



PROVIDE

PROximity On Violence

Defence and Equity – PROG-776957



ISMU GUIDE

January **2020**

Edited by Lia Lombardi

PROTOCOL “PROVIDE” OPERATIONAL GUIDELINES TRAINING METHODOLOGY and BEST PRACTICES

Good practices for training and for reception

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Identifying, preventing, caring

by Lia Lombardi

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introduction

by Lia LOMBARDI

These operative guidelines are based on the results of the two macro-actions of the Provide project: the research (Bartholini 2019a) and the training of operators (Bartholini 2019b).

The qualitative research highlights the difficulties of the operators of services and reception centres which face a high turnover; the absence of specific skills on gender-based and proximity violence; the lack of a specialized training offer (Lombardi 2019a).

From the narratives of the training needs of the operators, we have identified some key words which have been the subject of discussion by the experts of the "Provide" team, giving rise to five training modules (Bartholini 2019b), the subject of these guidelines.

- 1 Gender-based violence versus proximity violence.** This highlights the dual violence to which migrants, asylum-seekers and refugees are exposed: firstly by males, before, during and after the journey, institutional and structural violence they meet in the countries of arrival (Lombardi 2019a).
- 2 Human rights and rights of migrants in legislation.** Correspondence of the sources of international law on human rights with the European directives/ recommendations and of the member states, partners in the project.
- 3 Personal care and health care.** This is about the consequences of violence on the health of migrants, asylum-seekers and refugees, observing the specific health needs for which adequate skills are required.
- 4 Mental health.** Boosting the psychosocial paths and competences on post-traumatic stress disorders of the operators involved in the training.
- 5 Stress management.** This places attention on the stress and burn-out of the operators who work with migrants who are victims of violence and therefore to strengthen their capacities and skills for stress management.

The design group of the "Training course for experts in proximity violence" has designed the structure of the course making reference to the active methodologies for vocational training. Considering the contents of the five training modules and the professional characteristics of the students (social workers, professional educators, psychologists), we have imagined a modular structure of five hours, divided into

a frontal part where the teacher gives the participants the basic concepts and references of the module, and a second part structured in a workshop with the active participation of the students. The type of the workshop draws inspiration from the "method of cases" (Massa, 1997) and is conducted by a teacher and a co-teacher (Lombardi 2019b). The cases, referred to real stories and inherent to the module of reference, are read and proposed to the group in the class, who are asked to form groups of 4-8 participants. The teacher and the co-teacher ask the groups to reflect and discuss the case following three categories of analysis: 1. Resources and strengths of the person referred to in the case; 2. Their fragilities and weaknesses; management of the case by the services (criticalities, good practices, efficiency). At the end of the work (about 30-40 minutes), the representative of each group is asked to report to everyone the discussion in the group and the results that have emerged. This is one of the most important times of the training day as each group – and each individual participant – has the chance to interact with the others, in a reciprocal exchange of knowledge and experience.

The workshop concludes with the teacher and co-teacher speaking briefly to summarize the analyses of the groups, underline the most important aspects and add significant information and/or aspects.

We have therefore structured the guidelines in two parts; the first concerns the "good practices" of the training path; the second highlights the "good practices" of the reception of the migrants who are victims of violence, which have emerged from the research.

To make the use of these guidelines easier for the trainers, we have produced them following a route of information sheets which goes over the training events, taking up the most significant contents and approaches of the training in the target areas (Sicily, Lombardy, Tuscany, the Paris region and Andalusia), indicating the exemplificative cases and the ways of organization and conducting the workshop.

The second part, dedicated to the "good practices of reception" is based on three criteria – identifying, preventing, caring – and also follows a structure of information sheets which concerns: the reception systems in Italy, France and Spain and some local situations; the good practices of reception and care of migrants who are victims of violence and networking (governance, protocol and actions); the critical points and the prospects of the system.

Section 1

Good practices for training

5h



Proximity violence and gender-based violence in migratory contexts

Edited by *Valeria ALLIATA di VILLAFRANCA*

1





15'

The module introduces the topics linked to gender and proximity violence and aims to analyse the causes and the different forms of violence that take place before, during and after the migratory journey. Through the presentation of information and the analysis in workshops of cases, the formative path has as its objectives to provide operators with useful and efficient instruments, both to identify the victims of violence and to frame the contexts in which abuse and violence take place, in order to activate effective paths of assistance and empowerment of the victims.

Forced migrations erode support from family, friends and the communities of the contexts of departure, putting the cultural, religious and gender identities under pressure. Children, youngsters and women are the most vulnerable and at greatest risk of suffering violence, abuse, exploitation, intimidation, retaliation and consequences on their physical and mental health.

