1] brought to power sovereigntist parties whose positions regarding immigration are restrictive and have led to vehement clashes in the European Council regarding the policies to adopt and to the adamantine refusal by some countries like Hungary and the Czech Republic to accept refugees in defiance of the Resolution regarding the placement of migrants adopted by the European Commission on the 13th of May 2015. The restoration of systematic checks at national borders and the suspension of the application of the Schengen rules[2] have produced unacceptable costs in terms of human lives as well as violation of fundamental rights, widely and repeatedly documented by humanitarian organisations (Human Rights Watch 2019). Reductions in the overall numbers of arrivals is not accompanied by a corresponding drop in the numbers of women and minors arriving here[3]. Some of the *ad hoc* resolutions[4] and norms[5] implemented by other EU member States have helped to define, alongside a general containment of the overall numbers of refugees, a clear picture of the migrants who reach the coasts of Europe: women, often

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[1] In 2018, the general elections held in Italy, Sweden and Hungary revealed a marked advance of right and extreme-right coalitions.

[2] The last time was 2015 when Germany, Austria, Denmark, France, Norway and Sweden imposed control of their frontiers (Cfr. Guild, Brouwer, Groenendijk and Carrera, 2015).

[3] Cfr. UNHCR Europe Monthly Report (December 2017).

[4] See the European Parliament's Resolution of the 3rd May 2018 on the protection of minors, in http://www.europarl.europa.eu/doceo/document/TA-8-2018-0201_IT.html.

[5] In Italy, for example, the Zampa Law, decree n. 47, 2017.

the victims of rape and unspeakable violence, as well as unaccompanied minors. Neither gender nor age appear to have acted as deterrents against human trafficking. The tortured, abused bodies of so many of migrants is a sign of an abomination that has become commonplace, played down even by the victims themselves as an ineliminable condition, the inevitable price they need to pay to save their lives. Unlike the most serious violations against women that we can recall, and which have recently led to the establishment of international courts, the violence that these bodies undergo is nearly always trivialised and normalised by the victims themselves, reduced by them to almost total insignificance. Reports by the IOM (2017) and other humanitarian organisations (UNHCR, 2018; Amnesty International, 2017; UNICEF, IOM, 2016, 2017) describe some of the unprecedented suffering undergone by refugees/asylum seekers. Alongside these sufferings, however, it is necessary to assert how and by what means the pain thus inflicted is transformed into acceptance and normalisation of violence, self-obligational subordination and reification of the victims' conscience.

The PROVIDE (PRoximity ON VIolence: Defence and Equity) Project[6], aims at focusing on the phenomenology of proximity violence, the relational strategies and modalities by means of which violence is perpetrated against women hosted by the refugee reception centres of Italy, France and Spain. It then discusses the good practices found within the hosting facilities and services of the countries involved in this research partnership, as well as the needs expressed by the operatives engaged in the management and accompaniment of victims of violence.

2.2 An amphibiolic terminology: "violence against women" and "gender violence"

For several decades now, the subject of violence against women stands at the intersection between social and cultural phenomena, an understanding of which permits us to intercept some of the extensive transformations late-modern scenarios are undergoing in Europe and, more generally, in the west. Although initially monopolised by feminist literature (De Beauvoir, 2008; Mitchell, 1984), the topic now traverses multiple fields of analysis. If, on the one hand, the phenomenon involves different sectors of society, such as the family, the workplace, systems of coexistence between groups belonging to different cultures etc., on the other, it is analysed from many dissimilar disciplinary perspectives.

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[6] Rights, Equality and Citizenship Programme (2014-2020) - REC-VAW-AG-2016-01- funded by EU.

These perspectives converge on the essential elements which characterise it: male domination, asymmetry of roles, but also the vulnerability of the victim and the proximity indicators of self-acceptance put into practice by the victims themselves: resistance and resilience.

These regard rapports between subjects involved in power relations which orient analyses of the phenomenon in two directions: the oppression men exert over women by means of the hierarchisation of difference (Bartky, 1990; Bimbi, 2013 and following; Bartholini, 2013 and following) within specific contexts; confirmation of the existence of rigid confines between gender identities (Connell, 2002; Lombardi, 2005) based on cultural prejudices and mental constructs rooted in and endorsed by the social groups in which they are evident. Even the expressions used are not univocal although *Violence Against Women* (VAW) or gender-based *Violence* are undoubtedly the linguistic periphrases which best describe the aspects peculiar to the phenomenon[7]. Despite their being interwoven, they need to be considered differently in relation to the variegated spectrum of situations and relationships which underscore the phenomenon both in the north-west and the rest of the world (Kapur, 2002)[8]. In the case of the first of these two – *violence against women* – the emphasis is placed almost by accident on the rhetoric of power based on male dominance within gender relations, the abuse of power exerted by men over women as an effect of the «androcentric role» they play (Bourdieu, 1998). The *Council of Europe Convention on preventing and combatting violence against women*, the so-called *Istanbul Convention* (2011), besides defining it as a violation of human rights also indicated its range of action within the spheres of public and the private life alike. Violence against women is perpetrated by men "as the dominant group" in order to maintain the advantages they derive from being dominant (Romito, 2000) availing themselves of "naturalised" abuse of devices of power and bio-power (Foucault, 1976), which even go so far as to arrive at the dehumanisation of the victim. The expression *violence against women* refers, therefore, to ascertained historical subalternity, stable even in the tireless reproduction of its practices. As sanctioned by the Recommendations made by international bodies, it does not endorse neutral definitions referring to generic theoretical positions. Instead it is an effect of cultural representations sedimented over time, that originally served to «make the unusual customary» (Moscovici, 1984: 49) and turned into concrete experiences and modes

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[7] VAW (Violence Against Women) and gender-based Violence are terms commonly used to indicate how most gender violence is perpetrated by men against women and girls. Both terms refer to power due to the inequality existing between men and women (Eige website, http://eige.europa.eu/gender-based-violence/what- is-gender-based-violence).

[8] The view whereby we consider valid concepts belonging to western culture and which characterise the scientific production to which this volume refers, does not prevent their use in comparative terms.

of behaviour after a series of adjustments carried out to normalise and concretise what formerly seemed abstract. It identifies a macro-group of people vulnerable by definition – women – and outlines the binary and asymmetric dimension of *male domination* (Bourdieu, 1998), traceable back to customary norms and notions of morality and masculine values, as well as to religious beliefs, to practices passed down through history. It is a modus vivendi that knows no geographical boundaries and rests on beliefs which in Europe, by way of example, tolerated honour killings at length, while in large areas of the rest of the world female genital mutilation (BMBF, 2009; WHO, 2002), forced marriages, stoning (WHO, 2002, 2005) are still authorised. These are all forms of violence practised to the detriment of women by the ethnic group or state to which they belong, as well as by their families themselves, a fact bearing witness to widespread cultural legitimation of violence.

The second definition makes the positions of those who perpetrate violence and those who are oppressed by it, explicit also from a symbolic point of view.]It refers to violence exercised against "a" more vulnerable gender, where violence «is directed against a woman because she is a woman or […] affects women disproportionately» (*Istanbul Convention*) within a sex-gender system where the male occupies the predominant position (Rubin, 1997). Gender associated with the topic of violence becomes, primarily, an analytical category used to interpret social changes and differences between cultures. So, «firstly, the stereotypes, ideologies, behaviours and lifestyles conventionally associated with feminine and masculine vary considerably from one culture to another. Secondly, women and men are not universal and unalterable essences, but rather specific existences, changing far from uniform» (Fernandez-Alvarez, 2014: 48). Historically acknowledged gender segregation between masculinity and femininity, lies at the basis of practices leading to the violation of women, LGBTs and men in conditions of vulnerability. Gender and violence are a binomial defining the identity of the victims and the perpetrators, but which can be enlarged to cover the entire issue of gender violence, leaving the dominant role of the male intact, however. This causes views of gender to focus on roles perceived and played according to the expectations of scripts repeated over time and space, which denote the constant in the rapport between perpetrators and victims as «a fluctuating artifice, a ceaseless motion in action, a practice of improvisation within a scene of constraint which does not deny the violence but rather presumes it» (Butler, 2004: 26), acting in a way to impose a representation as congenial as possible to the will of the perpetrator.

In both of the above-described semantic contexts, violence involves some form of social exclusion, public discrimination (Jaji, 2009; Crisp *et al.*, 2012) secondary victimisation (Pinelli, 2011; Corradi 2008, 2009; Tognetti & Rossi, 2016), exploitation of labour (Coin, 2004), human trafficking

(Krause-Vilmar, 2011; Peano, 2013; Gallagher, 2015) and sexual abuse (Crisp *et al.*, 2012).

Although recent literature defines gender violence as the exercise of physical and psychological dominance over a victim and foregrounds the various modalities (direct, indirect, physical, symbolic, cultural, instrumental, etc.), of which it avails itself explicitly, the problem remains confined within a cultural paradigm which tolerates gender inequality, even when it does not legitimate it. Gender violence not only acts *upon* bodies, but also *through* bodies, in a combination which is frequently complicit and consensual but also devoid of acknowledgement (Morgan & Thapar-Bjorkert, 2006;). In this sense, gender violence is a «modernist phenomenon» (Corradi, 2005), that is, one which is attributable to cultural models of the past that refer to codifications of inter-gender relationships availing themselves of stereotypes and representations of patriarchal inter-sex structures. However, while VAW incontrovertibly describes the exercise and abuse of the power of men over women, gender-based violence fails to conceal widespread gender subalternity to the male. In actual fact, it validates said subalternity by taking for granted that the diversities inherent to the gender subjected to violence are naturally associable to practices of segregation and labelling (Morgan & Thapar-Bjorkert, 2006; Arbel *et al.*, 2014). It finds legitimacy in the power relationship between genders where the disvalue consists in the fact of being different from, other than, the dominant male.

Even legal rulings have adopted this kind of division which polarises women or genders. In an incontrovertible way, Art.1 of the *General Recommendation* No. 19, of the 11th session of the United Nations, defined VAW as a form of "gender-based" discrimination, «seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men» (CEDAW, 1992). This article also included acts inflicting physical, mental or sexual damage or suffering, threats of similar action, coercion and other deprivation of liberty. The *Convention of Istanbul*, too, defined it as «shall mean violence that is directed against a woman because she is a woman or that affects women disproportionately» (article 3) as gender-type violence.

2.3 Proximity violence

Proximity violence precedes gender violence and/or violence against women at both theoretical-reflection and extrinsic-phenomenic levels. It constitutes the architrave of the phenomenological spectrum which makes it possible to grasp its substantially different aspects while, at the same time, placing itself beyond the forms of violence examined in the preceding paragraphs. In the pages that follow, we shall sustain that the type of violence

found in acts against women is of a particular kind, made possible only because the perpetrator enjoys a special type of habitual proximity with the victim for reasons of *jus sanguinis* (a father or a close relative), because of being a *coniugo* (partner) or due to *causa simulandi* (that is simulation whereby the perpetrator "makes believe", "pretends"). Both the proximity violence perpetrated by right of blood or by conjugal right belong to the cultural bedrock of patriarchy and considered "a woman's destiny". Proximity violence perpetrated because of *causa simulandi*, is a degeneration of the former because it incorporates justifications typical of a patriarchal system accompanied by manipulation of the victims and pretence by means of which immunity and rights over the victim are acquired with the consensus of the victim herself. In these situations, the perpetrator is not either an extraneous or neutral subject, but contextually "the" person or "one of the" persons legitimised by the victim herself within whose sphere of influence and under whose dominion she places herself. This happens by virtue of the material and symbolic oppression experienced by the more vulnerable subject and which convinces her of the necessity/opportunity to delegate the very possibility of existing to another. This delegation is attenuated by the victim's trust in her persecutor, something which precedes the perpetration of violence and induces her to accept the situation. The hypothesis whereby trust is at the root of the perpetration of violence and its emergence as an action of coercion and domestication, appears reasonable to us, if accompanied by two corollaries:

1.   *At times the vulnerability of victims borders on sentimental dependence which turns into resistance against acknowledgement of the abuse to which they are subjected.* Within relationships ensconced in the private and the sentimental, it is easier for the weaker subject to become the object of violence. She not only connotes the relationship but also provides the humus of the ordinary practice upon which the rules of play between the victim and perpetrator rest. The objective of its implementation is to weaken the victim, by working on her vulnerability, until preventive remission of any form of rebellion is achieved. Expectation of violence is part of the hot emotions which are at once rhythmic and strongly entraining and induce the victim to expose herself to them. It is therefore a matter of "forward panic" (Collins 2008), like that which spurs soldiers into battle, urging those whose lives are in danger to move forward and face danger directly, instead of fleeing.

2.   *At times, hope in a better future is used as leverage by the perpetrator* to oblige the victim to accept present adverse conditions as a necessary part of a personal plan aimed at improving her material conditions. Furthermore, Illouz and Bernstein (2007) have provided ample proof of the progressive intrusion of the logic of commerce into sexual relations. This kind of logic becomes shareable only within dynamics managed by those who claim

property of the female body favoured by emotional dependence used as a cementing agent between the victim and the perpetrator.

The underlying theme is that of continuous "testing" of the "intimate contract" by passive resistance on the part of the victim and the consequent opportunity of continuous renewal of consent towards a modality of hetero-management of her very existence. The violence endured is itself the outcome of dependence/resistance by the victim, unable to sever the dynamic ties that make her the perpetrator's prey. Male domination and the way in which it is not only imposed but subjected to, is paradoxical subjection, the effect of what Bourdieu called symbolic violence.

We might define gender violence more analytically as a form of proximity violence found within interpersonal ties, where it is the Weberian-matrix-like affective action itself that constitutes the unreasonable justification of its implementation (Bartholini, 2013 and following).

As a phenomenon that is particularly adaptable within relations characterised by temporal continuity and spatial closeness, it substantiates behavioural dynamics based on oppression, claims of recognition of identity and attempts at ritualising violence itself.

Proximity violence is, therefore, the litmus test of a category whose defining criteria are provided by the various arenas into which we may divide public discourse. This is not only because of the problem that it represents in itself, but due to its priorities of legitimate consideration, its practical implications, its theoretical references and the side-issues upon which it borders or at times even crosses in its entirety. It traces its karstic sources back to a more artfully constructed patriarchal dimension and presents devices of power linked to a single kind of public discourse, supported also by globalised migrations which have led to co-influence – sometimes at a distance – of cultures based on substantial, original *Male Domination* (Bourdieu, 1998).

It is precisely migrations and the cultural "customs clearances" that accompany them, that normalise the violence experienced during the journey not only by migrant women but by minors, LGBTs and young men too, that highlight some biases. The first of these stems from the fact of having taken for granted the end of male hegemony as a result of female emancipation and having considered violent phenomena as mere regurgitations of pre-modern conditions that have no place in the present. The second is attributable to attempts at separating discourse on violence from the construction of norms in defence of the victimised female body and from scientific approaches to the care of relational distress. The third is found in the self-referential representation of the west as advanced, stable, pacified (Butler, 2008), and underestimation of the multiple forms used by symbolic violence to reproduce itself (Bourdieu, 1998).

The social phenomenon of proximity violence, in its gender displays (Goffman, 1976) and in its public representations, refers to narrative devices

capable of legitimising or contrasting political discourse and decisions within the ambit of policies concerning proximity gender violence.

Besides the matter of the size of the phenomenon in terms of prevalence and incidence, themes and issues remain open as regards the social construction of violence, its incorporation into the *habitus* of men and women, the persistence of mechanisms of domination expressed by the subjectivity of the victims, that is, through mental constructs such as their categories of perception and evaluation.

Furthermore, there exists a level of violence deemed unlawful that is perpetrated within a given society, and there is violence committed or carried out silently. The boundaries between them are not only difficult to plot but they also generate several interdependencies and procedural subterfuges capable of revealing and concealing them. Variables such as age, status, income, education, social background, self-perception and self-definition, even when considering composite incidences of sexual and gender elements that identify perpetrators and victims of violence within a specific reference context, are not sufficient to describe the multiple intersections that sustain gender violence. Above all, they lose sight of the implicit effects that derive from them when codifying gender relations. The data provided by the Italian statistics office, Istat's 2014 survey and the previous Urban project (Basaglia *et al.*, 2007) reveal the existence and persistence in Italy of value systems and social constructs that include levels of acceptance of violence by women who have experienced it. From this point of view, in-depth investigation of the modalities of perception and tolerance of violence acquires crucial significance. A recent report by the *European Commission* (Gracia & Lila, 2015) reveals that, among other things, a small though significant sector of interviewees (including young people and victims) tends to acknowledge the existence of violent behaviour, underlining the fact of how attitudes of acceptance and tolerance are still quite widespread (Gracia & Lila, 2015), transversal and persistent at inter-generational level. After the research Urban carried out over a decade ago (Basaglia *et al.*, 2007) into perception of violence against women using gender-culture oriented markers, involving both the general population (women and men) and operatives within dedicated sectors, no further research was carried out in Italy to document the cultural background which feeds proximity gender violence, the systems of social representations which structure and justify violent behaviour, the radicalisation of women-men role stereotypes. Furthermore, the investigations carried out over the past five years in Europe, with the exception of the abovementioned report, are still fragmentary, inhomogeneous and poorly developed, especially in Italy, something which denotes a lack of specific scientific investigations of questions of attitude (Ortensi, 2019).

It is not a matter, therefore, of defining a "one-size-fits-all" approach capable of dealing with such a multifaceted, complex and all-pervasive phenomenon. It is a question of loosening some of the knots and identifying the extreme ends of the cultural continuum existing between men and women. This, in order to show how the analytical category of explicit violence, differences in violent phenomenology, diverse representations addressed by vetero and neo-patriarchal cultures – indigenous and migrant – mutually reinforce each other as a result of migratory flows. It is also necessary to point out that violence is not exclusively about women but about "genders" and is associated with other indicators and, lastly, that proximity violence implies that "neighbours" are people who are close to the victim.

2.4 Domination over and segregation of the female body

One element that characterises the contemporary migratory phenomenon is proximity violence of which women, in particular, are victims. The normalisation of this kind of violence cannot be justified by the exceptionality of the migratory experience which cannot provide an exhaustive explanation of the dehumanisation process to which this type of victim is subjected. As stated above, the real issue is that of identifying its aetiology in a cultural male-and- patriarch-dominated regime. Individuals, whether knowingly or not, contribute to the production and reproduction of provisions and attitudes which actually normalise the violence which pervades their life cycles transversely, creating a "culture of violence" transmittable at intergenerational level (Siegel, 2013). As part of the legacy of a patriarchal culture, it has contributed to upholding «the established order, with its relationships of domination, its rights and abuses, its privileges and injustices" (Bourdieu, 1998: 7). Gender-based violence, in its symbolic makeup, is a phenomenon functional to the perpetuation of a system founded on "social constructs" (Berger & Luckmann, 1966; Corradi 2009) regarding the power relationships existing between men and women. That is, violence legitimised by a production of meaning that renders specific behavioural patterns and attitudes recognisable within situations or "domains of meaning", normalising them at the same time. In the "reciprocal game of structures of relevance" (Schütz, 1956) an object or an event becomes the theme or the topic of a common mode of thought within a context that justifies and shares its meaning. From this perspective, proximity violence is a mode of expression, a product of masculine power confounded with it, while gender is a criterion bestowing order on reality. The cultural paradigm of patriarchy brings together all the originally ill-negotiated, divergent forms of polyculturalism, legitimises male hegemony and justifies violence with a view to maintaining the balance within the family, intact.

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For a long time, patriarchy was the maintenance-device of the symbolic violence «implicitly legitimised by traditions, beliefs and the mechanisms producing and reproducing the practices involved in the renegotiation of asymmetries and representations used to normalise and naturalise male domination» (Bartholini, 2016: 75). It should be seen as a survival of the archaic world, relegated to the past, yet, even today, traces of patriarchalism resurface (Garcia-Moreno, 2006; Bimbi, 2014) which, though common opinion attributes them to newcomers to Europe, actually re-exhume justifications of models that have not been totally dismissed from Mediterranean cultures.

In a patriarchal view of the dynamics of relationships, bodies are subjected to violence in that they are seen as bearers of shame and dishonour. As shame is the negative counterpart of honour, it is closely linked to ways in which different cultures interpret and evaluate honour (Herzfeld, 1980). The research on Kabila cosmology which first appeared in a volume by Peristiany and later taken up by Pierre Bourdieu in his *Masculine Domination* (1998), revolves around the issue of male honour and the link between the public reputation of men and the private virtue of women, to focus on the persistence of practices and meanings which place women and men in a specular position, and can be used today to interpret symbolic violence and maintain the illusion of claims of female emancipation and equal opportunities (Bimbi, 2014). The honour-shame dyad generally characterises premodern or archaic societies marked by a «bond of reason and emotion transforming the body of the victim into matter to be moulded» (Bimbi, 2014: 74).

As Bimbi wrote recently, the honour-and-shame paradigm has interpreted the Mediterranean area (Bimbi, 2015). Although it is deemed an archaic cultural residue, it continues to proliferate among groups of newcomers to Europe. It persists even in the most egalitarian European countries where women's self-determination is acknowledged as a legal given (Leira *et al.*, 2005; Lewis, 2009). «Inequality between genders is rooted in the structure of the patriarchal system, which continues to reserve the authority men require to dominate the life of the community by controlling its political, religious and social institutions» (Volpato, 2013: 7). Research carried out in Kabilia, the results of which first appeared in the volume by Peristiany, was taken up by Bourdieu , this time from a socio-historical paradigmatic perspective, in the book Masculine Domination (1998) which focussed on the persistence of practices and meanings which place women and men in a specular position. For Bourdieu the cosmology of Kabila, revolving around masculine honour, or the link between the public reputation of men and the private virtues of women, can be used today to read the symbolic violence by means of which the illusion of claims of female emancipation and equal opportunities is maintained (Bimbi, 2014).

The concept of patriarchy is indispensable, therefore, when attempting to analyse gender inequality: «the concept and theory of patriarchy is essential

to capture the depth, pervasiveness and interconnectedness of different aspects of women's subordination, and can be developed in such a way as to take account of the different forms of gender inequality over time, class and ethnic group» (Walby, 1990: 2).

Patriarchy refers to a social system where power, authority and material goods are concentrated in the hands of older men and whose transmission takes place through the male line, generally for the benefit of the first-born male (patrilineal organisation: «patriarchy as a system of social structures and practices in which men dominate, oppress and exploit women» (Walby, 1990).

Patriarchalism is not, therefore, only an interpretative category of violence referring to the economic, cultural or religious peculiarities of actors of the past (Edwards, 1987; Garcia-Moreno *et al.*, 2006). It is found today too in the cultural influence and multiplicity of denigrating and segregating practices that accompany migratory flows. Proof of this are honour crimes including so-called female genital mutilation (FGM), forced marriages, early marriages, and, more recently, polygamy.

Separation of the discourse on violence from the normative and cultural constructs that justify it, would be tantamount to severing it from its classifications which would lead, in turn, to a sort of "racialisation" of behaviour patterns (Crenshaw, 1991; Razack *et al.*, 2011). If in actual fact the terms "honour" and "shame" do not appear in the everyday discourse of western societies, the view that family honour represents a cultural aspect operating only within given traditional contexts of immigration, is not credible. The decline in judgment criteria based on honour and chastity and replaced by those of human dignity and the inalienable rights of the person, are disproved by hard fact. On the contrary, honour and shame have re-emerged as social attitudes and sentiments to be fostered (Appiah, 2010; Turnaturi, 2012), even in modern ethics. Shame, in particular, seems to have assumed positive connotations for the formation of a public ethic of dignity, integrity, modesty, decency (Nussbaum, 1999).

In the European and international debate, honour and shame are considered the basis of patriarchy and typical of a late-archaic, as opposed to a modern, system of reputation, defined according to the following three contrary dyads:

1. patriarchal family and blood relations as opposed to family-by-choice and non-ascribed relational networks;

2. homogeneity between the vital worlds of private and public life as opposed to pluralisation and the individualisation of universes of meaning;

3. a propensity to preserve tradition as opposed to an inclination to anticipate change.

The representation of the irreconcilability of practices and meanings, related to different family models seen as entities incorporated in the cultures

of traditional groups, or typical of late-modern societies, emerges in particular today as a result of migration processes and within a framework of transition towards new geopolitical orders.

Bourdieu's paradigm itself ends up by favouring segregationist practices and contributing to some extent to the exoticisation of harmful practices, while "our" violence is seen as a residue of social pathologies that we are overcoming. The phenomena of marriage markets, child brides, the outdoor prostitution of Nigerian women (Peano, 2013), or genital mutilation are some of the aspects of a segregationist and patriarchal type of culture. The risk, however, is that they be reabsorbed within an everyday, destinal dimension of migratory cultures, placing vulnerability and resistance by the victims "other than us" on the same plane, without evaluating the power of suggestion and possible instances of cross-fertilisation implemented within host-country contexts.

This is because gender violence is, above all, structural (Farmer, 2003), characterised by norms, attitudes and stereotypes diffused within the ambits of the "world of life" and institutional environments.

Confronting definitions of violence means confronting European cultural models belonging to a past and as yet not dismissed, which resurface along with the migratory flows and which it is necessary to recognise starting from signs of the widespread dehumanisation of victims of gender violence.

2.5 Dehumanisation, objectification and reification of the migrant woman's body

Segregation is a practice typical of patriarchal systems, one which tends to place the weakest subject in a position of permanent subordination. One of its consequences is exposure of the segregated subjects to the possibility of being violated. In order for this to happen materially, a process of dehumanisation needs to be carried out by the perpetrator(s) in order to create in the victim a type of alienation based on an ineliminable sense of inferiority and powerlessness. In the 1960s, Fanon (1961) held that this condition of self-depreciation, self-immobilisation by the victim was a consequence of the colonial oppression of subordinates by hegemonic groups. However, the process to which we refer here is not definable in terms of groups but as an inherent aspect of interpersonal dynamics which spill over into broader contexts. It is a personal condition reflecting the disavowal of others by limiting the victim's chances of emancipating herself n from the perpetrator.

Tajfel used the more appropriate term "dehumanisation" (Tajfel, 1981) to indicate the preliminary practice required by the perpetrator to exploit the victim's body. This means that the perpetrator who does not consider the woman a person, but one of the many objects he avails himself of to exert

power which is actually wielded starting from the asymmetry of patriarchal cultures and grounded in the subordination of one gender to the other. We might, therefore, consider dehumanisation as one of the extreme consequences of the gender asymmetry present in patriarchal cultures.

Asymmetry between the victim and the perpetrator produces a gap between what, for the perpetrator, is human and what is not, a gap, therefore, between those endowed with the prototypical qualities of humanness and those believed to lack them. Dehumanisation posits, *a priori,* denial of humanity, gender humanity for example, thus permitting the exploitation of the victim by means of practices made possible by the physical proximity or occupation of the body in a common environment. Dehumanisation permits the objectifying subject to approach the objectified one, allowing the former to exploit or exert power over the latter, something that differentiates this form of violence from others, like rape, for example, which imply the non-permanence of the victim. In an attempt to define this process better, we might point out that objectification permits evaluation of the objectified person using parameters related to objects, commodities, denying the human traits of the person in question thus dehumanising her/him. "Objectifying" attitudes are oriented towards sexual or material functions as a source of labour separated from the other components of a person's identity and considered in isolation as if representing the whole person. In other words, it is a phenomenon which depersonalises the human being, appraising it on the basis of a part of the self alone, in this case, the sexual body or the body to be exploited for labour, ignoring every other aspect. The vulnerability of the victim (Kirby, 2006) if, on the one hand, it is a characterising aspect of gender segregation, on the other, it is a *conditio sine qua non* which permits the exploitation of another for personal or collective purposes. It precedes all forms of violence and is enhanced in conditions of abuse (Yanyi *et al.*, 2005). Violence perpetrated against a woman's body affects her vulnerability by disabling her very chances of self-defence.

The dehumanisation process is a particularly significant risk when it comes to the majority of migrants, precisely because of the interweave of exogenous and endogenous factors characterising their lives. It does not concern asymmetry of power alone but the social scene within which it is constructed. In the case of migrant women, there are three variables: their material living conditions which make them vulnerable in terms of everyday life; the subjective dimension which exposes some of them more readily to violence; situations of temporary difficulty which develop gradually, aggravating an already precarious condition.

If, historically speaking, denial of the humanity of others served exclusively to justify exploitation, degradation and violence, today the practices of dehumanisation testified by thousands of victims of migratory violence, imply that the victims themselves adhere to the very project which erodes

their humanity in a very subtle manner. Dehumanisation, accompanied by depersonalisation which ranks individuals according to their belongingness, ethnicity, village and gender, of course, facilitates this process. When several indicators, like being female, a foreigner and poor intersect when defining a person, the result of this process is, for the most part, taken for granted.

In cases of ethnic war or trafficking, the term that best describes the dynamics that produce dehumanisation, favouring prostitution for example, is de-individualisation (Fanon, 1961). According to Fanon the colonised experience a condition of alienation based on irreparable feelings of inferiority produced by devaluation of the culture to which they belong and the imposition of alien values. Thus, a progressive weakening of personal identity is brought about by practices and actions with which the colonised are not seen as specific, identifiable, responsible entities but as a confused, anonymous, amorphous aggregate (Volpato, 2011 and following). Dehumanisation, depersonalisation and de-individualisation converge to contribute to the process of objectification. The latter unites the previous processes to a point where the individual is thought of and treated as an object, a tool, a commodity. Martha Nussbaum (1999 and following) divides this process of objectification into seven parts:

1) instrumentality: the object is a tool exploited by others;

2) denial of autonomy: the object is an entity deprived of autonomy and self-determination;

3) inertia: the object is an entity lacking the ability to act and be active;

4) fungibility: the object is interchangeable with other objects belonging to the same category;

5) violability: the object is an entity devoid of boundaries capable of guaranteeing its integrity therefore it may be torn to pieces;

6) property: the object belongs to someone and can therefore be sold, bought or hired;

7) denial of subjectivity: the object is an entity whose experiences and feelings are negligible.

For MacKinnon «women live in sexual objectification like fish in water» (1989: 124). Objectification represents a reiterated experience in certain environments and contexts from which it is impossible to escape precisely because of the pervasiveness of its effects. Sexual exploitation is a product – perhaps the most common – of an objectification that stems from a successful dehumanisation procedure based on processes of social categorisation, sanctioning the segregation of individuals – the most vulnerable – from the human community.

In women who have passed through Hotspots, and then the CASs and SPRARs, prostration and obedience to the males they acknowledge as dominant is a direct representation of processes that have already sedimented and obtained the effects indicated above.

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To consider violence as belonging to the "normality" of relationships marked by female submission, contributes to the perpetuation of male power within the realm of gender relations. The more representations legitimising the centuries-old exercise of control by men over women's bodies are shared socially, the more they relegate women to positions of subjugation and vulnerability.

2.6 Conclusions

In the previous pages, we indicated the differences beetwen the gender-based violence and proximity violence. In similar relationships, the perpetrator is not a "neutral subject", but the person most intimate and closest to the victim at emotional and life-plan level. Upon the emotional plane we find the dynamics of trust, sentimental closeness or psychological oppression which determine acceptance of violence on the part of the victim. The hope of a better future is used as a lever by the perpetrator to coerce the victim to accept the squalor of the present as a necessary part of a plan for improvement.

The abuse perpetrated as a result of a voluntary acceptance by the victim is subordinated to the degree of proximity violence that has been metabolized and normalized within the relationship between executioner and victim. Unlike gender-based violence, proximity violence is based on a pact made precisely within a relationship that opacifies instrumental rationality and blurs exploitation within fiduciary bonds. Proximity violence is constitutive of the relationship, self-sufficient self-immune and excludes conflict.

1. Violence is both a tool for regulating relationships and an autonomous social force capable of giving meaning to reality. As a structuring force in the relationship, it gives participants tasks and roles within a commercial pact that has essential emotional values in binding contractors.

2. Because violence – in different forms and in different ways – becomes the bond itself of the relationship, it assumes the characteristics of self-sufficiency. In other words, violence is "enough" to keep the relationship going.

3. The relationship based on violence excludes from inside any other form of resistance to violence, becoming the latter indispensable for maintaining the relationship, it is self-immune.

The persistence of the victim within a condition of subordination cannot be attributed solely to relationships based on domination, but rather to action based on different contexts and situations, which make the victim docile towards violence. In other words, the relationship with *that someone* "*proximus*" renders the victim resistant within the dynamics of proximity violence.

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3. The EU's legislative framework and the issue of violence perpetrated against migrant women

by *Rafaela Hilário Pascoal*

3.1 Introduction

In keeping with the rationale of the introductory section of this book, the present chapter approaches the intersectional evolution of the phenomenon of gender-based and proximity violence[1] and migration, from a legal perspective, at European level. Nevertheless, in order to grasp the complex evolution of European Law governing gender-based violence, intersected with the notion of administrative status, in all its complexity, one needs to obtain a thorough understanding of the concept of gender-based violence, including gender discrimination and inequality, as well as of the different categories of migrants and their access to rights.

In 1957, European policies regarding gender discrimination were woven into the Foundation Treaty of the European Union, as an aspect of the economic aims of the free market it prospected although referred to the public sphere and workplace only (Walby, 2004). The watershed of the European legal framework regarding gender discrimination appeared later, with the ratification of the Treaty of Amsterdam in 1997 (Van Der Vleuten, 2007; Rossilli, 2000). However, despite developments in the adoption of gender mainstreaming, feminist scholars continued to criticise the reproduction of patriarchal ideology in the legislation of the European Union (Hoskyns, 1991). These critiques focused on the initial policies, ignoring the structured gender inequality present in society assumed as the habitus and automatic place of interaction between genders, disregarding the conditions of both European and third-country women.

The notion of the intersection between violence and migration was introduced only during the last two decades within the European legal framework regulating asylum. The European policies, informed by the Geneva Convention, seemed, initially, to be gender neutral and were limited to the violence

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[1] The term gender-based violence is combined in this volume with the theoretical concept of proximity violence, a broad umbrella term, of which gender-based violence is a component.

suffered in the country of origin of the victims. Despite the structured and common gender-based violence shared by female asylum seekers, the EU's International Legal framework on asylum, the Refugee Convention, ignores women as a "particular social group" (Pickering, 2010), even after the adoption of the UNHCR's guidelines that make an appeal for the adoption of a "gender sensitive interpretation" of the Convention (UNHCR, 2002).

Despite the fact that women tend to be subjected more than other migrants to violent experiences during their journey because of their position of social, physical and cultural disadvantage (Pickering, 2010), European policies seem to disregard the issue of gender-based violence experienced during migration. Experiences of violence often include early and forced marriage, transactional sex or sexual exploitation, domestic violence, rape, sexual harassment and physical assault within the migratory context (UNHCR *et al.*, 2016). Gender-based violence is one of the motives that lead women to escape from their countries of origin and also tends to be a feature of their journey to Europe. Furthermore, once they arrive in the host country, many women continue to be victims of violence, experiencing rape or sexual abuse which makes them liable to ostracism by a future husband. However, violence is not only limited to the private sphere because women that try to escape from abusive partners tend to be rejected by their own communities and suffer social and cultural isolation (Pickering, 2010).

A view of gender-based violence that is not only transversal to the migratory process, is also present in several forms and requires the development of a European legal framework based both on the identification of victims and on bridging the gap to rights that tends to overlook settings of structural violence (Farmer, 2003). The issue of violence experienced during the migratory journey is often catalysed by the gender mainstream, yet, an increase in violence during migration, independently of gender, age or particular vulnerabilities, has been verified (IOM, 2017). Hence, the current situation of migrants tends to defy the old concepts of "gender-based violence" or "violence against women", whereas an inclusive concept is deemed more appropriate. In this case, the concept of proximity violence (Bartholini, 2013) provides a broader, encompassing concept of violence that includes all potential types of abuse, in its several forms. Furthermore, the concept of proximity violence surpasses the categorisation of victims reflected in the European legal framework, by assuming possible intersections between forms of violence and the need for a holistic approach to the protection of victims.

3.2 From gender inequality to gender-based violence

The European Union was based initially on economic grounds above all (Defeis, 1999), something which led to a post-war period of female emancipation in the labour market (Summerfield, 2012; Van Der Vleuten, 2007). Consequently, the issue of inequality between women and men was initially woven into the principles of the European Union contained in the 1957 Treaty of Rome, the document upon which the newly-born Union was founded. The principle of equality, considered as the first ever expression of legal recognition of violence towards women on the European agenda, received a significant boost with the Maastricht Treaty of 1992 (Pollack & Hafner-Burton, 2011). This initial introduction into the European legal framework of norms regulating gender inequality in the labour market, also sought to influence other domains of gender inequality (Walby, 2004). However, the fact that the European approach to the subject of violence was restricted to the public sphere also reflects the Union's initial unwillingness to enter legislatively into "the private households" of European citizens (Mazey, 2002).

In 1997, with the adoption of the Amsterdam Treaty, which sought to safeguard fundamental rights, the issue of gender inequality finally became one of the fundamental principles of the European Union (Van Der Vleuten, 2007; Rossilli, 2000). The Treaty advocates equality between men and women, extending the space of inequality so that it embraces a structural kind of gender discrimination regarding the "underrepresented sex" and its potential intersection with phenomena like gender, race or ethnic origin, religion or belief, disability, age or sexual orientation (Defeis, 1999). However, despite the introduction of an intersectional concept of "discrimination", the subject of gender-based violence remained a secondary issue for the framework of European policy until the introduction of European Directive n. 2000/78/EC. Finally, the EU framework approached the multiplicity of discrimination against women, acknowledging the existence of an intersection between age, disability, race, ethnicity and religious minority (Van Der Vleuten, 2007), yet, discrimination continued to regard the workplace. Furthermore, the understanding of female discrimination based only on the above-mentioned characteristics ignored the assumption of fabricated roles and "social relationships constructed by gender" (Vogel-Polsky, 2000).

Finally, Directive n. 2002/73/EC represented a step forward in the deconstruction of gender discrimination, as it clearly referred to different types of discrimination. Article 2 of the Directive in particular provided an explicit definition of harassment and sexual harassment: "any form of unwanted verbal, non-verbal or physical conduct of a sexual nature that occurs with the purpose or effect of violating the dignity of a person, in particular when cre-

ating an intimidating, hostile, degrading, humiliating or offensive environment" (Van Der Vleuten, 2007). Despite the insistent battle of the European Union in favour of formal gender equality, in particular the integration of women in the workplace and the promotion of their citizenship (Rossilli, 2000), the issue of violence against women remained secondary and internal, locked, as it was, into the private sphere.

3.3 Gender-based violence in the European legal framework on migration

The overlap between asylum and violation of human rights was introduced into the European legal framework only over the past few decades (Schmeidl, 1997). Despite this, gender crimes remained an unknown quantity when it came to European policies concerning asylum. Therefore, the European legal framework on asylum, informed by the Geneva Convention, did not reflect the experiences of women during the process of asylum (Crawley, 1997). Furthermore, despite the fact that marriage seemed to be a regular legal instrument used to enter the European Union, migrant women who underwent violence in the host country remained an issue that European policies failed to cover.

The introduction of the question of violence into the European Legal Framework – overlapping with migration – is restricted to asylum seekers, who have been victims of violence in their countries of origin. Therefore, although the adoption of legislation on migrants does guarantee these victims a minimum standard of treatment, it ignores those migrant women who have been submitted to violence in the host country. Furthermore, the kind of violence undergone in the country of origin to be reported in order to claim asylum, is limited mainly to the public sphere, considered normally as community and state violence, while violence occurring within the family circle is generally considered a private matter, and, therefore, not admitted as proof when claiming asylum (Indra, 1987).

In 2001, the Council of Europe adopted Council Directive n. 2001/55/EC regulating mass influxes of displaced people. This Directive, based on the Geneva Convention, aimed at targeting people escaping from territories where violence is endemic. Therefore, based on the root causes of displacement, Art. 13 comma 4 of the Directive acknowledged the need to provide medical care or special assistance to those who declare their "special needs", as is the case of "unaccompanied minors or persons who have undergone torture, rape or other serious forms of psychological, physical or sexual violence". In these cases, the Directive foresees the existence of multiple types of violence in a situation of forced displacement, for example, "torture, psychological, physical or sexual violence" that are not based on gender.

Migrants with "special needs" belong to a group of vulnerable people who have suffered some kind of violence, yet the definition of "special needs" is vague and undefined in legal terms. Therefore, the determination of the "special needs" of migrants is related only to the type and level of violence suffered. The adoption of a similar term, characterised by its indeterminacy, within the domestic legal framework, provides the Member States with a space within which to manoeuvre when granting specific rights to migrants.

According to Stefania d'Avanzo (2012) indefinite borderline adjectives with strong evaluative connotations may carry redundant meanings, reducing the legal efficiency of the concession of rights.

In 2003, Council Directive n. 2003/9/EC regulating standards for the reception of asylum seekers, finally identified potentially vulnerable categories claiming special needs. The identification of vulnerable categories within the group of asylum seekers led to heterogeneous distinctions, based on individual experiences, within the universal category (Brand & Czech, 2015). The Directive, by adopting the concept of vulnerable categories, surpassed the concept of "special needs" previously adopted by Directive n. 2001/55/EC. Therefore, the concept of vulnerable groups, based on the principle of universal vulnerability, tends to provide a broader view of vulnerable persons, primarily identified "as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence".

Besides the identification of universal groups, as mentioned in Art. 17, the Directive does not identify the vulnerable groups only according to their common characteristics, but also considers the particular features of individuals, verified by means of adequate, appropriate, individual assessment. However, despite the implicit mention of a procedure for the identification of specific vulnerabilities, the Directive does not explicitly require any particular procedure by means of which one may claim asylum (Jakuleviciene, 2016). Furthermore, the Directive emphasises the need for the treatment of victims of violence, by urging, in Art. 20, that Member States ensure that victims of violence receive the care they need. In this case, the assessment of the special needs of asylum seekers does not aim solely at an accurate material response in terms of health-care and accommodation, but also proves useful when testifying to the violence suffered (European Commission, 2006).

Despite the fact that asylum seekers who experienced violence were already cited in the previous EU Directives, the satisfaction of their "particular needs" during assistance, their effective protection as per their legal status, are considered only through implementation of Council Directive n. 2004/83/EC (Bazo, 2007). This Directive bestows greater depth on the Geneva Convention by granting International Protection to victims of violence

who have suffered "torture or inhuman or degrading treatment or punishment […] in the country of origin; or serious and individual threat […] to life […] by reason of indiscriminate violence in situations of international or internal armed conflict".

The vulnerable categories listed in the above-mentioned Directive – such as minors, unaccompanied minors, disabled persons, the elderly, pregnant women, single parents with minors, victims of human trafficking, persons with mental disorders and those who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence – remain. The Directive proved important to the European Legal Framework on Asylum, by introducing the principle of Subsidiary Protection. This form of protection is granted to asylum seekers who do not qualify as refugees, but who may be granted legal status (Thielemann & El-Enany, 2010).

As we can see, in the previous European Directives, the issue of violence was considered only during concession of International Protection to asylum seekers, therefore, protection was granted only to those who presented a claim to asylum. In actual fact, however, victims of violence who are not authorised by the host country, are taken into consideration only by Council Directive n. 2004/81/EC. This Directive limits the granting of residence permits to victims of Human Trafficking only, thus establishing a hierarchy based on notions of deserving and undeserving victims (Askola, 2007).

Gender-based violence is mentioned in the Directive and regards the need to cater for all the special needs of victims, including the exigencies of pregnant women, disabled persons and victims of sexual or other forms of violence. However, these special needs are satisfied only in cases where trafficking is confirmed. Furthermore, the grant of residence permits depends on collaboration between the victim and the authorities (Raffaelli, 2009). However, this obligation often prevents victims from seeking and undertaking a protection pathway, because they fear not only reprisals in the host country, but also retaliation against their relatives in their countries of origin (Probst, 2018).

In 2005, the Council of Europe Convention on Action against Trafficking in Human Beings, the so-called Warsaw Convention, enhanced the reflection period for human trafficking victims, previously mentioned in Council directive n. 2004/81/EC. The reflection period establishes a minimum of 30 days with a view to favouring the victim's estrangement from the trafficker (Sembacher, 2006). Furthermore, the Convention adopts a gender mainstream victim-centred approach that enhances the protection of the victims, especially as far as secondary victimisation is concerned (Gallagher, 2006). The European Council's 36/2011 Directive on Human Trafficking followed the Warsaw Convention adopting a victim-centred approach characterised by a gender perspective. However, contrary to the Convention, the 36/2011

Directive urges the Member States to render the reflection period unconditional in order to verify "the victim's willingness to cooperate in the criminal investigation, prosecution or trial" (Lievana & Waisman, 2016: 18).

In 2011, the implementation of European Directive n. 95/2011 managed to harmonise concession of International Protection by the European Member States. The Directive is aligned with the previous International Agreements on the issue and with cases judged by the European Court of Human Rights (ECRE, 2013). Based on the Geneva Convention, the Directive calls for a common concept of "membership of a particular social group" (Ferreira *et al.*, 2018), including "issues arising from an applicant's gender, including gender identity and sexual orientation, which may be related to certain legal traditions and customs, resulting, for example, in genital mutilation, forced sterilisation or forced abortion, should be given due consideration in so far as they are related to the applicant's well-founded fear of persecution". In fact, women often flee their countries of origin on account of structural gender-based violence, that tends to be perpetrated in route up until arrival at their final destination (Pickering, 2010). Furthermore, the Directive presents an open-ended definition of "persecutory acts" and in Art. 9, it includes also "acts of physical or mental violence and sexual violence" (EASO, 2016).

In that same year, 2011, the Council of Europe took an important step forward in the battle against violence to women by ratifying the so-called Istanbul Convention, the Council of Europe's Convention on the prevention of and fight against violence to women and domestic violence (Simonovic, 2014). The Convention succeeded in bridging a gap within the European Legal Framework regarding rooted inequality, by enhancing the rights of female victims (Peroni, 2016), by adopting a broad definition of violence against women, defining it as "a violation of human rights and a form of discrimination against women, and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (De Vido, 2016: 5).

The Convention adopts a holistic, intersectional view, by including cultural otherness (Bauman, 1993) and by approaching several socio-cultural factors, customs, traditions and gender stereotypes, reflected in acknowledgment of victims' vulnerabilities and particular needs, their legal status, for example (Jurasz, 2015). One of the most advanced measures of the Convention is Article 59 which foresees the concession of residence status to victims of forced marriages, whose administrative status is legally dependant on their spouses (Peroni, 2016). Article 60 completes previous legislation on asylum, by urging the implementation of adequate gender-sensitive legislation. Furthermore, Art. 61 of the Convention urges the Member states to guarantee the principle of non-refoulement in cases of victims of "violence against

women" and to adopt procedures in consonance with the International Legal Framework (De Vido, 2017). The concession of an autonomous residence permit is often essential to women who risk being rejected by the communities in their country of origin in cases of repatriation (Raj and Silverman, 2002).

The concession of autonomous residence permits to victims of domestic violence is not based on the collaboration between the victims and the authorities. However, the Convention does not specify either the procedure or the schedules to follow, since the decisional rights remain the prerogative of the authorities of the Member States (De Vido, 2017). Therefore, despite the enormous steps forward the International Legal Framework had taken with regard to the rights of victims, the lack of obligatory transposition of the Convention into national-level legislation can have an impact upon actual access by victims to certain rights. Furthermore, there still exists a consistent legal gap regarding victims of proximity violence (Bartholini, 2013), since the definition of this type of violence tends to focus on the domestic sphere. Hence, despite safeguards at individual, structural and institutional levels and regardless of the legal status of the victim as foreseen by the Convention, the text seems to focus on the understanding that "the vulnerability of a person" is considered an intrinsic characteristic of the individual tending, therefore, to disregard "situational vulnerability" (Peroni, 2016).

In 2012, the European Union approved Directive n. 2012/29/EU to complement the rights of the victims of violence, in all its forms (EWL, 2016). The Directive adopted a gender mainstream view, asserting, in Recital 56, that Member States should consider inter alia the "personal characteristics of the victim", his/her "gender and gender identity or expression, [...] sexual orientation", as well as the characteristics of the crime perpetrated and, among other things, "whether it is a hate crime, a bias crime or a crime committed with a discriminatory motive" (Peers, 2013: 5). Directive n. 2012/29/EU is not restricted to gender-based violence alone, but also takes into consideration other personal characteristics like age, ethnicity, race, religion, health, disability, residence status, communication difficulties, relationship to or dependence on the offender and previous experiences of crime.

The Directive acknowledges «violence in a close relationship, regardless of whether the offender was in a position of control or not», demonstrating its pioneering approach, on the understanding that violence is often based on a balance of trust (Bartholini, 2013), but also on an unbalanced distribution of power (Bourdieu, 1998), which may transcend the domestic sphere. The notion that violence occurs in a situation of proximity, within an asymmetric relationship of power (ibidem) is an enormous step towards a comprehensive and inclusive definition of violence, and therefore, of a more inclusive definition of the victim.

According to the Directive, a victim is «(i) a natural person who has suffered harm, including physical, mental or emotional harm or economic loss,

which was directly caused by a criminal offence». The Directive is a pioneering legal document because of its consideration of direct and indirect victims of violence seen as the «(ii) family members of a person whose death was directly caused by a criminal offence and who have suffered harm as a result of that person's death». However, despite the evolution regarding the inclusion of indirect victims, the Directive recognises their existence only in cases of the death of the direct victim. Hence, it excludes those closely related to the survivor obliged to deal with the consequences of the violence perpetrated (Sousa, 2014).

Article 22 of the Directive urges the Member States to provide for individual assessment to be conducted on the basis of the special needs of the victim. These special needs are due not only to the personal characteristics of the victim, but also to the type or nature of the crime committed as well as to the circumstances of the crime, for example, discriminatory or biased violence based on the victims' characteristics or «victims whose relationship to and dependence on the offender make them particularly vulnerable». In this regard, victims of terrorism, organised crime, human trafficking, gender-based violence, violence in a close relationship, sexual violence, exploitation or hate crime, and victims with disabilities shall be duly considered. It is also relevant to highlight the fact that Art. 9 refers to the need to provide the victims with support services, especially "victims of sexual violence, victims of gender-based violence and victims of violence in close relationships, including trauma support and counselling".

In 2013, the Common European Asylum System featured the implementation of the latest Directives concerning procedures for the concession of International Protection and reception of applicants claiming International Protection. Directive n. 2013/32, based on Directive 2011/55 has as its main objective the stipulation of «the standards for the qualification of third-country nationals as beneficiaries of international protection», enhancing the previous legal harmonization established under the Directive 2011/95.

This Directive appreciates the importance of identifying the particular needs of asylum seekers due to factors like age, gender, sexual orientation, gender identity, disability, serious illness, mental disorders or as a consequence of torture, rape or other serious forms of psychological, physical or sexual violence. It is important to identify and verify the potential particular needs of asylum seekers before reaching first-instance decisions. The identification of these special needs not only guarantees full assistance to asylum seekers, but also strengthens demand of asylum for international protection (Salome, 2016).

Directive 2013/33/EU establishes the conditions required for reception of asylum seekers whose claims are based on the gender approach, in order to prevent occurrence/reoccurrence of assault and gender-based violence (Hen-

nessy, 2014). Furthermore, besides separation by gender and age, the Directive also entreats Member States to provide asylum seekers with special conditions, according to their relevant particular needs as per Art. 21 (AIDA, 2017). The European Human Rights Court has declared that asylum seekers are a vulnerable category per se, due to their dependence on host Member States. However, the adoption of an unlimited definition of vulnerable subject obliges the Member States to identify the specific needs of asylum seekers, by means of individual assessment (AIDA, 2017).

Despite the effective regulation foreseen by the Directives on the adaptation of the reception centres to meet the needs of asylum seekers, the implementation of effective procedures as per the regulation was only timidly put into practice (Mugnaini, 2017). This scarce application was due mainly to the increase in the number of applications for asylum presented in 2015 (ANCI, 2017), based mostly on age and gender or completed thanks to the work of International Organisations, especially in first-entry countries such as Italy and Greece, as established by the Dublin Regulation. The scarce implementation of services is also due to the fact that, in order to approach the particular vulnerabilities of victims of violence, there is a need for substantial funding that is not always available (EWL, 2016). Furthermore, funding is often managed by profit-oriented stakeholders who do not always comply with the European legal framework regarding asylum seekers' rights of access (Mugnaini, 2017).

In 2016, the European Women's Lobby published a report entitled *From conflict to Peace? Women's voices. Recommendations on Preventing and combating violence against women and girls on the move* positing that, because of exposure, women and girls run greater risks of suffering "male violence". The report urges the adoption of a gender mainstream policy in the asylum system, during all its phases, since "Gender-based violence can occur in the context of conflict, during the migration journey, and in host EU Member States" too (FRA, 2016).

In the same report, gender-based violence – focusing on women and girls' experiences – is intended as all forms of physical, sexual and psychological violence, including threats of such acts, coercion or arbitrary deprivation of liberty. The violence thus envisaged relates to incidents that occur either in public or private places. It can, therefore, encompass violence by family members (intimate partner violence and domestic violence by different family members), as well as forms of sexual harassment and other forms of sexual violence by different perpetrators. This understanding of multiple forms of violence urges the need for gender sensitive policies within asylum systems, not only to favour holistic protection of victims, but also the prevention of violence (EWL, 2016).

In 2016, the European Parliament endorsed new gender guidelines for asylum systems in its Resolution of the 8th of March 2016 relating to the

situation of women refugees and asylum seekers in the European Union. This resolution exposed the lack of recognition of gender-based persecution during asylum procedures, already mentioned in the Istanbul Convention. In actual fact, the resolution maintains the emphasis placed on violence determined by cultural otherness and accentuates «gendered forms of violence and discrimination, including, though not limited to, rape and sexual violence, FGM, forced marriage, domestic violence, so-called honour crimes and state-sanctioned gender discrimination, constitute persecution» (Peroni, 2016: 50).

The Resolution insists on the need to fulfil the basic fundamental rights of migrant women, whose administrative status depends on their spouses and stresses the necessity to enhance the individual rights of women and girls during the process of family reunification. However, the Resolution not only tends to limit the concept of victim to the sexual characteristic of the perpetrator, since the offender is defined as a male family member, but it also disregards the fact that violence may also occur outside of the familiar circle.

3.4 Conclusions

The issue of gender-based violence was timidly approached by European Union policies during the foundation stage, because, initially, the Union was informed mainly by the economic aims of a free market. Despite the chronological evolution of the adoption of gender mainstreaming, the implementation of counter measures against gender-based violence was restricted mainly to the public sphere. The European legal framework on migration, following the Convention of Geneva, revealed a limited notion of gender-based violence, by restricting the issue to cultural otherness involving, for example, instances of female genital mutilation, early marriage and forced marriage. Furthermore, the issue of violence against female migrants was restricted to asylum Directives only, *hic est*, to violence occurring in the country of origin. Therefore, violence occurring outside the borders of the country of origin tends not to be considered when appraising claims to asylum (Pickering, 2010).

The Istanbul Convention, in 2011, acted as the European Union's legal watershed for countering gender-based violence. The Convention finally approached the issue considering it a phenomenon intrinsic to European society and tolerated by customary norms and introduced a broader concept of gender-based violence. Furthermore, the Convention adopted a broader concept of the victim, approaching the specific situation of migrant women by connecting protection of migrant women to their administrative status. However, despite the holistic understanding of the intersectional vulnerabilities and

particular needs of victims (Jurasz, 2015), the lack of obligatoriness regarding its transposition fails to guarantee rigorous application of the Convention by the ratifying member States. The amalgamation of victims' rights into national legal frameworks emerged with the adoption of Directive n. 2012/29/EU, which finally completed the rights of victims of violence, by means of a holistic victim-centred approach which also acknowledged proximity violence (Bartholini, 2013).

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4. Proximity violence against women refugees and migrants in Sicily. Operators' testimonies

by *Ignazia Bartholini*

4.1 Two preliminary issues of a methodological nature

The research presented here intended illustrating the practices implemented to foster inclusion of and support to migrants above all, female refugees/asylum seekers hosted by reception centres in Sicily[1]. At the same time, it sought to outline some of the limits the reception system presents when it comes to supporting victims of proximity violence. A description of these practices and identification of the limits became, therefore, the two-fold purpose of this investigative project. When the ideal parameters of the research project had been established, it was a question of outlining and implementing a complex, multidimensional investigative plan with the contribution of external researchers and of those engaged within the reception circuit. The peculiarity of this research lay in the fact that it presented the viewpoints of significant witnesses who as "outsiders", "insiders within" and strangers, are, at the same time, an integral part of that very reality under investigation[2]. Needs, critical issues and good practices were identified and highlighted by operators and stakeholders with many years of experience, thanks to the interviews administered.

To carry out the research two methodological choices had to be made: one concerned the strategy to apply in order to identify the stakeholders and operators to be interviewed; the other was the software to use to manage the data provided by the interviewees.

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[1] The reception system in Sicily is regulated by norms defining a networked and articulated system of Hotspots (facilities for initial reception, identification, registration and fingerprinting of asylum-seekers and migrants arriving in the EU by sea), CASs (Extraordinary Reception Centres) and SPRAR (Protection System for Asylum Seekers and Refugees) facilities, outlined in paragraph 1.4 of the present volume and to which we refer here.

[2] During the interviews Ignazia Bartholini was accompanied by Pamela Corso who, besides being a member of Badia Grande, a cooperative partnered with the Provide project, who, with Maria Concetta Papa and Giuseppina Cusenza, coordinates the cooperative's reception phases.

The choice of the interviewees was not determined by the roles they played within the reception circuit as such nor by the numerical prevalence of subjects performing certain tasks rather than others. It was more a question of identifying interlocutors who had particular *bonding* and *bridging* links with professionals and operators belonging to other bodies or facilities. The aim was to select operators capable of bearing testimony consistent with the skills required to receive migrants within the hosting system while, at the same time, performing the different roles required to take charge of asylum seekers and make choices strategic to the hosting service as a whole. The reasons for this choice are to be sought within a dimension rooted intrinsically in the characteristics of non-profit organisations.

Social workers are not, in actual fact, professionals who produce material goods by availing themselves of solid methodologies and well-defined scientific criteria. They are people who deal with a social reality that is often not only unpredictable but also complex and multifaceted, where intervention cannot be encoded up front, nor the certainty or success of their application and outcome be guaranteed (Gui, 2009; Grose *et al.*, 2013). It was a question, therefore, of identifying a network of ties, potentially loose due to slack degrees of intimacy and low frequency of contact, from which to select the workers to interview, in order to avoid that all of them might provide accounts from a similar angle and thus produce serialised testimonies. On the contrary, we sought to gain knowledge about the object of our research – good reception practices and emerging criticalities – from diverse observational stances.

It was necessary, therefore, to make a preliminary selection of interviewees from among subjects with weak ties. As Deriu (2016) observes, weak ties lead more easily to new information, because they come from a variety of different networks. On the contrary, strong bonds which produce dense networks lead to redundancy of data, repeated practically verbatim by those belonging to them.

It was a matter, therefore, of using bridges, that is, connections between stakeholders and professionals with weak ties operating in different though internally connected circuits. A weak bond forms a bridge between two separate contact clusters. It is both the space between the peaks of two mountains and the structure connecting them; a "lack of ties" and what links this "absence of ties" by creating a link: A bridge is two things at once, «a chasm spanned and the span itself […]. The structural hole argument is about the chasm spanned. It is the latter that generates information benefits» (Burt, 1995: 28).

It was necessary, therefore, that the research project should concentrate on segments capable of outlining a circuit, the phases and elements of the work carried out by professionals who, although acting separately, were the pieces that made up the larger picture.
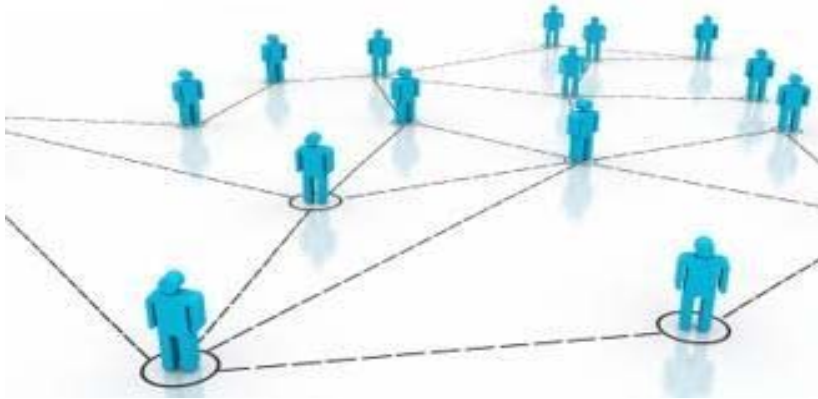
Having identified professionals who had no direct ties but who worked in the same reference area, we were able, by means of the interviews carried out, to obtain a set of indications, experiences, critical reflections and proposals characterised by the experiences of these operators connected internally to a loose or weak-tie network (Granovetter, 1983), working as professionals but performing different roles in different reception facilities in different localities. This, far from creating alienation and fragmentation, turned out to be an important productive resource at information level, because the interviewees provided different information on the same issues, thus helping to enrich the overall view of matters without sliding into redundancy.

However, by simply stating that the task of the interviewees was to "provide information" does not do justice to the interviews, which often turned out to be veritable "emerging interactions" (Charmaz, 2014) highlighting fertile themes and reflections of a multiple kind.

Many of the interviewees were former students of the main interviewer. The interaction that arose in these cases was of the "emerging" type, in the sense that it created a new link upon a previously established one, that of professor / supervisor of / degree or postgraduate thesis. This new experiential link was, at the same time, friendly and symmetrical, permitting both parties to understand more easily what was meant to be received and delivered at the level of the narrative account of the experiences and of the opinions formulated. It was a matter of getting the professional capital – that is, the set of skills and competences acquired and developed during the educational process, as well as a positivistic assessment of the work performance in question – to emerge fruitfully; this, combined with the social capital, intended as something that exists in social relations or produced by social relations and understood as an "intervening variable" (Donati, 2013) of the interviews conducted. The aims of the research were not to establish causal

links or find out what kind of capital prevailed or conditioned another. It did not intend validating any causal model, but to detect the strong circularity existing between the different types of social capital that fed and reinforced each other. If from a strictly analytical point of view, the two dimensions may be kept separate, from an empirical point of view, from the point of view of the interviews carried out in the practices of "proximity", they are profoundly interrelated.

The interviews carried out were non-directive but followed the flow of the narration without interfering when it seemed to take a tangential direction; on the contrary it treasured the original inputs these deviations produced. These interviews were narrative interactions based on profound generative exigencies, permitting the production of social meaning interpreted and re-elaborated thanks to the experiences shared during the interviews.

The second methodological issue concerned the choice of software. NVivo 12 (Non-numerical Unstructured Data Indexing, Live Searching and Theorizing), proved to be a fundamental tool during the entire construction process of the research project. One of its peculiarities is that of functioning as a sort of hypertext, a feature which permits the collection of unstructured data within a procedural framework. While it obliged the researcher to follow an ordered structure which depends not only on a Document System, but also on a set of containers – called nodes – used to manage coding, that is, the attribution of codes to segments of text referred to the material produced during the interviews, NVivo software favoured not only conceptualisation, but also the creative phase by examining the attributes. The clarity of the goals to be achieved by using the data collected during the interviews permitted us to enlarge the Node Browser and obtain a richer vision than that provided by the codified text. Furthermore, the Non-Numerical Unstructured Data Indexing, Live Searching and Theorizing favoured memorisation of the steps of the analytical process and of the choices made to interpret the research material.

In the specific case of the interviews with the professionals and stakeholders operating in the refugee / asylum-seekers' centres, the NVivo 12 software facilitated:

• identification and examination of the *nodes* used to visualise the contexts encoded in a given item;
• examination of the *attributes* permitting visualisation of the documents to which specific values had been associated;
• identification of texts within a node;
• formulation of *queries*, making comparisons between results over time fruitful;
• the creation of different types of models and graphic representations.

The possibility of making systematic comparisons, the storing of the memory of the analytical process's set up and the ease of access to the material produced, were among the most salient features of the process by which the interview material was reconstructed. In any case, the significance of the intersection matrices created using NVivo, explained in the paragraphs below, is a direct demonstration of the operations and intentions of the researcher who set up the project.

Tab. 1 – Nodes and answers

Node	N. Answers
1st node: the operator's view	52 answers
2nd node: knowing how to recognise proximity violence	28 answers
3rd node: greatest problems noticed	54 answers
4th linguistic and cultural difficulties	57 answers
5th node: intervention measures	58 answers
6th node: the network	56 answers
7th node: procedures set up	50 answers
8th node: good practices and needs for inclusive policies and operators' proposals	49 answers
9th node: aspects to set up or enhance	46 answers
10th node: critical elements	46 answers

4.2 Interviewee sampling and profiling

Seventy-eight persons were interviewed including operators and stakeholders chosen from among those who carry out their professions in facilities of different types or in different institutions, for the most part, identifiable as first-stage reception centres (CAS), second-stage reception centres (SPRAR for adults, SPRAR for Minori), facilities made available by the Municipal Authorities and by the Prefectures, anti-violence centres and Hotspots (see Tab. n. 1).

The interviewees, though they carried out their professions in different territorial areas of Sicily, were mostly involved in first – and second – stage reception circuits belonging to the *Badia Grande Cooperative* (a Provide project partner), which, in western Sicily, coordinates 25 reception facilities of various types in addition to the Cara di Mineo (province of Catania), a mega-structure accommodating as many as 2,000 migrants, and in the *San Francesco* cooperative, which plays an important role in the reception of migrants in eastern Sicily.

Tab. 2 – Facilities where the interviewees worked

Type	Number of interviewees
Non-affiliated	1
Other	1
Anti-violence centre	1
CAS	20
Cooperative	5
Hotspot	2
MSNA SPRAR – centres for unaccompanied minors	31
Prefectures and Municipalities	3
SPRAR for adults	17
Labour orientation agency	1

Table n. 3 describes the specific geographical areas where the interviewees are employed. Conduction of the interviews with the operators belonging to the Badia Grande Cooperative were enhanced by a period of peer-to-peer participant observation within some of the facilities, carried out by other operators engaged in coaching and, less frequently, in professional-training activities.

Tab. 3 – Province

Province	N. of Operators
Non-affiliated	1
Catania	7
Trapani	52
Palermo	12
Messina	3
Siracusa	2
Agrigento	2

Moreover, in some cases, it was the professionals who work within the facilities who "swapped their roles" as "operators" – social worker coordinator, psychologist, educator – to become "participant observers" within the facilities where they worked or, again, acting as "collaborators" with the task of interviewing colleagues engaged in hosting migrants. The interviews were

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collected on the basis of a cluster model whereby a very small group of re-spondents (mostly former students of the main interviewer) began to inter-view, first, operatives working in other centres within the same geographical area and, gradually, others from neighbouring territories. The operators in-terviewed benefitted also from a number of hours dedicated to the supervi-sion they carried out with other professionals belonging to the same sector and, during the final phase of the interviews, some of the latter were inter-viewed too.

General sharing and, beyond physical closeness, the meaning and purpose informing the interviews contributed to the acquisition of added value which bestowed depth, spontaneity and naturalness on the interviews themselves. In some cases, the interviewees, by anticipating the interviewers' prompt questions, fostered a flow of information to be shared thanks to a kind of empathy which allowed them to identify the salient elements of the interview and its topical issues without these having to be, as it were, "dug out" of the communicative flow.

Graph. 1 – Operators' provinces of reference

Of the interviewees, 63 were women, 15 men, for the most part aged be-tween 33 and 45; only one of them declared being over 56 while one had not as yet turned twenty when interviewed.

Tab. 4 – Interviewees' professions

PROFESSION	NUMBER OF CASES
Non-affiliated	1
Educator	31
Employment adviser	3
Mediator	8
Social assistant	11
Psychologist	10
Animator	1
Medical doctor	1
Legal operator	4
Hotspot coordinator	1
Nurse	1
Area manager	4
Facility manager	4

The experience rate for work with migrants was high on average: of the 78 respondents, 32 declared having worked in the field for between 3 and 5 years, while 20 of them – including a doctor, a psychologist, area and facility managers – were in their sixth year or had worked for more than 6 years within the sector (see tab. n. 4).

As regards their educational qualifications, 53 were graduates of whom 20 had attended masters and post-graduate specialisation courses, while 5 of them had only a secondary school diploma to their credit. The professions carried out, as described in table n. 4, belong to a broad range of social-oriented specialist professions, with a prevalence of educators.

The intersection between professions and educational qualifications described in graph No. 2, highlights a prevalence of educators and operators with a degree.

Of the interviewees, those with a professional experience of or greater than three years in hosting, belong to the health-care sector (1 doctor and 1 psychologist) and to the area of management or coordination (7 area managers, 1 dealing with minors, 3 dealing with adults, 4 in charge of facilities, 2 in charge of Hotspots).

This prevalence is in line with some of the professions practiced by the operators including those of cultural mediator, psychologist, legal operator and nurse. Although not mandatory for the practice of some of the other professions foreseen, like that of educator and, unlike what happens in other regional contexts, the interviewees included in our sample were all graduates.

Graph. 2 – Profession and educational qualifications of the operators
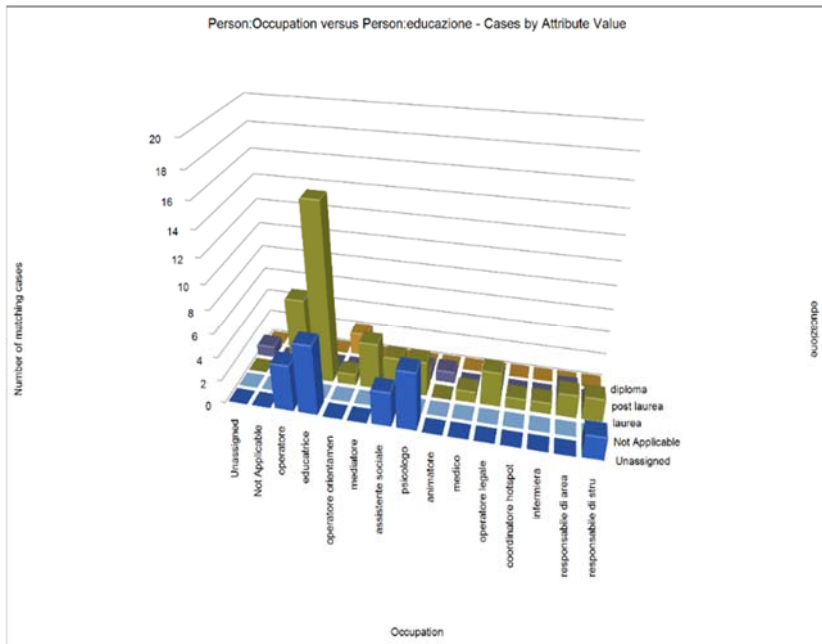
Graph. 3 – Profession and gender of the operators
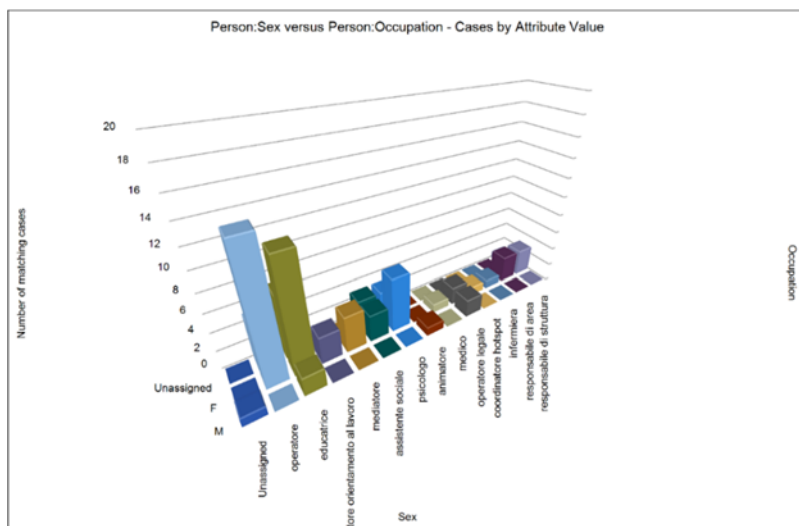
Furthermore, the datum concerning the intersection between hierarchical position and gender of those representing it, is also interesting. It is a question of "professional capital" which, in the specific case of this project, is connoted further by being predominantly female. The area and facility managers are women. Only in the case of the legal operators is the proportion reversed with only two women among the lawyers interviewed by us and involved in the migrant reception circuit.

This general "feminisation of the workforce" within the area of the reception in Sicily is due to a complex interweave between systems of protection for asylum seekers and some of the professions traditionally practiced by women, such as the care-provision professions which require specific skills aimed at improving the conditions of vulnerable beneficiaries like refugees and asylum seekers. There are, actually, some abilities that may prove very fruitful when seeking to facilitate others (Nussbaum, 2012: 138), as well as a number of "transversal" – relational and communicative – competences generally attributed to female professionals.

4.3 The interviews

In this part of the chapter a summary of the main results of the interviews deep understanding of key issues is provided.

4.3.1 Some general annotations

The interviews administered to the operators were the fruit of lengthy construction work carried out by the *Provide project* teams first, with the interviewees later, to identify and choose some of the sensitising (or focus) concepts from which to derive the topics to include in the interviews. During the creative phase of its conception and design, during the experiential stage of its administration and, finally, during the codification and interpretation of the material gathered, the interview remained "a complex social interaction" (Ferrarotti, 1981), where the construction and attribution of meaning to the experiences narrated foresaw a goodly degree of trust and a profound sharing of the results the interview sought to obtain. The fact that the main interviewer had been the teacher of a fair number of the interviewees might have favoured or, on the contrary, rendered the interviews artificial and shallow. This doubt was dissolved during the conduction phase, however. The material collected denotes a reality that was only partially foreseeable as far as truthfulness goes. The ideas of the interviewees regarding the tasks carried out and the experience gained were accompanied by lucid narratives, objectively supported by well-described episodes and circumstances.

Secondly, the interviews acted as a bridge between an international research team and the local context in which they were conducted. The planning and drawing up of the interview required a lengthy preparatory phase in order to choose the topics to be included and their inclusion within increasingly limited perimeters. Initially, an outline interview touching on 48 issues was drawn up only to be gradually reduced in number and simplified in formulation. This progressive stripping aimed at focusing on some particularly important conceptual issues while, at the same time, giving the interviewees greater freedom to respond, modulating and directing their thoughts towards episodes, annotations, reflections that this smaller number of open questions was better able to prompt and grasp in depth.

The focus-group meetings held preliminarily to the individual interviews had a strategic function, to the extent that they were considered, by the interviewees and interviewers alike as informal group interviews, as free-wheeling, spontaneous exchanges of ideas. These informal interviews were held before the actual interview – 4 in all – with operators from different facilities (Hotspots, CAS and SPRAR facilities) belonging to the migrant reception network and on different occasions, like, for example, during the *Festa del Migrante* (The Feast of the Migrant), held in Trapani in June 2018.

The conduction of the interviews was followed by a *reading and re-reading* of the transcripts of the audio recordings made and supported by the "memos" referring to observations of particular postures, tones of voice, pauses or digressions on the part of the interviewees. The coding phase permitted the analytical identification of *nominal labels* that were later merged.

The interview material was divided into nodes or sensitising concepts (Blumer, 1969), used to guide the foci of the investigation.

These were:

First node: "the operator's view"
• How many asylum seekers and refugees are currently present (if they are aware of this) within their intervention area (province, city, district, department, etc.)?
• How many women asylum seekers and refugees are currently present (if they are aware of this) in their intervention area (province, city, district, department, etc.)?

Second node: knowing how to recognise the proximity violence
• Which forms of violence are reported mostly?
• Against whom are they perpetrated mostly (women, minors, men, homosexuals)?

Third node: the most important problems encountered
• What problems and kinds of violence have emerged the most?

Fourth node: linguistic and cultural difficulties
• Are there problems of communication (language, culture, attitude, etc.) with migrant people?
• If so, how are these problems addressed and dealt with?

Fifth node: Interventions
• What kind of intervention has been implemented, or do you plan to implement?

Sixth node: the network
• Does the institutional actor interviewed (prefecture, municipality, hospital manager, etc.) belong to a network of immigrant and anti-violence reception services?
•   If so, which? And how do they collaborate?

Seventh node: The procedure implemented
•   When a report regarding a case of violence arrives, how do you act? What procedure is activated?

Eighth node: Best practices and the need for inclusive policies and suggestions made by the operators
•   What do you believe are, or might be, examples of best practices and inclusive policies for migrant women, in particular for asylum seekers and refugees at risk of violence and discrimination?

Ninth node: Aspects to enhance or activate
•   How would you improve the charge-taking service provided to migrant victims of violence?
•   How would you improve collaboration with the network?

Tenth node: Critical elements
• Are the male and female operators working for your facility / organisation competent when it comes to identifying the distress of abused persons and victims?

4.3.2 First node: "the operator's view"

The first node aimed at ascertaining the operators' awareness of their working in the here-and-now, in a reality which is not only a human and physical place but also a system organised within a territorial and urban reality, as well as a welcoming space.

Therefore, the first question was: *How many places for asylum seekers and refugees are there (if they are aware of this) within their intervention area (province, city, district, department, etc.)?*

The second question concerned the surrounding environment: *How many asylum seekers and refugees are currently present (if they are aware of this) in their intervention area (province, city, district, department, etc.)?* The third regarded the number of women within the territory*: How many women asylum seekers and refugees are currently present (if they are aware of this) in their area of intervention (province, city, district, department, etc.)?*

The answers received, which we quantified and report below, were mostly inaccurate or confused; many of the interviewees were actually unable to answer them:

Tab. 5 – Numbers of places available

ITEM	N. ANSWERS
She/he is not aware of the number of guests in her/his area of intervention	23
Provides the number for the facility where he/she works	16
Indicates the total number of guests present in the different facilities run by the cooperative for which he/she works	7
He/she is aware of the number of guests present within his/her province or region	5
Does not answer	28

The only two interviewees (women) who provided precise answers were the coordinator of the Trapani-Milo Hotspot, which, at the time of the interview, provided a total of 635 SPRAR places, and the coordinator of the MNSA (centre for unaccompanied minors) of the *Badia Grande Cooperative*, which provides about 2,000 places in the CAS facilities run by that cooperative.

This first item dwelt on the interviewees' ability to collocate their own observations of the surrounding reality within an overall view of a system above and beyond their own particular reference focus. In this case perception needs to take much more than a simple glance if it is to grasp the cognitive elements of a reality and assimilate a space-time congerie connoted by salient elements permitting the observer to pass from a subjective to an objective, quantifiable dimension. We might say that among the operators this

kind of overall blindness was found to be widespread and stratified. How-ever, a further hypothesis is that the operators' tendency to concentrate on their own functions occurred, probably, at the expense of a broader view of the state of things, which may not, actually, be detrimental to their conscious collocation within a professional organisational category. This hypothesis we deem the most plausible.

4.3.3 Second node: knowing how to recognise the proximity violence

4.3.3.1 The questions

Two of the questions[3] posed during the interview aimed at promoting ac-counts of and feedback regarding gender-based violence and proximity vio-lence (that is, violence perpetrated by a person close to the victim who be-lieves he is entitled – because of some culturally normalised tradition and or, in some cases, by contextual conditions and situations beyond the victim's control – to behave in a violent manner because he is a father, a blood relation or a spouse etc., but at times even a subject contextually close to the victim who arrogates to himself – or who is legitimised by third parties to do so – power over the victim which transforms symbolic into concrete, indirect into direct violence)[4]. There exist specific cultural codes (symbolic violence) which favour the perpetration of relational models based on gender differentiation and segregation.

4.3.3.2 Violence against women, from intimidation to sexual exploitation

The interviews held with the operators revealed the existence of a pleth-ora of power relations aimed at female subordination characterising relation-ships which are not only intimate but also more generically gendered-based among the guests of the refugee / asylum seekers' centres, a phenomenon which generates dysfunctional behavioural dynamics to the utter disad-vantage of women and total benefit of men. During the interviews with the professionals, it was not a question of simply evaluating the dynamics of family groups by means of direct observation, but also of observing how fre-quently intimidation of women, be they spouses, sisters or daughters, came

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[3] The precise questions were: What forms of violence are reported most frequently? Against whom are they perpetrated mainly (women, minors, men, LGBT).

[4] However, this initial phase of the research, we have not considered appropriate to deepen the theme of the differences between one and the other form of violence. We have instead tried to know how much the interviewees knew more generally in terms of gender-based vio-lence et/or proximity violence and according to which operative declinations.

to light. For the interviewees, recognition of violence meant first of all *taking note of the silence of the victims*. This silence is not the outcome of linguistic difficulty, but the result of oppression combined with intimidation. The latter, from which a permanent state of oppression derives, is, to all intents and purposes, a latent aspect of proximity violence.

> Intimidation means frightening the victim by resorting to gestures, looks and words. Frequently, the women involved are unaware of being victims of this kind of violence and if children witness it, they fail to realise that these too may suffer from traumas (assisted violence), because the victims tend to justify the male (female interviewee No. 7, a social worker in charge of a facility).

Since this violence is "normalised" both within family relationships and in relationships dictated by necessity and established during the journey in the company of subjects outside of the family circle, it is not perceived as such, except in its more concrete and material effects. Latent intimidation manifests itself in silent subordination and in the subalternity of women.

As one interviewee reports,

> Our female guests consider it "just" and "normal" that men assume the superior attitudes they deem necessary to maintain family and community order (interviewee No. 7, a female social worker).

The first indicator of the normalisation of gender violence resides, therefore, within the norms of gender relations themselves. These rules legitimise the use of violence by the man, as the natural holder of a type of power inherited through the male line within the family or relational group. The element which characterises this violence is that it may be exercised also by others "in lieu of those who primarily authorised" to use it, like husbands or fathers. In the absence of the one or the other, other men, in various capacities, may take their place, attributing to themselves a form of power over women without husbands, fathers or brothers and legitimated by the group.

> During my working experience, I was able to see how violence against women was perpetrated by people very close to the victim, like near relations, or even members of the clans the women belonged to or of the villages they came from. A model of proximity where the extension of borders did not reduce the possibility of abuse of the victims who, during the journey, became the property of many men (interviewee No. 5, a female social worker).

Violence, however legitimised takes place, above all, within marriage relationships, even if they are not always made known by the injured partner:

In Sciara, one female beneficiary had two children by the same father. He beat her repeatedly, secretly, mostly at night (interviewee No. 73, a counsellor).

Physical violence has a symbolic purpose too, that of frightening the victim as well as hurting her. This does not refer only to serious assault, which causes injury requiring emergency medical care, but any act of intimidation addressed to our guests, like pushing, shoving, or simulation of violence by people close to the victim. Our task as operators is also to interpret both what we witness and the information we receive. For example, economic blackmail through management of spending money is one of these (interviewee No. 7, a female social worker in charge of a facility).

Economic blackmail is one of the aspects of male domination frequently observed by the interviewees. Monopoly by the male partner of the woman's meagre sums of pocket money places the female partner in a constant position of dependence even in cases of petty purchases. Other indirect forms of intimidation consist in preventing the women from attending literacy courses within the reception facilities or professional courses outside the centre, both of which are provided with a view to rendering the women independent. These are women who before their arrival in Italy had never worked outside the home environment or at least only within the physical space surrounded by the family network, since their main job was to look after their husbands and children while keeping the home clean and tidy.

Finally, it is important to mention that category of violence known as symbolic (Bourdieu, 1988). It determines and regulates the structuring of the intersubjective codes by means of which men and women, dominator and dominated alike, reproduce male domination, permitting the reproduction and imposition of a cultural mind-set based on differentiation between genders. One of the main problems revolving around proximity violence, and which makes it difficult to hinder, is that, in many cultures, it is allowed, tolerated, legitimised and justified.

This is an approach to family based on the central role of the father, as a man, to the detriment of the wife, as a woman [...]. In some cases inequality is not seen only through a modality which outlines diversity of roles, but also establishes the veritable superiority of the man, so much so, that in cases of strong contrast it is considered "normal" that men use violence against women without needing to expect any kind of sanction, either legal or social (interviewee No. 70, a male CAS lawyer).

This patriarchal approach generates dysfunctional relational processes which perpetuate mechanisms of direct or indirect domination.

Only the tangible aspects of violence are perceived, but the exercise of physical violence within private environments is borne with because it is deemed the lawful prerogative of men.

This is a type of violence which is not perceived as such, because women consider "just" and "normal" that men assume superior attitudes, necessary to maintain family and community order, and to avoid destroying male honour, an essential element of the cultures of the non-European countries from which the women hail.

Precisely for these reasons, although the women are victims of different types of violence, they fail to recognise it, because it is normal for them to live in a state of daily subordination, due to the gender socialisation they have undergone which has inculcated in them attitudes of inferiority and submission. The only form of violence that they are able to perceive is physical, as it is the most obvious form and includes any act aimed at hurting or frightening the victim (female interviewee No. 7, a social worker at a SPRAR).