Information sheet 1.1

State of migrations and reception system: European and national context



Migratory flows to Europe. The overland and sea routes of the migrants

In this session the current picture of flows to Europe and landings on the Mediterranean coasts are to be indicated and discussed. Indicate the quantitative data:

- » On the arrivals by land and by sea, specifying the places of arrival and sorting.
- » On the places and countries of origin.
- » On the presence of vulnerable categories (as specified in Information Sheet 3).
- » On the requests for asylum: where possible also indicate those accepted and those refused.
- » On rejections and deportations.
- » Other information considered important by the trainer in the historical and temporal context in which the training is taking place.

National context

In this session the contexts and the situations concerning the Member State where the training is taking place are to be indicated, with particular attention to the following topics:

Asylum Seekers in the member State (e.g. Italy, France, Spain)

- » On the arrivals by land and by sea, also specifying the places of arrival and sorting.
- » On the origins and countries of origin.
- » On the presence of vulnerable categories.
- » On the requests for asylum: where possible also indicate those accepted and those refused.
- » On rejections and deportations.
- » Other information considered important by the trainer in the historical and temporal context where the training is taking place is to be indicated.

The system of migrant reception

- » How the national and local reception system works.
- » The levels of reception and the services dispensed by the assistance centres to the migrants.
- » Good practices and critical points.



The health of documented, undocumented migrants, asylum seekers and refugees. Right and access to healthcare.

According to their administrative status, what kind of access to services is guaranteed for the migrants?

Indicate whether there are differences between:

- » Documented migrants: residents, residence permit/card.
- » Undocumented migrants: non-resident, without residence permit, without papers.
- » Holders of international protection/ subsidiary/other.
- » Asylum-seekers.

Information sheet 1.2

Gender discrimination, violence, proximity. Definitions, causes and forms of violence

35' + break 15'
at the end



Gender discrimination and inequalities

Gender equality is nothing but equality in the treatment of men and women based on their respective needs. This must lead to a perfect equivalence in terms of rights, benefits, obligations and opportunities. In most societies, the inequalities are expressed precisely through the non-recognition of these equivalences and therefore the attribution of different responsibilities, rights, benefits and opportunities for men and women, in their activities, in the access and control of the resources and in decision-making processes.

Some Indicators of gender discrimination and inequality

Access to education, Economic activity, Decision-making power and control.

According to the "Social Watch 2012 Report, GEI Gender Equity Index" at global level the average ratio of gender inequality is: in education equal to 0.82 – max North America 1.00, min Middle East and North Africa –; in economic activity equal to 0.57 – max 0.74 Central Asia min 0.23 Middle East and North Africa – lastly in decision-making power and control equal to 0.28 – max 0.48 Europe and North America min 0.14 southern Asia, Middle East and North Africa.

Reproductive health and access to health and social services

As far as reproductive health is concerned, the problems linked to it are still the main cause of illness and death for women of the reproductive age all over the world. According to the United National Population Fund (UNFPA) one woman dies every minute giving birth for causes that could be avoided – with adequate access to health and social services which are often denied – and for each of these deaths there are more than 20 women who have permanent health problems linked to complications which arose when giving birth.

The first recognitions of fundamental human rights and the "female"

1993: the World Conference on Human Rights of the United Nations, through the Vienna Declaration and Programme of Action, recognizes the human rights of the woman and the girl-child as "an inalienable, integral and indivisible part of universal human rights." There is therefore acknowledgement of the "various forms of discrimination and violence to which women continue to be exposed all over the world."

Gender-based violence is therefore recognized as a violation of the fundamental human rights.



Definition of Violence against women

(Art. 113 of the Platform for action of the Beijing Conference)

"Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."

"Violence against women is a manifestation of the historically unequal power relations between men and women [...]. Violence against women throughout the life cycle derives essentially from cultural patterns, in particular the harmful effects of certain traditional or customary practices and all acts of extremism linked to race, sex, language or religion that perpetuate the lower status accorded to women in the family, the workplace, the community and society."

"On the basis of this conviction, gender-based violence takes place according to three different meanings (physical, sexual and psychological) which are inter-related in the various areas of life (family, community and state)".

Forms of violence against women

Violence against women includes:

- » ***Physical, sexual and psychological violence within the family***, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape. Female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence-related exploitation.
- » ***Physical, sexual and psychological violence occurring within the general community***, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution.
- » ***Physical, sexual and psychological violence perpetrated or condoned by the State***, wherever it occurs.