The interviews gradually revealed increasingly glaring forms of physical violence deteriorating also towards rape and sexual exploitation:

During my work experience at the CIE and the Hotspot, I noticed how sexual violence (some of the victims were men), ill-treatment and abuse were not unusual and occurred especially during the journey from the country of origin and up until the moment of landing upon the Italian coasts. This violence, which was then given to us to understand by some of the asylum seekers, was perpetrated especially in Libya. The signs on their bodies (of beatings, burns etc.) were still clearly visible at the time of their landing. Similarly, certain infections and lacerations were attributable only to sexual violence (interviewee No. 28, a male educator).

I wish to tell the story of a refugee, a Protestant Nigerian woman, who was helped financially and spiritually by the pastor of her village to travel to Italy. A minor at the time, once she had arrived, she was contacted by the pastor demanding restitution of all the money he had lent her and threatening that, otherwise, he would contact her mother and sister who had remained in Nigeria making them "pay the bill" in her stead. She immediately realised that the work she was offered here in Italy (prostitution) was at odds with her moral and religious precepts. At first, she hid the distress, so closely connected to the threat she was subjected to but finally confided her plight to a friend who helped her to turn to the operators. We did a lot for her, supporting her humanly, setting up a psychological support service etc. At present, the girl is no longer exposed to these threats nor is she easily contactable by telephone (interviewee No. 3, a female social assistant at an anti-violence centre).

There was evidence leading to suspicion that some of the beneficiaries of the SPRAR's services were victims of human trafficking or in some way involved in trafficking associated with prostitution (interviewee No. 46, a female social assistant at an anti-violence centre).

I wish to tell a story told to me a year ago by a young woman from Cameroon, during her preliminary interview, in the presence of the psychologist and mediator. She, her husband and two daughters had fled their country because of war and reached the border with Nigeria, where, unfortunately, they were imprisoned on ethnic grounds. At the time of their capture, the two girls were murdered in the presence of their parents. The mother was held in the female prison, the husband in the male one. The woman says that during her imprisonment, which lasted about a year, she was kept in total darkness, raped every night by soldiers from whom she later had a child. As soon as she delivered the child, she cut the umbilical cord with the lid of the tuna tin. Today she lives in Italy and has had no further news of her husband since she was forced to leave the Libyan prison, without knowing where she was destined (interviewed No. 3, a female social worker).

I have noticed signs of violence (scars seen during medical check-ups at the facility), which lead me to believe that, before arriving here in Sicily, not only women but minors and men too, are victims of violence not necessarily associated only with their journey as migrants, but also experienced within their native socio-family-cultural environments (interviewee No. 45, a female educator).

The signs are evident on physical, psychosomatic and psychological level alike. These subjects generally have elusive personalities, are apparently introverted and inclined to isolate themselves; they have often lived in family environments which are deconstructive and violent from many points of view (interviewed No. 56, a male medical doctor).

The stories of the operators interviewed reveal a widespread reality of submission, patriarchal rule, male domination, echoed in most cases only by the silence of the victims which transforms their vulnerability into submission and servitude.

4.3.3.3 Violence against minors

Violence, especially when it comes to minors, is a possibility contemplated by those who choose to travel to Europe and is considered by the Sicilian operators interviewed for the Provide project as a practice commonly perpetrated. The interviews reveal an even more widespread perpetration of the violence to which unaccompanied minors, UAMs, are exposed *en route* to Europe. Many of the minors hosted by the Sicilian reception centres have undergone physical violence, been subjected to forced labour and suffered hunger, especially in transit areas where they waited before undertaking further stages of their journey and where survival itself was often an unknown.

Many of the UAMs have been victims of violence or have seen their friends or mothers abused [...] have been subjected to hard labour, to physical violence and threats (interviewee No. 23, a male animator at a SPRAR facility).

Very often the minors bear evident signs of the violence they suffered (scars, burns, amputations, etc.) during their journey, especially during their stay in Libya (interviewee No. 36, a female educator)

In the case of minors, violence is frequent precisely because their age-related vulnerability makes them easier preys to violent experiences.
Among the kinds of ill-treatment undergone we find the following: physical and psychological abuse, neglect, lack of adult referents. Exposure to violent and aggressive situations, the violence experienced in Libya, directly and indirectly, regards the majority of the minors arriving in the centres, who have been denied the possibility of experiencing childhood (interviewee No. 37, a female psychologist at a SPRAR facility).

In my experience with UAMs, in addition to physical evidence, scars, body marks, I have noted psychological symptoms and proof of violence undergone at an early age, at times reiterated and which "disorganise" the child's personality significantly, influencing the way they relate to others. Often aggressive patterns of behaviour are due to reactions against the traumatic events they have experienced. This aggressive behaviour of theirs is a means by which the children seek to free themselves from the frustration of the impotence experienced in the past (interviewee No. 37, a female psychologist at a SPRAR facility).

I can speak about the psychological evidence (as well as of the scars observed during medical visits at the facility), which leads back to a history of violence and / or closeness to it, not necessarily linked to the migratory journey as such, but also to the person's socio-family-cultural background (interviewee No. 45, a female mediator).

The signs are evident at physical, psychosomatic and psychological level. These are persons whose personalities are elusive, who are introverted only in appearance and prone to isolation. They have often lived in family environments that are deconstructive and violent from several points of view (interviewee No. 54, a female psychologist working at a SPRAR facility).

As to the UAMs, the risk factors regarding them are considerable; they are a vulnerable category because they are psychologically permeable because of being so very young and having undergone high-impact negative experiences at a very early age: abandonment, loss, lack of recognition and legitimacy, all of which affect their psychic identity and influence their emotional, social and behavioural makeup. Minors in this area represent a resource for various forms of delinquency and illicit organisations which take advantage of their

legal status as minors to manipulate and involve them in activities such as drug dealing, prostitution etc.

Furthermore, within the facilities for minors one risk factor is that some of the so-called minors declare themselves such despite being older in order to recruit younger ones for the criminal networks already present within the area.

The most prevalent forms of violence found among the UAMs are direct and indirect physical abuse, domestic violence, exploitation of labour, trafficking, constant threats, repeated disrupting torture. Experiences of neglect, physical and psychological abuse that have a significant and sometimes irreversible impact upon the psychic functions of minors are common (interviewee No. 23, a male animator at a SPRAR facility).

The interviewees, in addition to indicating various signs of violence noted not only upon the bodies of children but detected also by means of the behaviour of many of the minors hosted at the centres where they work, also described the rooting of a kind of proximity violence within their immediate and broader family circles. This is evidence of the presence of a type of violence that feeds on the vulnerability of the victim and on the context in which it was culturally normalized.

Some of the guests declare having suffered intra-family violence in their countries of origin, at the hands of stepmothers and half-brothers, or others related to their fathers. Some of them report an increase in similar violence after the death of the latter, aimed at obtaining certain economic and material advantages like possession of the land and / or livestock and / or the commercial activities belonging to the deceased (interviewee No. 31, a male psychologist at a SPRAR facility, non-affiliated).

The minors I work with are all boys, and few speak of the violence suffered or carried out; however, they maintain power relations among themselves, make a show of their authority or leadership within their peer groups by claiming the deference of other minors by resorting to tangible actions like being served first, jumping queues or claiming precedence over others, when it comes to delivery of benefits, etc. (interviewee No. 23, a male animator).

The forms of violence reported as having been experienced in the countries of origin are almost always of a physical and / or domestic (but never sexual) nature and generally associated with problems regarding family legacy, inheritance of blame and / or because of having been abandoned. The acts of violence narrated by the guests hosted by our centre for unaccompanied minors were experienced during the journey, for the most part, in Libya. These consisted mostly in acts of physical violence or forms of exploitation of labour (with consequent physical and psychological violence connected to "denied payment" and / or workload), or in violence associated with their vulnerable status which made them "bargaining commodities" [...]. Although

sexual violence may have been perpetrated in the countries of origin and during migration, the UAMs rarely tell about them because of personal-emotional and / or social-cultural blocks (interviewee No. 38, a female educator at a SPRAR facility).

Most of the UAMs have, during their psychological and social interviews, expressly declared being victims of violence. This not only within their own families and their countries of origin, but also, and above all, during their migratory journey and in the places where they lived while waiting to undertake their journey to Europe. Before arriving in Italy, they underwent physical and sexual violence and were subjected to inhuman treatment and forced labour (interviewee No. 44, a female mediator at SPRAR facility).

The forms of violence suffered in their countries of origin are almost always physical and / or domestic (rarely sexual) and due generally to issues of family inheritance, forced marriages or juvenile recruitment.

Geographically speaking, the acts of violence relating to the migratory journeys which the minors report almost always regard Libya, Algeria or other countries of transit. They are of a physical nature, involve deprivation of individual liberty, exploitation of labour, or violence associated to their condition as "bargaining commodities" (saleable "goods", therefore). The reasons for this latter treatment are always traced back to their status as migrants or, more in general, to racism. Although they may have been subjected to acts of sexual violence both in their home countries and during migration, the UAMs rarely tell about them due to some personal-emotional and / or social-cultural mental blocks (interviewee No. 45, a female mediator).

Minors who constitute the most vulnerable group have often been victims of violence or witnessed acts of violence perpetrated against friends. Within their own families to begin with or in their country of origin, they have often been neglected, discriminated against and marginalised. They are left to face their journey of hope towards Europe in total solitude, to reside in places where they often suffer hunger, are subjected to hard labour, to physical violence and threats. They often have to hide from the authorities and have no access to education and health care, are initiated to prostitution, forced into child labour or enrolled as soldiers (interviewee No. 47, a female educator at SPRAR facility).

Enormous scars, flesh wounds too evident to have been self-inflicted, etc. Often the children have been subjected to the religious rites of a traditional or minority cult, practised directly or legitimised by the family.

In some cases, the ill-treatment is perpetrated by individual family members who are particularly "powerful", with the intent of bringing the young people into the fold or punishing them if they or their families seek to abandon it.

As regards their emotional and psychological dimension, these children are often orphans, or having been abandoned by their parents have failed to be adequately accepted by the broader family circle which exploits them or tries to make them submit through the use of physical violence or deprivation (interviewee n. 54, a female educator).

4.3.3.4 Forms of violence against vulnerable victims of proximity violence and widespread problems

The violence described and observed by the operators all have as their object the bodies of the victims which they exploit to subject people – women or minors – who are exposed to the will of their persecutors.

The large number of excerpts drawn from the interviews conducted, highlight specific cases of violence. We have preferred to place other more heinous accounts into a general scheme, dividing them into topics all belonging to the macro-category of proximity violence.

These are:
- Physical violence: physical torture (beatings, exposure of people to the sun without water or food, exposure of the person to electrical current).
- Psychological violence: psychological torture (forcing people to remain in the dark without any notion of time in order to disorient them, death threats against them or their family members).
- Sexual violence: from rape to female genital mutilation, otherwise, sexual exploitation for financial gain (victims of trafficking).

Similar forms of violence would not have been possible without the convergence of two factors: the victim's condition of vulnerability, oppression transformed into victims' trust in the perpetrator.

The problems most frequently encountered, and the violence undergone regard most often abandonment, parental neglect, physical and psychological abuse, torture, forced labour, various forms of exploitation. These experiences are the ones which affect normal, emotional and relational development and a sense of identity, the most (interviewee No. 49, a female psychologist working at SPRAR facility).

[…] forced labour, malnutrition, etc.; sexual violence (women raped repeatedly by different men, sold as slaves and forced to submit to violence; amputation of the genitals of both homosexual and straight men, etc.); psychological violence (death threats against them and their families, etc.); gender-based violence (discriminatory acts relating to ethnic groups, political, social and sexual orientation) (interviewee No. 55, a female social worker in charge of Hotspots).

During the over 25,000 medical examinations carried out at the health-care clinics of the Extraordinary Reception Centres as well as those of the Hotspots, most of the cases of physical violence (burns, bodily injury caused by blunt instruments (rifle butts), burns caused by electric current, wounds, tying of hands and feet) reported, regarded periods of detention in Libya. Certainly, the types of violence most frequently reported were of a sexual nature and often depended on the traditional customs of the countries of origin. It may be said that most of the women hosted by the centres were abused in particular during their stay in Libya. This situation does not exclude men, minors and homosexuals (interviewee No. 56, a male medical doctor).

In almost all cases, the migrants I helped as a lawyer to apply for humanitarian protection, once they had passed through Libya, were considered assets belonging both to the traffickers who acquired them and the people for whom they had been forced to work. They were considered saleable goods whose sole function was the production of profit. The persons, so totally deprived of all rights and recognition, having been reduced to the status of a mere instrument, had no choice but to carry out all that was imposed upon them. In a relationship such as this the compensation granted to the migrant workers was exclusively avoidance of violence and the food deemed barely sufficient to permit them to go on working (interviewed No. 70, a male legal operator at the Badia Grande cooperative).

The testimonies provided by the interviewees describe and explain the nature of the phenomenon in great detail. The last of those we report in this section were provided by the coordinator of a Hotspot and, in our opinion, sums up in exemplary fashion what has been presented so far by all the previous testimonies:

• Out of the 30,500 migrants hosted by the Hotspot about 90% are victims of violence.
• The kinds of violence reported are: physical (torture, forced labour, malnutrition, etc.); sexual violence (in the case of women being repeatedly abused and raped by different men, being sold into slavery and forced to endure violence; in the case of both homosexual and straight men amputation of the genitals, etc.); psychological violence (death threats against the victims and their families, etc.); gender-based violence (discriminatory acts relating to ethnicity, political, social and sexual orientation).
• Violence in all these forms is perpetrated against women, children and homosexuals. This phenomenon has increased because of longer permanence in Libyan migrant camps due to the closure of the Italian ports (interviewee n. 55, female social worker and coordinator of a Hotspot).

4.4. The main problems detected

4.4.1 Fear

The interviewees were also asked to describe the main problems surfacing when taking charge of migrants, victims of violence[5] .

The first problem is the fear these vulnerable subjects continue to feel; a fear that was produced by a journey during which they risked dying and the signs of which are still visible on their bodies, as one of the operators informed us:

> One serious issue is that caused by the trauma suffered by many of the women who, during the sea crossing, are placed along the edges of the boats, unlike the men, who sit at the centre of the vessels. During the journey, saltwater entering into contact with petrol, creates a chemical mixture which is very damaging to the skin and causes fourth-degree burns which have extremely harmful effects on the human body. The situation is terrible, because this way the women in question lose a large part of their skin; the care they require later on is very lengthy and delicate (interviewee No. 7, a female social worker).

Fear caused by sexual violence, found in female victims of trafficking in particular:

> Violence experienced during the sea voyages to our shores. Often the women are sexually abused and forced to endure unwanted pregnancies, due to rape perpetrated by the traffickers during the journey (interviewee No. 7, a female social worker at a SPRAR facility).

> The extent of the problem is difficult to quantify as women struggle / are afraid to report those who exploit them although there are many grounds for suspicion (exchanges of money, both Italian and foreign persons who come to pick them up, termination of pregnancies by the women) of involvement in criminal activities at the centre where I work, exploitation of female prostitution against women (interviewed No. 46, a female educator at a home shelter for female victims of violence).

> Based on my many years of experience, I can say that the greatest difficulty migrants, male and female, encounter when telling the operator about the violence undergone, is fear of accusing a person who at that precise moment represents their point of reference in an unknown country: someone who has accompanied them and may be their spouse or sibling and so on (interviewee No. 56, a male medical doctor).

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[5] The main question asked here was: "What are the main problems and kinds of violence that have emerged most?".

The interviewees emphasised, on the basis of their experiences, problems referable also to the cultural milieu of the victims' places of origin which keep them in a state of continuous subjection:

The issue is essentially cultural. In actual fact, depending on the geographical origins of the women, similarities and differences are found as regards the relationships established between the two sexes. The basic problem is that, at the root of these dysfunctional relationships, we always find, on the one hand, women considered as victims, therefore, subordinate and submissive, on the other, men considered superior and dominant, compared to the female (interviewed No. 7, a social worker at a SPRAR facility).

Interviewee n. 3, a female operator who has been working for years in a reception centre for women victims of trafficking, recalls three particular cases:

Total closure of communication with the operators of a 34-year-old woman who remained in the facility for 6 months. She refused all help. Her attitude was always one of closure.
The absolute reserve with which another 19-year-old woman, currently a guest of the facility and who was helped by means of the psychosocial interviews conducted in the presence of a mediator and, above all, accompanied throughout the entire course of an unexpected and unwanted pregnancy.
The inability to enter into relational contact with another 24-year-old woman who escaped from the centre after only 4 days of hospitality, as she did not consider the facility where she was hosted safe and kept on recalling, obsessively, the torture and violence she had been subjected to repeatedly.

4.4.2 Language difficulties

The plurality of the backgrounds, both national and regional, of the migrants who have landed in Italy over the past few years has posed a challenge to the reception system, especially at linguistic level. The answers to the questions *Are there communication problems with migrants (language, culture, attitude, etc.)? If so, how are these problems addressed and managed?* reveal that the language barrier is one of the greatest problems encountered daily by the operators

Many of the problems that emerge most frequently are related to inability to communicate due to failure to understand one another linguistically (interviewee No. 7, a female social worker).

This occurs mostly at first-stage reception centres, which have larger reception facilities and, therefore, accommodate greater numbers of migrants of different nationalities, as soon as they land in Sicily. Communication during initial contact plays a fundamental role as one of the main pillars upon which to establish a relationship of trust and understanding, especially after the trauma of the journey. Furthermore, it is during this phase of initial contact that migrants are informed regarding the entire process required to seek asylum and access rights.

> Since our centre is the very first one the migrants enter, it is clear that language creates an obstacle which is not easy to deal with. In this regard, our team avails itself of competent mediators and interpreters, who help break down the communications barriers and implement the procedures best suited to the needs of the beneficiaries (interviewee No. 19, a female social worker at a SPRAR facility for UAMs).

> Upon arrival, most guests speak only the local language of their country or region of origin; their attitude is almost always elusive, resigned and accommodating. Initial contact is mediated thanks to the intervention of the guests present in the facility the longest, who have assimilated the rules of community life and acquired security and serenity. The contribution made by the latter is extremely important as they help speed up the process of adaptation and the demolition of the barriers of distrust and fear of being oppressed. The direct and concrete testimony of their facility-mates is one of the most valid tools of which we can avail ourselves.
> Over time, the guests begin to understand Italian and learn to express basic concepts. Their learning speeds depend on their own intrinsic characteristics. Moreover, it has been frequently noted that this seems to be inversely proportional to the number of other guests with whom the newcomers share a language: the lower the number of fellow-nationals present, the faster the guests learn Italian.
> In any case, the facility is endowed with cultural mediators and the *Badia Grande Cooperative* can count the collaboration of numerous specialised mediators, native and naturalised speakers, who intervene if necessary (interviewee No. 54, a female coordinator of a SPRAR facility).

> Although many of the migrants come from the former English and French African colonies where English or French is their European vehicular languages, often spoken by the cultural operators or the mediators, some of the migrants speak languages that tend to make communication between the operators and guests more difficult. Problems of communication are particularly evident in the case of migrants belonging to ethnic minorities. Communication between speakers of English / French and minors who speak only Urdu, Punjabi, Bengali, Arabic, Tigrigna, Somali etc. becomes almost impossible (interviewee No. 33, a female educator at a SPRAR facility).

There are various problems related to communication in general and these emerge constantly and on a daily basis with these beneficiaries.

Cultural differences due to language, attitude and verbal communication can sometimes interfere with the relationships with the other, but thanks to the simplicity of the topics addressed (except in the structured interview where the presence of a mediator is required) and to the simplicity of the environment in which the guests live, situations of stalemate can be overcome (interviewee No. 40, a female educator in a Fami).

4.4.3 Cultural difficulties

If communication is one of the main problems met when seeking to understand migrants' needs, cultural divergences are a fundamental aspect of communication with migrants. Socio-cultural issues arise in circumstances regarding every aspect of everyday life and often create misunderstandings on the part both of the migrant and of the operator.

Problems of communication do not end with the removal of language barriers but everyday life brings to the surface problems related to attitudinal habits and modes of thinking / beliefs deriving from the migrants' social-cultural systems of origin which, when they come into contact with the Other, can create misunderstandings and therefore represent operational and communicative obstacles to the life of the community and the guests' process of "adaptation" (or reorganisation of their Selves). We try to overcome these problems by relying on the presence, alternating it with that of the operators, of an intercultural educator-mediator, so that he/she may pick up on signals of potential problems or ways of resolving them, have them dealt directly with the actors or communicated to the multidisciplinary team with a view to drawing up concerted, dedicated operational solutions (interviewee No. 38, a female educator at a SPRAR facility).

We work with guests coming from cultures that are very different from those of the west. I believe that the systems of meaning, of reference and the cultural codes we use to view experiences are completely different. Linguistic differences are certainly a problem, but we must consider that communication is not only verbal, but that non-verbal communication, the most primitive of unconscious modes, influences the way we communicate and often unknowingly determines our relationships with others.

Furthermore, cultural / sexual differences can, at times, create difficulties and misunderstandings (interviewee No. 37, a female social worker).

As regards culture and attitudes, the operators know how to grasp and are accustomed to doing so what they perceive dissonances regarding the standards typical of the migrants' socio-cultural backgrounds, with which they are

familiar with due to their training and research experiences, as well as to indirect experience acquired thanks to the stories and vicissitudes narrated by the UAMs, as well as their own direct observation (interviewee No. 54, a female coordinator of a SPRAR facility).

The communication problem is overcome when a relationship of trust is established, though it obviously takes time to consolidate. In the centres where the migrants reside for a long time, this can be achieved. When a relationship is consolidated, and fully respects roles and rules, it is possible to undertake a journey together.

It is quite a different matter when migrants remain for a few days only, as in the case of the Hotspots, where everything we have mentioned above has to be squeezed into a handful of days. In any case, the centres to which vulnerable guests are transferred are informed by means of a medical or social report.

Yes, sometimes communication problems with migrant are considerable, linguistic differences and cultural differences affect the management of everyday life and the relationship of trust that needs to be established. For these reasons, the training of operators and the constant supervision of the team and actors involved are fundamental (interviewed No. 72, a social assistant coordinator of a CAS structure).

The main problems concern the difficulty of adapting to our culture (that is, to the set of beliefs, traditions, social norms, practical knowledge, products etc. typical of a western country). These are usually addressed with the help of a cultural mediator (interviewee n. 73, a social assistant coordinator of a SPRAR facility, non-affiliated).

4.5 The intervention

One area of the interview concerned measures designed to support migrants, victims of violence, whether implemented or planned by the professionals interviewed[6].

Similar intervention is applicable from the first days after landing and reception by the Hotspot:

The intervention and activities in favour of the victims of violence have been and continue to be guaranteed within the Hotspot by the psychological-social team. The various professional figures present provide responses to needs of a psycho-social nature to support victims, though these differ in type and

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[6] The main question asked here was: "What type of intervention was implemented, or do you plan to implement?".

level. The activities are characterised by the continuous presence of intercultural linguistic mediators, thanks to whom it is possible to enter into a relationship with the guest and create a rapport of trust typical of the various aforementioned professions. The presence of women professionals also guarantees the possibility of paying particular attention to people belonging to vulnerable categories like victims of torture, of violence / abuse, minors, people with disabilities, people presenting with mental or social disorders and the elderly. The psycho-social team is present right from the initial reception phase, with a view, thanks to preliminary observation, to identifying cases of evident vulnerability and compare notes with the various international organisations present at the port during the landing and to which they report the cases of vulnerability also registered by the naval authorities which rescued them, so as to be able to take immediate charge of these guests.

Cases of vulnerability are also reported to the team by the staff of the centre's infirmary, which knows how to identity signs of violence or distress during medical examinations. In relation to the duration of the guests' stay, the team tries to heed the various guests hosted by the Hotspots, screened by means of an initial interview of a cognitive nature, after which, a personal file regarding the guest is compiled. During the compilation of this file, which provides a description and survey of various aspects concerning the guests, the social worker will have the opportunity to evaluate their personal histories, their non-verbal attitudes / behaviour, as well as possible distress on their part. If there are signs suggesting that the guests are vulnerable, this will be reported both to the psychology service and to the health-care service present at the centre.

The socio-psychological service, after assessing the degree of vulnerability of a guest, will outline and undertake a procedure of support and care. When the vulnerability is linked to mental distress, the mental-health-care department of the socio-psychological service, will be contacted within the time limits foreseen. This action provides, moreover, for the identification of guests with average mental distress and their transfer to centres specialised in the reception of people with mental health problems. In cases of vulnerability, the team draws up a discharge sheet to signal both the vulnerability and the work done by the team so as to ensure continuity and further in-depth action by the next team. The team, once it has identified cases of vulnerability, informs the Director of the centre, who then informs the Prefecture so as to identify the reception facility best suited to the guest's needs (interviewee n. 55, a female social worker at a Hotspot).

From this, as well as from the majority of the answers provided, it is evident that in most reception facilities intervention is activated by multidisciplinary teams composed of coordinators, social assistants, psychologists, mediators, interpreters, legal experts, children's rights experts, educators, counsellors, auxiliaries, night workers (the latter only during first-stage reception), aimed at the social integration and psychological rehabilitation of

guests. The teams also endeavour to encourage them to attend the laboratories aimed at s type of integration based on acknowledgement of different cultures. This in compliance with models of integration based on *and / or, not on either/ or*, which take into due consideration systems of meanings familiar to the minor and his/her culture of origin.

All the guests taken in charge are supported and assisted, are guaranteed correct information regarding their status and the reception solutions available to them, in languages and ways they can understand. Minors are assured living conditions suitable to their age, well-being and phase of development. The standard operating procedures identified by the Ministry of the Interior are respected. Group work and cross-referencing of the information gathered through the interviews held and observation of the migrants, are the main tools used to ensure adequate assessment of the greater interest of the vulnerable subject, especially if a minor, and to launch action at multiple levels (health-care, psycho-social, legal, socio-educational, training) capable of guaranteeing multilevel charge-taking.

The social operators, whose main aim is the protection of the fundamental rights of every human being, undertake a process of awareness-raising regarding women, through the creation of customised projects, since the uniqueness of each woman and her individual characteristics, need to be taken into account. The purpose is to review and reread using a new interpretational key, the events of the past, in order to rewrite a new biography for each migrant, protect their rights while respecting their natural inclinations and abilities. This is one of the social workers' main objectives, because very often the women are not aware of having rights that need to be protected and respected. The effort made by the social workers in this regard is considerable and manifold, because these migrants are women who do not know the meaning of the word "right". Despite the help provided by the cultural mediators, who use synonyms to convey the meaning of the term "right", for example "equality", "equal treatment", it is hardly ever possible to get these people to understand the meaning of the word, since an equivalent of the lexical item "right", which might help them grasp the enormous value that word bears, is not a part of their present-day cultural vocabulary (interviewee No. 7, a female social worker in charge of a facility).

The objective is to protect and guarantee the well-being of asylum seekers by ensuring their safe reception and custody, ascertaining their age (where necessary), tracing their families (in cases of UAMs), taking adequate psycho-socio-health and legal charge of them and providing them with due access to health and educational amenities through the activation of quality services and through synergistic cooperation with the competent authorities, with the socio-psychological system and those who support the system.

The methodology adopted is based on reception and social support, in a positive environment of compensation and rehabilitation of subjective disharmonies (vulnerabilities, cultural shocks etc.) where the guests are proactively helped manage every aspect of their daily lives. Simultaneously, thanks to all

the intervention made available (health-care, psycho-social services, etc.), "cultural-capital" development procedures are set up to safeguard the migrants' identity of origin, facilitating both their adaptation to a new cultural context, and coexistence with migrants from different ethnic, social and religious backgrounds. The methodological approach adopted places at its core intervention favouring the migrants, considered as active subjects capable of knowingly participating in the choices that concern them, if adequately supported. This methodology rests upon 4 cornerstones: personalised institutional, group, sectoral and inhouse/ or external action provided by the network (interviewee No. 2, a female social worker in charge of the sector).

The team pays considerable attention to the indicators of distress the migrants reveal:

The intervention is differentiated on the basis of degrees of pain, awareness and elaboration of the violence suffered and reported during the interview and how this negatively affects the construction of the subject's identity (if he/she is young), their self-esteem and how this functions in social and relational terms. The SPRAR team which takes change of the migrants from a psycho-social point of view; area agencies like the ethnopsychiatric clinic at the Trapani Asp or the Mental Health-care centre may also be notified (interviewee No. 31, a male psychologist, non-affiliated).

Particular attention is also paid to UAMs for two opposite reasons. If, as a result of the Zampa Law[7], asylum seekers from certain nations are considered migrants for predominantly economic reasons they may be expelled, this can prompt them to declare a lower age in order to be allowed to remain in Europe; in other cases, like those of female Nigerian minors, age may be increased to favour exploiters who advise the girls to declare being adults so as to avoid further protection by the Italian authorities.

As regards self-styled minors, age is assessed within the facility with the ASP. However, to date, despite reports to the authorities of dubious or problematic cases, no procedure and / or transfer of these migrants to more suitable facilities is implemented.
From the moment of their arrival, that is, immediately after disembarking, personalised psycho-social intervention for UAMs is activated in consideration of the psycho-physical traumas caused by the precariousness of the journey, as well as by painful personal experiences. The multidisciplinary team takes charge of the UAMs and sets up social interviews to go more deeply into the migratory issue and outlines intervention, aimed at identifying vulnerabilities, including those of a psychological nature availing themselves of specific examinations / psychological tests or consultations. In consideration

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[7] See https://www.altalex.com/documents/leggi/2017/03/29/minori-stranieri-non-accompagnati.

of the memorandum stipulated with the ASP Health Department of Trapani for the care of minors with psychic vulnerabilities, those who need it, are accompanied through all the steps deemed necessary to implement the therapeutic and rehabilitative action suited to the needs especially of the vulnerable cases requiring specialised psychiatric or psychological intervention.

This procedure is carried out thanks to the FAMI SILVER project and with the intervention of the ethnopsychiatric outpatients' clinic of Medicines Sans Frontiers with which we collaborate with a view to identifying, taking charge of, reporting and documenting children's vulnerabilities. The protocol foresees that the multidisciplinary team of each single UAMs facility shall promptly report cases requiring specialist treatment to the mental health services and by availing itself of the services available, organize the intervention required. The project's multidisciplinary team presents the cases and outline their specificities, writing a psychological and medical report where necessary. In addition, the facility provides specialised intercultural linguistic mediators to deal with the translation of interviews and specialist visits as well as an operator (educator, social worker, psychologist, etc.) who accompanies the child.

The team's social workers and psychologists handles *relations with the various international organisations* like Save the Children, IOM and UNHCR in order to resolve cases after they have identified possible victims of trafficking and violence. The interviews with minors are carried out following a given methodology and in a suitable setting, where programmed, structured, verified spaces for decompression of tension and listening are created. In these spaces, activities and moments dedicated to listening are planned to cater for the needs of UAMs, their fears and needs, providing ways for them to participate. These spaces make sure the UAMs see that their point of view is taken into serious consideration and that they receive answers to requests and to the critical points that emerge. The operators of the different facilities are trained by the system's organisations (in particular by the UNHCR, who hold scheduled meetings constantly) to adopt a "flexible, open, available and communicative" approach when planning the interviews and choosing the activities and appropriate places in which to hold them. The operators' expertise in the socio-legal field is also enhanced.

Furthermore, experience teaches me that involvement with young people who arrive in Italy following difficult and often traumatic journeys, with different backgrounds and origins, as well as very varied cognitive and relational skills, requires a very special and varied spectrum of attention modes. At the beginning, great difficulty is encountered when dealing with foreign minors since their precarious and unstable conditions do not always favour serene, aware participation. This is why it is fundamental and extremely important to guarantee structured planning of activities and precise organisation of activities within the facilities which focus on themes proposed by the children themselves. These are a priority because they provide the minors with simple, comprehensible tools they are able to handle as protagonists of the activities which are designed to allow them to handle the methods and the contents (interviewee n. 2, a female social worker and area coordinator).

Experiences of violence, abuse and deprivation are a constant with most of the guests who arrived in the facility, regardless of whether this violence carried out or not in proximity, so the team is trained to deal with this delicate area of intervention.

The actions that are implemented concern primarily hosting and the establishment of a relationship of trust which permits, first of all, the construction of a zone of comfort and security. Although some multidisciplinary teams within the reception centres are able to identify certain types of distress, especially those at psychological level, the regional health service is not geared to receive this type of guest, for linguistic and cultural reasons.

> Once the overall health of the guest has been ascertained upon entry, he/she is then examined also for signs of physical violence or trauma caused by aggression like old scars, amputation, structural abnormalities of the bone and / or of the muscle. Then a series of dedicated cognitive, legal, social and psychological meetings are held with the guest to investigate the areas within which actions of support and/or specific intervention may be set up.
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> The multidisciplinary team then meets to discuss the cases reported by the various professionals involved, and generally agrees on a period of careful monitoring and observation, followed by further team meetings aimed at sharing their respective observations which are then used concretely to outline specific intervention and lodge the reports due to the third parties responsible for the protocols.
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> The "Silver project" team collaborates with the "Medicine sans Frontiers" organisation and the ASP Health Department in favour of migrants' health, especially when guests are in states of vulnerability and pain, by turning to a group of specialists, operating within the National Health-care services, and which, informed by our report, decides whether or not to take charge of the minor (interviewee No. 54, a female educator).

Within the cooperative, many of the interviewees consider the presence of the multidisciplinary team as a strength when taking charge of migrant victims of violence:

> In the facility where we work as a multidisciplinary team, we take the characteristics of the recipient of the service, the objective aspects of the experiences undergone and reported and subjective perception of this experience into due consideration. Space is also allotted to anthropological-cultural consideration of what is reported, in an effort to view distress within cultural categories which permit us to obtain a closer and more thorough grasp of the minor's environment of origin.
>
> Legal, social and psychological interviews are held to enter more thoroughly into areas of vulnerability, by re-elaborating the experiences the migrants underwent when seeking to reach Italy, like departure from home, the losses suffered, separation from the family.

In cases of physical vulnerability, work is carried out by the national health service which resorts not only to linguistic mediation but also to that provided by inhouse operators capable of interfacing with the external medical services.

In the case of psychological vulnerability, the facility's inhouse psychologist takes charge and outlines a procedure to follow. In cases where external specialist intervention is deemed necessary, we refer to the Silver project created for the well-being and health of migrants and which provides intervention by a team specialised in the care of minors – comprising a child psychiatrist and a developmental psychologist – which takes charge of and treats the child (interviewee No. 37, a female psychologist at a SPRAR facility).

The team then deals with the various stages of the charge taking:
As far as possible, the problems brought to light by the guests are addressed and resolved by means of continuous observation by the operators and thanks to operational strategies discussed and considered during scheduled multidisciplinary team meetings set up to deal with the issues from various points of view: professional, cultural and attitudinal (interviewee No. 37, a female psychologist at a SPRAR facility).

The team itself provides support to the migrants through various kinds of intervention. It is also worth mentioning that different international organisations with branch offices in Sicily deal with specific cases and the various phases foreseen for the charge-taking of asylum seekers. Of these organisations, the UNHCR and EASO handle applications for asylum and identification of the specific needs of migrants, Save the Children deals with unaccompanied minors, IOM with victims of trafficking.

Following several aspects (legal, social, psychological, observation of educators, multidisciplinary) of analyses regarding individual cases, it is possible to opt for different levels of intervention: from everyday educational-rehabilitative support within the facility, to time-planned single psychological-support interviews with the facility's inhouse psychologist (with the support of qualified mediators), to reports to the respective institutions (for example, territorial Commission, prefecture, etc.) and, in the more delicate cases, requests for the external psychological support of specialist institutions. Currently, our Cooperative has an active agreement with the A.S.P. "Silver" project (which activates the socio-psychological support of a multidisciplinary team comprising a child neuropsychiatrist, a developmental psychologist and a social worker), is in partnership with the social services of the Municipality of Trapani when obliged to report situations of high-risk delinquency; it is also engaged in continuous collaboration and can count on the ongoing support of international organisations involved in the sector like Save the Children, the UNHCR, IOM and EASO. Furthermore, for a period of time, our facility availed itself of the psycho-social services of the Prefecture's experimental "PUERI" project (interviewee No. 38, a female educator).

4.6 The network

One of the questions foreseen by the interview sought to explore the issue of networking [8]. A minority of respondents – 7 in all – claimed that there was no real network as such but only intervention that occasionally involved other organisations / institutions. However, most of the interviewees, besides indicating the presence of internal (between Hotspots, CAS and the SPRAR belonging to their own cooperative) and external networks (between them and the ASP, the Prefecture and the other organisations present within the area), described when and how they enhanced the work of the operators by helping them overcome critical issues. It is not a question of simply guaranteeing health and primary care by issuing an STP, that is, a temporarily permit. The construction of networks – according to the interviewees – is indispensable when seeking to gather data, exchange experiences, propagate best practices. The development of local networks is a starting point from which to begin work with victims.

> We belong to a network which includes the Prefecture, the Municipality, the Police Headquarters, Frontex, EASO, UNCHR, IOM, Save the Children, CIR, PUERI, INMP, the Hospital, the ASP Project, the Voluntary Misericordia Association, the Italian Red Cross, etc. The various actors named above follow procedures regulated by protocols stipulated between the individual members, but also by the Standard Operating Procedures provided for in a roadmap for the management of Hotspot (interviewee No. 55, a female social worker, coordinator of a Hotspot).

> The institutional actors involved belong to a network. The Cooperative collaborates with the municipality, a partner in the project for foreign minors within the area set up to help provide minors with the best possible assistance. As regards the provincial health office, considering that our territory is in a favourable position when it comes to reception, the ASP has drawn up a project that evaluates and addresses the psychological vulnerabilities of migrants called the Silver project. Moreover, the ASP's mental health-care department has instituted an ethno-psychiatric clinic with a team of operators trained in mental health-care of migrants, run in collaboration with the Medicines sans Frontiers association.
> The prefecture, the body responsible for the many reception projects (Pueri) managed by the our Cooperative, has set up, in conjunction with the ministry, a project for the identification of vulnerabilities in minors as soon as they land, so as to refer them to the teams of social workers and psychologists who

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[8] The questions asked were the following: "Is the institutional actor interviewed here (prefecture, municipality, hospital manager, etc.) networked with migrant and anti-violence reception services?" If so, which? And how do they operate together?".

follow children from the moment of their landing to their transfer to a first-stage reception facility. Since the Cooperative has been operative in the Trapani area for several years, it has been able to build and organise interactive structured operational procedures in collaboration with the police, to handle, for example, the issue of residence permits for minors.

There is also a network that works well with the territorial associations with which the Cooperative has established and renewed collaboration. In addition, as part of the very first Fami reception project, it has been able to avail itself of the training and supervision provided by the UNHCR, IOM / IOM and Save the Children and, in the case of family reunification, it has worked with EASO (interviewee No. 37, a female psychologist at a SPRAR facility).

As regards women victims of trafficking, the operators lament a lack of cooperation with specific anti-violence centres:

The SPRAR where I work hosts single-parent families comprising women and children – at present Nigerian women victims of trafficking and prostitution. The help provided involves the mental health department, counselling and the SERT (national health agency for addiction), but, to date, the facility has never collaborated with anti-violence centres (interviewee No. 3, female educator).

The services with which one often enters into contact here in Palermo are those provided by the ASP, by international organisations like IOM and UNHCR and by local anti-violence associations (interviewee No. 61, a female social worker responsible for the facility).

However, as interviewee n. 2, a female social worker in charge of a facility, observes,

Collaboration with the network would improve if there were branches and specific protocols for the care of migrant guests staffed by competent professionals specialised in reception as well as mediators and operators specialised in guidance and in dealing with certain situations. Collaboration with the network would improve if meetings were held periodically between the facilities' team and the various services, organisations and institutions that deal with the phenomenon.

Furthermore, it is reported that in the Trapani area:

There is no network with anti-violence centres. There is active collaboration between the organisations and facilities present in the area. During 2017, for example, there was the Medicines Sans Frontiers' psycho-social team comprising a doctor, a psychologist and a mediator in the Extraordinary Reception Centres, who, in close contact with the centres' professionals, attended to their guests, providing individual or group interviews, to bring to light

cases of obvious or concealed vulnerability. Some of the guests then underwent therapy at the Trapani Asp Ethno-psychiatric clinic. Therefore, the first step is to make a report to the specialist services, so as to set up a therapeutic procedure with the victim (interviewee No. 56, a male doctor).

Besides:

Within the Trapani area there is no collaboration with the anti-violence desk for adult men (interviewee No. 65, head of a CAS, male).

From the answers obtained, it is clear that all the interviewees consider networking fundamental if female and juvenile victims of violence are to receive positive help. It is also fundamental to guarantee the integration and acceptance of the migrant in a completely different territory from that of origin. It follows that the interviewees are aware of the importance of adopting a network approach capable of taking people as whole beings into due consideration. Networking would also eliminate the risk of sectoral intervention, by recurring to an integrated logic capable of favouring the well-being of victims of violence.

The territory was actually better equipped to receive female victims, especially victims of violence and trafficking. However, due to the predominantly male flows and the normalisation of the violence they experienced during their journey, especially in Libya (IOM, 2017), the reception system has had to address the problem of the "atypical" male victim of violence.

4.7 The procedures activated

One of the questions that we believe has been most fruitful, concerned the procedures implemented in the case of the identification of victims of violence[9]. Only six of the interviewees claimed having had to deal with situations regarding potential victims of violence.

When the refugees disembark, the organisations present can lodge a report with the doctor at the Hotspot clinic concerning vulnerable cases like women with suspected pregnancies, victims of violence or trafficking, or cases of psychological vulnerability like trauma. The doctor, with the help of the mediator, carries out the medical and physical examination to evaluate, after a case-history interview, the extent and severity of the physical harm. Consequently, the first step is that of activating a procedure of psychological support. Moreover, if the violence is recent, has occurred, therefore, in Italy, attempts are made to involve the authorities (interviewee No. 56, a male doctor).

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[9] The questions were the following: "When a case of violence is reported, how do you act? What procedure is activated?".

Furthermore,

If violence is suspected, the first step is usually taken by the legal operator in synergy with the psychologist and the mediator (Interviewee No. 11, a female social worker).

A female educator at a facility in Catania listed the following procedural steps:
- specific procedure managed by the centre's team (psychologist, lawyer, social worker and doctor);
- report to the anti-trafficking body;
- specific reports, upon request, to the territorial commission, for example;
- depending on the cases, admission to the ethno-psychological clinic;
- report to the central service.

Fundamental is the intervention of the social worker who, in collaboration with all the other operators, initiates action aimed at supporting the victims and possibly accompanying them along the route permitting them to escape from the circuit of violence. This phase requires knowledge and the ability to accompany the victim. Often, during the preliminary interview, the victim is not even aware of having been a victim of violence. This first step is followed by a phase of awareness: this is generally the most delicate stage of the journey, since the victim is often ambivalent in attitude, oscillates between the need to be protected and a sense of guilt for the consequences that may arise (interviewee No. 7, a female social worker in charge of a facility).
Finally, individual pathways are activated following the inhouse psychological interviews, and thanks to networking and collaboration with the socialising agencies, educational institutions, external and health-care services present in the area, such as the ethno-psychiatric, neuropsychiatric and legal clinics (interviewee No. 34, a female educator).

Our psycho-social team is alerted to arrange individual meetings with the guests indicated. The psychologist carries out her psychological interviews and the social workers those regarding their field. At the end of this procedure, detailed reports are provided and a specific "vulnerability report form" is filled out and sent to the centres chosen to host the guests. At our centre the guests remain only a few days (from between 24 and 48 hours) (interviewee No. 55, a female coordinator of a Hotspot in Messina).

Then:

The person is taken in charge immediately by the psycho-social team, while the Police Headquarters and the Prefecture are informed through presentation of a psycho-social report regarding the specific case, also with a view to identifying the location best able to cater for the needs of the person in question.

If the case requires it, the next step is the activation of the various support networks external to the facility like the IOM in the case of victims of trafficking, the ASP for ethno-psychiatric support, the Municipality and Prefecture for the identification of suitable centres, the Police in cases of crime and applications for asylum, etc. (interviewee No. 55, a female Hotspot manager).

In the case of unaccompanied minors, the procedure is different:

Admittedly, as already anticipated, declarations and reports of violence are rarely forthcoming (in particular in cases of sexual and / or gender-based violence). In the case of most of the UAMs taken into charge, after the multidisciplinary investigation has confirmed suspicions of abuse / proximity violence, we proceed along a documentary route which foresees requesting International Protection by presenting a consequent multidisciplinary and psychological report (attesting to vulnerability). It has never occurred, as far as the minors with which my team has come into contact are concerned, that specific requests of International Protection for victims of violence have been made (interviewee No. 38, a female educator at the Fami facility).

Although identification of the violence experienced by asylum seekers is not one of the main reasons for applying for asylum (even if the interviewee does not provide a specific definition of violence), it is acknowledged and subsequently documented in order to strengthen or bear witness to the request. Moreover, the violence suffered is often recognised, even before the Decree n.113/2018 was promulgated, as a cause for humanitarian protection for victims both of trafficking and of torture.

4.8 Best practices and need for inclusive policies: the operators' proposals

4.8.1 Best practices

Finally, the interviewees were asked whether the colleagues working in the same facilities as themselves were able, despite the need for training, to deal with problems concerning victims of violence[10]. For 46 of the 78 interviewees, their colleagues are capable, thanks also to the experience acquired over the years.

Definitely yes, but I realise that these skills are not the fruit of specific studies (at least for some) but of assimilation and understanding of previous experiences or, at times, the result of personal attitude (innate or induced). I have

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[10] The question was: "What, in your opinion, are or might be, examples of inclusive policies for migrant women, in particular for asylum seekers and refugees who risk violence and discrimination?".

noticed that there are no institutions or theoretical-practical study paths that aim at providing specific training regarding these problems to any of the professionals involved or who are preparing / prepared to undertake this type of work and, therefore, willing to deal with this kind of guest. I would also activate a permanent study service aimed at updating the institutions and operators regarding new types of violence / torture / proximity that may "surface" and / or that have been produced by natural changes in society (interviewee No. 38, a female educator).

Yes, the project on which the service is based was approved by the Ministry of the Interior, which, in order to set it up, requested highly specialised operators, qualified from a curricular and experiential point of view. These professionals constantly attend seminars and refresher courses on immigration-related topics. The multidisciplinary team which operates within the service knows how to identify distress due to abuse and victims of violence, despite the fact that, to date, no cases of violence have been reported (interviewed No. 39, female counsellor).

Within the SPRAR facility for minors, various professionals with skills suited to the performance of the tasks required, operate. An essential feature of our Project is multidisciplinary collaboration, so the operators, working in concert for the greater interest of the minor, consequently know how to identify the minors' main needs. These personnel are qualified in different areas or can count on experience acquired previously and over time. They place their skills at the service of good practices in favour of precise, constant observation of minors (interviewee No. 40, a female educator).

Given that the male and female operators employed at the Hotspots are qualified professionals from a curricular and experiential point of view. They frequently take part in seminars and refresher courses on immigration-related issues. For this reason, I believe that the team possesses the skills functional to the identification of distress caused by abuse and victims of violence, because, to date, a considerable number of vulnerabilities due to abuse and violence have been reported. In addition, the team enters into direct periodical contact with the various organisations that operate within the centre. Moreover, the facility is endowed with a systematically guaranteed meeting place for the discussion of the strengths and weaknesses of work aimed at promoting interpersonal learning and guarantee the coherence and sharing of good practices (interviewee No. 55, a female social worker in charge of a Hotspot).

In order to enter this team it is necessary to have a knowledge of and be specialised in the phenomenon, given its delicacy. Dealing with these matters means having a certain kind of bent, a willingness to accept others unlike oneself, having good communication skills which permit the establishment of profound relationships such as those required to enable women to change their lives in a place far from home and will find a way, at last, to defend their fundamental rights (interviewee No. 7, a female social workers in charge of a facility).

The operators in service here have taken part in training sessions with UN-HCR, IOM, SAVE THE CHILDREN and others who are experts in matters of gender and proximity violence. This has permitted them to acquire the necessary skills. However, continuous, in-depth updates regarding the guests' countries of origin, their culture would be appropriate too. Furthermore, it would be useful to share the experiences acquired in the different reception facilities (interviewee No. 70, a male legal operator).

4.8.2 Some examples of inclusive policies

One of the other questions the interviewees were asked[11] gave them the opportunity to provide examples of inclusive policy.

The answers – all based on the shared opinion that it is necessary to rein-force inclusion policies – concerned both the network and the need to accompany migrants with ex-ante support for vulnerable people who are developing through ongoing policies aimed at promoting integration.

Collaboration with the network would improve if there were help desks and specific handling protocols employing competent professionals specialised in reception, mediation, guidance, management of situations available to migrants. Collaboration with the network could be improved by holding periodic meetings between facility teams and the various services, organisations and institutions that deal with the various issues at different levels (interviewee No. 2, a female social worker in charge of facilities).

Create a reality alternative to the idea the guests have before they leave their countries of origin. Most of the time the migrant women, as soon as they arrive in the host country, are contacted to work at times in illegal jobs. This is what happens in particular with the Nigerians "employed", as we know, as prostitutes. In my opinion as a first step inclusive policies should provide job placement by means of work grants, providing women migrants with an immediate opportunity and, as said before, an alternative. Even if they are mothers, they should be permitted to be employed while performing their function as mothers at the same time. The victims themselves should become active subjects providing testimony within anti-violence circuits (interviewee No. 4, a female mediator).

Inclusive policies for migrant women should promote integration by encouraging them to learn the Italian language and the rules of social coexistence, by fostering social cohesion and the construction of positive relationships. This could be achieved by enhancing social mediation, legal protection, active participation and involvement in the social fabric, by providing open desks for information and conflict resolution, activate laboratories and work

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[11] The question posed was the following: "What are, or might be, according to you, examples of inclusive policies for migrant women, particularly asylum seekers and refugees, victims at risk of violence and discrimination?".

grants contributing gradually to restoring the skills and competences the women believed they had lost and / or their sense of self, to be acknowledged and legitimised at social level (interviewee No. 47, a female educator in a SPRAR facility).

It is my personal opinion that a female victims of violence must first be placed in a position to be able to re-emerge emotionally and psychologically from the state of depression / destructuring / subjection that frequently character-ises them, by fostering policies aimed at increasing their feelings of self-re-spect, pride and self esteem.
Again, in my opinion, inclusive policies cannot disregard the acquisition of psychological – first of all – but also social and economic independence, such as to facilitate emancipation from her oppressor but also consolidation of her position as an independent woman.
To this end, concrete action favouring guidance, training and work support would prove useful, if implemented wherever professional outlets are made possible a priori on the basis of concrete territorial analyses (interviewee No. 54, a female educator).

One example of inclusive policies in favour of abused women and victims of violence might be that set up after an initial personal recovery programme, aimed at elaborating previous experiences by taking part in therapeutic groups made available and promoted in the area (anti-violence centres, ASP, clinics etc.) to which other women who have undergone similar experiences have access. This, in order to create a first shared link functional, from the point of view of both psychotherapy and point of integration. Here women from different cultural backgrounds, however different their stories, would meet to share similar emotional experiences. As to aspects regarding integra-tion and employment, both useful and necessary for rediscovery of the skills and competences believed lost, recovery of these would lead to acknowledge-ment at social level. Activities aimed at acquiring the language and technical, working and IT skills are fundamental and should be made available by means of laboratories, professional internships and work grants (interviewee No. 55, a female in change of a Hotspot).

Inclusive policies should be oriented towards work centred on empowerment, providing every woman with the possibility of self-determination and plan-ning a better future for herself.
These inclusive policies should be closely connected, in this case, to the battle against gender violence, be based on strong synergy between the various ac-tors involved and on an active collaborative relationship between the State, the Provinces and the Municipalities.
Rejection of gender inequality should be an essential feature of any project aimed at overall social reform, providing a binding link between ethics and the economy, between a quest for well-being and freedom of choice and a confrontation between interests, values and objectives so as to favour the en-

hancement of differences and the rejection of models proposed as indisputable and universal (interviewee No. 7, female social worker in change of a facility).

4.9 Aspects to be enhanced or set up

One of the last questions invited the interviewees to indicate aspects to be enhanced or activated when taking charge of victims of proximity violence[12].
The vast majority of the interviewees held that the foremost aspect to be enhanced was specialist training.

The service would improve if training of the professionals operating within the same sector were taken better care of. Of interest would be training aimed at acquiring knowledge of the guests' countries of origin, at exploring the issues that induce children to leave their native countries, families, etc. Besides training, the efficacy of the network might be improved by including professionals capable of mediating (in this case mediators), especially in hospitals and police stations. Very often these institutions are not provided with similar figures, a fact which hinders reporting possible violence-aggression, or in hospital situations that are even more delicate and grave. Sometimes the lack of a mediator can slow down intervention by hospital staff because of the language barrier (interviewee No. 36, a female educator at a SPRAR facility).

More information on indicators for the identification of violence experienced. Improvement of charge-taking services. Greater presence of intercultural mediators. A more effective assumption of care by the ASP in order to guarantee more personalised treatment and better communication between the social services, the Prefecture and the ASP (interviewee No. 4, a female educator).

I would raise regional / national standards regarding the minimum number of professionals operating within the reception centres for migrants to guarantee greater customisation of support and care procedures. I would increase the number of external services in the province in order to better promulgate and support performance by / within the network in order to support the victims of violence and more specifically the UAMs, and put into practice techniques and methodologies better suited to that particular age group. I would provide operators with continuous updating on this issue. I would increase psychological support and supervision services for those obliged to address difficult realities on a daily basis (interviewee No. 45, a female mediator).

Based on my experience, I believe it would be appropriate for each micro-territory (municipality / police station) to be endowed with specific help desks

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[12] The actual question was: "How would you improve the charge-taking of migrant victims of violence? How would you improve collaboration with the network?".

capable of dealing with these issues, in terms of prevention and charge taking, as the problem is much vaster and much more rooted in the territory than available data would have us believe, precisely because the victims are afraid reporting or lack the tools that would permit exposure of abuse or activation of defence mechanisms.

Within the territory we should work to create services and facilities to support to people so they may report violence or abuse immediately (interviewed No. 46, a female educator at the women's shelter).

The Hotspot team's charge-taking activity is limited by the temporal conditions imposed the shortness of their stay at the centre. It would be desirable, therefore, that during the initial phase of hosting at the assigned centre there existed a more structured collaboration with the psycho-social team, seeing that the present practice consists in providing discharged migrants if identified as possible victims of violence, with a vulnerability report indicating the need for psycho-social support (interviewee No. 55, a female social worker in charge of a Hotspot).

Unfortunately, in the medical/health-care sector in general, the quality of training in the specific professional skills required to provide service to migrants is still overly partial. The highly specific training of professionals entering the field, their already consolidated experiences and their knowledge, are often modelled on the cultural, anthropomorphological and psycho-social characteristics of the Caucasian European. This leads, potentially, to limits deriving from the assumption of general parameters which ignore the peculiarities of the migrants' origins, causing, in turn, to attribution of "unbalanced" importance (too much or too little) to the meaning of some social, psychological and relational attitudes or modalities, with the risk of missing the true analytical focus of the problem. Some of the intervention and action undertaken by professionals in the social and health-care fields with a mandate to operate within the area of reception, are "filtered" by hosting agents who, on the contrary, have developed discreet skills in this regard. In my opinion, summary action based on partial knowledge of this kind runs the risk of losing overall sight of the individual object of observation, as well as of the dimension of intimacy and the indispensable constitution of a direct bond of trust that the professional in charge of providing help and creating relationships needs to establish, even more so when it comes to the delicate area of abuse and violence. Therefore, it might be interesting to devise specific training for professionals working in direct contact with guests in the field of migration for the exclusive purpose of broadening and deepening their general knowledge.

Often, many of the organisations and associations which deal with migrants work simultaneously within the same area of intervention, creating overlaps because unaware of each other's action. This can reduce the impact of intervention, hinder it or even render it overly invasive.

One might consider placing individual migrants in the charge of a single subject, authorised to interface with a sole, highly specialised, super-structured

third party, comprising a team whose members represent the organisations interested or otherwise involved in various ways in hosting, thus enabling them to bring their skills into play, acting in concert, in a complementary and integrated manner, bestowing added value on intervention thanks to interesting, profitable work (interviewee No. 54, a female educator).

It would be important to provide specific desks and protocols for migrants staffed by skilled professionals specialised in the field of reception, expert mediators and operators well versed in guidance and in the management of given situations. Collaboration with the network would be improved if periodic meetings were held between the members of the team working in the facilities and various services, organisations, institutions which address the various issues involved (interviewee No. 69, a female social worker in charge of a SPRAR facility).

The charge taking of the migrant victims of violence might be improved if the operators who deal simultaneously with the phenomena of migration and gender violence had a more adequate basic knowledge, since, often, during their course of studies, these issues are touched on only marginally.

Social workers need to be far more open towards confrontation and collaboration, since shared knowledge is fundamental to integrated intervention capable of favouring collaboration between several social workers, with a view to promoting the well-being of the victim. Working for the welfare of migrant women, victims of violence, means being open to new cultures, to other modes of behaviour and living.

We should not seek to adapt the other to behavioural styles typical of the western world but must get to know and respect the culture of the other, since diversity is an asset.

I would propose conducting more dedicated internships within the various areas where social workers operate, creating the conditions for concrete experimentation, thus laying the foundations of adequate and highly professional action when working in the field (interviewee No. 7, a female social worker, manager of a facility).

Charge taking of migrant victims of trafficking and collaboration with the network might improve if specific anti-violence desks were opened and staffed by a team of skilled professionals with specific experience in the field of hosting, like psychologists, mediators and educators. Furthermore, network operations might be improved by holding team meetings between the operators belonging to the various facilities, services, organisations and institutions with a view to comparing ideas, situations and solutions (interviewee No. 72, a female social worker at SPRAR facility).

4.10 Critical issues

The answers concerning identification of critical elements regarding charge taking of migrant victims of violence varied even if a goodly number of interviewees (28) replied that they failed to detect any such elements.

All told, though the majority of the interviewees stated that they are able, especially thanks to skills acquired in the field, to accompany migrants who have undergone proximity violence down the pathway of recovery of their autonomy and identity, the need for more training remains. Many of them hold that there is a need for lifelong learning, also by means of professional, psychological and psychoanalytic supervision, designed for operators who work in the hosting sector and who have to deal with a series of conscious and unconscious psychological dynamics regarding the traumas experienced by the other which, as a result, can prove stressful to the operator.

Better training during the entire period of operators' professional commitment to reception facilities and, above all, greater information and training before entering the community, were urged. A request was also made for sociological and psychological, but above all, anthropological training, such as to permit the interviewees to see "through the eyes of others", something which should stem precisely from a broader range of university courses oriented towards the reception of migrants, a phenomenon that has now become a permanent feature of European societies.

One final element of criticality was identified in the small number of mediators available to the reception facilities, a feature of hosting which does not facilitate the work of the operators.

I believe that it might be useful to take part in thematic and working roundtables with the presence of the various actors belonging to the area's institutions and services according to their various capacities. This to make a mutual exchange of knowledge and skills possible and facilitate networking (interviewee No. 29, a male educator).

Greater information and cultural knowledge regarding the guests' culture (especially that of the countries of origin and the Arab countries through which the migrants transit, therefore, of median social-cultural impact), acquisition of multidisciplinary skills because distress often fails to surface in the offices where preliminary interviews are held though they do in informal everyday-life contexts. Each operator, regardless of his/her job, should acquire basic skills in this sense (interviewed No. 38, a female educator at a Fami facility). Greater training of operators is necessary. Due to the scarce presence of cultural mediators it can be difficult to make contact with guests who are often distrustful (interviewed No. 4, a female educator).

Specific training courses providing a knowledge of different ethnic cultures are necessary. It is essential that, regardless of the experience acquired in the

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field, one has a sound knowledge of the traditions and dynamics – including those of a family and cultural nature – typical of the migrants' countries of origin. In addition, greater information regarding the indicators to use in order to recognise victims is required (interviewee No. 56, a male doctor).

To acquire a more ample and thorough knowledge it would be advisable to take refresher courses on the issue of female migration, which is constantly on the increase. Specific subjects related to the issue should be included, in particular, in academic courses, with the creation of multicultural laboratories capable of promoting the establishment of relationships with migrant women. Experimentation in the field is the basis of everything, because by means of the theory-practice - theory process, one would be enabled to transfer into the field what has been acquired through study, taking into account the reference theories as a guide to the practical performance of each social operator.
This, because Italy's present-day increasingly complex cultural milieu represents one of the most significant challenges of the moment especially for the social services.
Operators, therefore, social workers first and foremost, will have to continue working in increasingly multi-ethnic communities and be prepared to innovate their practices and intervention, especially when faced, simultaneously, with two complex phenomena: migration and gender violence (interviewee No. 7, a female social worker in charge of a facility).

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5. Proximity violence against women refugees and migrants. Experiences and good practices in the Milano area

by *Lia Lombardi*

5.1 Introduction: an overview of the dimension of and approaches to violence in contexts of forced migration

The article discusses the issue of violence against women by analysing the forms of domination and subjugation that reproduce the violent dynamics of men against women. I will try to discuss some issues that several theories interpret as humus in which violence against women is produced and reproduced. Specifically, the article focuses on the complexity of proximity and gender-based violence in the forced migration context. It highlights the risks, the difficulty to manage the several and different forms of violence and provides an overview on Lombardy and Milano area. Therefore, what does "violence" mean in critical contexts such as conflict and migration?

> **Occurrence of gender-based violence**
> Gender-based violence can occur in contexts of conflict, along migration routes, and in host EU Member States (for example, in reception and/or detention facilities). In the current report, gender-based violence – focusing mainly on women's and girls' experiences of violence – is understood as encompassing physical, sexual and psychological violence, including threats of such acts, coercion or arbitrary deprivation of liberty. This violence relates to incidents occurring in either public or private places. It can, therefore, encompass violence by family members (intimate-partner violence and domestic violence by different family members), as well as forms of sexual harassment, alongside other forms of sexual violence enacted by different perpetrators (FRA, 2016).

Sexual violence in conflict/war zones is a feature of modern history and includes, for example, the mass rape and murder of women like those perpetrated in the 1971 Bangladeshi War of Liberation, like the systematic rape of women in the Balkans and during the Rwandan genocide of the 1990s, as well as the sexual abuse perpetrated in the Democratic Republic of the Congo (DRC) and Syria (D'Costa, Hossein, 2010). Until recently, most of the data

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on sexual violence in war zones measured the extent of the rape of women committed by fighters, using information drawn from government agencies, humanitarian organisations or reports made available by host facilities. This documentation, although informative, is likely to report only the most painful cases (Cohen *et al.*, 2013) and may have overlooked the multiple, interrelated types of violence taking place during conflict, displacement and post-war reconstruction. Currently, population-based research is used to document the broader scope of exposures of women and civilians to sexual and other forms of violence in different settings of conflict (The Lancet 2014a).

Sexual violence in war zones and other forms of gender-based violence inflict extreme suffering and represent serious violations of human rights. These crimes leave physical, psychological, social and economic scars on individuals, families and communities. Guiltily, most of the offenders are never brought to justice (The Lancet 2014b).

There is a close relationship between gender, violence, conflict and migration because violence, in its various forms (physical, sexual, psychological, structural, institutional) becomes an instrument of power, submission, prevarication. In conflicts and in critical situations the body of women, in particular, becomes a "public body" (Duden, 1984; Lombardi, 2009). Refugees and asylum seekers in most cases flee from wars, persecutions, extreme difficulties of the countries of origin and most of them live in deprivation, violence and abuse in the transit countries (e.g. Lybia). Moreover, forced migrations erode the family, friendship and community supports of the starting contexts putting pressure on cultural, religious and gender identities.

Sexual and proximity gender-based violence[1] is identified as both a reason why refugees and migrants flee their countries of origin and places of primary asylum. It is also seen as an aspect of the reality women and girls encounter as refugees and along their migration routes. In actual fact, the response to the European refugee and migrant crisis is currently unable to prevent or respond to survivors of sexual and gender-based violence in a truly meaningful way.

As we already know, «refugees and migrants who come to Europe often faced war, persecution and extreme hardships in their countries of origin. Many of them experienced displacement and hardship in the transit countries and embarked on dangerous journeys. Lack of information, uncertainty about immigration status, potential hostility, changing policies, undignified and protracted detention, all add additional stress. Forced migration erodes pre-migration protective supports – like those provided by the extended family – and may challenge cultural, religious and gender identities» (Ventevogel *et*

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[1] It deals with the violence undergone at the hands of persons known to the victim, not necessarily related by family ties.

al., 2015: 3). Qualification Directive 2011/95/ EU8 makes it clear that gender-based persecution and persecution by non-state actors are valid grounds for the concession of refugee status and that gender, including gender identity and sexual orientation, should be considered when defining a particular social group (recital 30).

Children, young people and women are the most vulnerable and those at greatest risk of violence, abuse, exploitation, intimidation, retaliation and related consequences in terms of physical and mental health. Therefore, as they need special protection measures, the way they are received and how protection and assistance are provided, are issues of the utmost importance.

According to the UNHCR, UNFA and WRC report (2015), "women travelling alone or with children, pregnant women, nursing mothers, teenage girls, unaccompanied girls, girls victims of early marriages, people with disabilities and the elderly, are among the people most at risk and require a coordinated response and adequate protection".

Men and women are exposed to different types of risk and vulnerability during the different stages of migration. Due to their status in society and their sex, women and girls are particularly subject to discrimination and sexual and gender-based violence – which may of themselves be grounds for flight – and present specific protection risks and needs that may be overlooked during reception procedures. In addition, failure by asylum systems and integration measures to take gender issues into due account may lead to discriminatory outcomes. Other factors, including age and sexual orientation, also impact on vulnerability and needs.

Many women and young girls, but also children and men belonging to national, ethnic or religious minorities or sexual minorities (LGBT) – all migrant, refugee and asylum seekers – have already been exposed to various forms of sexual violence and to more general proximity-based violence (Bartholini, 2013) in their countries of origin, in countries providing primary asylum or during the journey to Europe or in Europe itself. Furthermore, some of the women interviewed said they had been forced into prostitution to "pay" for their travel papers or the journey itself. Some women and girls, to avoid postponing their journey and that of their families, refuse to denounce the violence undergone or seek medical help. Moreover, an increasing number of men and minors present signs of violence on arrival at hotspots. Some of them have subsequently reported being abused prior to travel, by other men, with the promise of arriving safe and sound in Europe.

Research carried out in the Ivory Coast, reported by "The Lancet" (2014a), shows that 27% of the men reported having been subjected to physical violence by other men combatants, acquaintances, strangers, and male family members. Of the women, 24% reported having been subjected to non-partner physical violence and often identified male and female family members as perpetrators of the abuse experienced (Hossein et. al., 2014). This

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means that «responses to violence in conflict need to take account of different patterns of vulnerability between women and men, especially within the broader context of gender inequality» (The Lancet 2014a: 2021).

A recent field assessment of risks for refugee and migrant women and girls identified instances of sexual and gender-based violence, including early and forced marriage, transnational sex, domestic violence, rape, sexual harassment and physical assault in the country of origin and during the journey to Europe. The European Women's Lobby (EWL, 2016) also published a report stating that "women and girls fleeing conflicts and travelling to or settling in Europe are at higher risk of suffering from male violence". The report calls for gender-sensitive asylum policies and procedures to help women and girls to escape or report male violence and demand access to their full human rights. Despite this evidence, there is an alarming lack of data at national level regarding the extent of violence against migrants, refugees and asylum seekers who have newly arrived or are in need of international protection.

The capacity to prevent, identify and respond adequately depends largely on individual states and agencies of the European Union which assume responsibility and take appropriate action. Article 18(4) of the Reception Directive obliges Member States to take measures for the prevention of assault and gender-based violence at reception and accommodation centres. In some Member States, migrant victims of gender-based violence may have difficulty accessing women's shelters due to legal and administrative barriers: there is no standardised procedure available for authorities to follow in cases involving violence; no competent authorities have been set up to respond to the need to provide protection for women at short notice in such cases. In Italy, there are often no preventive measures available at all. As for the hotspots, the number of people reaching the Italian coast on a daily basis is usually high (notwithstanding important decreases in landings over the past year, due to the present government's extremely restrictive provisions[2]) and this makes it difficult to sort them as women (and children) and men, and guarantee suitable means of transport to transfer them from the hotspots to reception centres; the practicalities involved when proceeding along these lines, when it comes to families (containing both men and women), should also be noted and taken into consideration.

In the Global Trends annual report, the United Nations Agency for Refugees, reports that at the end of 2017, 68.5 million people had been forced to flee. Of these, 25.4 million had left their country due to war and persecution (2.9 million more than in 2016). In the meantime, asylum seekers whose numbers stood at around 300 thousand on the 31st of December 2017, have

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[2] See: Italian Ministry of the Interior Database. http://www.interno.gov.it/sites/default/files/cruscotto_statistico_04-01-2019.pdf

now increased to 3.1 million. Internally displaced persons number around 40 million. According to UNHCR data (Europe Monthly Report, Jan. 2018), between the 1st and 31st of January 2018, over 8,000 people arrived in Europe via the Mediterranean, an 11% increase compared to the same month of 2017 during which over 7,200 arrived. Arrivals during January numbered 19% children, 13% women and 68% men[3].

The Mediterranean route (above all the Central one) is considered the deadliest and most dangerous sea crossing to Europe[4]. A growing body of evidence has highlighted the scale and scope of exploitation, including human trafficking, experienced by migrants along these routes. In particular, the abuses suffered by migrants in Libya – the main starting-point for sea crossings to Europe – have been documented (Galos *et al.*, 2017). In 2017, the number of applications for asylum decreased in some European countries while it increased in others: for example, applications for asylum decreased in Austria, Bulgaria, Denmark, Finland, Germany, Hungary, the Netherlands, Poland and Sweden while they increased in the Mediterranean area, especially in France (100,412 applications of asylum, an increase of 17% over 2016) and Spain (during the first three quarters of 2017, the number of arrivals by sea and by land was 90% higher than that for the first three quarters of 2016) (FRA, 2018).

5.2 Migration to Italy and Lombardy

5.2.1 The Italian reception system

During the first ten months of 2018, over 104 thousand migrants landed in Italy, Greece, Spain and Cyprus. The flow to Italy decreased by 80% compared to the same period of 2017: from January 1st to the 5th of November 2018, 23 thousand migrants arrived on the Italian coast (72% men, 10% women, 18% unaccompanied minors; 3% accompanied minors); in 2017, they numbered over 112 thousand. During the same period, 27 thousand landings occurred on the Greek coasts and in Spain there were 47 thousand arrivals by sea, almost 6 thousand by land. Spain is, today, the main port for migrants arriving in Europe. Among the new arrivals there is a change in

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[3] The ISMU foundation, data on migration, http://www.ismu.org/ricerca/dati-sulle migrazioni/.

[4] In January, an estimated 227 persons died or are presumed to have lost their lives while trying to cross the Mediterranean to Europe. Of these 192 were believed to have died while crossing from Libya to Italy, including one incident in which 100 people are believed to have died and another in which 64 were lost, along with 35 who perished while crossing to Spain. The death-rate for those crossing to Italy was one every 22 persons who reached Italy, and roughly one death for every 17 persons who crossed to Italy from Libya (UNHCR, Europe Monthly Report, 2018).

nationality: on the 31st of December 2018, Tunisians (5,181), Eritreans, Sudanese and Iraqis were prevalent while Nigerians fell to sixth place within the ranking scale[5].

With the decrease in arrivals by sea, the impact on the reception system also diminished: on the 31st of December 2017 there were 183 thousand migrants (the highest figure in recent years), whereas on the 31st of December 2018 the number fell to 135,858 (Ministry of the Interior 31/12/2018). Similarly, there was a significant decrease in applications for asylum: during the first nine months of 2018, approximately 44 thousand applications were submitted, 58% fewer than 2017. The requests presented by unaccompanied minors remain constant. In November 2018, 3,343 unaccompanied minors applied for asylum (9,782 in 2017), equal to 7.6% of all applications for asylum. Of the 71 thousand applications examined between January and September 2018, rulings of non-recognition prevailed: denial represents almost two thirds of the responses; 5 thousand migrants obtained refugee status (7% of the total), over 18 thousand obtained humanitarian protection, 3 thousand subsidiary protection.

All told, on the 31st of December 2017, in Lombardy, there were 1,139,463 foreign nationals (22% of the foreign population resident in Italy accounting for 11.4% of Lombardy's resident population). On the 31st of December 2018, 18,582 asylum seekers and refugees were registered in the reception centres of the Lombardy region, equal to 14% of the national number of asylum seekers and refugees and the highest percentage at national level (Blangiardo, 2018; Ministry of Interior, 31/12/2018).

According to the Ministry of the Interior, the Italian system is considered an "integrated reception" system, that is, a Protection System for Asylum Seekers and Refugees (SPRAR). This system is based on the principle of "multilevel governance" where financial resources are provided by the central government and by the institutional bodies responsible for reception: local authorities participate voluntarily in the network of hosting projects provided, while the third sector (associations, cooperatives. NGOs) plays an essential role in implementing reception-centre management and activities.

The reception facilities include a) first aid and reception centres (CPSA), b) reception centres (CdA), c) reception centres for asylum seekers (CARA) and d) identification and expulsion centres (CIE). Since the Syrian crisis, as a result of the large number of asylum seekers arriving in Italy, a number of CAS (Extraordinary Reception Centres) have been set up following public tender, where the Prefectures invited bids from the third sector. Basically,

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[5] Fondazione ISMU, Dati sulle migrazioni, retrieved from http://www.ismu.org/ricerca/dati-sulle-migrazioni/.

CAS are second-stage reception centres and are rather varied: from large facilities hosting up to 400-500 asylum seekers, to hotels and apartments for smaller groups and families.

During the implementation of the Italian "START"[6] project focusing on the psycho-socio health care of asylum seekers and refugees in some provinces of Lombardy, we found that, in 2017, there were 145 extraordinary reception centres (CAS) in the Milano area and about 100 in the province of Brescia housing around 6,500 asylum seekers: 70% of these facilities were apartments. During the research on the governance process, 10 in-depth interviews with the managers of the reception centres and 10 interviews with institutional stakeholders were held.

With regard to gender violence and the condition of women seeking asylum, the interviews highlighted some positive aspects as well as many critical points: for instance, in the second-level reception facilities (CAS and CARA) "single women and women with children live in apartments or in small centres where there are no men. Furthermore, families are usually housed in apartments or in centres where their privacy is guaranteed" (Interviewee No. 3/P, vice-prefect, woman). Unfortunately, privacy is not guaranteed at disembarkment sites, Hotspots and in primary-reception centres.

Another positive aspect of the Italian situation is represented by Law n. 119 of the 15th of Oct. 2013 (Law n.119 of the 15/10/2013) which sets down some rules on immigration, security and the fight against gender violence. Article n. *18bis* of the law establishes, specifically, that if the police or magistrates verify that an immigrant (woman or man) is a victim of Domestic Violence, or Intimate Partner Violence perpetrated on Italy's national soil, the commissioner may issue a special residence permit, enabling the victim to escape violence. The chief of police can also issue the same kind of residence permit when situations of violence or abuse emerge during intervention by social services specialised in assisting victims of violence, or by anti-violence centres.

Article 8 of Legislative Decree n. 24 of the 4th of March 2014 extended the type of protection described above to victims of the crime of reduction to and maintenance in slavery and of human trafficking (articles 600 and 601 of the Penal Code). Besides issuing a residence permit, the norm also provides a programme favouring revelation of cases and subsequent assistance and social integration aimed at ensuring adequate housing, food and health care.

The head of Milano's police headquarters' immigration office claims that Article *18bis* is a positive tool for the protection of foreign women, victims

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[6] "The START" (Integrated Social and Health Facilities for Asylum Seekers and Refugees) project, focused on the psycho-socio-healthcare for asylum seekers and refugees, in Lombardy - is a national project financed by the FAMI programme by the Italian Ministry of Interior, implemented in 2017-2018. The author of this article was researcher and project manager in the project, for Fondazione ISMU.

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of violence, a law capable of favouring their liberation from the context of violence in which they have been confined. Starting from 2013, there has been a steady increase in residence permits issued on grounds of domestic and gender violence (Interviewee No. 5/P, police officer, woman).

5.2.2 *The asylum-seeker and refugee reception systems of the Milano area*[*]

In September 2018, the refugee reception system in the Milano area, managed by the municipality,[7] provided about 1,349 places divided as follows: 927 (24 fewer than in April 2018) hosted in CAS (Centres of Extraordinary Reception) and 422 in SPRAR facilities (Protection System for Asylum Seekers and Refugees). The kind of facilities provided were reception centres, especially CASs, and apartments hosting family units and small groups of migrants (slightly more frequent in the SPRAR system). Milano is also the only municipality in Italy to manage a number of CAS, facilities usually managed by the Prefecture elsewhere.

Currently, there are nine CAS facilities and, according to the data processed by the Municipality itself, the number of entries registered during 2017 was 8,674, just over 7% of the total number of migrants who landed in Italy that year. The presence of women as well as that of minors, again on the 31st of December 2017, equalled 23%. The nationality most frequently encountered was Somalian, followed by Pakistani, Nigerian and Eritrean.

From January to September 2018, the new asylum seekers registered numbered 1,404, equal to 7% of the total number of migrants who landed in Italy during that period. As regards the beginning of the third quarter of 2018, a surplus of 88 places was registered as against the number of guests really present while in September there was a negative entrance-exit balance of 33. The percentage of women among the guests accounted for 21,6%, and there were no unaccompanied minors.

Finally, it can be said that the CAS system is characterised by centres hosting a large number of migrants. Numbers vary from 50 places to 321 places available in the different centres. The average stay for guests varies from five to about nine months, although in some cases it may exceed the year. The type of service provided is secondary reception unlike that of the CASs.

The SPRAR facilities include eight reception centres (347 places) and just over seven apartments (75 places). In 2017, there were 417 migrants, of whom 20 minors. A significant change occurred in the migration policy of the Italian government and in September 2018, only 50 new entries took

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[*] Paragraph 5.2.2 has been edited by Valeria Alliata.
[7] Data elaborated by the Municipality of Milano on information provided by the prefecture of Milano, updated to September 2018.

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place. The percentage of women recipients stood at around 21.8%, especially Somalis while minors accounted for 16,1%. Beneficiaries with an average stay of one year or more account for 24.2% of the whole. SAs regards nationality; the SPRAR system reports a prevalence of Somalis followed by Gambians, Nigerians, Eritreans and Malians.

5.3 The qualitative research plan. The main results

5.3.1 The interviews and the interviewees

The research design was based on the "mixed methods" methodology including: 1) a desk analysis on migration in Lombardy and about the reception system in Milano and Brescia area, through specific approach and policy, presented in the above sections; 2) national and European reports, statistics and publications on gender-based violence and proximity violence affecting refugees and asylum seekers, and their access to healthcare and social services have been explored; 3) qualitative research carried out by in-depth interviews and focus groups.

For the qualitative part of the research, we conducted six interviews with: an official from the Social Welfare Department and an official from the Immigration Policy Department of the Milano Municipality; the Vice-Prefect of the Province of Milano; one psychologist from the "Ethno-psychiatry Centre" of Niguarda hospital; the director of the Milano Police migration office; the coordinator of the Mental Health Department of the Milano Healthcare District. We also held a focus group with some institutional stakeholders and representatives of the anti-violence centres and CAS (temporary reception centres). Nine stakeholders attended the focus group (FG): two officials representing Milano's Municipal Authority, a psychiatrist and a psychologist from the "Ethno-psychiatry Centre" of Niguarda Hospital, a researcher from the Lombardy Region (Equal Opportunities Department), a social worker from the Milano Polyclinic's "Sexual and Domestic Violence Emergency Room" (SVS-D); the coordinator of "Casa delle donne maltrattate" (Home for abused women); the coordinator of the "La Strada" cooperative which manages a shelter for single women; an operative from the "Lotta contro l'emarginazione" (Fight against marginalisation) cooperative which manages a SPRAR facility (Protection system for asylum seekers and refugees), a social worker from "Associazione Telefono donna". As mentioned above, twenty more interviews from the "START" project were analysed.

Interviews were administered to institutional stakeholders and CAS managers in the Milano and Brescia districts[8].

As highlighted by the above-mentioned international reports (UNHCR, UNFPA, WCR, 2016) and by information provided by the interviewees, many critical issues regarding women asylum seekers emerged. The stakeholders interviewed informed us that almost all the women – especially if on their own or with children – had been victims of violence and abuse (sexual, physical, psychological) perpetrated by smugglers, male migrants and even by policemen and/or other operatives in the reception facilities. Some young women became the victims of trafficking. Some female asylum seekers who came from Libyan refugee camps reported heinous episodes of mistreatment and violence.

Another issue emerging from the interviews is related to the sexual and reproductive health of asylum seekers:

> Many of them are pregnant and in most cases, they became pregnant during the trip. For this reason, they ask for an abortion, but this is not always possible because, according to Italian law, abortion is only permitted up the third month of pregnancy. To cope with problems related to reproductive health (pregnancies, births, abortions, contraception, etc.), some reception centres have entered into positive collaborative liaison with local Family Planning Centres which migrants can access free of charge and obtain information and care (Interviewee No. 6/P, psychiatrist, woman).

Some of the interviewees also highlighted domestic and intra-family violence against both women and children.

> [There are] bogus families created *en route* with a view to benefitting later from the facilities provided for families, but which, during cohabitation in the apartment allotted, "explode"; there are real families too, but, as they are forced to deal with some difficult situations they also explode in the reception country as a result of stress. In both cases, family malaise can translate into physical mistreatment of women and/or children. Even the separation of a father from a mother and/or from their children is not easy to handle from a psychological point of view: sometimes, after disembarkation, it takes months to reunify a family (Interviewee No. 5/S, manager reception centre for refugees and asylum seekers, man).

If women who are victims of violence wish to talk about their problems, they are usually taken to specific centres that address the issue of violence

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[8] Interviews conducted during the implementation of the START project are labelled "Interviewee No./S"; Interviews conducted during the implementation of the PROVIDE project are labelled "Interviewee No./P"; Discussion occurred during the PROVIDE Focus Group are labelled "PFG/No."

against women and to hospitals if they require medical treatment: in Milano there are two specific hospital centres for female victims of violence. However, the problem highlighted by all the interviewees is that many operators and facilities are not equipped to identify women who are victims of violence and take care of them and/or support them along a pathway of adequate, effective care. Paradoxically, in many cases the operators understand that they are faced with a woman who has been traumatised by the violence she has experienced but they pretend not to see the woman or her problem: they may lack the skills required to deal with the matter professionally and/or adequate support from the facility in order to be in a position to provide the care necessary to offer women an integrated pathway of care.

5.3.2. Beneficiaries' characteristics and pathways of violence

Many immigrant women (even those with children) who arrive at "Casa delle donne maltrattate" (Home for Abused Women), sent there by the social services, bring with them experiences of the violence experienced in their countries of origin. This violence intensifies when they become mothers, for different reasons:

> Sometimes because they have left children at home, the birth of a new-born in the host country causes a grave state of crisis; sometimes this is due also to the fact that their male partner is a fictitious husband and not the father of the child. Even authentic couples experience crises after the terrible journey or because, after the family is reunited the wife and husband fail to recognise each other finding it really hard to pick up the threads of their former relationship again. Therefore, when the family finds itself alone in the apartment assigned them, contradictions and conflicts break out. Paradoxically, the couple enters a state of crisis when it stabilises (PFG No. 9, manager reception centre for abuse women, woman).

It is necessary to consider that very frequently the pregnancies of the asylum seekers and refugees are unwanted because they are often the result of rape and violence. International research reveals, although the matter is well-known among humanitarian aid organisations, that alongside conflict-related rape, violence by intimate partners is also prevalent and likely to continue long after peace agreements have been signed: 50% of the women interviewed reported physical or sexual violence from an intimate partner before, during, and after conflict (Hossein *et al.*, 2014).

Many of the women who have been raped during their journey arrive at the Sexual and Domestic Violence Emergency Room (SVS_D) and in an advanced state of pregnancy cannot avail themselves of abortion according to Italian law:

So, we had women who had abortions up until the 25th week of pregnancy and women who continued their pregnancies. There were also women who presented with sexually transmitted diseases including HIV. For this reason we thought of a project permitting us to reach these women as soon as possible, because if it is true that of all those who experienced violence and mistreatment only 5 of them came to our service, it means that a lot of the violence remains submerged (PFG No. 2, social worker, SVS-D, woman).