Inter-family and domestic violence

Definition

Any action or behaviour whatsoever by a person who, by abusing their position of power (physical and/or psychological) causes physical and/or mental harm to a family member. It includes; threats or acts of physical, psychological or sexual violence in a family relationship or in a couple.

Information sheet 1.2

Abuser/Victim

Sexual partner, spouse, parent, sibling, child, elderly person (e.g. grandparents), other family members.

The profile of the Abuser

Violent only in the family: moderately violent subjects both in the family and outside the family, they do not present significant psychopathological disorders.

Dysphoric – borderline: moderately or very violent, especially in relation to their partner. Severely disturbed, they find it difficult to accept abandonment. Pathologically jealous.

Antisocial, generally violent: Antisocial aggressors, violent in general with a criminal record.

Some characteristics of the victim

The victim of abuse, when they ask for help, usually presents: fear, shame, emotional dependence, distorted perception of the danger (sometimes), and ambivalence with respect to the possibility of leaving their abuser.

The Context

Any type of family and/or couple (heterosexual, homosexual, other), of every age range, of any group (ethnic groups etc.), of any socio-economic and cultural level whatsoever.

Forms of Inter-family and/or Domestic Violence

- » ***Psychological Violence.*** Humiliating, under-estimating, blaming, controlling actions and/or decisions, limiting autonomy, isolating.
- » ***Economic violence.*** Forbidding or hindering access to work outside the home; depriving them of their salary or controlling it; not allowing control of the organization of the family economy; not allowing or limiting access to the family finances (bank accounts, etc....); failing to comply with the duties of maintenance established by court decisions and exploiting the person as labour force in the family business (agricultural, tourism, small business etc.) without any remuneration or decision-making power or access to financial means; run the woman into debt to meet the abuser's failings.
- » ***Physical violence.*** Slap, scratch, bite, suffocate, hit with objects, pull hair, punch and/or kick, burn with cigarettes or other red-hot objects, injure with weapons.
- » ***Sexual violence.*** Force the victim to have sexual relations. Using force, threats or blackmail, impose unwanted practices, impose sexual relations that imply hurting the victim physically and/or psychologically.

Proximity violence

What is meant by proximity violence?

Proximity violence is situated between gender-based violence according to international law and normalized violence shown up by sociological investigation. It is distinguished through:



- » A connection between interpersonal violence and symbolic and physical violence fostered by the context and structure.
- » An interconnection between the public domain, the private space and the sphere of the imagination.
- » Violence rooted in everyday life and in its weakest interstices.
- » The outcome of the recognition of the other by the victim in a context or situation.
- » The manipulation of interpersonal trust which leads to abusing the vulnerability of the other.

The term comes from "proximus" and refers to that grammatical form of absolute superlative which indicates **the person closest to the other person** in a given space and at a given time (Bartholini 2013). It therefore refers to a type of relationship in which the subjects are reciprocally connected by a closeness which derives from sharing an emotional experience (Collins 2008).

The "Proximus" is the other as a participant in an emotional experience provoked in the victim through violent actions.

With respect to the victim, the abuser is in an asymmetrical position of abuse. From this point of view, the possibility of implementing proximity violence is subordinate to the behaviour and actions of the abuser who dominates a victim in conditions of absolute vulnerability, caused by the situation.

How does the manipulation of the other take place as a vulnerable and exposed subject?

The manipulation of the victim, as a vulnerable and exposed subject, takes place through:

- » ***Manipulated trust:*** obtaining the trust through the work of the abuser.
- » ***The identification of a significant other:*** recognition of the power/identity of the other as abuser.
- » ***Resistance:*** activation of processes of resistance by the victim.
- » ***Resilience:*** activation of processes of resilience by the victim.

The positive elements

Trust, attention, care, which connote particular relations between persecutor and the persecuted, as in the case of women who are victims of sexual exploitation and the subjects to whom they refer, are actually factors of resistance, which delay or prevent becoming aware of their almost absolute vulnerability.

Why is it more appropriate to speak of proximity violence?

- » This is violence exercised on more vulnerable subjects by subjects who are "close" to the person and even to the family of the victims.
- » It implies an initial voluntary acceptance which is based on the trust in the abuser or exploiter.
- » It produces mechanisms of defence in the victim which make it acceptable or impossible to cut the abusing bond exercised to their detriment (resistance).
- » It produces mechanisms of active resilience which induce acceptance of the situation.