It is necessary to consider all the side effects of the different forms of violence that women experience and the consequences to their physical (HIV, STD, injuries, diseases, unwanted pregnancies, etc.) and mental health (trauma, nightmare, sleep loss, deconstruction of identity, irremediable loss, etc.). There are women who say they were raped after witnessing the murder of their husbands (fathers or brothers) only because they had tried to protect them. Some women have had their children torn from their arms; other have had their daughters raped in front of them.

This is why the interviewees believe that these women should be intercepted as soon as possible, so that they can be cared for and helped. The stories told by the participants in the focus group (FG) highlight the fact that the majority of female asylum seekers and refugees have suffered violence since childhood, at the hands of parents, neighbours or relatives:

The migration path itself is a violent journey that adds violence to violence. However, it is necessary to distinguish the level of violence suffered and therefore the victim's ability to process the trauma and escape from the context of violence (Interviewee, No. 8/S, manager reception centre for refugees and asylum seekers, woman).

Now, one of the main questions the interviewees posed was "how to lead women out of the dynamics of violence, by guaranteeing them access to asylum-seeker procedures? This because, very often, the victims remain silent for fear that a complaint may jeopardise their application for asylum" (PFG No. 2, social worker, SVS-D, woman).

This highlights the fact that operators need greater support and more specific training also in the field of interculturality, in order to be able to engage with different cultures because "we cannot deny that to approach different cultures becomes more complex when, for example, the separation of a couple is considered inconceivable" (PFG No. 2, social worker, SVS-D, woman). This underlines the fact that the operators find it difficult to access the risk run by migrant women correctly due to the state of dependency in which they live. Very often, these women are incapable of building a pathway to autonomy. With regard to this particular issue, one of the FG participants pointed out that:

I have a Nigerian woman who has seen and suffered from everything and more. She took blood tests and the doctor told her she was HIV-positive. For her this is tantamount to death and to inability to have children. She's in a very bad state, she has disturbing nightmares. Another project needs to be designed for her because this woman suffers violence by following this one. I was afraid she would go out and kill herself (PFG No. 4, psychiatrist, woman).

5.3.3 Types and forms of violence

With regard to the issue of how to decode violence, two areas of enormous importance and great interest were discussed during the focus group: *structural* and *institutional violence*, including the matter of a "shared language". By structural violence is meant situations where the victims (women but also men and minors) experience violence as a *modus vivendi* they have known since childhood; in contexts where children lose all protection they are at the mercy of adults who consider them simply as tools "useful for business". One of the participants at the focus group explains:

I meet [during psychological therapy] a lot of orphaned people who have no protection and were at the mercy of the families who adopted them when they lost their parents. For girls this means being at the mercy of the unilateral decisions of an uncle who is the only 'leader', while the boys are sent to the Koranic schools or are exploited as workers in the fields. So, people aged 15-16 come [to Italy] and if they are 'healthy' this is because they have experienced positive attachment during their early years. Others, who do not even know what happened to their mothers or fathers, were raised by the village and are those devoid of attachment, are very wary, tend to be aggressive and very difficult to deal with (PFG No. 5, psychologist, woman).

According to the UN Special Rapporteur on violence against women, by institutional and structural violence is meant any form of structural inequality or institutional discrimination that maintains a woman in a subordinate position – whether physical or ideological – compared to other people within her family, household or community' (Manjio, 2011). Institutional and structural violence is characterised by norms, attitudes and stereotypes surrounding gender in general and violence against women in particular. Indirect violence operates within a larger societal context; institutions, and the individuals within and outside of these institutions are all engaged in the production and reproduction of attitudes that normalise violence against women (United Nations 2009). Inequalities – and the forms of violence connected to them – are intersectional. They are the result of interplay between multiple power struc-

tures that produce and reproduce hierarchical distinctions based, for example, on race, (dis)ability, age, social class, and gender. This means that while all women face discrimination based on gender, some women experience multiple forms of discrimination, of which gender is only one component (Zanfrini, 2005, 2016ab; Lombardi, 2005, 2016ab, 2017). This, therefore, is what I mean by "structural violence": a form of violence based on hierarchical principles rooted in social and cultural structures, where the most vulnerable people become the object of exploitation and abuse and without these practices being recognised and defined as such.

When asylum seekers, with their structural vulnerability, arrive in Italy, they meet "institutional violence": that is, all forms of violence generated by laws, administrative practices and unawareness on the part of the operators who receive them (police, reception centres, social services, bureaucracy). One of the stakeholders attending the focus group, explains *institutional violence* by means of a case she is following as a psycho-therapist:

> A 19-year-old girl, a victim of trafficking, finds herself in the central railway station where she prostitutes herself and then goes to the hospital to ask for an abortion. However, she has already gone beyond the third month of pregnancy allowed by law, though, but due to the psycho-physical conditions of the girl, the psychiatrist approves the abortion after the third month of pregnancy [*as the Italian Law establishes*]. During our psychotherapeutic sessions the girl says that she made a big mistake because they [the hospital operators] asked her if she wanted to see the [*5-month-old*] foetus and she said yes because there was no one from her culture or an adult to advise her not to. This experience provoked psychotic symptoms: she hears a baby's voice; she hears a baby crying [...] when this girl argues violently with a compatriot in a reception centre, by way of "punishment" she is moved from the centre in Milano to a residence in another city (PFG No. 5, psychologist, woman).

This relocation caused her further trauma and distress. Therefore, this adolescent, already a victim of trafficking, suffered further violence at the hospital where they offered her the possibility of looking at the aborted foetus; then she suffered further violence at the hands of the host organisation which transferred her to another centre and another city. Institutional violence is produced by strict rules that are not adapted to specific, individual situations.

Other kinds of violence may be added to those described above and are codified as "proximity violence". These are collective situations found, in particular, in larger reception centres. Sometimes trivial things, such as a quarrel between children, can generate it. Sometimes it results in vexatious acts against neighbours; these are forms of violence that operators are unable to handle. Other situations concern adolescents and young people: where there are vulnerable adolescents or young people, episodes of stalking and bullying often occur against them. They are also exposed to other risks: some

Italian adults introduce themselves to the young immigrants as "protectors", like those who promise protection and help. At the beginning, they give money, or presents to the immigrants but, in reality, they are "recruiters" of boys and girls for the drug and prostitution market or micro-criminality rings.

> The problem also lies in the fact that these young people do not know how to defend themselves, they do not know whom they can and should trust. Very young children do not realise that these methods are abusive, yet they do not know to whom they may turn, they do not know whether they can trust the 'reception-centre staff' or not (PFG No. 7, official of the municipality of Milano, woman).

Another problem to be highlighted is that outside the reception centres, but also inside of them (especially in the larger facilities) trafficking occurs. Often these centres host both the traffickers and the trafficked.

Proximity violence is related to "different perpetrators: It deals with the violence committed by people known to the victim. Proximity violence is widespread in critical situations (conflicts, migrations) in which a condition of forced closeness is established (in a boat or in a prison or in a reception center) and where the relationships between people are very unequal.

Therefore it happens that the victims are vulnerable and blackmailable (women, children, men forced to flee, etc.) by people who have power in that context (e.g, the smugglers, the traffickers, the reception center managers, the policemen, etc.). These people exercise violence and abuse to maintain their power and control over the victims.

But proximity violence is a specific one because in most cases the victims are aware of the violence they suffer (or will suffer) and accept it as a tool of the contract that they symbolically sign with their torturers, since the victims' aim is to overcome the obstacles and reach their goal. For refugees and asylum seekers the goal is – of course – "to reach a safe place".

> Women who flee from countries like Nigeria, Syria, Afghanistan or Eritrea, know that they will be beaten and raped, they take it into account and, in fact, they usually provide themselves with contraceptives or some other kind of protection, because for them rape is paradoxically the lesser evil: what they are really afraid of is AIDS, pregnancy, death (PFG No. 1, manager reception centre for refugees, asylum seekers and abused women, woman).

*5.3.4 Health and mental-health conditions of asylum seekers and refugees.
The relationship with the violence suffered* [9]

Conflict-related sexual violence is a public-health and human-rights is-
sue, as well as a matter of peace and security. Sexual violence, whether con-
flict-related or not, has short-term and long-term impacts upon health and
can take the form of injury, HIV and other sexually transmitted diseases, un-
wanted pregnancies, traumatic fistulae, depression, post-traumatic stress dis-
order, and anxiety; it can also lead to stigma and social rejection (The Lancet
2014c). Provision of acute and long-term healthcare and psycho-social sup-
port is critical to the well-being of survivors. Yet, conflict and post-conflict
settings pose major challenges to the delivery of care. Infrastructures are
fragile, human resources scarce and overstretched, services disrupted, sup-
plies hard to come by, while insecurity often impedes access to services. Ad-
ditionally, women and survivors might not know that services are available
and that some interventions, such as post-exposure prophylaxis for HIV or
emergency contraception, are time-sensitive (WHO 2013; WHO/UNHCR,
2004). Even when services are available, survivors may not use them due to
stigma, fear of reprisal, concern over confidentiality, or lack of confidence in
disrupted services, as our research shows.

Recent research shows that in Europe 7% of women aged 18-74 suffered
physical or sexual violence in the twelve months before the interview (Lom-
bardi, 2017). In Italy, 31.5% of women aged 16-70 years have suffered some
forms of physical or sexual violence, mainly by partners or former-partners
(ISTAT 2015; Lombardi 2016b, 2018). Separated or divorced women are
more at risk of physical and sexual violence than other women (51.4% vs.
31.5%); women with health problems or disabilities are twice at risk of being
victims of rapes than other women.

As result of the suffered violence, more than half of the victims suffer from
loss of confidence and self-esteem (52.75%); anxiety, phobia and panic at-
tacks (46.8%), desperation and feelings of impotence (46.4%), sleep and
feeding disorders (46.3%), depression (40.3%), as well as difficulties to con-
centrate and memory loss (24.9%), recurrent pains in the body (21.8%), dif-
ficulty in managing children (14.8%), self-harm or suicidal idea (12.1%).
Among women who have suffered violence, 12.8% did not know of the ex-
istence of anti-violence centers, although there are 253 centers spread over
the national territory (33 centres are in Lombardy).

The health conditions and problems of migrants reaching Italy by sea or
other dangerous routes, vary according to the history and journey of each
individual. In the on-going crisis-driven handling of arrivals, distribution and

[9] Part of this section refers to: Merotta V. *The Rights and Health of Forced Migrants*.
Paper. Fondazione ISMU, Milano, April 2017. http://www.ismu.org/wp-con-
tent/uploads/2017/04/Merotta_Fact-sheet_Forced-migrants_april-2017_en.pdf.

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integration of forced migrants across Italy and the EU, it is hard to generalise and draw conclusions on migrants' health, behaviour and conditions due to the lack of detailed, in-depth data. The data provided by non-profit organisations and the public sector are by far the best sources of information. These stakeholders assist and work directly with asylum-seekers upon their arrival and before integration programmes begin. At the Fourteenth National Congress of Società Italiana di Medicina delle Migrazioni (Italian Society of Migration Medicine) in May 2016, a number of practices were presented. Istituto Nazionale per la salute dei Migranti e per il contrasto della Povertà (INMP - the National Institute for Health, Migration and Poverty) has been working in Lampedusa since May 2015 and is involved in some activities set up in the "Centro di Primo Soccorso e Accoglienza in Lampedusa" (CPSA), providing mainly psychological support and diagnosis and treatment of dermatological and infectious diseases. The staff is multidisciplinary and composed of cultural-linguistic mediators and anthropologists. Basic health-care services are provided by doctors from the body managing the centre. Between the 5th of May and the 25th of September more than 2,000 patients out of 3,700 migrants were visited, mainly young people (aged 22 on average) and men (more than 85%) from Africa (only 3% from Asia). The countries represented most were Eritrea, Nigeria, Somalia, Gambia, Mali, Senegal, the Ivory Coast, Ghana, Guinea, Ethiopia, Bangladesh and Syria (INMP, 2016).

There appear to be gaps in health-care administration in the Hotspots at national level. Despite attempts by the Ministry of the Interior to harmonise medical treatment within reception centres through implementation of a road-map drawn up in 2013, discrepancies and shortcomings have been recorded. Critical issues include: 1) self-harm, often used as a means by which to voice personal distress and attract attention; 2) massive use of psychiatric drugs in absence of trained medical staff and medical prescription; 3) lack of a doctor-patient relationship, as migrants perceive the medical staff as untrustworthy prison guards, while the medical staff suspect migrants of simulating symptoms in order to be transferred to a hospital and then abscond (INMP, 2016).

After arriving in one of the reception centres, the migrants who present with illness complain of several different kinds of ailment depending on gender. Men primarily report diffused pain (headache, gastritis), whereas women report issues associated with urogenital infection. One of the main critical issues when accessing therapies for both groups is language, followed by issues of logistics when accessing clinics (opening times, venues, incompatibility with their permanence in the centre). The healthcare staff in the reception centres is the most reliable reference point for migrants, as they can provide guidance regarding all local services (Caldes *et.al.*, 2016 in Merotta 2017).

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The humanitarian NGO MeDU (Medici per i Diritti Umani) reported that migrants in transit who are hosted in their facilities in Rome show a high degree of extreme vulnerability due to the traumas and violence experienced. The lack of institutional reception facilities and the precarious housing and hygienic conditions that characterise the informal settlements assigned, exacerbate their vulnerability further (Barbieri *et al.*, 2016 in Merotta 2017). The health conditions of forced migrants are linked to their high level of psychic vulnerability stemming from both the poor living conditions they experienced in the country of origin and the pressures and traumas undergone during their journey (Affronti *et al.*, 2016). Not only can similar distress take the form of pain, it can also lead to bewilderment and confusion (Santone *et al.,* 2016 in Merotta 2017).

The aforementioned START project concerning the socio-psycho-health conditions of asylum seekers and refugees in the areas of Brescia and Milano, produced very important results regarding the psychological and psychiatric care of migrants and the causes of their mental illness. From May 2017 to September 2018, the two socio-psycho-health groups of Brescia and Milano carried out 2,596 medical examinations of asylum seekers and refugees, at the reception centres within the two provinces. Eight hundred and twelve of them were vulnerable subjects (about 40% women) and underwent psychological or psychiatric treatment. The main vulnerabilities these patients presented were:

- Psychiatric disorders: 11.4%;
- Psychological disorders: 36%;
- Victims of trafficking: 5.4%;
- Victims of torture, rape, physical violence, sexual, psychological: 42%;
- Bereavement, grief, loss of family members: 2.7%;
- Victims of conflict: 2.6%.

People suffering from serious mental disorders are taken into care following a report from the reception centre after which the migrant is hospitalised and treated with mandatory health treatment. After the patient has been stabilised and given pharmacological treatment, he/she must return to the reception facility.

Unfortunately, very often the centre does not want to reintegrate migrants with serious mental illnesses for fear that episodes of insanity may be repeated in the facility. The staff of the centre have neither the skill nor the tools required to manage people with mental disorders. The number of migrants experiencing mental distress is constantly increasing and we can no longer talk of a few individuals (Interviewee No. 3/S, official of the municipality of Milano, woman).

While the capacity and redistribution of reception centres are salient aspects within the framework of the ongoing migratory crisis, attention to migrants' mental health and their traumatic experiences are not taken into adequate consideration.

> In the Milanoese facilities, mental distress is usually not identified by CAS and SPRAR operatives. The origin of this kind of malaise is mainly the extreme length of procedures, the uncertain outcome of acknowledgement of refugee status, fear of the unknown and the lack of a plan for the future of the migrant (Interviewee No. 3/S, official of the municipality of Milano, woman).

So, there are two causes of the mental distress of these migrants: the one generated by traumatic factors experienced during the migratory journey, the other, less explicit, which develops in an endogenous way while awaiting the results of the application for asylum. Two different though serious types of distress which need to be addressed and managed.

The care provided to survivors of sexual violence needs to be integrated into existing health-care-provision services, such as reproductive and natal care, mental health and psycho-social support, and emergency care services, and not as standalone services.

Since many health-care workers have not been trained to provide post-rape care, sexual and reproductive health services are a good entry point for providing the necessary training and ensuring women's access to the services available. Awareness of sexual violence and its effects, and the clinical care required by survivors of rape, including the provision of first-line psychological support and appropriate mental-health care, needs to be part of the training curricula of health-care providers, including nurses and midwives (WHO, 2013; The Lancet, 2014c).

The mental-health and psycho-social needs of sexual-violence survivors have long been neglected, despite their importance for the long-term recovery of survivors. Although WHO has provided guidance for the care of depression, post-traumatic stress disorders, and other conditions (Dua *et al.* 2001; Tol *et al.* 2013), evidence of the effectiveness of intervention applied to survivors of sexual violence is scant. There is a need to develop low-intensity, evidence-based mental-health intervention that does not rely on specialists and are scalable (The Lancet 2014c).

5.3.5 Bad and good practices of reception facilities and care-taking services

One of the main problems highlighted by all the participants in the FG is the poor level of interaction between the public social services and the reception-centre staff, as well as between them and the psychological and psychiatric services. Social services do not adequately detect and accommodate women victims of violence, as they tend to focus only on the protection of children and neglect family relationships and couples where the male partner (sometimes the children's father) is maltreating the woman and/or the children. It often happens that the social services separate the children from their mother on the assumption that she is incapable of performing parental functions. They do not seem to realise that her parenting difficulties can be due to the abuse and violence she experiences daily.

Hence, considerable difficulty is encountered when relating to and communicating with the basic social services which are significantly inadequate.

> For example, once a person has managed to come through violence or trafficking and he/she enters the area, the social services are unable to implement a complex pathway based on the needs of the subject for those maltreated during migration (Interviewee No. 1/P, official of the municipality of Milano, woman).

It is apparent that, although many women are able to free themselves from the violence suffered, social services are not always able to foster their confidence as good mothers and women.

There also exists the prejudice that immigrant women do not suffer when parted from their children. Therefore, once again, institutional is added to structural violence: one operator speaks about the case of a Nigerian woman whose daughters managed to escape to Senegal with their grandmother, but who is now unable to be reunited with them in Italy because the Italian administration require that her daughters undergo a DNA test. But how can she get this test done? (PFG No. 5, psychologist, woman).

In Lombardy, it is the municipal authority of Milano which has set up positive institutional action, while the regional administration of Lombardy does not show, to date, any specific interest in dealing with these issues (gender violence and migration).

> However, there is a frequent request from the local services and from the operators too, for specific training and acquisition of skills to enable them to adequately accommodate the women who turn to the services. Another critical issue, actually, which emerges from the FG, is the lack of collaboration with local social-health services, for example with family-planning centres (PFG No. 8, researcher, woman).

These services in favour of reproductive health, sexual education, basic family and psychological support, have, unfortunately, been weakened considerably in recent years both in terms of technical-scientific and human resources. Therefore, they are unable to accommodate larger numbers of recipients, in particular asylum seekers and refugees. These services depend, in actual fact, on the authorities of the Lombardy Region.

> With respect to gender and proximity violence, very few reports from the CAS managers are received by the local administrations; this means that a problem of surfacing exists, which, in order to be tackled, issues require that awareness pathways (both for victims and for operators) be set up. "The Milano Municipality recently financed a training project offered to CAS operators and held at the CAS. The training was managed by the SVS_D service of the polyclinic and by the forensic department of the University of Milano" (Interviewee No. 2/P, official of the municipality of Milano, woman).

Other good practices in the Milano district are represented by the new "Casa delle donne maltrattate" (House of abused women) project. This association received a beautiful house as a donation. It will soon become a hospitality facility for women asylum seekers and refugees, victims of violence. This project promotes pathways of autonomy and empowerment to help female victims to emerge from violent environments.

The municipality of Milano recently inaugurated "Casa Chiaravalle" a beautiful, spacious building confiscated from the mafia. The home has 55 places available and the project includes the reception, empowerment and creation of pathways of autonomy for migrant women who have undergone violence [see the next section for details].

The "La Strada" cooperative deals with diffused reception. They devise individual and *ad hoc* routes for migrant women, victims of violence, reinforcement pathways, so that they can recover autonomy and social life as soon as possible, since long stays in reception centres without any perspective are another form of institutional violence. After the process of empowerment, the women hosted by the association need to acquire skills, because, otherwise "there is only the street and the street is pathology" (PFG No. 1, manager reception centre for refugees, asylum seekers and abused women. Woman). This cooperative works with women, minors and men. The interviewee pointed out that many migrant men are victims of violence and torture, albeit in forms different from those undergone by women. Men manifest their distress and react to trauma resulting from violence differently: above all they manifest it through abuse of drugs or alcohol or by means of violent behaviour and deeds.

The reception model of "Lotta contro l'emarginazione" (Fight against marginalisation) cooperative is interesting and worthy of note. The association hosts women victims of trafficking and violence. The staff applies a

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"mixed" model of reception, this means using both the residential centre and the "diffused reception" model which foresees accommodation in apartments located throughout the area. Upon arrival, the migrants stay in the central facility where several, different professionals take them in charge. These are doctors, lawyers, psychologists and social workers.

This first phase is useful both for the staff, who are able to get to know their guests and their guests' needs, and for the migrants, who begin to settle in and initiate a pathway of autonomy. Afterward, the migrants are moved to apartments, occupied separately by single men, single women, women with children, family units. The main objective of this reception model is to promote the autonomy of migrants and avoid that the reception centre become, and be perceived as, a place of assistance only.

Both in the Milano metropolitan area (Città Metropolitana) and in the Province of Brescia there exists an intensive, effective service network providing for migration, vulnerability and gender violence. For instance, representatives of the institutions, universities, research institutes, police departments, lawyers association and the organisations interviewed in the Milano area, belong to this network and have recently stipulated and endorsed a protocol called "Patto per la Città" (Agreement for the City). These services and facilities work together synergistically. So, when there are women or other migrants with particular vulnerabilities and needs, the staff know where and who to turn to and how to activate the appropriate assistance network: hospitals, ethno-psychiatry centre, local administration, educational services, anti-violence centres and emergency sexual and domestic violence services.

Since 2013, the Municipality of Milano has promoted and managed the "Rete Milanoese vulnerabili per richiedenti e titolari di protezione internazionale" (Milanoese Network for Vulnerable Asylum Seekers and Refugees). It was set up with a view to promoting and guaranteeing services with adequate levels of protection and assistance, and to strengthen the network and enhance the synergy between all the subjects involved in assisting vulnerable people [see the next section for details].

At the Prefecture of Brescia, an "Asylum Table" has been working for many years now. Municipal institutions of the city and reception centres for migrants are involved in the activities promoted by this Table.

The Prefecture Table [Asylum Table] works well and the municipality has always hosted all the immigrants the Prefecture decides to receive. Fifty percent of these asylum seekers reside in the city of Brescia and there has never been problems because the Table and the Prefecture coordinate effectively. The Asylum Table is composed of representatives from the Municipality, the Provincial Administration, Police Headquarters, the Healthcare District, SPRAR and CAS. Everything functions well within this system because it is adequately coordinated. The network is a very important resource and the

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people who belong to it are competent and available (Interviewee No. 10/S, official of the municipality of Brescia, woman).

5.3.6 Evidence of violence viewed through some of the good practices implemented in the Milano area[*]

The identification of good practices used to manage cases of gender and proximity violence implies its definition as a question regarding the difficulties linked with the emersion of violence inside and outside the reception system. As discussed in the previous paragraphs, reception-system and territorial-service operators working with victims of violence, reveal some strengths and weaknesses in the management of complex situations.

More in detail, the main questions the services have to cope with are two, and around them some good practices have been developed. The questions are the following: the first is how to identify situations of gender and proximity violence at an early stage; the second is how to take charge of a single case once it has been identified. Both these questions have as their common premise the definition of a setting where the services (public or those delivered by the Third Sector) may compare notes and tackle the problem of gender and proximity violence involving migrant women and – more in general – the most vulnerable subjects (like unaccompanied and separated children: UASCs).

In this regard, the Milano Municipality has implemented what may be defined as a "system-level good practice" that is, it has established a network for the participated management of cases involving vulnerable persons. The network is based on a Protocol signed by a number of organisations; its aim is to formalise cooperation between the organisations which provide services to asylum seekers as well as to international or humanitarian protection holders, members of vulnerable groups. The objectives of the Protocol are the following:

•	The development of an integrated system of intervention aimed at assuring a higher level of coordination of the action targeted to favour asylum seekers and international protection holders;

•	Qualification of the early identification of vulnerability prediction factors and the management of a multi-disciplinary charge-taking process for vulnerable groups;

•	Sharing and reinforcing intervention practices.

The Protocol, which operates through a dedicated Coordination Table, is closely connected with the services delivered or entrusted by the Milano Municipality and managed by the Municipality itself (which oversees the Table):

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[*] Paragraph 5.3.6 has been edited by Emanuela Bonini.

it includes Third-Sector organisations which, in turn, run the reception centres of the Municipalities directly or deliver specific services to those who are hosted in the centres.

The Protocol identifies the integrated intervention designed for vulnerable groups like those, increasingly more present in the Milano area, who have developed a profile of specific weakness due to violence or torture and/or are affected by a stress-related post-traumatic syndrome. The network has identified the violence suffered (including gender violence) as the main cause of a disease which is more and more diffused especially among the migrants arriving in Italy through the North-African route.

In addition, many of the psychologists and ethno-psychiatrists interviewed made it clear – with regard to this issue – that the cases of violence-related vulnerability involving migrants (including torture) are very frequent among those they assist; this is particularly true of women for whom "violence suffered in the native Country or during migration always has a gender connotation" (Interviewee No. 4/P, psychologist, woman).

The Vulnerability Table set up a multi-disciplinary intervention model where subjects with different roles and skills discuss all the cases submitted. The Table meets every two months and during the meeting single cases are discussed, and the most suitable solutions are found with a view to taking charge of and catering for the specific needs of each case of vulnerability. The Table also devised an instrument for registering and reporting cases whose demands need to be addressed by a plurality of reciprocally-integrated services. This instrument permits the network to look jointly into the single cases presented on the basis of indicators previously established by the Table itself; these indicators permit simplification of the procedures to use in order to identify the responses charge-taking procedures may have to offer. A form is filled in by the organisation belonging to the network which is already working on the case and has decided that the case needs to be submitted to the Table; this form is sent to all the members of the network before the meeting to permit the Table to be as effective as possible when seeking to identify solutions. If the case submitted is particularly complex and the solution the Table is capable of offering is insufficient, then a specific procedure is implemented with the involvement of other local organisations which are not members of the Table. The Table is, therefore, immediately operational when it comes to cases already under the responsibility of an organisation belonging to the network but it fails to be of help when addressing the first of the two questions mentioned above (that is, how to identify gender and proximity violence early on). With regards to this, the research carried out clearly revealed that the operators are well aware of aspects of the violence suffered by migrant women: growing attention is dedicated to them but, at the same time, these women very rarely talk about the violence they have undergone (Interviewee No. 2/P, official of the municipality of Milano,

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woman). Knowledge and emersion of violence are therefore the first issue that needs to be addressed by reception-system operators; they should be able to detect signals of violence but, above all, they should be enabled to understand the silent phenomenon they are called upon to deal with. On this relevant issue, the Table set in motion a work process (to date incomplete) aimed at defining an instrument for the early detection of signs of violence. This instrument is based on a similar instrument designed for vulnerable UASCs and adopted by the services dedicated to minors. The Table's work in this direction is, therefore, still in progress and the involvement of a wider range of subjects is foreseen; in particular, it envisages the involvement of the so-called "territorial services" which traditionally take care of potential violence victims. An example of these services are the Psycho-Social Centres (CPS in Italian), which are part of the public mental-health-care system and urgently need to be equipped with tools aimed at the earliest possible identification of needs. The extension of charge-taking by territorial services represents an improvement of the city-based coordination implemented through the Protocol.

The deeper involvement of all the local services is closely linked to the second question upon which the analysis focuses, that is, how to manage as effectively as possible each case once it has been identified. Charge-taking, according to the Milano Municipality's intervention model, envisages synergy between the different subjects who are able, by working together and availing themselves of the Vulnerability Table, to draw up complex responses to meet the many diverse needs of recipients. The active involvement of the territorial health services (not only mental health) is consistent with the implementation of both the aspects previously identified as priorities when seeking to find an effective answer to the demands of migrants who are victims of gender and proximity violence. This is an example of multi-dimensional intervention that includes, but is not limited to, the social and health-care services.

The crucial point is, therefore, that of identifying the right answers to the needs which emerge or seem, at least, to be most widespread when migrants – women in particular – present frequent evidence of vulnerability related to the violence to which they have been submitted.

The second good practice, which being quite relevant and, therefore, worthy of special mention here, is the pilot-experience of a reception shelter called "Casa Chiaravalle". This shelter is located in an area confiscated from the mafia and managed by the Passepartout Network, a system of cooperatives and Third-Sector organisations dealing with matters of reception and disadvantage-related issues. More in detail, the Passepartout Network provides reception services based on the "diffused reception" model implemented by means of a number of apartments including the «Casa Chiaravalle» residence itself. This experience aims at supporting people who are in temporary, though relevant, difficulty. In "Casa Chiaravalle" more than 55

places are made available to individuals or families. Particular attention is paid to female refugees and migrant women victims of gender violence (alone or with children). The project aims at implementing a solution which is different from that offered by the reception services envisaged by the Decree issued in 2016 by Ministry of the Interior. This solution has the following features:

• Accommodation providing women who have suffered violence, especially if they have children, with the best possible conditions and opportunities;

• A reception model targeted towards both migrants and natives having similar needs, in order to develop a social model based on integration devoid of discrimination between recipients;

• The enhancement of a range of resources and opportunities broader than those made available by the reception system *stricto-sensu*.

This experience also aims at adapting the different forms of response to the specific needs of the target-population and operating in cooperation with Milano's Municipal Authority and Prefecture according to the different typologies of recipients emerging. Admission to the Casa Chiaravalle follows two different routes: the so-called Territorial Social Housing route (in Italian: Residenzialità Sociale Territoriale, RST) on the one hand, and the Extraordinary Reception Centres route (in Italian: Centri di Accoglienza Straordinaria, CAS) on the other. The Territorial Social Housing plan is a Municipal service meant for Italian citizens or Third -Country Nationals living in the Metropolitan area of the city; it offers services and intervention to those who have access to the social services. As for the Extraordinary Reception Centres model, whether they are managed by the Municipality or by the Prefecture, this admission channel is for asylum-seekers with special needs, in particular, women who have suffered violence. Migrant women who became pregnant because of rape were also admitted to the Casa Chiaravalle and received dedicated support during the first year after the inauguration of the facility. At Casa Chiaravalle these women were provided with appropriate help with their condition as well as with support capable of facilitating the reconstruction of their lives and delivery of their babies in a welcoming environment which also provided them with a second opportunity.

The experiences represented by the good practices we chose to present here describe, mostly, strategies aimed at networking not only public and Third-Sector professional and human resources but also economic resources. With this in mind, the solution to problems (which are very peculiar or related to recipients characterised by a high degrees of complexity, like migrants, especially women, who have undergone grave violence in their Countries of origin or during their journey to this country) may be found only by making the most of the resources available.

These resources, each one with its specific know-how and skills, may make their contribution towards the construction and implementation of a sound supportive network. Another aspect made evident by the good practices presented is that the appropriate response to each person's needs may be found only if these needs are fully understood in all their dimensions and components. This is what happens when the persons involved are migrants, victims of gender and proximity violence.

5.3.7 The training needs

The exploratory research carried out during the implementation of the PROVIDE and START projects highlights the difficulties encountered by operatives assigned to services and reception centres for refugee and asylum-seeking migrants. The main problems facing these operatives in the exercise of their tasks concern the high turn-over; the lack of specific skills in dealing with gender and proximity violence and the significant relationship between violence and forced and vulnerable migrants; the shortage of provision of systematic, specialised and training. Therefore, proposals relating to training-course needs and provision arise from the answers and reflections of the interviewees, for example:

1.   The need for help, support and skills enabling operators to recognise and initiate a treatment pathway for migrants, victims of violence (women, men, adolescents);

2.   The need to understand differences between types of violence experienced but also, and above all, the meaning of violence for each of the subjects encountered and what emergence from a context of violence means and entails for them. "Because what the Bengali woman requires is different from the model of escape from violence that we propose" (PFG No. 2, social worker, SVS-D, woman).

3.   The need to be sure that the psycho-social treatment provided be adequate for migrants, understandable and efficacious;

4.   The need to avoid constructing or reproducing stereotypes and prejudices because "violence is not a culturally connoted phenomenon" (PFG No. 6/P, Official of the municipality of Milano, woman);

5.   The need to build networks and create synergies between all the social actors involved: local and national institutions, public and private organisations;

6.   It is essential that the problem of violence, in contexts of migration, surface;

7.   What are the signs of violence? Women do not talk about it readily; not even Italian women do. How should one act in order to avoid further harm?

8.   The importance of cultural mediation and multidisciplinary work is also highlighted.

9.   Courses and modules regarding legal-administrative training are required, also with respect to family reunification;

10.   With respect to institutional language, the institutions fail to adopt a language closer to that adopted by the operators who work with migrants (see: police, social services, health services, local institutions, etc.). "Unfortunately, it has already happened that an immigrant woman who finally decides to lodge a complaint for maltreatment, has been expelled from Italy because she had no residence permit" (PFG No. 9, manager reception centre for abuse women, woman).

11.   Despite article *18bis* of Law n. 119, 15th Oct. 2013 (already mentioned in section 5.2.1).

12.   "Training is necessary therefore also for those in high institutional positions" (PFG No. 8, researcher, woman).

13.   Through training, it is necessary to activate "Inclusion policies" which concern local services, local administrations and the spread of inclusive culture (PFG No. 7, Official of the municipality of Milano, woman).

Summing up, I think that in the context of our region, it is necessary to plan action and training courses focusing on three specific topics: *identification, prevention, taking care*. This means: a) accepting and hosting asylum seekers and refugees who are victims of violence and/or of trafficking in adequate reception facilities; providing multi-professional care pathways (psychologists, psychiatrists, social workers, educators, etc.); b) training social and health-care workers regarding matters of gender violence, international and national law, the routes travelled by forced migrants and the risks they face *en route* (with reference to specific risks run by women, minors, men, LGBTI); c) providing the operators in reception centres with the means for detecting the needs of women and other vulnerable people; d) providing operators with the skills required to take charge of women and vulnerable people, victims of violence; e) preventing further acts of violence and abuse within the reception facilities by making them safe for women and vulnerable groups; f) avoiding promiscuous environments; g) avoiding the hosting of women, children, LGBTIs in large reception facilities, since apartments or family facilities (e.g. family homes) are more desirable, therefore, the "diffused housing model" is to be preferred, as long as it is not isolated; h) preventing further abuse and violence by providing information to women and vulnerable persons and making them aware of possible dangers and helping them to acquire safe behaviour and gain self-confidence.

5.3.8 Critical issues and discussion

Concluding the article, I wish to underline a number of important topics highlighted by the analysis of the research carried out and which I consider useful when planning and implementing future action for better reception and care of migrants who have been submitted to proximity and gender-based violence.

A first critical point regards widespread reception because this type of reception – despite being advantageous to small family units or women, by providing them with independent apartments – has the disadvantage of being only marginally controllable by the operators. This aspect proves to be very critical when it comes to cases of domestic violence and abuse or proximity violence, as interception and intervention by the services are more difficult. Therefore, smaller residential centres are advisable as they are more readily managed and do not present the negative effects of the larger centre or the apartment. Therefore, the local services and administrations are planning a mixed reception system:

> First, the centre where people and families can be monitored and the problems they might create checked. Later they might be allotted apartments or hosted in the small facilities, with relative accompaniment and adequate support, of course (PFG No. 7, Official of the municipality of Milano, woman).

As some participants raise issues related to language and ideas, it is important that there be no confusion concerning different forms of violence, even if these may be interconnected:

> First, gender violence is not proximity violence. Second, not all those requesting asylum are victims of trafficking. Trafficking has specific features linked to the articles of the Code of Criminal Procedure. We must not, therefore, confuse the different dynamics and related approaches to treatment. It is, rather, a question of doing very sensitive and complicated work, integrating skills and knowledge [...] causing disciplines, professions and knowledge to interact in order to take care of fragile persons (PFG No. 6, Official of the municipality of Milano, woman).

Another FG participant discusses the models used to take care of women victims and manage trauma which the women treated cannot always understand. This means that they fail to be efficacious treatment models. Because violence is inherent in "family and social structures it is not necessarily what we imagine it to be. [These models] clash with the ability to understand and become involved with migrant women" (PFG No. 3, manager of reception centre for refugees and asylum seekers, woman).

Violence is certainly a structural fact, but it is also a question of sharing the contexts and the dynamics of violence with migrant women and operators. It is, at least, about offering women and victims of violence the opportunity to understand the dynamics and forms of violence and the possibility to choose whether or not to undergo a process of treatment.

One question posed by a psychiatrist interviewed concerns the possibility and the ability of these migrant women to react and break free from the circle of violence:

> So, I ask myself: how can I impose a pathway of autonomy on a person who has been enslaved for a long time? I am proposing a pathway of autonomy she is unable able to face. Maybe in ten years' time we will see some results; perhaps she will not reproduce the same dynamics of the violence she suffered with her daughters. Nevertheless, what do we expect to achieve in six months? Then, operators are surprised when a woman, after a long process of care, after she has finally managed to obtain refugee status, does nothing to take advantage of these benefits. The fact is that this woman has been enslaved since the age of five! (PFG No. 4, psychiatrist, woman).

Violence is a social phenomenon, a process that moves from knowledge to cultural competence, "so we need to equip ourselves with respect for difference", quotes another FG participant. There are forms of violence that cannot be cured and yet women still try to live a "normal" life: they work, they have children. One psychologist tells the story of a woman, abused by her father from the age of four, who escaped during her adolescence and came to Italy. Then, when she became pregnant the social services took her in charge.

> Now her child is eight years old and the social services have never started providing her with parenting support. Women like this are often alone, they have no parental network, no people who act as referents, so, it is important to activate a support service for parenting. Women need this as they require economic empowerment. They want to work. Home and work are the main steps towards autonomy (PFG No. 5, psychologist, woman).

All the interviewees sustain that women have a strong capacity for resistance and resilience; they encounter Italian and European models of care and practices and learn to use them in their own favour. "So, maybe we ought to look for points of contact more than differences. If we work in this direction, we shall not be proposing models traceable to a target but to multifaceted, shared practices" (PFG No. 4, psychiatrist, woman).

One of the most important themes that surfaced during the focus group, is related to men subjected to violence by other men. It occurs mostly in the

larger collective reception centres where there is a very high degree of exposure to proximity violence. In similar environments, the most vulnerable people become the object of violence, exclusion, mistreatment both by other users and by operators.

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6. *The research and the experiences of Telefono Donna on proximity violence against women refugees and migrants*

by *Fulvio Palmieri and Elisa Re*

6.1 Introduction

We started from the simplest possible question: why do women and men emigrate from their own countries? The main reasons fall within the macro-areas of work, climate, health, safety (presence of conflict or guerrilla warfare between ethnic groups within national boundaries and / or between neighbouring countries) or are more generically due to a lack of fundamental rights or to political persecution in the countries of origin. Among the reasons behind the migratory phenomena of recent years, climate is, maybe, the most important: climate change leads to impoverishment of resources and, in many cases, to a drastic reduction in the quality of life which may even jeopardise people's capacity for mere survival (Tognetti Bordogna, 2008, 2011, 2014; Tognetti Bordogna &Rossi, 2016; Macioti *et al.*, 2006). Curiously enough, climate change is hardly ever quoted by the media as one of the triggers of migrations; on the contrary, it is often denied or underestimated, with the result that the migratory phenomenon is often reduced to an economic issue, that is actually marginal with respect to the environmental – subsequently sanitary and social – tragedy that is actually taking place in most countries of the south and south-east of the world (Latour, 2018).

Telefono Donna's experiences with migrants, refugees and asylum seekers hosted by the CAS centres (Extraordinary Reception Centres) it runs, confirm P. Theroux's (1985: 133) idea that migrants leave or flee from their homes hoping to find something "more" or "better" in the host country, a general improvement of their existential, financial, professional and health conditions. The problem arises when migrants not only fail to improve their conditions, but do not even find a proper "home" (meaning someone's place of origin or the place where a person feels they belong) in the country of destination (Hannerz, 1992), because of weak integration strategies.

To manage migratory flows, the host country's financial investment is concentrated mainly in the first stage of reception, where reception centres provide services ranging from the simple satisfaction of primary needs

(meals, hygiene, health-care, etc.) to the delivery of language or upskilling training courses. After this first period of reception, whose duration is variable and de-pendent on difficult and cumbersome procedures aimed at determining the legal status of migrants, if there is no perspective of their inclusion in the host country's labour market and if they do not meet any of the re-quirements necessary to obtain a residence permit, by Italian law, migrants must be repatriated. Paradoxically, in this case, the host country's initial investment becomes a loss, as there will be no economic returns in the form of taxes or contribution to the economy by the migrants, once they are sent back to their home countries.

The pathway of integration and recognition of civil rights to migrants, refugees and asylum seekers appears, therefore, to be the safest and most advantageous, from both a social and an economic point of view, not only for the migrant but also for the host country.

6.2 Main findings of Research

6.2.1 Research methodology

The interviews with stakeholders and operators cited here were conducted by administering an open questionnaire. The data provided by stakeholders and operators were from the outcome of their direct observations in the field. After the interviews were administered, a circular form of communication was undertaken separately with each of the interviewees, focusing on specific aspects used to integrate the questionnaire. This process permitted us to analyse the issue of gender-based and proximity violence among migrants hosted by reception centres availing ourselves also of further reference-centre data.

Regarding the interviews with psychologists and operators working in *Telefono Donna*'s CAS centres exclusively, the average age of the interviewees was thirty-three, all were women with a university degree in the socio-educational field, all of them psychologists and/or operators in the extraordinary reception centres (CAS) managed by *Telefono Donna* and located between the cities of Milano and Lecco.

6.2.2 Local implementation context

Telefono Donna manages several reception centres, hosting three categories of migrants: families, mothers with children and single individuals. The families are based in Cinisello Balsamo (Metropolitan City of Milano), the

mothers are hosted in Abbiategrasso (Metropolitan City of Milano) and, finally, the single individuals are hosted in Valsassina (Province of Lecco), in Paina di Giussano (Province of Monza e Brianza) and in Abbiategrasso. In total, *Telefono Donna*'s centres number ten apartments hosting approximately sixty people. In Cinisello Balsamo two families are living together in the same apartment. A third nucleus has been located in another property. Each family unit consists of a mother, a father and a child. At the moment, all the families hosted are of the Christian faith. The guests were distributed in reception centres on the basis of indications from the local Prefectures, with which *Telefono Donna* has stipulated a special agreement, which specifies the quality of the services to be provided, the number of dedicated staff members, etc.