Information sheet 1.3

Gender-based violence, transit violence and proximity violence in migratory routes



Gender, Violence, Conflict, Migration

There is a close relationship between gender, violence, conflict and migration because violence, in its various forms (physical, sexual, psychological, structural, and institutional) becomes an instrument of power, submission and abuse. In conflicts and in critical situations, the female body, in particular, becomes a "public place" (Duden, 1984; Lombardi, 2019a). Refugees and asylum seekers, in most cases, are fleeing from war, persecution, extreme difficulties in their countries of origin and most of them live in conditions of deprivation, violence and abuse in the countries of transit (e.g. Libya).

Gender-based violence may take place in contexts of conflict, during the migratory journey and in the host member States of the EU (for example, in the reception and/or detention facilities).

Gender-based violence – focused on the experiences of violence of women and girls – is understood as including physical, sexual and psychological violence, including the threats of these acts, coercion or the arbitrary deprivation of freedom, blackmail. Violence refers to acts which take place in public or private places. It can therefore include violence by family members (sexual partner and domestic violence by various members of the family) and also forms of sexual harassment, together with other forms of sexual violence, by different perpetrators.

Violence against refugee women and female asylum seekers

The European picture

According to the IOM (2015), an unprecedented number of people and families and minors, from the Middle East, Africa and central Asia have crossed the Mediterranean and the Aegean Seas in search of safety and protection in Europe. In 2015, more than 3,500 people drowned or died on the journey. Mental and psychological health and psychiatric problems are amongst the most important fragilities they bring with them, and deserve particular attention. Refugees and asylum seekers, in the majority of cases, are fleeing from war, persecution and extreme difficulties in their countries of origin. Many experience deprivations, violence and abuse in the countries of transit, and face journeys full of risks.

Forced migrations erode the support from family, friends and the community of the contexts of departure, putting cultural, religious and gender identities under pressure. Children, youngsters and women are the most vulnerable and at the greatest risk of undergoing violence, abuse, exploitation, intimidation, reprisals and consequences on their physical and mental health.



Categories of Vulnerable Migrants

Women and minors at risk; unaccompanied minors; pregnant women; parents with minor children; the disabled; people who need medical treatment that can be guaranteed only with resettlement; people needing emergency or urgent resettlement for reasons of legal or physical protection, including the victims of violence or torture.

Classes of vulnerability

Psychological-physical violence; bereavements or family losses; victims of tribal conflicts/wars; sexual abuse; victims of trafficking; pregnancy following abuse; dependences.

Indicators on the state of health of vulnerable migrants

- » **Infectious diseases:** higher incidence than the average in the country of reception.
- » **Sexually transmissible diseases:** especially amongst undocumented migrants and victims of violence.
- » **Mental health:** psychological and psychiatric problems amongst refugees and asylum-seekers as the result of torture, violence, extremely dangerous journeys.
- » **Reproductive health:** many women are pregnant and, in most cases, the pregnancies took place during the journey. This is why they ask for a termination, but it is not always possible. To cope with problems of reproductive health (pregnancies, births, abortions, contraception etc.), it is good practice of the reception centres to establish cooperation with family planning clinics.

Gender-based Violence (GbV) in the migratory routes

With respect to GbV, the UNHCR, the UNFPA and the WRC (Women Refugees' Commission) have expressed great concern for the risks and violence to which refugee women in transit to Europe are subjected. In 2015, the UNHCR, UNFPA and WRC made a survey in the field on the risks women and girls face when they are in transit towards Europe. Men and women are exposed to different risks and vulnerabilities during the migratory journey. Women and minors are particularly subject to discriminations, sexual violence and gender-based violence and therefore need specific reception and facilities. The reception centres are often overcrowded and this places women and minors at greater risk of violence, abuse and exploitation (ACNUR, 2017).

Information sheet 1.3

Risks on the journey and in reception. Transit, Family and Domestic, Structural, Institutional and "Proximity" Violence

A recent evaluation of the risks for refugee women and children has identified cases of sexual and gender-based violence, including early and forced marriages, trafficking, domestic violence, sexual and physical abuse both in the country of origin and on the journey and in the countries of transit.

According to the UNHCR, UNFPA and WRC Report, the response to the European humanitarian crisis is insufficient and often inconclusive, incapable of preventing violence and treating its consequences. In addition, there is at present a great deal of detailed data on the current humanitarian crisis and this can fuel the perception that the violence against women is not an important characteristic of this crisis. Lastly, again according to the Report by the UNHCR, UNFPA and WRC, women and children are also vulnerable to gender-based violence in the reception centres and in other facilities once they have arrived in Europe (for example, police, administrative professionals, operators of the centres etc.).