The prefectural protocols make it binding for the CAS managers to respect the organisation of human resources established in relation to the numbers of guests present at each facility and working day and night shifts, as well as providing for administrative staff. All the operators have adequate training and basic knowledge of migratory phenomena. Operators and administrative staff are responsible for registering guests and updating attendance and personal data as well as producing the daily reports required by the Prefecture. At the moment of their reception, a dossier is created for each asylum seeker/refugee containing all their documentation (personal data, documents, health-care card, legal documentation, etc.). For each reception centre, a daily report is produced containing, in addition to the centre's progress report and any critical issues emerging, specific data regarding the migrants hosted, the social-welfare activities and health-care services provided, the goods and pocket money distributed, all the human resources employed and details of each of the professional figures involved.

Each facility keeps a monthly cash register where all expenses are recorded. The monthly cash register kept by the operators reports the expenses incurred and is delivered to the administrative office at the end of each month. The contributions paid directly to guests (pocket money/telephone cards) are recorded and endorsed by the administrative staff. The CAS make use of an internal regulation that specifies the behaviour to be followed by all the guests hosted by the structure in their daily lives. The regulation is translated into English and delivered to guests upon their entry into the reception facilities. The aim is to ensure compliance with some basic rules of cohabitation: respect of meal times, rules regarding entry and exit times, safety, behaviour, health-care services and activities, social-welfare services and activities, the goods and pocket money supplied, the rights and duties of each guest. The cleaning service is carried out directly by the CAS staff. The guests are involved in the daily cleaning of the premises, under the supervision and with the assistance of an operator. Cleaning shifts are organised,

and cleaning products, suitable for the type of structure and its dimensions are provided.

On a weekly basis, operators buy food for meals, in accordance with the requests and preferences of the guests who – despite their different ethnicities and nationalities – usually manage to reach an agreement regarding the food to be purchased.

With a view to reinforcing language learning, all the guests, with the help of the operators, study Italian. For the guests actively engaged in seeking employment, the operators help them to draw up and / or update their curricula vitae.

A knowledge of the area is promoted through accompaniment and constant supervision by the operators who provide the guests with useful tools and information. Group sessions are also foreseen during which it is possible to exchange opinions and experiences regarding both the cultural aspects and specific characteristics of the host territory compared to the guests' places of origin. The aim of these meetings is to foster a sense of belonging in full respect of cultural diversity.

6.2.3 The professional figures involved in the reception centres and how these are organised

The social and health-care personnel employed in the reception centres must guarantee and monitor the health status of each guest. Besides a nurse and the operators who work in the CAS 24/7, several other professional key figures are involved in the centre on a weekly basis: a lawyer who follows the bureaucratic procedure of each guest; a psychologist assisted by a mediator; an external doctor in addition to the primary- care physician assigned to each migrant.

As regards the psychological support provided to the migrants hosted by the CAS, an initial interview is conducted with each guest to gather information regarding his/her life and health history, to favour immediate identification of possible episodes of violence (suffered or witnessed). In particular, subjects deemed fragile or vulnerable (for health or psychiatric reasons) are taken care of through periodic psychological support interviews and the activation of a network of action by the entire educational team and by the specialist services available in the area (e.g. Psycho-Social Centres, CPS).

Telefono Donna has developed a particular methodology to apply when taking charge of victims at psychological level: first of all, a case history of the person's life and previous experiences is drawn up to help the victim reveal any traumatic experiences related to violence episodes suffered or witnessed during childhood or during the migratory journey, which lead to

and/or may be observed through current symptoms (e.g. sleep disorders, verbal or physical aggressiveness, somatisation, intrusive thoughts, thoughts of self-injury or suicide etc.).

Subsequently, the victims of gender-based, intra-family, proximity or transit violence are helped metabolise the violence suffered thanks to the individual support interviews provided and, whenever the need arises, access the specialist services, like the Psycho-Social Centres or the Ethnopsychiatry Service, available in the area. The creation of functional, synergic networks involving the territorial services and capable of considering the complexity and idiosyncrasy of each case is essential to guarantee correct multidisciplinary care of the victims.

6.2.4 Findings of the interviews with operators

In the reception centres where the interviews were conducted, no specific protocol in support of abused subjects is available to the operators. The intervention in support of the victims is, instead, the product of constant observation by the operators themselves and by the social and health-care personnel active in the centre. Each interviewee is trained to recognise the signals provided by the guests' behaviour. Subsequently, the operators communicate their perceptions to the medical/psychological team which sets in motion the appropriate intervention strategy for each individual subject.

6.2.4.1 Recognition of distress

As regards reaction to and prevention of episodes of violence suffered and/or witnessed by guests of the reception centres, the main type of intervention consists in psycho-social prevention, entailing the activation of support pathways aimed at managing distress and suffering. The operators consider this kind of intervention necessary, given the vulnerability of some of the subjects hosted. Comprehension of signals of suffering and abuse enables the staff to activate multidisciplinary strategies to better manage each case of violence.

One method for the identification of possible forms of distress and suffering involves direct and indirect observation of the daily dynamics between family members and/or parental groups and relationships between the guests of the centres and the local community hosting them. At present, only one of all the operators interviewed, reported a situation of distress on the part of a CAS guest: a woman whose suffering started in her country of origin, where she was abused by her own husband.

All the operators interviewed declared paying particular attention to the detection of cases where the age of the women hosted, especially if she is very young, may trigger different forms of violence (psychological, physical, sexual, symbolic, etc.). If the women are very young they are at greater risk of suffering domestic violence or other forms of abuse determined by male dominance, behaviour patterns typical of the cultures of their countries of origin. In some cases, marriage imposed on women when still very young can act as a trigger to all the different types of violence women may undergo within their communities and family nuclei.

6.2.4.2 Physical and sexual violence

In this context it is useful to specify how proximity violence is perceived by the operators (see chapter n. 1), compared to the more specific concept of gender-based violence. Proximity violence indicates a concept broader and more specific than that of gender-based violence, as it refers to a form of violence committed by persons of a different gender who are close to the victim (i.e. not just the partner, boyfriend or husband), and occupy a position permitting them to oppress and perpetrate continuous violence – direct, indirect and/or symbolic – against the victim. «Compared to the past, violence today is not directed against enemies or strangers, but, increasingly, towards the closest people. In fact, violence is established there where the emotional investment is stronger. […] Today's violence is increasingly expressed in interpersonal relationships and involves in an alarming way the micro dimension of proximal subjectivities: the partner, the father, the friend» (Bartholini, 2013: 114). On the issue of violence, rape in particular, one operator noted that "according to men belonging above all, but not exclusively, to Central-African and North-African cultures, sexual violence committed against a wife is not considered rape, since the wife is considered the property of her husband. Also, with regards to the issue of respect towards women, it is peculiar how women are not respected as such, but according to their age. The closer a woman is to an age of potential motherhood, the more she is respected. If a woman is also a mother, then she is respected and protected in an almost a religious way".

The operators interviewed reported no episodes of physical and sexual violence among the guests hosted by the CAS at the time of this research, and therefore no specific measures were taken. There have been no cases either of women denying evident episodes of physical violence (detectable thanks to particular behaviour patterns or marks on the skin, scars, bruises, etc.). Were episodes of violence to take place, the team of operators would take care of the incident and support the woman in question by helping her to report the fact to the competent authorities. All the operators interviewed

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claimed that they would report the episode to the judicial authorities. The relationship established between the operators and the families hosted is such as to create circular communication between them, making it possible for everyone to share their experiences. Alongside circular communication, the operators have established a mutual relationship of trust with each of the women hosted. This permits the spontaneous emergence of any episode of violence without the operators having to ask direct questions. When the level of confidentiality allows it, the operators also try to trace any violence suffered back to the countries of origin. Following a preliminary diagnosis of any form of violence – based on testimony – the common procedure, as a first step, is to inform a psychologist. The centre has the possibility to involve French or English native speaker psychologists to facilitate the women hosted. The main aim of this kind of intervention is to ensure that the women are not exposed to further attacks of violence.

Even if no formal protocol of intervention is available, the reception team has devised informal intervention strategies to adopt in cases of episodes of violence; the first intervention is the responsibility of the psychologist who evaluates, during an interview, the most effective strategy to adopt, including a protection plan assessed on a case-by-case basis if one or more women have suffered violence. If the conditions require it, health-care intervention is also foreseen. The accompaniment of the victims to the Accident and Emergency (A&E) department of a hospital is frequent and, in some cases, the intervention of one of the Psycho-Social Centres is requested. By way of example, *Telefono Donna*, located inside Milano's Niguarda Hospital, can avail itself of the collaboration of the psychiatric service of the hospital itself and, in more complex cases, of the ethnopsychiatric unit operating within that hospital too.

6.2.4.3 Indirect and symbolic violence and self-recognition of violence

When it comes to violence, one of the most insidious forms is symbolic and indirect. In the opinion of most of the interviewees, mechanisms of subjugation, if not immediately perceived by the operators, may be brought to the surface by means of simple observation of the hosted guests' behavioural dynamics which permit the operators and psychologists to become aware of even symbolic forms of subjugation. In this regard, a CAS operator from Abbiategrasso states that "most of the women have embraced a Western lifestyle" and that "in reaction to this, the men have not assumed restrictive or punitive positions". The absence of restrictive forms of subjugation is confirmed, according to the testimony of another operator working at the Cinisello Balsamo CAS, by the fact that the "women are free to use their own pocket money; feel free to express their personal thoughts and opinions,

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choose what to wear, go out without male accompaniment, decide how to educate their children and – in general – and that they appear to be completely independent as regards the management of their daily lives. If forms of subjugation were present, these would take the form of reduction of the freedom of the women hosted within the linguistic and decision-making sphere". Finally, no restrictions by the men of the freedom of movement of the women was reported.

The issue of suffered or perceived violence lies at the very heart of communications between the operators of *Telefono Donna* and the guests of the CAS. One of these operators, working in the CAS at Lecco, declares that her main task is "to create the conditions by which to encourage women potentially at risk of a form of violence, to speak out immediately. We (operators, educators etc.) prepare the grounds for the weekly interview between the women hosted and the psychologist, with a view to creating the best climate possible should a woman feel the need to seek protection and enable us to choose, as a team, the most suitable intervention strategy to apply".

The relational continuity between guests and operators strengthens relationships and is an automatic deterrent against closure and incidences of rejection among guests. The relationship works better if there is gender contiguity between the guests and the operators. If any difficulty arises during communications with migrant women, "it concerns the daily construction of the relationship with them" – according to one of the psychologists interviewed for the project – "in the daily relationship with migrant women, building a climate of trust between them and the operators is essential, so that any form of distress is identified in time".

6.2.4.4 Everyday life in the reception centres and relations with the local population

The operators and psychologists of the CAS have drawn up a socio-educational plan aimed at restoring equality in family life, should there be episodes of gender inequality within the families hosted by the centre.

During their interviews with family members, the psychologists recorded their perceptions of the political and religious discrimination perpetrated by the local population against the migrants. From an interview administered to one of the CAS operators: «I have often noticed that migrant women hosted here perceive strong political and religious discrimination on the part of the local population which targets all migrants. Fortunately, in most cases, this discrimination remains verbal only and does not result in forms of physical attack». It is interesting to note how the most widespread prejudices regarding migrants are directed towards the men and are less accentuated when it comes to the migrant women.

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A particular type of prejudice against migrant women, expressed by the local population and perceived by the guests of the reception centres and by the operators, concerns the perception of the lack of dignity associated with the type of employment migrant women manage to find in Europe (e.g. housemaids, babysitters, etc.). The operators note, however, a progressive abandonment by the local population of prejudices linked to the colour of a person's skin, while strong, persistent opposition to certain religious symbols, like the Islamic veil, persists. This detail was not recorded by the operators employed in the CAS centres of *Telefono Donna*, since only Christian families were hosted by them at the time of this research, but it is a reality perceived and reported by the migrants hosted in these centres. Finally, migrant guests reported a gradual increase in forms of tolerance expressed by the local population towards migrant communities.

6.2.4.5 Networking, services and training needs

As regards networking with active services within the area, the operators of the CAS have elaborated strategic measures aimed at discouraging the emergence of episodes of violence against women hosted in the centres. In cases of episodes of this kind, a network of specialist services available within the area, as well as single professionals (psychologists and lawyers) capable of protecting the victims by accompanying them, needs to be activated immediately. *Telefono Donna*, with its anti-violence centre, can count on an effective network of support to victims of abuse, and can provide shelter in safe houses. In cases of maltreatment, *Telefono Donna* conducts therapeutic interviews with the victims and provides legal assistance. If the victims are not Italian-speaking, *Telefono Donna* avails itself of the services of mother-tongue psychologists.

All of the interviews ended with a discussion on the issue of training. Almost all the operators interviewed made specific requests to attend training courses on the topic of the reception of female asylum seekers and refugees. The request made by one of the CAS psychologists and shared by many other interviewees, was the possibility to attend "upskilling courses on gender violence and on the reception of asylum seekers and refugees. We need training courses on gender migration, enabling operators to provide tools to migrant women capable of enhancing their ability to create moments of socialisation with the local population and their chances of build a real role for themselves within the hosting society. 'This training course would allow me' – concludes the psychologist – 'to acquire more suitable tools to intervene positively'".

6.2.4.6 Some reflexions

The main weaknesses of the reception system in Lombardy (in particular in the Milano and Lecco areas) identified by all the operators interviewed are:
- The difficulties family units encounter when seeking to adapt to the social context of their place of arrival;
- A lack of specific training courses for the personnel operating in the reception system concerning gender issues associated with migratory phenomena;
- The persistence of strong prejudices against migrants, refugees, asylum seekers on the part of the resident population;
- The continued prevalence of the multicultural over a possible intercultural model;
- Poor connections between the local communities of migrants (already integrated in the host territory) and the guests hosted by the reception centres;
- The negative attitude and role the media.

The main training needs emerging from the overviews administered to all the operators and psychologists consulted, regard the following competences:
- The ability to recognise and distinguish between different typologies of violence (proximity violence, gender violence, witnessing violence, human trafficking, etc.).
- A knowledge of the criteria and symptoms by which to recognise signs of gender or proximity violence in reception environments (medical and life history; direct and indirect observation of verbal and non-verbal behaviour; reported symptoms; circular communication between guests and operators, etc.).
- Strategies for the management and prevention of crises and emergencies, the ability to network and collaborate with other existing services active within the territory (the importance of a multidisciplinary approach).

In conclusion, a systemic and cultural approach within the reception centres is mandatory when it comes to the issue of gender violence and, more generally, that of proximity violence, so that operators may be able to understand the experiences brought with them by the migrants, who, unfortunately, have often experienced and suffered from abuse falling within these categories.

6.3 Best practices

6.3.1 Some best practices indicated by stakeholders and operators interviewed

Besides the operators of the reception centres, *Telefono Donna* conducted interviews involving a small cohort of strategic stakeholders active within

the territory of the northern area of Milano and in the Province of Lecco, capable of providing specific insight into the theme of prevention and reaction to the gender-based and proximity violence suffered by refugees and asylum seekers.

The interviews focused on the subject of intervention in cases of psychological or physical/sexual violence perpetrated against refugees and asylum seekers hosted in reception centres. According to all the interviewees the fragility of the Italian reception system emerges principally when it comes to the management of episodes of gender-based and proximity violence. All clinical intervention in this sphere is, in fact, heavily penalised due to a lack of funds. The centres that are active in the area (SERT – Services for Drug Addictions and CPS – Psycho-Social Centres) mainly handle other forms of distress (especially dependency) and, therefore, fail to address the problem of gender-based and proximity violence associated with the migratory phenomenon; moreover, there is a need for professional figures (psychologists, physicians, lawyers, policemen) prepared to work with migrants.

6.3.2 The European Institute of Psychotraumatology

Below is an excerpt from the interview with Director of the European Institute of Psychotraumatology based in Milano[1] and identified by *Telefono Donna* as an example of best practice within the Lombardy Region.

According to principal doctor, what is at stake when it comes to the problem of migration, «is how to improve the service in charge of receiving and hosting migrants who are victims of violence and who need psychotherapy. Often the intervention implemented by the social and health-care staff present in the reception centres is insufficient. Therefore, it is necessary to improve the macro-organisation by means of closer compliance to ministerial indications. We need an institutional organisation which is better prepared to deal with the problem and speed up asylum-seeking procedures. We need to provide migrants with answers in the shortest possible time and direct them [...] towards a true pathway of liberation from their initial status as newcomers. The slower the institution is in managing individual applications for asylum, the more the territory suffers. For those who deal with the reception of migrants in real life, it is necessary that what is put on paper by the institutions become effective in practice, especially as regards the professional skills of the operators involved».

According to Director "the reception of migrants needs to be closely and systematically connected to the job market, because this should not be the responsibility of the single reception centres: we need job grants, agreements

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[1] http://www.psicotraumatologia.org/istituto.html.

with large companies, apprenticeship contracts, fewer bureaucratic, fiscal and contractual constraints burdening potential employers. [...] In Italy the model of charity prevails over one whereby the migrants are assisted and accompanied on a pathway to full autonomy".

Director then highlights "the increase in the phenomenon of gender migration which, if anything, exacerbates the problems and shortcomings mentioned above. Gender migration has increased significantly since the 1970s and has as its premise the issue of work. Women who have greater difficulty than men in finding employment and who are more exposed than men to different forms of marginalisation in their own countries often choose to emigrate to Europe". According to Director, "The quest for a job, the exit from poverty and the need to get away from abusive families are among the main reasons behind gender migration. It is reductive to focus only on the economic aspect". Indeed «to define immigration as a purely economic issue, denying migrants recognition of their political rights and access to the community of citizens» (Zanfrini, 2017: 24) produces prejudices and jeopardizes all integration processes.

One of the main commitments of the operators active in centres that receive abused migrants is to get to know their personal drama and to support them in their efforts to overcome the trauma itself. "The main difficulty for the operators is to understand the different perception of the body that African migrants have compared to the western view. The challenge is to redefine perceptions of the cultural parameters of one's own country and compare them with those of another country, especially a European one. If we cannot operate on this level, we will always have the problem of perceived diversity, both on the part of those coming from another country and on that of the residents of the country hosting the migrants".

6.3.3 Good practice of European Institute of Psychotraumatology

The European Institute of Psychotraumatology works with its own staff at the CAS and SPRAR centres, providing a task force of psycho-traumatologists and specialists in disaster management and is available to public and private organisations for the provision of an Emergency Psycho-Trauma Service to populations affected by serious accidents or disasters.

The Service provides:
• psycho-traumatological triage of victims (following the Cologne Risk Index);
• organisation of interventions according to international protocols of catastrophe psychology;
• early post-exposure treatment for survivors;

- intervention addressing traumatic bereavement in support of relatives of victims;
- psycho-traumatological support for the hospitalised injured and their families;
- interventions of prevention and salutogenesis[2] designed for rescuers;
- support for public communication officials regarding issues of emergency communication and panic prevention techniques, providing indications on the problems raised and on the possible solution.

6.3.4 The Mountain Community of Valsassina, Valvarrone, Val d'Esino and Riviera

The managers of the Mountain Community of Valsassina, Valvarrone, Val d'Esino and Riviera[3] described the forms of violence related to migrants they have come across, especially those involving women from Nigeria.

Addressing the issue of female victims of violence and referring to their personal experiences, the two professionals referred, in particular, to women of Nigerian ethnicity, who have received very poor formal education and who present particularly evident oppositive-provocative management modalities, physical conflict. Very often these women arrive in Italy having already suffered violence during the journey, and for this reason they are mostly assigned to services that deal with anti-trafficking: most of these women are victims of sexual and physical violence in the form of torture. Sexual violence often results also in unplanned pregnancies, leading to repeated cases of voluntary abortion or in sexually transmitted diseases which, due to cultural factors, are often poorly understood or difficult to handle. The interviewees also reported forms of intolerance towards homosexuals, although these cases are rarer (Abbatecola, 2011).

6.3.5 Good practice of this Mountain Community

The Mountain Community has developed a model that provides indicators to help the operators of the centres identify key elements indicating potential situations of violence, to be used in conjunction with careful observation and monitoring of particular attitudes manifested by the guests of the host facilities. "Once a climate of greater trust and confidence with the guests

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[2] Salutogenesis is a term coined by Aaron Antonovsky. The term describes an approach focusing on factors that support human health and well-being, rather than on factors that cause disease. More specifically, the salutogenic model is concerned with the relationship between health, stress, and coping.

[3] https://www.valsassina.it.

is established, a dialogue can begin, aimed at understanding the experiences of the women in question and finally proceeding to activate the anti-trafficking body that will take charge of the case". The experience of the Mountain Community in the province of Lecco has been very positive to date as collaboration between the local authorities, the Mountain Community and the Prefecture, has succeeded in promoting a network that has produced positive results in terms of the charge-taking and management of migrants arriving in the area served. The most frequently reported cases of violence refer, as mentioned previously, to women victims of trafficking; these victims in particular, once identified within the reception centres, are taken care of thanks to the collaboration with anti-trafficking associations. It can also important to note that the most frequent sentiment expressed by interviewees regards the need for trust and competence in the management of these especially vulnerable cases.

The two professionals then reported a particularly significant case with respect to the topic in question: «an immigrant woman victim of violence was taken care of, as well as by the municipality where she was a guest at a reception centre, also by a Women's Shelter (Centro Anti Violenza – CAV, ed): for the first few days she was transferred to a hotel, with the help of the Carabinieri who supervised the entrance to the premises to avoid any kind of contact with or repercussion, before the woman was finally placed in a safe apartment. To date, this girl has emerged from her condition of violence, has obtained humanitarian protection and has a work contract».

According to managers, to improve the management of victims of violence, a greater number of beds need to be made available to the Anti-trafficking unit, in order to guarantee the possibility to remove victims physically from compromising and dangerous situations. As regards the operators, who share in the daily management with the guests, the interviewees report that "training and specific expertise in some cases are not sufficient and not of the same standard for all operators". In the opinion of the interviewees, «the possibility of delivering good professional care also depends on the number of guests present in the centres». In order to standardise the training of all the operators employed in the Province of Lecco, a specific training service for operators was delivered by the Milano Institute of Ethnopsychiatry.

6.3.6 The Somaschi Foundation, Lombardy

From the interview with Director of the Somaschi Foundation[4], it emerged that the reception centres managed by the association host only men

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[4] http://fondazionesomaschi.it/

a number of whom have been victims of violence. In some cases, the experience of violence surfaced during the interviews with the operator and the educational team, while in other cases the signs and scars of physical assault on the victims' bodies were evident. In a number of cases, the violence was experienced during imprisonment in Libya, while in others the guests were victims of physical abuse perpetrated by members of their own families in their countries of origin. Sometimes difficulties emerge at communications level, not due so much to language as such as to denial by the victims. Some victims of violence, despite the evident presence of signs and scars on their bodies, actually deny being victims of violence: in these cases, it is necessary to request the support of a cultural mediator, because the guests can be reluctant to tell their stories to the local operators.

From the interview with Director it emerged that «it is necessary to establish a good educational relationship, and this is possible only through the constant presence of the operators, who become a real point of reference for the guests. In particular, guests who are victims of violence have been invited to follow a psychological pathway, especially those with problems at emotional and relational level. Psychological support is provided by services such as the NAGA and the Ethno-psychiatry unit of Milano's Niguarda Hospital». She states, however, that in some cases access to these services is difficult, especially due to the extremely long waiting lists resulting from an overload of requests. «It is essential to activate more of these specific services – like the ethno-psychiatric units – within our areas, because the ethnic-cultural aspect is fundamental in order to understand the emotional state of guests who benefit from psychological support, and to help them overcome the traumas associated with violence».

Furthermore, it is essential to avail oneself of tools that take the cultural component into due consideration. Not all centres have these tools and/or have received the training necessary to understand situations of concrete or potential violence suffered by migrants. "The management of migrants, especially those who have been victims of violence, needs to pass through a networking involving the various services, primarily the social services, the psychosocial centres and the Ethno-psychiatry units. Networking, however, is an aspect that needs to be improved greatly, because it is not always possible to work in synergy. Furthermore, it is also desirable that operators be provided with specific training on the issue of violence in order to obtain greater knowledge and awareness of the question", she concludes.

6.3.7 The Bresso – Metropolitan Area of Milano – Red Cross

The Red Cross professionals interviewed provided accounts of their experiences with cases of violence in general, of proximity and psychological

violence in particular, and provided their own impressions regarding discrimination the migrants experienced in their territory of origin on grounds of their gender and/or sexual orientations. Although criminalisation of homosexuality is slowly diminishing in some countries, persecution and stigma of anyone who is "different" because they belong to a sexual and/or gender minority are very common in many areas of the world. Being homosexual therefore means being exposed to intimidation, persecution, physical and psychological violence.

These abuses are mostly committed by state agents, usually the police, or by people closest to the victims, like their own families or communities, who repudiate them, expelling them from the clan or village community. "We need to recall the current situation which is: over 70 states criminalise homosexuality; in 13 of these, including Mauritania, Saudi Arabia and Yemen, the penalty envisaged is death, in 14 of them being gay can be punished with life imprisonment; in others it can lead to sentences of up to 15 years as is the case in Kenya and Morocco; laws have been enacted in 17 states limiting the free expression of sexual orientation significantly". The Red Cross professionals interviewed by us reported the experiences of several Bangladeshi boys, who at the time referred to were still minors, discovered having intimate intercourse with other boys in school environments.

The authorities forced these boys to flee their villages. In many cases helped by a family member, usually the mother, the boys managed to leave and contact traffickers in order to reach Libya, the departure point for many European destinations where they hoped to find work. However, the instability of Libya put the lives of these young people at risk so that they were detained by the traffickers in isolated places before embarking on their journey to Europe, where they suffered violence, mistreatment and torture.

Some testimonies reveal how, in many cases, the greatest fear of LGBT subjects is that of falling a victim of their own communities and neighbours, even of their own families, where fathers and brothers seek to punish the "diseased" person by applying "conversion therapies", involving physical violence and continuous "corrective" rape.

The professionals report a particularly significant case where "the head of the family of one of their guests, upon becoming aware of the sexual orientation of his son, killed himself because of the pain, shame and humiliation his son had brought down on his family".

Often asylum seekers reveal their homosexuality or sexual orientation after their arrival in the host country. This is due to the negative experiences they have been subjected to in their countries of origin, or because they do not even know how to define their situation or, finally, because they fear that the community to which they belong may discover their sexual tendencies. Two conditions may arise therefore:

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- invisibility: migrants belonging to a gender or sexual minority keep their sexual orientation and gender secret
- double discrimination due to their condition as migrants and their sexual identity.

Despite this, the professionals underline the fact that «in the reception centre there have never been incidents of violence in this sense between compatriots or other guests, especially because the sexual identity of guests is protected by the professionals working in the centre, who permit the guests to share their emotions freely».

6.3.8 Good practice

The experience gained to date by the professionals of the Bresso Red Cross[5] has permitted them to work in collaboration with other bodies and has led to positive results in terms of charge taking and management of incoming migrants, above all, of the more vulnerable subjects.

The Red Cross is a model which involves the multidisciplinary teamwork of different professional figures: psychologists, social workers, legal representatives, educators, Italian teachers, mediators, operators. The guests of the centres are constantly monitored and if there are cases where traumas which fail to be overcome and metabolized become suddenly manifest and tend, practically, to become psychiatric pathologies – the procedure envisages contacting the centre of ethno-psychiatry at the psycho-social centre of Cinisello Balsamo, the nearest local reference.

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7. Proximity violence against women refugees and asylum-seekers. OXFAM Italia experiences in Tuscany Region

by *Maria Nella Lippi*

7.1 The asylum-seeker and refugee population in the Tuscany Region

The immigration process is a National and Regional Level political issue. Immigration considered not as an emergency but as an ordinary process to be governed adopting appropriate policies, is a priority for the Region of Tuscany (ANCI Toscana 2017).

The region's reception and accommodation centres for asylum seekers and refugees have been managed thanks to collaborative efforts featuring the State Authority and local associations/social cooperatives.

To create a sustainable system at regional level, the Political Authorities try to avoid hosing too many migrants within the same area and strive to promote another model called "Diffused reception". This means that within different territorial areas, thanks to more widespread involvement of the municipalities, asylum seekers and refugees are hosted in small centres. The Regional Authority of Tuscany considers this an eloquent example of best practice since it facilitates the social inclusion of migrants within the local communities. In these small centres, people are hosted according to age (specific centres for unaccompanied minors have been created), gender and family situation (mothers with children, family reunion etc.).

The *diffused reception model* is often associated in Tuscany with SPRAR (a System of protection for asylum seekers and refugees) an ordinary reception system created to host and promote the social inclusion of asylum seekers and refugees (this system was funded at National level in 2002).

Even if the SPRAR model is considered more efficient and of higher quality than others for the reception and support of migrants, and even if there is a structural presence in Italy of people arriving through the Balkan and Libyan routes (in 2016 181.436 people arrived by sea, while in March 2017 174.356 people were hosted in reception centres all over Italy), from 2014 on, the reception system has been managed according to another model called the CAS system (Centri di Accoglienza Straordinaria – Emergency

reception centres. The services provided by SPRAR liaise with the social services and the welfare system of the territory where the centre is located: education, professional training, job orienting and support for autonomy, are all managed in collaboration with the local Authorities.

The CAS provide emergency shelter and services to asylum seekers. Because of their emergency status, they have fewer constraints at different levels: housing, number of people that may be hosted, lower budget for activities such as professional training, social inclusion etc. People were supposed to reside in these centres for short periods, although, because of the bureaucracy the Commissions evaluating requests for asylum have to deal with, migrants often spend up to three years in these temporary accommodation facilities. The CAS facilities are managed by private agencies with little experience in matters concerning the education/social inclusion/integration of migrants. It can happen that in these centres unaccompanied minors, women, women with children live promiscuously with men for short-medium periods as they await relocation in specific centres.

The National Plan for Extraordinary Reception states that, after initial relief, identification and assistance, migrants must be assigned to provincial or regional hubs (where these exist) or directly to a CAS. Migrants who arrive by sea are often escorted in buses provided by the Prefectures to motorway stations from where social operators bring them to randomly assigned centres.

The analysis of data on migrants hosted made available by OXFAM Italia Intercultura and covering the period from 2015 to 2017, indicates that 41.9% of those hosted arrived directly from the ports, while 38.8% of them arrived from another temporary facility (Hubs) for instance, from the provincial hubs of Arezzo and Siena. Some of them also came following Hotspot procedures. A significant number of the immigrants were admitted without knowing from where they had come (OXFAM, 2017).

At regional level the following data were collected to define the number of asylum seekers and refugees hosted in Tuscany in relation to the local population and citizens.

In September 2013, in Tuscany the reception system was mainly managed according to the CAS model: 897 CAS centres were set up in all areas, hosting 12,084 asylum seekers, registering a decrease in the number of migrants (12,815 in August 2016 and 12,296 in July 2017 – in line with the new policy foreseen by the then Ministry of the Interior, Minniti, and the agreements stipulated with Libya for the reinforcement of its detention centres for irregular migrants) (ANCI Toscana, 2017).

In 2016, the places available in the SPRAR system in Tuscany numbered 912, with 837 for adults (38 of which specifically intended for vulnerable people or people with mental problems) and 75 for unaccompanied minors. In august 2017, the number of places available in the SPRAR system in-

creased from 912 to 1,238. The number of migrant women hosted in the system and the availability of places specifically for women was not registered in the ANCI Report mentioned above or in the Report of the Parliamentary Committee of Inquiry into the reception, identification and expulsion system, nor were the conditions for the detention of migrants and public resources published – January 2017.

Tab. 6 – Refugees/asylum seekers hosted in Tuscany

Municipality	People hosted in the reception system (CAS and SPRAR)	%
Siena	1,011 people hosted vs. a population of 268 thousand	0.38
Massa	714 people hosted vs. a population of 197 thousand	0.36
Pisa	1,466 people hosted vs. a population of 421 thousand	0.35
Grosseto	790 people hosted vs. a population of 223 thousand	0.35
Lucca	1,368 people hosted vs. a population of 391 thousand	0.35
Arezzo	1,224 people hosted vs. a population of 345 thousand	0,35
Prato	824 people hosted vs. a population of 253 thousand	0.32
Livorno	1,110 people hosted vs. a population of 337 thousand	0.32
Pistoia	896 people hosted vs. a population of 291 thousand	0.30
Florence	2,564 people hosted vs. a population of 1.013 million	0.25

Data provided by the Prefectures, processed by Anci and the Tuscany Region – December 2017

The approval of the new decree on security and immigration (November 23rd, 2018) by the former Italian Government intends modifying the situation of refugee and asylum-seekers' Reception centres. The decree changes the possibility of accessing protection and secure shelters for migrants seeking asylum, reducing the places and resources available consistently. At the end of December 2018, the Regional Council of Tuscany passed a law governing "provisions for the protection of the essential needs of the person" which also intends to offer a new regulatory framework to address the possible effects of the decree on security and immigration. The complete text of the law has still to be published. The Tuscany Region intends mitigating the effect of the new decree especially when it comes to the health and social rights of asylum seekers and refugees.

7.2 How violence is managed in the Region

In Tuscany, like most of Italy, violence against women, men and children is detected and combatted by the police, hospitals (*codice rosa* meaning pink code – that is, the preferential female code), anti-violence centres and anti-trafficking agencies.

The anti-violence centres are managed by private institutions and associations that work in compliance with art. 8, subsection 6, of law n. 131, 5th June 2003. This law defines the minimum standards for dedicated anti-violence centres and shelters providing protection to women and children. In 2018, the percentage of women seeking help in anti-violence centres was 71% Italians, 29% migrants (nationality and status were not provided by the Report) (Osservatorio Sociale Regionale, 2018). Arezzo and Prato are the cities with the highest percentage rates of violence against women of foreign origin (these cities also have the highest numbers of migrants in the region). In 2018, 75.5% of the women who availed themselves of these shelters (managed by anti-violence associations) were migrants. The difference between the data for cases of violence and the need for housing reported, is due to the fact that migrant women have proportionally less social capital and less support (in term of safety networks) available to them in the host country.

To combat and prevent the widespread phenomenon of trafficking in Tuscany, anti-trafficking institutions have been set up at municipal level as follows:

• Street Units operating to obtain initial contact with the victims on the streets

• Help desks for disclosure and information where social workers and cultural mediators are available to provide support and assistance

• An Emergency shelter in Lucca where the victims are hosted for a few months

• Long-stay shelters (only a few places available)

These services are available in all the main cities of Tuscany (Arezzo, Florence, Grosseto, Livorno, Lucca, Massa Carrara, Pisa, Pistoia, Prato and Siena).

The regional ConTratTo (Against Trafficking in Tuscany) project was funded by the Department for Equal Opportunity and started in December 2011; the leading agency is a Public Institution (Health Department of Pisa).

The regional programme has a toll-free telephone number for anti-trafficking which citizens, victims, police authorities may dial to ask for help and information 24 hours a day[1].

From a statistical survey carried out in 2015 regarding the phenomenon of human trafficking in Italy, it emerges that the typical victim of exploitation is a young foreigner, whose average age is 25. In 75.2% of the cases the victim is a female, mainly Romanian (51.6%) and Nigerian (19%), in some cases married (13.6%) or with children (22.3%)[2].

In 2016, in the Municipality of Pisa (leading Public Institution involved in the Region's anti-trafficking programme) 246 people came into contact

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[1] http://www.retecedro.net/numero-verde-anti-tratta-della-regione-toscana/
[2] La tratta degli esseri umani – Human trafficking, Ministry for Justice, 2016. Non trovo questi dati

with the anti-trafficking service. Eighty-nine were from Brazil, 66 from Nigeria, 55 from Romania, 24 from Albania, 5 from Hungary, 3 from Italy, 2 from Moldova, 1 from Russia and 1 from the Ukraine. From the second half of 2015 on, however, there has been a marked increase in the number of Nigerian women forced onto the streets as sexual workers.

In 2017, in Tuscany, the Prefectures organised meetings to inform the social operators and CAS coordinators of the existence of this programme. A referral mechanism was set up by the Anti-Trafficking Programme to identify victims of trafficking in a timely way. Police, non-governmental organisations, hospitals, reception centres and Local Commissions can avail themselves of this mechanism. In the presence of trafficking indicators, the victim is interviewed in a safe, confidential way, with the support of trained personnel belonging to the anti-trafficking Agencies (social workers and cultural mediators). Interviews must be carried out in suitable places (UNHCR; Italian Ministry of Internal Affairs, 2016).

The *Codice Rosa* (Pink Code) is activated by the hospitals' Accident and Emergency [A&E] Services of the region to deal with and report cases of abuse, rape, mistreatment and hate crimes. Victims can speak to trained medical staff (including gynaecologists and psychologists) and decide whether or not to report the perpetrators to the police. Since 2014, all the hospitals of the Region have joined the *Codice Rosa* project. From June 2017 to June 2018, 2,143 adult women (83.8% of the admissions) accessed the A&E using this code. Of them 63.4% were Italians, 36.6% migrant women. In general, the cases reported through the pink code service in 2018 concerned mistreatment by a partner or family member, abuse and stalking (Osservatorio Sociale Regionale, 2018).

7.3 The research method used and results of the field research

The interviews carried out for the Provide project involved seven social operators working in the reception system, two public officials from the Prefecture and four from other Institutions (anti-trafficking, anti-violence, psychological support programmes) other Institutions (anti-trafficking, anti-violence, psychological support programmes).

Data collection availed itself of semi-structured and anonymous interviews administered between May and June 2018. The staff interviewed, having finished answering the questions, were allowed to read their answers, integrate and comment on the report.

Six extraordinary reception centres, two legal desks for migrants and an anti-trafficking agency were visited in order to observe the work of the organisations directly. In addition to qualitative research, the data collected are those provided by the central system (Anci data, 2017) and to those collected

by the Prefecture of Florence which manages the extraordinary reception system (CAS).

The experience of OXFAM Italia Intercultura which manages host centres for girls, women and families in four Tuscan municipalities (37 places available for women) was important when appraising the model of social care for asylum seekers and refugees and how it is influenced by Institutions.

Frontline workers offered an important perspective making it possible to understand responses to proximity and gender-based violence; they also made it possible to map the scope and scale of violence in their centres and communities; they were aware of how Institutions and policy affected the lives of the people which similar policies and programmes are expected to assist (Wies & Haldane, 2011).

The personnel interviewed operate in different Institutions and Civil society organisations:

- 4 of them in a CAS providing separate female and male apartments,
- 1 of them act as a legal operator in SPRAR and CAS centres and coordinates the work of other five legal operators working with CAS and SPRAR in five Tuscan provinces
- 2 of them work in a SPRAR providing apartments for men and one for families
- 2 of them work at the Immigration Department of the Prefecture
- 1 of them works for an Anti-trafficking Agency
- 1 of them coordinates an Anti-violence centre
- 2 of them work as cultural anthropologists for the SPRINT Programme[3]

All the operators have a degree, one of them holds a PHD in Politics. The most frequent qualifications are degrees in Cultural or Social Anthropology, Political Sciences, Psychology. The operators interviewed were nearly all women in contact with migrant women and children (just one of the interviewees was a man). They have 2-5 years of experience in the sector. The cultural mediators that support the activities in the reception centres are often migrants and refugees with no specific training in the sector. They facilitate interaction between the migrants, the local services and the social/health-care personnel. The absence of specific training can create difficulties for relationships with asylum seekers and for confidential, secure relationships. Despite this, the work of the cultural mediators remains central to the implementation of many of the activities carried out by the shelters and to the provision of early support to women, men and children seeking asylum. As emphasised by one of the interviewees: "cultural mediators are required not only to translate but also to understand in depth the cultural, social and spiritual

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[3] Interdisciplinary mental health protection system for asylum seekers and refugees (*Sistema di protezione interdisciplinare per la salute mentale di richiedenti asilo e rifugiati*) financed by the AMIF Programme for the Tuscany Region.

perspective of the people we work with" (coordinator of an anti-violence centre).

All the interviewees emphasised the importance of creating a relationship of trust between the migrants hosted in the centres and the social operators, in order to facilitate social inclusion and the emergence of cases of violence.

> I try my best to create moments of confidence. They often come alone because we spend a lot of time together, I reserve other moments to monitor the situations where they are living and to try to understand how they are faring emotionally (a social operator at a SPRAR for families).

In many cases, the operators interviewed said they did not feel sufficiently prepared to deal with the violence and abuse experienced by the girls and women they deal with. The training received by three operators – while four others did not receive any specific training– concerned trafficking indicators (a one-day training course run by the UNHCR in cooperation with the Prefecture of Florence); the SAMIRA[4] course; a course on gender-based violence managed by an Anti-violence Centre.

> It would help me immensely if there were a network in the area to deal with the issue of violence and provide a better knowledge of the culture of the country of origin of the women [...]. Mine is often a kind of emergency support, a relationship of proximity and care (a Social operator in a CAS for women).

The CAS and SPRAR centres that took part in the interviews provide small apartments, two reception centres, sleeping 21 each. In both cases, these are facilities that host women, women with children or families. All the facilities dispose of a sufficient number of bathrooms. They are equipped with kitchens where those hosted can prepare their own meals. The rooms accommodate from three to four people, the number is lower if there are mothers and children or families.

> Living in the centre guarantees protection against abuse and violence, but it does not eliminate fully the risk of violence by partners or criminal organisations (a social operator in a CAS for women and girls).

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[4] A national training course aimed at reinforcing the knowledge and skills of anti-violence-centre operators so as to permit them to understand the phenomenon, identify and provide adequate assistance to victims of sexual violence / trafficking. It aims at creating a network involving other actors belonging to reception systems for asylum seekers and refugees and anti-violence associations.

All the operators said they had come into contact with violence undergone by the girls and women at least once. After these episodes they organised dialogues and confidential interviews with the victims.

> Her roommate's boyfriend took her head and slammed it against the wall. They were in front of an African shop in town and the ambulance arrived [...]. The girl said she wanted to think a little about reporting and finally decided not to. I do not exclude that there were threats of retaliation and she feared the consequences (a social operator in a SPRAR for families).

The women hosted in the centres are extremely reluctant and rarely talk about violence. Most of them decide not to report the offenders.

> When we saw the bruises, we took her to A&E, to activate the Pink Code (Codice Rosa), but she declared having fallen and so they could not proceed in that direction. At the centre we continued with personal dialogues (a coordinator of a CAS for women and a CAS for men).

Many of the female asylum seekers and refugees told legal operators that they suffered severe violence in Libya (these professionals collect their stories to support and prepare the victims for the Commission that analyses requests of asylum).

The legal operator interviewed told us that according to the accounts provided by asylum-seeking women (mainly from Nigeria, the Ivory Coast, Senegal, Somalia and Eritrea) it emerged that:

> The girls, during the legal dialogues, sometimes feel free to speak about past violence. They report having been whipped, having their skin burnt with cigarettes, tell about previous sexual violence, systematic violence and torture during the journey to Libya and in their countries of origin. The perpetrators are partners, clients, police officers, soldiers. In these cases, we refer to forensic medicine, carry out ad hoc medical examinations and provide psychological support.

All the operators interviewed said that they could not avail themselves of a standardised intervention protocol to manage violence within their centres.

> Unless there is fighting inside the centre and we have to call an ambulance and the police, depending on the severity of the injuries sustained by the people involved, we usually manage each case in compliance with the specific needs of the person (a social operator from a CAS for women and women with children).

In addition to reporting current and past violence which has caused physical and psychological damage, the operators we interviewed reported some cases of trafficking.

> Only two days after the girl had arrived in town, we were unable to find her at home, she was always out. For us this was very strange, too short a time for her to know where to go. We activated the anti-trafficking programme, and during the interview the "madame" contacted and threatened her (a social operator of a CAS and anti-violence centre for women, girls and their children).

The operator of an anti-trafficking centre describes the evolution of the phenomenon of human trafficking:

> Every year at the emergency desk we carry out approximately 200 interviews (we meet 70 new people every year). Most of those who access the service are girls from Nigeria (around 90% of the total). There are also some from Albania, Romania and Brazil (these numbers are more residual). Sixty per cent of the requests for interviews come from women and girls seeking asylum.
> The girls are under great pressure not only from the "madames" but also from their families. The girls are subjected to several kinds of pressure: psychological, physical and economical and for this reason they do not seek access to the programmes. They respect their families and do not want to be separated from them for fear of retaliation.

The level of subordination of women and girls to men is perceived by the operators as very high.

> Too often men decide on the contraceptives the women shall use. Women decide little for themselves. If we tell them about us, they hold that what we say does not make sense to them. They are not allowed to tell someone to be silent nor may they ask to be allowed to finish want they are saying or simply share what they think (a social operator in CAS and in anti-violence centre).

In some cases, subordination and dependence were also detected in cases of relations with other women.

> We called for the intervention of the anti-trafficking agency because the older women seemed to have a lot of power over the newly-arrived Nigerian girls. We were afraid of links with the madams and traffickers (a coordinator of a CAS for women and a CAS for men).

> The experiences reported by the interviewees highlighted the presence of:
> - physical and sexual violence perpetrated by alleged partners;
> - physical and sexual violence due to trafficking / sexual exploitation;

-    psychological violence (pressure to repay debts contracted to pay for the journey);
-    abandonment by partners (women remain completely alone with their children without resources and a reference network).

Personnel working in the Prefecture said that:

Many cases of violence have been reported to us during these years working in the immigration department. The following are the most relevant situations of abuse and violence perpetrated against asylum seekers and refugees: trafficking and exploitation of illegal labour, exploitation of prostitution, abortions after rape (which occurred during migration), children disputed by many fathers (for reasons related to the issue of documents), violence between partners and serious family problems, women in a position of dependence and subordination (in some cases accepted by the women themselves), women abandoned by their partners, cases of drug-dealing, marginalisation and isolation.

Individual interviews, providing information regarding legal information as per article 18 Decree n. 286/98 (for the protection of victims of trafficking and exploitation), educational initiatives on sexual and reproductive health and women's rights, are organised periodically at the centres in order to empower the women, girls and boys hosted there.

According to the interviewees, the resources activated in favour of abused women, girls and boys hosted by the reception system are: the capacity of the operators to build relationships of trust and confidence, the creation of a network with the associations and institutions operating within the area to address issues of violence.

7.4 Some "concrete examples" of the "good practices" detected

Asylum seekers and refugees, in cases of evident violence, are helped by the staff of the CASs and SPRARs to consult:
•   health services,
•   anti-trafficking centres,
•   psychological support desks,
•   anti-violence centres,
•   police stations to lodge reports,
•   lawyers, if the victims are willing to report their abusers.
However, the presence of these services is not perceived as totally effective when it comes to the issue of violence and exit from trafficking and exploitation of the girls hosted in centres for asylum seekers and refugees. This is due to the low level of cooperation on the part of the victims who are under

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pressure from traffickers, partners or other relatives, as well as to the inability of the services to cater for the needs and grasp the cultural perspectives of the female (women and girls) asylum seekers and refugees.

Prefectures and CSOs have carried out joint initiatives to respond to the special needs of asylum seekers and refugees who have suffered violence by opening reception centres for women and girls seeking asylum directly managed by anti-violence associations.

During the interview, an operator from one of these centres emphasised how her previous work experience helped her and her colleagues to provide support to asylum-seeking women and favour their social inclusion. The violence experienced by the women coming from Sub-Saharan Africa (in the CAS where this operator works and which hosts girls from Nigeria, the Ivory Coast, Mali and Senegal) is different from the domestic violence perpetrated against women assisted by the anti-violence centres. Nevertheless, the ability to listen, support and build relationships of trust typical of the anti-violence centres proves useful when it comes to working with asylum seekers. She claims that:

> Being part of an anti-violence network has permitted me to give an asylum seeker, victim of her partner, two-fold support: as an anti-violence operator (to which the police sent the girl), and as a social operator linked to the house where she lives. I can keep on working with her in favour of social inclusion and to offer psychological support.

In 2016, anti-violence centres took part in the 2016 SAMIRA project (Di.Re, 2017). The project aimed at improving identification and the quality of the assistance made available to migrant women and minors, victims of sexual and trafficking violence now living in CAS and SPRAR facilities.

The SAMIRA project implemented the following activities:
- qualitative research into the needs of and risk factors met by women and children arriving in Italy through the Libyan route,
- a training course aimed at enhancing the knowledge and skills of the operators working at the anti-violence centres such as to enable them to understand the phenomenon of violence against women and children coming from Libya,
- the development of a model of good practices and working methods for timely identification, effective help and referral/orientation of victims, adaptable to different levels of reception centres – from the very early reception aboard the ships to assistance at the ports and in CAS and SPRAR centres.

Seven centres participated actively in the research and training process. An anti-violence centre in Tuscany was involved. The programme supported the centres with theoretical and practical tools to permit them support mi-

grant women and asylum seekers, victims of violence. In particular, the project trained cultural mediators who are now able to deal, within the CAS facilities, with situations of conflict, cases of violence and identification as well as provide support to victims of trafficking.

The staff of the Prefecture we interviewed reported that, "In recent years, we opened a CAS dedicated to female victims of trafficking who were applying for asylum; the project was entrusted to a specialised anti-trafficking agency in order to work on this phenomenon in an integrated manner. The CAS managed by the anti-trafficking agency is composed of "*trained operators who are able to work in direct contact with vulnerable foreign women*". They work in cooperation with cultural mediators and know how to act and carry out dialogues with the support of the mediators. The intervention they implement is conducted in the language of the women or girls hosted by the CAS.

At present, in Tuscany, a programme is financed to support the rehabilitation and treatment of women, men and children seeking asylum and refugees who present trauma-related psychological and psychiatric problems like PTSD etc.

The ethno-psychology SPRINT[5] programme is managed by a team of psychologists, anthropologists and cultural mediators who support asylum seekers and refugees striving to recover from personal experiences of abuse, trauma or mental vulnerability. The traumas are expounded and discussed in a transcultural way favouring an understanding of the violence undergone from the personal, cultural and social perspective of the migrant.

A mobile unit which travels throughout the region carried this programme out in coordination with the public-health system (mental health departments) which supports it. The team responds to requests from the social operators at the reception centres.

The working method described during an interview with a stakeholder engaged in this programme is:

> We try to establish an alliance and create a relationship of trust with the person, to understand what he/she is willing to share at this stage and slowly promote an explanation of what he/she has suffered and favour elaboration of the trauma. As an anthropologist, I highlight the cultural and social aspects of the history of violence including those which remain more implicit and profound: debt, relationships of dependency, gender relations, ways of perceiving sexual exchange, perception of maternity. I promote dialogue giving voice to the victim's point of view.

Forensic medicine provides important support to the work carried out by the legal operators. It helps verify the physical injuries reported including those due to torture, the violence and abuse experienced by asylum seekers

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[5] http://www.centrosaluteglobale.eu/sprint/

either in their countries of origin or during their journey to Italy. A specialised coroner carries out sensitive medical visits with the support of a cultural mediator. Certified proof of the violence suffered is important to support applications to the Commission which listens to and analyses migrants' requests for international protection. A similar certificate can corroborate the individual's personal history of forced migration and provide it with added value. Currently in Tuscany, though only in Florence, a convention exists between the department of forensic medicine and the agencies/social cooperatives involved in the reception system available to asylum seekers who can provide evidence of physical trauma.

The gender-based and proximity violence experienced by refugees and asylum seekers reveal the deep-rooted relationships existing between social, cultural and economic matters and show – also in accordance with what the social operators and officials interviewed hold – how important it is that communities, institutions, services and governments provide a comprehensive response to immigrants' needs.

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8. The system of asylum and protection for refugees, victims of proximity violence in the Paris region

by *Julia Tran Thanh*

8.1 Overview of the French system of asylum and protection

In recent years, France has experienced an increase in applications for asylum, which has put the system under considerable pressure. This pressure, perceived at all levels and by all the actors involved in the system, can lay bare situations where gender and proximity violence arise more readily.

On the whole, the approach to the management of gender-based violence[1] and vulnerability remains rather fragmentary. The various stakeholders and agencies do not work together in a formal, systematic manner, but each of them relies, rather, on individual initiative, on partnerships and the good-will of other actors (COMEDE, 2015).

Currently, two systems co-exist in France: the law of the land and the specific norms governing asylum. As the professionals belonging to one system are unfamiliar with the specificities of the other, they cannot always direct beneficiaries towards the services they really need.

In France, applications for asylum are subject to regulations complying with the CESEDA (*Code of entry and stay for foreigners and for the concession of asylum*), a compendium of legal and regulatory provisions pertaining to foreigners' rights.

Under Article L.71-11 of the CESEDA, three kinds of refugee status exist:

- *Conventional asylum*: granted, in compliance with the Geneva Convention of 1951, to people requesting asylum for reasons of persecution or fear of persecution within their countries of origin.
- *Constitutional asylum*: this right is enshrined within the French constitution of 1946 (line 4 of the Preamble) and states that asylum shall be given to persons persecuted because of their action in favour of freedom.

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[1] The term gender-based violence is to be considered in relation to that of proximity violence, a broader umbrella term, of which gender-based violence is one of its components.

- *Asylum seekers*: this status is granted to individuals after they have applied for asylum and during the period which they await concession of official refugee status.

In 2018, a reform of the law of asylum which will impact upon the current system was undertaken. A majority of the NGOs and specialised actors in the field have aired their concerns about some of the difficulties that may arise from the change, especially when it comes to more vulnerable people. These are
- that procedures may be made tougher;
- that application for asylum may be delayed and the time allotted to appeals to the CNDA[2] be shortened; and ask
- that the legal time-limit for administrative retention be extended (including that foreseen for families with minors). They also fear
- that a new audience format may be introduced which might prove intimidating and/or raise issues of confidentiality (interviews made by means of online call services, for example).

The main agencies in charge of the French asylum system are:
- The OFPRA, the French office for the protection of refugees and stateless persons. This is a public institution under the authority of the Ministry of the Interior. Its role is to grant or deny refugee and subsidiary protection status.
- The CNDA, is the National court for the right to asylum. Asylum seekers who have been denied status by the OFPRA[3] can appeal to the CNDA which will then respond.
- The OFII[4], under the authority of the Ministry of the Interior, has three main missions as far as the reception of refugees is concerned:
  o To receive and integrate legal immigrants through the "*Republican Contract*" – a socio-linguistic integration programme.
  o To receive asylum seekers – and manage the housing support system.
  o To support return to and reallocation in the countries of origins of refugees

The OFII is notably in charge of the DNA[5] and of finding and providing housing and material support for asylum seekers.
- The DNA

The "DNA" is the national French reception system for refugees and asylum seekers. It is managed by the OFII – French Office for Immigration and Integration. The system manages new arrivals seeking asylum and incorporates assessment of various kinds of vulnerability within its procedures.

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[2] Cour nationale du Droit d'Asile.
[3] Office français de Protection des Réfugiés et Apatrides.
[4] Office français de l'Immigration et de l'Intégration.
[5] Dispositif national d'Accueil des demandeur.euse.s d'asile.

The DNA oversees people belonging to three different categories: newly arrived migrants, asylum seekers, statutory refugees. It deals with the provision of physical and material assistance, in terms of housing, access to rights, healthcare, and administrative support. The assessment of vulnerability aims at taking into better consideration the asylum seekers' specific needs / circumstances in terms of material assistance, especially as regards accommodation.

The national system includes – and relies on – a multiplicity of actors, some of whom non-governmental:

- Governmental institutions for asylum (OFII, OFPRA, CNDA)
- Non-governmental actors:

o   Operators of shelters: FTDA, Coallia, SamuSocial, (Emmaus), Groupe SOS.

o   Main NGOs in Paris / IDF dealing with initial reception and / or orientation: La Cimade, GISTI, FTDA, JRS, Groupe SOS, Anafé, managers of PADA.

- Public actors and common-law institutions:

o   Paris Municipality (Ville de Paris),

o   HCE (national High Commission for Equality between women and men),

o   AH-HP (Paris hospitals),

o   ASE (Child-protection services),

-International organisations: UNHCR, France.

8.2 The pathway to asylum

Upon arrival in France, migrants have 90 days to apply for asylum (prior to the 2018 change in the law, the deadline was 120 days). They are first taken in charge by CAO centres (Reception and orientation centres), where they can be helped find the best procedure among those available to them.

Those who wish to apply for asylum need to go through the following process:

Graph. 4 – Simplified scheme of application and granting of asylum in France
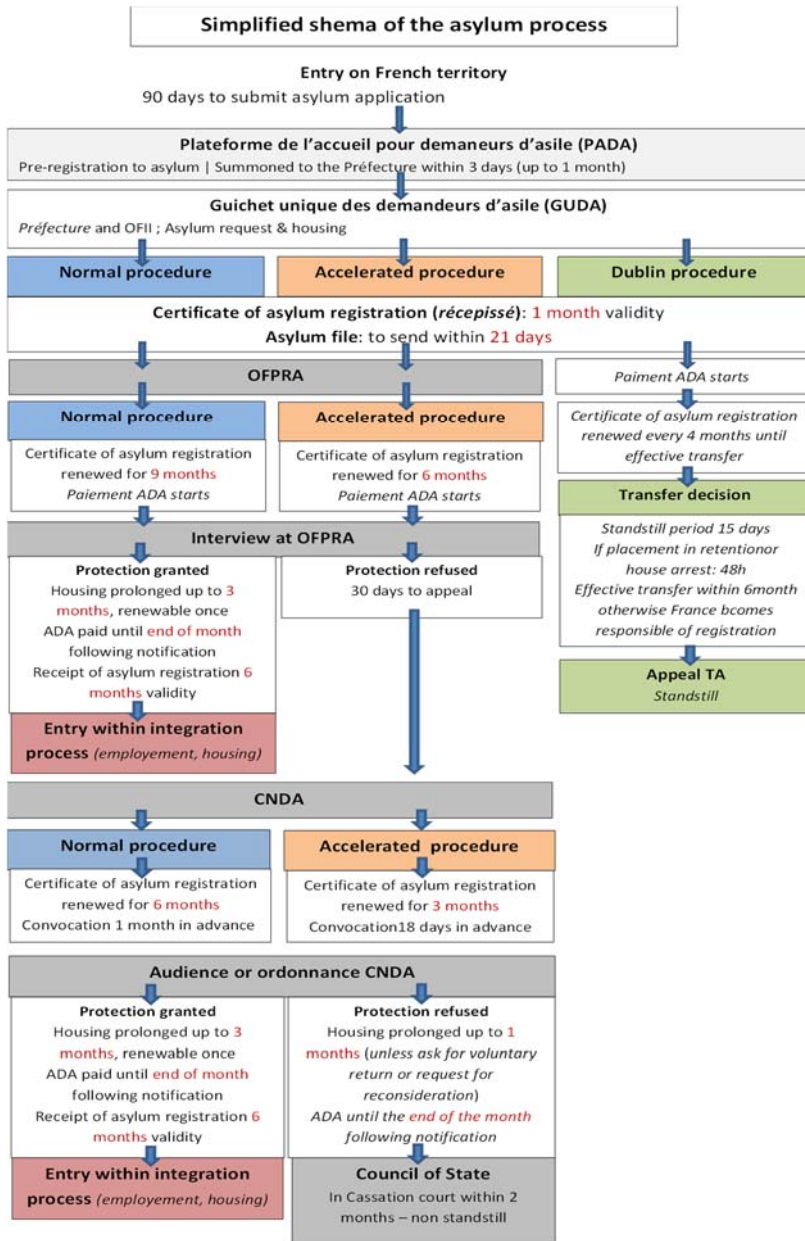
Source: Forum réfugiés (www.forumrefugies.org)

8.2.1 Main issues in the field and findings

8.2.1.1 Healthcare

One of the major problems encountered by migrants is access to healthcare and medical attention when needed. Two healthcare systems are available to new arrivals depending on their administrative status:
-    The CMU (*Couverture Maladie Universelle* – universal healthcare coverage) is given to asylum seekers who can provide proof of status to the relevant authorities.
-    The AME (*Aide médicale d'état* –State medical aid) is accessible to migrants who have no specific legal status and/or who have been denied asylum, provided they have been present on French soil for a minimum of three months.

In addition, other health institutions or actors are involved in follow-up and medical-consultation services available to asylum seekers: health-care reception centres called PASS (*Permanence d'Accès aux Soins de Santé,* permanence of access to health care) in the public hospitals of Paris which are open to anyone in a situation of vulnerability, isolation and/or serious economic distress. A great number of the patients which PASS receives and treats, are migrants or asylum seekers whose right to avail themselves of the CMU has not been activated as yet.

8.2.1.2. Housing

Housing, and adequate accommodation are a paramount issue. The shelter system is overcrowded, and most of the time these facilities cannot cater fully for the material needs of vulnerable people (UNHCR, 2017). For instance, people with disabilities are often taken care of and accommodated by the shelters to which they are sent, but they are not directed towards specifically equipped accommodation (ibidem). Several observations about the shelters can be made at this point:
-    Many shelters are crowded and there is considerable proximity between residents. This can mean several persons sharing the same room, dormitory, bathrooms and other premises, which often spells a lack of privacy. It has been reported that some CADAs do not possess bedrooms or bathrooms that can be locked. Moreover, the vast majority of the shelters provide mixed accommodation and host both men and women promiscuously. Currently, only one CADA in France is a female-only centre capable of providing support to individual women, most of whom are suffering from trauma due to past and/or current violence (HCE, 2017).

-   Location / isolation: the housing complex in the Paris region is over-crowded. Therefore, the OFII may offer housing in other regions of France. One major issue, therefore, is that many of these shelters are in isolated places. The shelters are often located in small villages which may be difficult to reach, provide very few services, especially in terms of socio-cultural activities and health care.

-   The particular situation of "mixed-status" families, where parents and children have a different asylum status – for instance, a girl may have be accorded refugee status because there are strong fears of her being subjected to forced genital mutilation while her parents may have been granted not refugee but VPVF status (status on grounds of family unity), or subsidiary protection. This can mean not having access to the same housing rights (shorter periods in CADAs), financial or health-care support (the child's rights depend on those of the parents' who have a more precarious status). This case is frequent and means that the child loses some of his/her benefits in order to follow his/her parents (HCE, 2016).

-   The dramatic impact on people outside the official housing system: because of the lack of accommodation in the dedicated housing system, the majority of asylum seekers are not housed in these specific residences. As mentioned before, the dedicated housing system for asylum seekers includes services aimed at completing migrants' applications: social workers and specialized NGOs are present to accompany and guide the migrants through the administrative procedures they need to follow, while doctors and psychological counsellors also provide support directly inside the centres. Consequently, the many applying for asylum who do not obtain a place within the official system, often find themselves at a disadvantage regarding procedures and face greater obstacles. This impacts upon their chances of receiving a positive answer to their application later on.

8.2.1.3 System of protection for victims of gender-based and domestic violence

In July 2014, France ratified the Istanbul Convention on violence against women and domestic violence. The convention stipulates that states must implement policies which promote gender equality as well as empowerment of the victims. At present, two public institutions are responsible for assessing public policies and advocating integration of gender issues into public action: the High Commission for Equality between women and men (HCE), created in 2013, and the State secretary for equality between women and men, expressions of the present government, promote laws and transversal observation in Parliament. At local and/or regional levels of governments, "equality referents" are designated within the public institutions to advocate and assess the alignment

of public action with policies; they work closely with the regional observatories which collect data at local level.

In France, gender-based persecution in the country of origin is recognised as a valid reason for the concession of protection, and the OFPRA takes this into due consideration. Domestic violence, however, is not automatically taken into account but judged case by case, depending on the fact that violence occurring after departure from the country of origin is not investigated, while that perpetuated in France is considered a matter for the law of the land.

8.2.1.4 Protection of unaccompanied minors

"Unaccompanied minors" are young people under the age of 18 who are not French nationals and find themselves separated from their parents or legal guardians. Prior to 2016, they were referred to as "isolated foreign minors" (*mineurs isolés étrangers*) but this expression was replaced by "unaccompanied minors" to align it with European terminology. In France, unaccompanied minors are the responsibility of the national system of child protection, yet they often find themselves at a crossroads between the law governing foreigners and that regulating asylum (Le Clève, Masson Diaz, Peyroux, 2016). As opposed to the EU definition of "unaccompanied minors", the French law also includes children and young people from other EU member states.

In 2016, over 13,000 unaccompanied minors, of whom a majority boy (95%) over 15 (France Terre d'Asile, 2017), were cared for by the French national authorities. Their nationalities reflect those of the general migratory flows, seeing that children and adolescents follow the same routes as their adult fellow-nationals. Most of the time unaccompanied minors are identified by NGOs, and/or by individual people once they arrive on French soil. One important problem regards the determination of their true age (ECPAT, 2017). First, they are asked for their identity documents, and, if they cannot produce these, they may have to attend an interview led by specifically trained agents, with a view to matching their declared ages with their life experiences.

8.2.1.5 Building the abilities of the actors

On the whole, there is a great need to provide training for professionals on various topics, ranging from the law and procedures for application for asylum to non-specialist healthcare-related issues to non-medical matters as well as gender and gender-based problems. As regards unaccompanied minors, for instance, UNICEF claims that professionals rarely report cases to the judiciary for a number of reasons (ibidem), including the NGOs' lack of familiarity with the system. Moreover, the current hosting system has a restricted understanding

and working knowledge of vulnerability[6], something which makes it hard to identify actual violence, potential violence in France, or acts of violence perpetrated during the migrants' journey. This makes it difficult, in turn, to direct persons towards the appropriate support services (Bautista Cosa, 2018).

8.3 The research and "research methodology" used

8.3.1 The Mission of SamuSocial International

For practical reasons and time constraints the SamuSocial International[7] decided to restrict the conduction of its interviews and visits to the Paris region only. It selected its interviewees from among professionals working in the field and dealing with issues ranging from asylum law (reception centres, non-governmental organisations or networks) to healthcare and social assistance, to more institutional stakeholders. As the literature on the subject is copious and detailed, the SSI availed itself of and analysed secondary data (reports, research results) and conducted 11 face-to-face and phone interviews of between 45 minutes and 1h30 each- to complete them.

The interviews were held with:

- Reception centres (2): heads of CADA (reception centres for asylum seekers).
- Health specialists (2): the coordinator of a Parisian PASS (Permanence health), a psychologist working at the PASS.
- Public agencies / institutions (3): the head of the health-care section of the OFII (office for integration), three officials from the OFPRA, one protection officer.
- NGOs and solidarity organisations (5): the head of the Rajfire (NGO network against gender violence against migrant women) and a volunteer from the Maison des femmes (women information centre of Paris), the head of Kâli NGO (supporting women with difficulties), a professional from the 115 / SIAO; a professional from Groupe SOS (management of centres for unaccompanied minors), a member of Adheos NGO (LGBT+).
- We also met 4 migrant women during an informal experience-sharing session at the Maison des femmes de Paris.

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[6] Most of the time vulnerability is seen only as physical –disability, illness or pregnancy – and often "invisible vulnerabilities" (psycho-social difficulties, trauma, etc…) are not taken into account.

[7] The SamuSocial International (SSI), Partner of PROVIDE, is a French NGO based in Paris, which operates worldwide to support the development of action aimed at fighting social exclusion. The organisation developed a methodology of action focused on the homeless and people suffering from grave forms of exclusion and vulnerability. It also specialises in training health professionals and social workers, in France and abroad.

We did not manage to get in touch with the City's / Region's services for Child protection.

As a general remark, we need to point out that, at various levels of the protection system, there exists a certain confusion when it comes to distinguishing between vulnerability and violence. This lack of discernment can impact upon the handling and care of the victims as well as on the type of response provided by the authorities and the programmes available. Indicators of vulnerability often focus on objective vulnerability – and are, therefore, not sensitive to more subjective forms of vulnerability and/or to individual contexts. Furthermore, as vulnerability does not necessarily entail violence, vulnerability indicators fail to reveal actual acts of violence experienced in France.

Moreover, the current hosting system has a restricted understanding and working knowledge of the term "vulnerability": most of the time it is used to indicate physical vulnerabilities – like a disability, an illness or a pregnancy – without taking "invisible vulnerabilities" (psycho-social difficulties, trauma etc.) into account.

The main issue is that the processes and tools, when they exist or are used, fail to enable officers to obtain an accurate understanding of a person's current situation.

8.3.2 The impact of the phases of migration on types of violence

Gender-based and proximity violence can assume a multiplicity of forms depending on the particular phase of migration a person may find him/herself in. As the 1993 Declaration regarding the elimination of violence against women claims, women and girls are particularly vulnerable to gender-based and proximity violence and may face a multiplicity of violent acts within their countries of origin, during their journeys Europe, their stay in the host country, after denial of asylum and subsequent deportation (Freedman and Jamal, 2008).

As shown by Olga Bautista Cosa (2018), the types of violence encountered by women and girls depend both on their age and on the "phase" of migration they are going through. She details them as follows in tab. n. 7.

It is important to add that, as people are not confronted with the same type of violence at every age, age can, therefore, be considered a factor of vulnerability. For instance, a teenager is more likely to face sexual mutilation, while an elderly woman can risk homelessness (COMEDE, 2018). It is important, therefore, to take these factors into due account when making / passing policies and / or implementing some specific actions.

Vulnerabilities impact also upon the various stages of the asylum-claim process. For this reason, we studied the relative literature and interviewed actors involved in the various stages of the asylum-seeking system.

Tab. 7 – Phases and types of violence

Phase	Type of violence
During the conflict, before fleeing their country of origin	Abuse committed by persons in situations of authority; human trafficking; sexual assault, rape; abduction by armed parties, including official security forces; mass rapes; forced pregnancy.
On the migratory route	Sexual assault by bandits, border guards, pirates; abduction for human trafficking and modern slave trade.
In the country of asylum	Sexual assault, coercion, extorsion by people in position of power; sexual abuse, children taken from their families and placed in foster homes; domestic violence; sexual assault during daily chores; transactional sexual intercourse in exchange of survival / forced prostitution; traditional practices.
During deportation / repatriation	Return / deportation / repatriation. Sexual abuse of women and children who have been separated from their families; sexual abuse by people in positions of power; rape; sexual assault; forced deportation.
During reintegration	Sexual abuse against refugees as a form of retribution; transactional sexual intercourse for legitimisation of one's legal situation; exclusion from decision processes; denial or refusal of access to resources, to the right to ID papers, to the right to recover goods.

Preliminary appointments: As mentioned above, one major issue is to obtain a preliminary appointment with a PADA in order to be given an official appointment with the Prefecture's Single Desk (GUDA). The PADAs are financed by the state but operated by NGOs; because of the number of applicants and the scarcity of human resources, concession of this first PADA appointment may take a couple of weeks, meaning that the migrant does not gain access to the housing system for asylum seekers during that time.

The OFII interview for the detection of vulnerability: Once a person has applied for asylum, he/she is called for an interview with the OFII whose purpose it is to detect potential vulnerabilities to be addressed, especially in terms of accommodation. This assessment is conducted by specifically-trained, non-medical staff who administer a questionnaire provided by the OFII. The questionnaire focuses on "objective vulnerabilities" only, i.e. observable and/or demonstrable vulnerabilities, such as physical and mental handicap, pregnancy, sensory disabilities. "Hidden" vulnerabilities like trauma, are not systematically investigated during this phase, but the person may voluntarily request complementary vulnerability assessment.

If requested by the asylum seekers themselves, the agent can provide a medical certificate to be compiled by an independent doctor and sent back to the

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OFII for revision and completion of a "vulnerability certificate". The OFII's MEDZO (Area medical coordinator) is invited to make recommendations on the basis of the vulnerabilities declared and to be taken into consideration when orienting the asylum seeker towards housing and material arrangements (approximately 60% of people undergoing extra-vulnerability certification are classified as a priority by the OFII).

Identification of vulnerability is also considered part of the medical aspect of the protection system. Within 15 days of their registration, asylum seekers are offered a medical examination where doctors can provide them with a certificate if necessary, and, if specific vulnerabilities are not detected, it is possible for the asylum seekers to request a new location / new accommodation (in actual fact, very few people ask for relocation[8]).

As identification of vulnerability is a facet of the medical aspect of the protection system, it is provided in parallel to housing and the administrative decisions made by OFPRA. This decision can redirect the asylum seeker, while the CADA medical-permanence staff can provide support and follow-up, etc.

Article L. 744-6 of the CESEDA (the *Code of Entry and residence of foreigners and right of Asylum*) sets down the modalities for assessment of asylum seekers' vulnerabilities: "Throughout the duration of the procedure, the OFPRA may define particular modalities of assessment when it considers them necessary for the persons to exercise their rights, because of their particular situation or their vulnerability"[9] So, the OFPRA takes asylum seekers' situations into consideration when deciding where and how to conduct the interview. In terms of location (interview rooms adapted to handicapped persons), time schedule (pregnant women, elderly people have their interview in the morning whenever possible), or personal intimacy/privacy (the OFPRA agent also takes time with the translator to make sure key words are very accurate; people who have gone through traumatic experiences are given more breaks and longer interview times, etc.)[10].

8.4 Some concrete examples of the good practices detected

Here we provide a list of large-scale practices, centralised practices fostered by public policies, and individual / grassroot practices which can be set up locally, but which cannot be scaled up within different contexts due to lack of suitability or feasibility. By "good practices" we mean, therefore, those implemented to date in response to the specific issues pertaining to gender-based and

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[8] From the interview with the Head of the OFII Health service.

[9] Legifrance, https://www.legifrance.gouv.fr/affichCodeArticle.do?cidTexte=LEGI-TEXT000006070158&idArticle=LEGIARTI000030952958.

[10] From the interview with the OFPRA agent.

proximity violence, with no distinction between types of actor, scale, or relevance (some initiatives are too young to permit drawing large-scale conclusions). Moreover, it is not our belief that a good practice is necessarily transferable or replicable, and can, therefore, be a small-scale initiative.

8.4.1 Single-desk for healthcare

Migrants can access state medical coverage and healthcare. Two possibilities exist for newly arrived immigrants according to their administrative status:
- CMU (*Couverture Maladie Universelle* – universal healthcare coverage) is provided to asylum seekers who can provide the relevant authorities with a "récepissé" (an asylum application certificate). If a person earns less than €648 a month, he/she can benefit from free healthcare and health insurance (CMU-C). One issue is the time it may take to qualify for the benefit and be paid, and one prerequisite is to have a bank account. Another difficulty is that the CPAM, the state organism responsible for CMU, does not always open an account for people with only a "*récepissé*".
- The AME (*Aide médicale d'état* – State medical aid) is accessible to migrants who have no specific legal status and/or who have been denied asylum, provided they have been present on French soil for a minimum of 3 months. Beneficiaries are asked to pay a €30 yearly membership fee. In 2017, the AME was reformed and no longer includes public transport packages automatically.

Asylum seekers are also granted a free, mandatory medical examination within 15 days after their registration, in order to ensure medical assistance and/or continuity of care, as well as to provide information regarding potential vulnerabilities or specific needs.

In addition, other health institutions or actors are involved in follow-up and medical consultations for asylum seekers. These are health reception centres called PASS (*Permanence d'Accès aux Soins de Santé*), situated inside the public hospitals of Paris and open to every person in a condition of vulnerability, isolation and/or grave economic difficulty.

A considerable number of the patients the hospitals receive and treat, are migrants or asylum seekers whose right to CMU has not been activated as yet. One notes that due to its convenient organisation, many asylum seekers continue coming to the PASS instead of undertaking the common-law / usual medical pathway (1 referent GP in charge of orienting the patients towards other professionals or structures according to their needs).

> **The system of PASS: a single desk to access healthcare**
> One major problem for migrants is accessing healthcare and obtaining medical attention when required. The PASS are medical reception centres which provide healthcare to people with no CMU or AME medical coverage.
> Two sorts of PASS exist in Paris: (1) the "*PASS dédiés*" (dedicated PASS) and (2) "*PASS transversaux*" (transversal PASS). (1) acts as a single desk for people in need of medical assistance and can provide physical but also psychological and gynaecological consultations, carrying out inhouse tests and analyses. The Saint Louis PASS in Paris relies on a team of professionals from various medical backgrounds and has developed a work method based on a cooperative, complementary approach as well as on teamwork. The pooling of the team-members' competencies permits very effective reception, care and follow-up of patients.

Many NGOs cooperate in this field and participate in the production and dissemination of knowledge. As a good practice, we can also mention the system of access to healthcare implemented by the COMEDE or by the PASS[11] inside the hospitals. It should be noted that these organisations act as single desks where people can gain access to numerous services without having to go from one place or another, and that these platforms can provide follow-up to their patients. It should also be noted that the state is currently working on a structured "health-care pathway" for asylum seekers and refugees (pending)[12].

8.4.2 Housing

A lack of housing and adequate accommodation is one of the major issues to address when dealing with the gender-based violence experienced by refugees. Currently, only 1 CADA in France is a women-only centre, providing support to single, individual women, most of whom are suffering from trauma resulting from past and/or current violence. Other housing options may not ensure social and administrative support thus causing the asylum seekers ulterior difficulties.

In the case of LGBT+s, there is no dedicated housing system for them in France with the exception of Paris where, a few years ago, Ardhis started to occupy flats in social-housing areas and convert them into "relay-flats" for LGBT+ refugees. Because of this dearth of specific accommodation, the housing normally made available to LGBT+ refugees by the system does not provide sufficient security and intimacy and leaves them vulnerable (Corion 2012).

The housing situation can be very problematic, therefore. First of all, gay and transgender men who are at an early stage of their transformation – and

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[11] The PASS are medical reception centres which provide health care to people with no CMU or AME medical coverage.
[12] From an interview with OFII.

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therefore often considered "male" on the basis of their appearance – are never deemed a priority when an opportunity for accommodation arises; this often obliges them to live on the street[13], a circumstance which places them at greater at risk of suffering from the lack support and orientation regarding the administrative procedures described above, as well as undergoing physical violence in the street.

Secondly, the current application system places them in a contradictory position. When LGBT+s are housed within a normal CADA, they often have to hide their sexual identity or orientation for fear of discrimination or even violence and harassment from fellow residents and the community in general. They are then subjected to a dual constraint: hiding to be safe, while also seeking to connect with themselves and their life-stories to prepare for their OFPRA interview (ibidem).

Existing good practice: in the next few months the state plans to publish new calls for proposals to open new CADAs and women-only CADAs[14]. The Ardhis has also begun a "relay-flats" system to house LGBT+ s. The Coallia organisation opened the first women-only CADA in Nantes (Western France).

8.4.3 A single desk to cater for gender-based violence

National tools have been developed over the last few years to favour more efficient sharing of information between organisations, the general public and the victims: an official government website (*www.stop-violences-femmes.gouv.fr*) provides general information on gender-based violence and its various forms, as well as aids to information regarding the question such as short videos. The Centre Hubertine Auclert directory[15] covers the greater Paris region, lists NGOs and their areas of expertise and action, and provides maps of women's shelters, and opening hours of help desks and support groups.

8.4.4 Building the skills of actors to enable them to address gender-based and proximity violence

There is no structured curriculum dealing with the issue of gender-based and proximity violence for professional social workers. They may be given appropriate training sessions depending only on availability of personnel.

Many stakeholders have designed specific internal training programmes and / or modules on gender-based violence, violence against women and/or protection of minors. The MIPROF, the website "Stop violence", the Hubertine

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[13] From an interview with Adheos.
[14] From an interview with OFII.
[15] Source : https://www.centre-hubertine-auclert.fr/le-centre.

Auclert Centre provide tools and self-training contents on violence against women, and some universities also offer courses on gender-based violence – yet they do not address the specificities of the right to asylum. The GISTI provides short modules on topics related to asylum seeking and non-accompanied minors.

In recent years, the OFPRA has endeavoured to include a gender-based approach and identification of vulnerabilities in its programme, notably by means of internal working groups. Moreover, the initial training programme for the OPFRA officers is a comprehensive 3-months training course where the new staff is tutored, taught the relative legislation, how to conduct an interview, etc.

There is a lack of training of social workers and operators from the public emergency housing system, in topics and problems pertaining to asylum and exile. This impacts on the ability of the agents to notice problematic situations, identify needs and orient persons towards appropriate or relevant care and actors[16].

Moreover, the personal beliefs and opinions of the social workers may act as a major obstacle when addressing gender-based and proximity violence and has to be taken into consideration by the Directors of centres when recruiting staff and planning inhouse training and team management. As underlined by one of the Directors of CADA, it may be difficult for some professionals to accept and/or understand that a person is homosexual or remains with a violent partner instead of leaving, or has taboos regarding sexual mutilation etc. It is important, therefore, not to take for granted that professionals running the centres and working there share the values that underlie the actions required and recommended when it comes to the matter of gender (ibidem).

Good practice: The CADA run by Coallia in the north of Paris implements a gender-sensitive recruitment HR policy. Moreover, the director organises regular group meetings for the entire team where all may discuss the cases they are working on, give and obtain feedback. This practice fosters a multi-disciplinary approach of work, permits all the professionals to share experiences and opinions, while favouring internal continuity.

8.4.5 The difficulty of taking the psycho-trauma dimension into account within procedures and the system

The administrative and legal difficulties encountered when seeking to access asylum protection are important; the conditions required for reception and/or the retention of asylum seekers may be experienced by them as extra obstacles. Housing conditions, administrative delays, uncertainty regarding applications for asylum – and one's future in France – are factors that further aggravate the situation for refugees who have already experienced trauma. Past and current

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[16] From an interview with Directors of CADA.

violence, as well as the vicarious violence inflicted by the system itself may foster isolation, withdrawal or loss of self-confidence (Centre Primo Levi, Médecins du Monde, 2018). This "secondary victimisation" is due to the lack of systemic support on the part of the institutions and/or the lack of knowledge of the issue on the part of the professionals (Bautista Cosa, 2018).

1. Psycho-trauma has a major impact on applications for asylum and can also be reinforced by the modality of application itself: trauma may cause memory loss, difficulty to verbalise or relive things in order to narrate them. As far as LGBT+s are concerned, they "need to be able to intellectualise homosexuality in a western way"[17] that is, understand it and express it in a way that westerners will relate to and which is aligned to western frameworks. This requires that the refugees undertake their own psychological work, accept themselves and the persecutions they have endured.

2. Psycho-trauma may also be amplified by the reception modalities (or absence of reception and care within the system): difficult reception conditions may aggravate post-traumatic stress disorders, and depression (Centre Primo Levi, Médecins du Monde, 2018). The COMEDE estimates that 27% of the patients they treated between 2012 and 2017 entertained thoughts of suicide during therapy (ibidem). Moreover, the housing system may play an active role in the invisibilisation of violence and ultimately in the amplification of symptoms of psycho-trauma. As mentioned above, people belonging to a persecuted minority may need to go on hiding while in France for fear of persecution, and therefore find it hard to heal from their past experiences of violence.

3. It is difficult to reconcile "healing time" and "administrative time": asylum seekers who have been subjected to extreme violence and have been obliged to face grave situations often develop mental health disorders, including PTSD, depression, etc. Many people need time to come to terms with their experiences before even starting to talk about them to other people – not to mention institutions. Yet, psychological support and accompaniment is not always made available to all asylum seekers. Furthermore, the administrative and legal timeframes also rush them. The COMEDE estimates that the average timeframe for psychological improvement may take up to 15 months depending on the gender and origin of the patient (COMEDE, 2018), when the legal timeframe for the submission of an application for asylum is 90 days and 15 days for an appeal. This has consequences on people's ability to heal, but also on their ability to pass their interviews successfully and obtain their status, as mentioned above.

Generally speaking, there is also a lack of awareness and skills on the part of professionals as far as psycho traumas are concerned. There is a lack of data on mental health of exiled people: lack of will and awareness and poor identification of the disorders

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[17] From an interview with Adheos.

⇨ *Good practices*: centres have partnerships with psychologists and/or hospitals who can take patients into care; some units are trained in ethno-psychiatry. They also reorient children towards MGEN centres for psychological support. Moreover, public hospitals have interdisciplinary teams.

8.6 Conclusions

To conclude, the current Provide project aims at identifying the difficulties encountered by both actors and recipients when it comes to identifying and handling gender-based and proximity violence within the asylum system. The first phase of the project – the national study– sought to identify the obstacles and peculiarities of the French system, through interviews and field visits with professionals.

The main results show that:

- the system is opening up to the assessment of vulnerability, although it still struggles to identify violence and provide responses;

- initiatives do exist as regards prevention of and/or protection from violence, though these are often grassroots actions whose efforts are segmented seeing that the two systems of asylum and the law of the land are nor reciprocally acquainted or fail to interact with each other;

- housing is an element of paramount importance when it comes to prevention of and protection from gender-based and proximity violence. It is also one of the major causes of this kind of violence: lack of housing and of adequate accommodation can leave asylum seekers on the streets and/or in types of accommodation which impact upon their chances of gaining access to appropriate services and protection schemes.

Though the violence experienced by migrants and asylum seekers may be gender-specific – and this fails to be prevented and/or dealt with appropriately – it may also be more "generic" because of homelessness and/or distance from relevant facilities and services.

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9. Proximity violence against women refugees and migrants. Experiences and best practices in Andalusia

by *Belén Agrela, Beatriz Montes, Mª Luisa Grande, Mª José Calero* [1]

9.1 The situation in the Region

Spain has become one of the most important areas in Europe for the reception of immigrants and refugees not only because of its geographical position, but also due to its recent social policies (and its government's stance regarding the hosting of refugees). Taking the European Union´s data on immigration for 2016 as a reference point (Eurostat, 2018b), the greatest number of immigrants were registered by Germany (1,029,900), followed by the United Kingdom (589,000), Spain (414,700), France (378,100) and Italy (300,800). Spain, traditionally a country of emigrants, currently shows sizable displacements of people entering, transiting and exiting the country. On the basis of locally diverse configurations, connections to global financial capitalism or to the dynamics of population in/exclusion, the analysis of the Spanish/Andalusia region needs to be carried out within a framework contemplating both local and global levels of the *era of Expulsions* and the *new global market for land* (Sassen, 2014). According to data from the Spanish National Statistics Institute (INE, 2018a) regarding migratory movements in Spain, during the year 2017, 532,482 immigrants were registered while the number for emigrants was 367,878; consequently, the migratory balance was positive (164,604). Keeping this positive balance of migration and the negative balance of growth in mind, the resident population on the 1st of January 2018 was 46,659,302, of whom 4,572,055 foreigners (INE, 2018b). This means an increase in the Spanish population of 0.28% compared to the beginning of 2017 – when its population was 46,527,039, of whom 4,419,455 foreigners – (INE, 2018b) and an increase in the foreign population of 152,600 during 2017. During the past few months, according to institutions like the Pew Research Center (2018), of 18 nations including 10 EU countries surveyed, Spain scored highest for the reception and hosting of refugees.

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[1] This text was written in collaboration with the Spanish Team of the PROVIDE Project.

As regards the refugee population, according to Eurostat data (2018a) for 2017, there were 650,000 new asylum applications in Europe, bringing the total to 704,625. These data are lower than those recorded for 2015 and 2016. As to the countries of origin, the applicants came mainly from Syria, Afghanistan, Iraq and Nigeria. As regards distribution by gender, 33% of the applicants were women.

In 2017, although the number of applications for asylum was lower in the European Union on the whole, in Spain, they doubled compared to 2016 (Eurostat, 2018a). Women, more numerous on average in Spain than in the rest of the EU, accounted for 42% of these applications. As regards the nationality of the applicants, the main countries of origin were Venezuela, significantly enough, followed by Syria, Colombia and the Ukraine (Eurostat, 2018a).

As regards the examination of applications for asylum in 2016, Spain heard 15,755 cases (according to data from the Spanish Ministry of the Interior), a number exponentially higher than that for 2015, when they amounted to 4,881(Defensor del Pueblo 2018). From this date on, the increase in rulings has doubled in a significant manner (despite the fact that most of the applications received an unfavourable response). In 2017, the applications almost doubled (31,120) with respect to 2016, and in 2018 the applications presented to the Office for Asylum and Refuge (OAR) increased to almost 48,000. As to the countries of origin, Venezuela, Colombia and Honduras accounted for three quarters of the applications submitted.

Most people in this country disapprove of the way the European Union has dealt with the issue of immigrants and refugees. At political level, the situation in Spain is also directly related to the change in government which took place in June 2018 when the Socialist and Worker's Party (PSOE) won the general elections and Pedro Sánchez became Prime Minister. The political philosophy of the government underwent a conversion related to:

A) its Immigrant and Refugee policy, which strove to be "a migration policy more respectful of human rights", supported by the EU's Asylum, Migration and Integration Fund (AMIF) and the Internal Security Fund (ISF) while one of the government's emblematic policies involves tackling the issue of xenophobia; this change seems "radical" when we take into account that the previous government did not comply with EU norms, regarding the relocation of asylum-seekers, while the current government began its career by accepting 629 migrants from the Aquarius (June, 2018);

B) its Violence and Gender policies, with regard to which the new government has announced an innovative "Law against the Human Trafficking of persons and against sexual abuse".

According to the UNHCR (ACNUR, 2017), applications in Spain for asylum based on persecution for reasons of sexual orientation increased in 2017. In this country since 2009, as a pioneering policy, right of asylum is recognised

to people belonging to "a group sharing a common characteristic of sexual orientation" (article 7 of law 12/2009, October 30). However, to date, the Ministry of the Interior does not classify requests for asylum on these bases. Even so, according to the UNHCR (ACNUR, 2017), the applications were submitted mainly by people from Gambia, Cameroon, Morocco, and Algeria and, more recently, from Venezuela and Central America too. Spain is considered one of the "*gay-friendly*" countries of the European Union (according to the Pew Research Center). Nevertheless, it appears that many difficulties and a lack of resources still affect the detection of violent situations where sexual orientation is a cause of emigration. Similarly, numerous situations of LGTBI phobia have emerged, at the reception centres, for example or due to the application of stereotyped categories by staff members when appraising applicants' accounts. In addition, the law does not demand "fool-proof" evidence of the persecution undergone, nor does it need to be informed concerning sexual orientation. Consequently, because there is no protocol with specific guidelines to follow, it is difficult, during interviews, to avoid violating applicants' privacy (generating, in turn, a situation of institutional violence). With reference to measures to be taken in Spain to solve this problem, in May 2017, the Podemos political party proposed a bill drawn up by the State Federation of Lesbians, Gays, Trans and Bisexuals (FELGTB), with a view to guaranteeing their rights, including those of asylum seekers. This bill insists on the need to create a safe, supportive, fear-free environment where people and government staff members may count on the full collaboration of the administration. Additionally, it also requested specific training for staff members so that they may learn to deal professionally with the collective needs of LGTBI, as well as with how they are considered and treated in their countries of origin.

In Andalusia, since we started this study in 2017, there have been a number of changes, but, paradoxically, these took a direction opposite to that of the central government. Generally speaking, new national policy favours openness regarding the reception and treatment of immigrants and refugees. However, in Andalusia after the December 2018 elections, we witnessed a historic political change; after 36 years of socialist government, the political parties of the left lost power and an ideological turn towards right-wing political parties took place. In addition, for the first time ever, in Andalusia, an extreme-right political party (VOX) entered the parliament, in the wake of radical movements which had already appeared in countries like France (with *Marie Le Pen*'s *Rassemblement National), Italy (with Matteo Salvini) or Germany (with Alternative für Deutschland).* Entry into the political arena of this political party (with 12 seats in the regional parliament) is directly connected to the issues discussed here: immigration and violence. By way of example, this political party incorporates a new approach to and discourse on how to manage proximity violence (Bartholini, 2013; 2015), as far as both European and foreign populations are concerned.

According to the report drawn up by the 40db agency (2018), the main reason that motivated Andalusian citizens to vote for VOX was its position regarding immigration (41.6%), a topic central to the electoral campaign. Among the measures proposed in its electoral programme VOX insisted on

(1) the deportation of illegal immigrants, and re-offenders guilty of minor or major crimes;

(2) the abolition of the institution of rooting as a means by which to regulate illegal immigration;

(3) the revocation of fast routes towards the acquisition of Spanish citizenship;

(4) the raising of the language, taxation and integration requirements for acquisition of citizenship;

(5) the management of immigrant entries according to Spain's economy needs and the capacity of the immigrants to integrate;

or

(6) the establishment of quotas according to the immigrants' countries of origin, privileging those which share the language, bonds of friendship and culture with Spain (Data Insights 40dB, 2018).

Among the specific proposals required to form the Andalusian government (in January 2019) VOX advocated

(1) the establishment of a selective entry system (based on economic criteria and national-cultural-religious fundamentalism);

(2) the abolition of subsidies to Islamic associations;

and

(3) the expulsion of illegal immigrants (around 52,000 foreigners *sans papiers*).

Along with these ideas, issues of gender and gender violence featured among the main topics treated.

Against gender equality policies, it proposed

(1) the repeal of the Andalusian law on gender violence (in a country like Spain where a high percentage of murders are due to male violence);

(2) the elimination of subsidies to feminist organisations (which they consider) "radical";

(3) the persecution of false reports to the police (whose percentage is negligible compared to authentic reports).

In brief, VOX advocates disregarding causes and interventions on matters of gender violence, tantamount to the complete marginalisation of situations involving immigrant women. Likewise, this group also proposes repealing the norms guaranteeing the rights of LGTBI collectives. Consequently, possibilities of recognising the right to asylum of female victims of gender violence, of funding programmes related to proximity violence, and access to resources and social benefits by foreigners, would be significantly reduced.

Different studies like the Macro-survey on Violence Against Women (Gobierno de España, 2015) have shown, as we had already imagined, that immigrant women aged 16 or over present a higher instance of all kinds of gender violence compared to women born in Spain. The Magnitudes Report on Gender Violence (November 2018) shows that since 2003 (when the report was drawn up) more than 26% of the murders due to gender violence took place in Andalusia, although the data are not itemised by nationality. However, since January 2019, non-EU illegal immigrant women suffering from violence, have the right to report and obtain protection against violence. By way of example, they are helped to apply to the judicial authority for one of the protection measures provided for by law. They may also apply for a temporary residency permit for humanitarian reasons as soon as the protection measure is granted by the judicial authority (Law 7/2018, of July 30, amending Law 13/2007, of November 26, on measures for the prevention and comprehensive protection against gender violence).

The Andalusian region is Spain's most populated autonomous community. In addition, it is the geographical area of Spain which receives the greatest number of migrants arriving by sea, as well as being the destination of the relocation of refugees. Despite this, while the foreign population increased in Europe between 2014 and 2017, in Spain and Andalusia it decreased between 2014 and 2016. However, it began to increase again significantly in 2017 (OPAM, 2018). In terms of figures, according to the National Statistical Institute, in 2018 there were 8,379,248 people registered in Andalusia, of whom 618,791 foreigners (INE, 2018a). Moreover, on the 1st of July 2018, it was reported that during the first half of 2018, 33,996 immigrants were registered. This means a positive variation of 15.1% respect to the previous semester (July - December 2017) (Epdata, 2019; INE, 2018a). The foreign population registered in Andalusia represents 7.38% of the total, although it should be kept in mind that a considerable percentage of foreigners are not registered with the municipal authorities. As to gender, of the total foreign population registered in Andalusia, nearly half (49.17%) are women, and their numbers have increased (2.53%) more than those for men (1.62%). With regard to distribution by non-EU nationalities, the highest percentages come from Africa (28.22%) of whom Moroccans rank highest for Andalusia (accounting for 21.97% of the foreigners registered with the local municipalities); followed, at a certain distance, by Romanians (13.15%). As to age, the foreign population in Andalusia – compared to the Spanish population – the numbers of foreigners belonging to the active 15-64 age-group are higher (75.28% as opposed to 66.57%) because the foreigners are younger than the Spanish. Of the foreign population only 11.64% are over 64, while among the Spanish population of Andalusia they account for 17.29% (OPAM, Padrón de habitantes, 2018).

The externalisation of the European border (Agrela, 2012) and repatriation policies had a profound impact upon Andalusia during 2017 (López-Sala and

Godenau, 2017). As these authors show, the dynamic "borderscapes" process is evident when it comes to the Andalusian region. One of the collateral /deviating effects of these "emerging" routes is the higher cost to and risk for immigrants, also in terms of proximity violence. The dangers encountered along these routes have increased even more, creating a scenario of serious violation of human rights (CEAR, 2018). As CEAR (2018) pointed out, arrivals along the western European route, through Spain and Andalucía, will cause the greatest increase in influx in Europe (as occurred that summer with a massive influx of immigrants arriving in boats (*pateras*), with an increase of 160% over 2017). According to the ONU (August 2018), Spain has become the main country for arrivals: 27,600, of whom 23,800 by sea, the remaining 3,800 by land. In actual fact, migrants are also attempting to reach Spain by land by crossing into the Spanish North-African enclaves of Ceuta and Melilla. Further violence upon arrival is also one of the novel effects produced, like the episodes where migrants managed to scramble over the double barrier between Morocco and Ceuta having thrown caustic quicklime, excrement and stone*s* down on the police below. Furthermore, the numbers of women and unaccompanied minors arriving are rising. As a result, the redistribution policies of the cities hosting unaccompanied minors and refugees are becoming central to new agendas and social intervention programmes.

According to CEAR (2018), most of the people who arrived in Spain by sea were sub-Saharans (59%), followed by Moroccans (25%) and Algerians (23%). The main routes followed were Nador-Almeria (for the sub-Saharans), Cabo Espartel-Tarifa (for sub-Saharans too) and Ashila-Barbate (for Moroccans). In general, the boats were little more than toys and carried greater numbers of people each time, consequently increasing the danger involved and often causing shipwreck and death. With regard to reception, there is a lack of coordination between the different agencies and the legal guarantees available at some ports. For example, conditions in port facilities are increasingly inadequate due to overcrowding, so the migrants are being settled in cells, which adds even more violence to that of migration itself. As indicated in reports by CEAR, the Andalusian Ombudsman (2017) and the United Nations Special Rapporteur concerning the Situation of Human Rights Defenders (2017), no unified protocol for action exists, so, different procedures are applied at each arrival point. Detention of these people has become a systematic practice, and in some Andalusian cities like Almeria, Malaga, Motril and Algeciras, this treatment has been meted out regularly even to minors. Likewise, procedures for the identification of potential victims of human trafficking are deficient, and information about the right to seek asylum or international protection is not always provided. In the detention centres, an increase in the needs related to violence has been detected, especially when it comes to LGTBIs, in particular transsexual women who have suffered gender violence, other kinds of different physical

violence, sexual violence and/or persecution. These migrants often present with chronic traumatic symptoms (CEAR, 2018).

In Andalusia, from the 19th of December 2017 to the present, applicants for international protection, stateless persons and refugees can apply for a Minimum Income of Social Insertion, without needing to provide proof of registration for certain amount of time. Despite this, delays and non-payments are the norm. The Department of Justice and the Interior and the Directorate General for the Coordination of Migration Policies (Consejería de Justicia e Interior y la Dirección General de Coordinación de Políticas Migratorias), whose competencies are aimed at integration, manage the social welfare policy for the immigrant and refugee population of Andalusia. The main organisation is that which manages the III Comprehensive Plan for Immigration in Andalusia, Horizon 2016 (III Plan Integral para la Inmigración en Andalucía, Horizonte, 2016), although, currently, there is already a draft of the IV Comprehensive Immigration Plan (2019-2021) on "Citizenship and Coexistence" (IV Plan Integral de Inmigración (2019-2021) sobre "Ciudadanía Migrada"). Another organisation of fundamental importance is the Andalusian Permanent Migration Observatory (Observatorio Permanente Andaluz de las Migraciones) which also publishes statistical data. None of these consider the concept of "proximity violence" specifically or as a category for analysis (beyond data on gender violence, border violence or acts of racism and xenophobia). However, the report on "Proximity policing against racism, xenophobia and other forms of intolerance" (Secretaría General de Inmigración y Emigración, 2018) highlighted the need that public administration be coordinated in order to deal with increases in hate crimes. It also concluded that one of the weaknesses is the almost complete absence of multi-professional follow-up activities aimed at preventing and combatting racism and hate crimes.

In a more local perspective, linking the macro (the theoretical dimension of the first part of the chapter) to the micro (intervention and good practices treated in the last part of the chapter), we shall analyse the system of protection available in Jaén, explaining for whom, how and with whom it is implemented. The system of protection against gender violence at local level includes the prefectures, the local police, the civil guard, the local municipalities and health-care centres. In the report we review the institutions, resources and professionals involved.

9.2 Process and research method

As regards the methodology adopted, we follow the idea of the profound transformational character of the social sciences and the gender approach (Wright, 2010; Oakley, 1998). Thanks to a qualitative approach, we established an egalitarian dialogue with experts on social intervention practices, based on

a process of argumentation oriented towards criteria of veracity and certainty, of ethics and morality regarding the research. The research process followed meant designing a qualitative methodology consisting in interviews to key informants to link the discourses of the different actors who manage the assistance of proximity violence and become familiar with the intervention procedures adopted. We also carried out a review/analysis of the documents regarding the different types of resources available, with a view to presenting the situation regarding this topic in the Jaén/Andalusia context.

Taking into account the European project (PROVIDE) and the specific characteristics of the Andalusian area, the protocol informing the script of the interview was designed with four main purposes in mind:

- to produce data related to the PROVIDE topic, framed in the particular context of Jaén/Andalusia, and the specifications related to proximity violence;
- to find out what the operators know about proximity violence: the meanings they attribute it, the (pre)conceptions they have of it, the profiles and problems they are /are not attending to. We paid particular attention to the refugee/migrant population, LGBTs and the rural context. (Blocks 1 and 2 of the script);
- to analyse the procedures (protocols) currently in force so as to discover how the interviewees act in the presence of situations of violence. (Block 3 of the script);
- to obtain information about the aspects that actually work (those we consider good practices) and those which fail (possible bad practices) in order to detect the gaps existing within the interventions implemented. (Block 4 of the script);
- to collect data about the aspects that may be improved when it comes to intervention regarding proximity violence (protocols) as well as training needs. The purpose was to obtain information capable of orienting the training needs of social operators.

In addition to examining available documents, we developed 28 in-depth interviews (17 women, 11 men) to administer to social operators working in public and private institutions. We gave priority to qualified operators, with more than 20 years of experience. Their long-term view and observations regarding proximity violence related to local, immigrant and refugee populations permitted us to understand what has changed within the present scenario, the new training social operators require and what may be considered good or bad practice as far as the object of our study is concerned.

While carrying our research, we followed the critical communicative method (CQM), acknowledged by the Directorate-General for Research of the European Union and deemed most appropriate methodological perspective for social operators working with vulnerable subjects (Padrós *et al.*, 2011). This

methodological approach permitted us to orient the analysis of data towards the transformation of professional practices. Taking their contributions into account we shall be able to translate the knowledge they possess into transformational key points. In addition, by availing ourselves of training courses, we sought significant links between the research team and the professionals employed by the social institutions.

Considering that situations of violence need to be addressed from an intersectional perspective, we selected key informants from among operators working within different spheres like Health-care, Education, the Social Services, Justice and the Police. The main careers they represent are nursing, social work, teaching, policing, and psychology. In this part of the chapter we shall provide an in-depth account of their work environments and the activities they carry out in the centres in order to obtain a better understanding of the analyses.

In a parallel manner, the process of research included a review and analyses of the documents available. The documents examined referred to Spanish and Andalusian laws on gender violence and the protection of women refugees. We also reviewed the local and regional programmes for assistance to victims of violence. This review of the documents also focused on the system of protection by examining the documentation relating to Jaén. Finally, in order to peruse the good and bad practices, we analysed documents regarding gender-violence protocols. We focused on the good practices referring to inter-institutional coordination, detection of violence, intervention with women, and relations with the professionals who assist them.

Furthermore, we designed a protocol of ethics and confidentiality for all the interviewees. Within the framework of the University of Jaén's research norms, we drew up an "Inform of Confidentiality Consent and Ethics" document, validated to the Ethical Commission of UJA. All the persons interviewed by the UJA are required to sign the form granting their consent and testifying to the fact of having been informed regarding the purpose of the research.

9.3 The main results of the research

In this section we shall provide a summary of the main results of the documents reviewed and of the in-depth interviews administered to the key informants.

9.3.1 Regarding the review of the documents

In relation to the review of the documents we shall provide, on the one hand, the main results of an overview of the laws and social policies regarding gender violence and the protection of women refugees. In Spain an important norm exists regarding this issue (starting from the Constitution, followed by Organic

Laws and ending with specific laws on violence). It is possible to find an ample variety of protocols concerning not only the detection of violence and intervention, but only regarding the best skills and practices professionals should implement.

The protocols examined regarded inter-institutional coordination. These are protocols on the detection of violence, divided into:

a). the institution receiving complainants, like the social services, healthcare services or the state security forces,

b) risks and their different degrees of gravity; protocols concerning intervention in favour of women (ordered according to needs, conditions that need to be reported, the logical sequences of questions, decision-making and respect of procedures, of tracking, of security…); protocols concerning the cases to be transmitted; protocols follow to obtain entry into shelters and on how to tackle critical situations; protocols aimed at standardising employment of vulnerable women; protocols on how to act with foreign women, and protocols related to professionals (including guidelines regarding the basic rights and principles to deal with during intervention).

As regards refugees and asylum, in Andalusia we examined a document concerning these issues drawn up by the Andalusian Government, which included not only a description of the situation but also recommendations concerning good practices. Outside of Andalusia, we might mention one issued by the Madrid Government. Dossiers regarding Refugees created by the Healthcare services were also studied.

With regard to gender-based violence, in Andalusia an Integral Service of Attention and Reception (by the Andalusian Institute for Women) was set up. The autonomous government is responsible for managing the service, which is charged with addressing migrants and refugees. The coordination between bodies and institutions dealing with gender violence is central to our study, because a lack of networking was one of the main flaws detected. This network comprises a number of key resources and institutions such as the Andalusian Network of Municipalities for Freedom of Violence against Women; the Municipal Information Centre for Women (CMIM); the Provincial Centre for Women of the Andalusian Institute for Women; the Confederation of Neighbourhood Associations of Andalusia (CAVA); the Victim Assistance Service (SAVA) dependent on the Junta de Andalucía; the Unit for the Comprehensive Evaluation of Gender Violence (UVIVG) dependent on the Provincial Delegation, and the Family Encounter Points (PEF). The system of protection against gender violence at local level includes the prefectures, the local police, the civil guard, local municipalities and health-care centres.

The forces of law and order include

a) the Women-Minors Team of the Civil Guard (EMUME) and the Judicial Police's Organic Units (UOPJ);
b) the Family Service (SAF) and the Judicial police brigade of the Higher Police Headquarters of Eastern Andalusia of the National Police Force;
c) the Office of Complaints and Citizen Services (ODAC) at all Police Stations;
d) the Units for the Prevention, Assistance and Protection against mistreatment of women (UPAP), National Police and Provincial police stations;
e) the Police Unit Assigned to the Junta de Andalucía (UPA), a section of the National Police Force dependent on the Autonomous Community;
f) local/Municipal Police of the Provincial Council, and the tool made available by the municipalities, the SIAPOL (Integrated Police Action Service), and
g) the Local Police in collaboration with the Civil Guard, and the Comprehensive monitoring system of cases of gender violence (VioGen System), initiated in 2007 by the Secretary of State for Security of the Ministry of the Interior, one of the most important tools available.

On the other hand, our review of documentation targeted the Protocols of Intervention within the Health-care area. We shall provide a general overview of the different protocols in Andalucía (like the Andalusian Protocol of Health-care action against Gender Violence (2008-2015), the Andalusian Protocol of Health-care action for Urgent Purposes (2012), the Network for Training against mistreatment of Women in Andalusia (*Red Forma*, 2008), or the 2018 Contract Programme (developed in all the Hospitals to attend to situations involving violence). The 2018 Contract Programme also established some specific objectives for hospitals relating to Gender Violence. Additionally, in some hospitals there are Local Commissions for the treatment of Gender Violence, coordinated by the Municipalities and involving multidisciplinary teams with medical representatives at both levels of assistance, the forces of law and order, the council, the gender court, or the Junta de Andalucía (Servício Andaluz de Salud, 2018).

As regards the social resources developed in Andalusia to attend to the immigrant and refugee population, one of the results of the present research was the creation of a map of the resources available, something which permits us to know what is being done, and what is being ignored. This provides a scheme of the different social programmes developed by public and private institutions and the resources available to refugees and immigrants. We paid special attention to those operating in an integral way and availing themselves of the other resources with a view to making intervention in all areas complete. Likewise, this map provides the possibility of checking how and when it is possible to refer to the different services on the basis of individual needs.

NGOs are focal when it comes to providing support to immigrants and refugees, above all as far as violent situations are concerned. We also examined the problems encountered when interacting with public bodies in order to present the documents required to permit the groups to obtain social and employment inclusion. All agreed on the need for a protocol capable of addressing the notion of proximity violence and provide a general approach to an understanding of what violence means during migration/refugee processes related to circumstances regarding the countries of departure, transit and arrival.

9.3.2 Findings related to the interviews with the social operators

Regarding the data produced by the interviews and the discourses of social operators, we provide the main results of the research under 4 main headings (using different parts of the interviews to make each one evident):

1) understanding the kinds of violence experienced. One of the main conclusions reached claims that there is greater awareness of physical violence perpetrated among the Spanish population, but that this awareness is less when it comes to proximity violence suffered by immigrants and refugees;

2) assessment of protocols. One of the main conclusions was that the NGOs lack official protocols; that many communications problems exist between private and public operators; that there is a lack of unity between different public protocols;

3) suggestions for good practices. One of the main conclusions reached regards the need for less bureaucracy alongside the unification of protocols and the specific work to be carried out with persons who find themselves in irregular situations;

4) the training of operators. One of the main conclusions advocates the need to improve care of, empathy towards and social responsiveness to proximity violence.

On the whole, most of these interviews show how violence is increasing and, as a result, how it has proven to have a negative impact on the mental health of migrants/refugees. As Human Rights Watch pointed out, there is a high prevalence of stress patterns, bereavement processes, traumas, anxiety, depression, somatisations which manifest themselves as headaches or muscular pain, sleep disorders or post-traumatic stress disorder. Additionally, the negative impact on mental health affects practitioners too. In order to be qualified to address people with a long-term history of violence (in their countries of origin and during migration) and situations of high vulnerability that operators require permanent upgrading of their theoretical/practical knowledge and professional skills.

In one of the interviews, the social operator consulted placed great emphasis on the specific violence perpetrated against migrants:

Of course, due to our profile, we discover this kind violence frequently in immigrants, especially women and young people. Two of the families, beneficiaries of the programme, were persecuted in their countries of origin on religious grounds. Another striking case of proximity violence, which surfaced in the shelter, was a case of violence between citizens of two different countries. A Moroccan was about to kill a Saharan; but I wish to tell you about another day, because it was horrifying […]. The weight is enormous and is a duty that cannot be overlooked. Ex-proteced Maghrebians can be the butts of violence by their peers. Many young people are discriminated and attacked if they don't comply with the leader. In fact, the victims themselves recognise the gravity of the fact" (Code: PJS16, a technical educator with 6 years of experience working for a migrant association).

Very often the interviewees refer to the time required to detect violence, which is not always related to the time assigned to intervention with migrants:

These cases need time. These people need time and, although we try to assist them as best we can, we have not enough time either or sufficient staff to assist them the way they should be" (Code: PJE7, a nurse supervisor of gender violence with 25 years of experience).

Although during the field work carried out, we were able to detect increasing sensitivity towards violence related to migration, one recurring factor was the absence of training designed to facilitate detection of violence. In addition, the lack of tools connected with the mental skills professionals require in order detect violence was brought up constantly:

One of the most recurrent complaints is, sometimes, not always, the lack of humanity and empathy on the part of some of the professionals; this causes them (the victims) to feel ill at ease, seeing that they must tell them about personal matters something that makes them feel embarrassed, and they find, sometimes, I repeat, that they are treated by people who consider them numbers rather than persons" (Code: PJS22, employment expert working for a non-governmental organisation with 14 years of experience).

In general, what emerged is a feeling of dissatisfaction with the way operators work with immigrants/refugees. The operators think that situations of vulnerability involving people suffering from violence and abuse during migration require more appropriate multidisciplinary tools permitting them to detect physical and sexual violence further. The simple help of native speakers or intercultural mediators (mostly volunteers from the NGOs) is not enough. Recog-

nition of violence requires accompaniment, a factor which is neglected. Recognition is limited, generally speaking, to cases of emergency admission to hospital but is omitted in cases where people decide, initially, not to own up to situations of violence.

> At normative level, actually, the regulation is not bad, neither are the protocols; but the issue regards the training of personnel. Training. It demands a lot of training […]. But there is very little. Training must be constant, otherwise we cannot increase awareness. Gender violence is a topic about conscience" (Code: PJJ4, a jurist with 25 years of experience engaged in an Assistance Centre for Women).

In this sense, indirect, symbolic or institutional violence is missing for present-day protocols. This topic, as one of the operators said, "is given no room within intervention". As they remark, if it is rather challenging to detect violence related to trafficking, it is far more difficult to identify violence when "it is not named or invisible like proximity violence". The everyday life attending emergencies related to arrival, to assignation to different centres, to legal assessment, to the verification of age (in cases of minors) exceeds the time available and the expertise of the social operators. All told, most of the interviewees agreed on the same exigency: training regarding migration processes and the need for networking between institutions in order to make the social assistance delivered to persons who suffer proximity violence more effective.

> I lack one protocol in particular. We have many protocols. But interaction between protocols is wanting. Educators are not obliged, according to their protocol, to report. Although this obligation is established by law, the law is not applied. The protocols of the educational centres do not include this obligation although it is legally mandatory since 2015 and the year is now 2018. It is fine than every centre has its own protocol. Ok (…) But the links between them should be univocal and very clear. This fails. (Code: PJF3, a Delegate Public Prosecutor of Gender Violence with 31 years of experience)

9.4 Concrete examples of the "good practices" detected

Later on, we shall present some concrete examples of the good practice detected during our field work regarding how to deal with proximity violence. This issue is central to good practice and needs to be taken into account and is one the social operators considered when responding to situations of proximity violence. The good practices identified are related to different agents or elements of the work implemented when seeking to deal with people suffering from proximity violence and regard

a) the improvement of coordination between professionals with a view to facilitating relations with bureaucracy;

b) a detailed knowledge and training permitting operators to detect the characteristics of people experiencing violent situations;

c) the skills and techniques needed to detect violent situations;

and

d) professional skills regarding essential aspects like effective communication (proper, congruent and successful nonverbal and verbal communication, awareness of the factors that may enhance or weaken a message), and techniques to be adopted by the professionals (such as empathy management or emotional ventilation techniques).

Within the framework of the issue of refugees and asylum-seekers, we examined a document issued by the Junta de C, "Asylum and International Protection. The refugee situation" (2015). This not only describes the situation and assumes a position regarding human trafficking, female genital mutilation, or forced marriages (among the many other reasons which induce people to seek refuge in Spain), but it also explains some good practices capable of guaranteeing adequate development of reception and hosting services. This procedure points out that:

a) during a phase previous to the interview, it is important to detect people who need to be solicited to apply for international protection and ask "why you cannot return to your country of origin?" and "What would happen if you went back?"; to pay particular attention to minors and women; to talk about the refugee with other professionals who know her/him; to help prepare a formal application; to investigate the situation in the country of origin; to convey an attitude of calm to the refugee;

b) during the preparation of the formal application it is vital to explain the procedure to the refugee in simple and clear language; to identify the need for translation and guarantee that the understanding between the refugee and the translator be adequate; to ask as many questions as necessary to clarify possible misunderstandings or omissions;

c) when drawing up the dossier it is necessary to contact the case instructor, as well as ACNUR; to go into depth concerning the violence experienced in the country of origin; to add updated information regarding events after the interview; to compare the information with the refugee and carry out a second interview if necessary; to assess the possibility of requesting medical, social or psychological reports regarding the refugee; to seek judicially binding precedents (consult international law sources).

d) during the resolution phase of the dossier one needs to transmit the basic points of the resolution and indicate which were used to reach a decision; request preventative measures and provide the reports requested.

Outside of Andalusia, we find a Protocol for Refugees regarding the Madrid Region (2015). This plan, much shorter than the Andalusian one, sums up the refugee situation in Spain, and describes the services provided by the Office for Attention to Refugees and how the integration process was planned. Finally, an effort needs to be made to explain how to coordinate action in favour of refugees.

Moreover, other kinds of documents regarding the treatment to refugees are available, like the protocol of Health-Care for Refugees drawn up by the Unit of General Care of Torreblanca (a city of the Community of Valencia).

Later, we present and discuss two specific programmes considered as good practice. Both programmes provide a good example of how to work at local level and involve different stakeholders to tackle situations of violence. We shall describe the philosophy of this programme, its objectives, its main activities, the diverse institutions involved in it, the different areas of attention included, the impact of the programme, its transferability to other geographical areas and other institutions. Both practices are related to the principles and ethical values of democracy, respect of those Human and Gender Rights which promote social cohesion and social tolerance. Both programmes comply with the notion of what is meant by good practice which emerged from interviews we carried out.

The Alto Guadalquivir Hospital, Andújar is located within the province of Jaén. This Hospital is part of the of Alto Guadalquivir Health-care Agency's network which includes the Hospital de Montilla, the Hospital de Alta Resolución Sierra Segura, the Hospital de Alta Resolución de Puente Genil, the Hospital de Alta Resolución de Alcaudete, the Hospital de Alta de Resolución Valle de Guadiato, the Hospital de Alta Resolución de Alcalá la Real. Within this framework, the Alto Guadalquivir Hospital, Andújar, set up a programme called the Anti-Gender-Violence Commission (2012). This practice is promoted by the Hospital, in collaboration with the Local Administration (Ayuntamiento de Andújar) and also involves other social institutions (both public and private). The programme is based on that of the World Health Organization (1996) concerning gender-based violence as an issue of public health. However, in recent years, violent acts were also perpetrated against Spanish women. Romanies, foreigners, older people and LGTBIs are increasingly demanding attention.

This Commission was promoted by the nursing staff of the Hospital, and was extended to involve other professionals like social workers from public and private services, security-force staff (Civil Guard, National and Local Police), professionals from the Local Administration (social instructors, physiologists etc.) and experts from the Women's Institute. There is a technical subgroup (for operative interventions) and a political subgroup (providing political-normative guidelines). The Hospital drew up three main intervention guidelines: prevention and detection of violence, as well as direct intervention in cases of violence (mostly perpetrated against women and minors).

According to the Commission's professional discourse regarding perception, violence is still not generally considered by doctors as a socio-health/bio-social issue. The social aspect developed in conjunction with Social-Work professionals or Psychologists from the social services has no link with the Hospital or the forces of law and order and vice-versa, especially when referring to immigrant people in irregular situations.

The main objective is to improve communications and coordination regarding the detection of and intervention in favour of people who experience violence. This is one of the strong points of this service considered as an example of good practice: the theoretical multidimensionality of what violence means and how it occurs is translated into practice through the creation of a care programme which takes the different dimensions of violence (social, physical and mental legal and security matters) into due consideration. As explained in the interviews, at practical level the Hospital (medical staff) and Social Services (social workers) contact the Family and Women's Units (UFAM), created by the national security forces to achieve comprehensive policing capable of providing specialist, personalised attention to victims of gender, domestic and sexual violence; even more so, when it concerns migrant families who seem to be more disconnected from the everyday health-care and public social services. People from Rumania in particular.

Another resilient point for qualification as good practice is related to the transfer of knowledge between professionals. There is a lack of networking between professionals and local protocols capable of dealing with violence and stress. A large number of health-care providers carry out training and attend awareness-raising courses regarding violence and gender-based violence on a voluntary basis and outside of working hours. These will be provided in 2019 by the Alto Guadalquivir Hospital and the Commission on Violence with accreditation on Quality in Gender Violence. This training course aims at raising and improving the level of care and reception of possible cases of violence that may be treated by recourse to the ordinary or emergency medical services. At this point, for example, it has proven fundamental to understand the need to accompany the victim during the process of recognition and when reporting situations of violence experienced; even more so, when talking about a person in an illegal situation or involved in trafficking networks. As the interviewees pointed out, if the Commission rules that a person is not running a vital risk (if he/she is not a minor), it needs to respect the time the person requires to lodge a formal complaint, because if reporting leads to the arrest of the victim and the next day a hasty judgment is made and the abused person denies the violence undergone, the operators may be obliged to send the abused persona back into the hands of the abuser. «Obviously, as they told us, when the operators find signs of physical injury, which are an aspect of violence, there is no discussion. But when, for example, a woman, five times in a row in a shorter or longer time,

complains of headache, anxiety and even arrives at acts of self-harm, often tantamount to a suicide attempt ... in these situations, we health workers need to remove the lenses of violence only, look beyond them and see the woman» (Commission, 2018). However, internal coordination of the Commission, alerted by the institution regarding a specific situation permits it to keep track of it. As a result, the prosecutor's officer, the police, the social and the health-care services can keep track of each case according to their respective competences and the different dimensions of the violence exerted.

The promotion of clinical sessions involving different professionals is one of the Hospital's pioneering activities. These sessions serve to recall, in a simple and schematic way, the protocol of action. Similarly, these spaces are used to discuss cases attended to for the purpose of becoming acquainted with possible improvements to the action carried out and the errors committed during care of victims by health-care personnel. Likewise, the goal is to provide professionals who attend to and take care of patients with feedback regarding areas of improvement. There are still some major gaps regarding the comprehension and implementation of the Protocol. For example, recently, a group of nurses doubted whether they were authorised to report suspected violence to the Public Prosecutor's Office without the signature and approval of a physician.

As a result, from the perspective of a multidisciplinary team-work, a data-processing tool has been created. The Hospital has designed two pilot algorithms as indicators to use to detect signs of violence. Instead of looking for evidence, the objective is to seek information, on the basis of a suspicion-of-violence index. This is more effective when dealing with people like illegal immigrants and refugees, whose link with the health-care system is weak. This may be summarised in the following sentence: «the big change and challenge of this practice is not only to see the tip of the iceberg, but also what is beneath it» (Commission, 2018).

On the one hand, one of the most relevant dilemmas during the process of detection of situations of violence has to do with the assignment of responsibility to those obliged to inform the prosecutor. Is it limited to the medical team which evaluates the injuries sustained (through presentation of evidentiary documentation) or is it open to other members of the professional staff? This is related to the dilemma of considering violence simply as a social problem or as a health-care problem exclusively, forgetting that violence is multidimensional. For this reason, it is necessary for professionals to work in a cooperative manner; to involve the medical staff in social matters and the social services in issues of health, so that the whole team may work following a single protocol of violence detection.

On the other hand, an additional dilemma is related to the significance of the cultural dimension as a factor capable of explaining the perpetration of violence. To what extent, cultural settings should or should not be considered major distinctive markers of inequity or violence; how much is the diversity of

immigrants/refugees used «to justify the explicatory centrality of a client's culture or ethnicity –sometimes regrettably, at the risk of essentialisation?» (Boccagni 2015: 615).

In Granada a "Protocol of Emergency to Receive the Collective arrival of migrants" (PECOL) (2018) has been introduced. This programme was promoted by the Local Administration, in collaboration with public and private institutions (a total of 46 organisations) and aimed at positive reception of immigrants and refugees arriving in Granada (by sea or by land). The coast of Granada, as part of Spain's southern border, is the third pathway of access to Europe for immigrants and refugees arriving from the Mediterranean. Arrivals have tripled since 2017 (CEAR, 2017) due to changes in migratory routes at a time when they were decreasing in Italy and Greece. This means important challenges to reception and, specially, to the specific treatment of persons with special needs. Most of the funds have been invested in border control (with programme like SIVE: External Monitoring System within the framework of Frontex in Spain). Once the "Sea Rescue" programme finds a "patera" and saves the people aboard, they conduct them to land. Granada's port, Motril, is the main destination of similar vessels. In coordination with the Red Cross, the emergency response teams are reported to, in order to organise the humanitarian assistance to be provided. These teams are usually composed of Red Cross staff and of volunteers from the health-care and intercultural sectors.

In these cases, the specific staff who attend women and detect signs (physical and sexual only) of violence they may be bearing, inform the National Police and the women are transferred to Accommodation Centres for Women, or to Centres for the internment of foreigners (CIE). However, the interviews in question are conducted mostly by male police officers, which makes it difficult for the women to gain access to information, or muster up enough courage and establish a rapport of trust such as to permit them to talk about the persecutions suffered, something extremely difficult even when the interview is conducted by a woman (CEAR, 2017).

At present, the Programme for Humanitarian Attention to Immigrants and Refugees aims at alleviating the vulnerable situations of participants by providing them with accommodation, food and coverage of their basic needs, but also by providing them with minimum social tools (language learning, training, guidance) to prevent, as far as possible, their personal deterioration and social exclusion and to promote their integration into the host society (CEAR, 2018).

Within this context, in the city of Granada "The Protocol of Emergency to receive the collective arrival of migrants" was created. This is considered the first Spanish city to agree on a similar protocol based on broad consensus. The capital advises other municipalities regarding the implementation of similar devices. The protocol contemplates seven working networks whose areas of competence are: health-care; legal advice; translation and interpretation; accommo-

dation and basic resources; travel planning and contacts at places of arrival; accompaniment, leisure and finance. According to information from the City's Council of Administration, during the first 6 months, 137 people were catered for.

After they have been identified, after the 72 regulatory hours during which they may be held by the police, they receive legal advice for the first time from an attorney specialised in immigration. Parallelly, the social-service technicians advise them on their journey in cases where they declare wanting to continue northward (many of them are looking for family members resident in other areas of Spain). Once in Granada, most immigrants request asylum. Their requests are dealt with by the social services during the following 30 days.

This Protocol is linked to the Red Granadina por la Acogida y el Refugio (Granada Network for Reception and Refugees) and the Plataforma Emergencia Frontera Sur (Emergency Southern Border platform).

The first time this Protocol was activated was in September 2018 after the National Police reported holding 22 people in prison after a landing and before releasing them "because there were no resources available ". For that reason, at around 22:00h, they were abandoned in the streets, without having received any kind of information, advice, or support capable of regularising their situation, providing asylum or international protection, although all of them had a document expressing their desire to request political asylum in Spain on grounds of the political persecution suffered in the Riff. In response to that situation, considered by the NGOs as an act of institutional violence, the Protocol was activated.

During that week the same circumstances were repeated, with the arrival of other groups of 17, 29 and 6 people. Then 73 came from the Riff and Casablanca areas.

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This volume, edited by Ignazia Bartholini, principal investigator of the PRO-VIDE - Proximity on Violence: Defence and Equity project (Rights, Equality and Citizenship Programme - 2014-2020) funded by the EU, shifted the interpretative focus of its research from gender-based to proximity violence.

This theoretical intuition-assertion, fruitful too at empirical level, is informed by a wide-scale reconstruction of the phenomenon of migratory violence and corroborated by the results of the action research carried out by six international teams - Ismu, Oxfam, Telefono Donna, Badia Grande, Aseis Lagarto, SamuSocial International, the University of Jaén and the University of Palermo.

Systems of protection, formal and informal good practices, as well as critical issues regarding the reception of migrants, are explored and narrated by the co-authors of the volume thanks to the action research they conducted with the collaboration of a plethora of professionals who narrate and illustrate the topic of proximity violence, providing their own particular frames of reference, views and counterfactual reflections.

Furthermore, the discussion of legislation provided offers a cogent cross-section of what has been done to contrast the violence which thousands of asylum seekers and refugees undergo and how much national governments need to do in order to host and recognise victims of proximity violence.

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