Transit Violence. Many migrant women, when interviewed, report that they have been raped and compelled to prostitute themselves to pay for travel documents and the journey itself, out of fear of having to postpone the journey they deny having undergone violence and do not ask for medical treatment.

An increasingly large number of men and minors show signs of violence and torture on their arrival, say they have been ill-treated and beaten even before the start of the journey with the threat of not taking them to their destination (UNHCR-UNFPA-WRC, 2016).

Family or domestic violence. It emerged several times that during the journey false families were created to protect the women and to benefit from the facilities provided for families but subsequently, in living together, these couples "explode". There are also real families, but going through many difficult situations in the host country, "explode" due to the stress. In both cases, the malaise of the family can be translated into physical abuse against women/minors.

Structural Violence. Structural violence refers to those situations in which the victims (women, but men too) live in conditions where violence is a *modus vivendi*, experienced since childhood, contexts in which children lose every form of protection and guardianship, are at the mercy of adults for whom these children are instruments to be used, useful for their business. This type of violence is based on hierarchical principles rooted in the communities and in societies where the most vulnerable people are the object of exploitation and abuse without it being recognized and defined as such.

Institutional Violence. This is represented by all those forms of violence generated by laws, by administrative practices, by the unawareness of the operators who receive the migrants (police, reception centres, social services, bureaucracy). It is linked to every form of institutional discrimination which keeps women in a subordinate position, whether physical or ideological. Institutional violence is at times given by strict rules that are not adapted to the specific and individual situation.



Proximity Violence. These are collective situations which refer above all to the large reception centres. At times something trivial, such as a quarrel between children, can generate it. At times they are translated into vexatious acts to neighbours, they are forms of violence which the operators cannot control. Other situations concern adolescents and youngsters; where there are vulnerable adolescents or youngsters, there are often episodes of stalking and bullying against them. The youngest migrants are also often exposed to other risks: some Italian adults present themselves as "protectors", as those who promise protection and help. At first they give money or presents to the immigrants but in actual fact they are only "recruiting" boys and girls for the market of drugs and prostitution or microcriminality. The problem also lies in the fact that these children do not know how to protect themselves. They do not know who they can and should trust. At times very small children do not realize that these methods are abusive but they do not know who to turn to, they do not know if they can trust the "reception centre personnel" or not.

The Migratory Phenomenon and Normalized Violence

To speak about one of the biggest businesses in the more recent history of transnational criminality, it is fundamental to identify the ways of entrance, the routes followed, the flows, the countries of departure and those of transit of a large number of subjects in Italy, mainly young women, who from the countries of Eastern Europe, Africa and, in smaller proportions, from other geographical areas as well, have reached Italy in recent years, to be put into the variegated market of prostitution. When speaking about human trafficking, particular attention is given to a specific population, i.e. Nigerian, made up of a high percentage of young women, affected to a greater extent by the phenomenon of trafficking for the purpose of sexual exploitation.

The journey of the women seeking asylum from Nigeria to Italy

Italy, like the rest of Europe, represents one of the main destinations for most of the women needing protection. According to the International Organization for Migration (IOM) "...about 80% of the Nigerian migrant women who arrived by sea – in 2016 – are probably victims of trafficking for sexual exploitation in Italy or other countries in the European Union."

In addition, the IOM denounces "the significant and worrying increase in adolescent victims of trafficking." Many of these girls say they are adults when they arrive, following the instructions of the traffickers: "This way, the girls will be placed in reception facilities for adults, where it will be easier to contact their traffickers, who will be able to come and get them more easily."

Human trafficking is however involving younger and younger girls (16/19): "They are getting younger and younger, with little education and poorer and poorer. They are mainly girls between 15 and 17, with a growing proportion of female children." The money the minors earn must be paid back to the maman to pay off the debt and every suspected break of this agreement is compensated/counterbalanced by a new oath.

Information sheet 1.3

Figures, roles, methods of recruitment in the country of origin and exploitation

The *maman* is a woman who plays a key role in all the phases of the cycle of exploitation. In particular, she regulates every aspect of the girls' daily life, i.e. she has absolute control over their debt and their life. She decides the final destination in Italy and any subsequent transfers. She also decides the places, the times and the methods of the prostitution activities of the minors, for example if they are to do a double shift or if they are only to work in the day or at night.

Recruitment takes place in Benin City, in the rural areas and in the remotest villages of the states of Anambra, the Delta and Lagos. They leave Nigeria for Niger, and the rapes often start in the desert and in the very first part of the journey. Witnesses' accounts collected reveal that forced induction in indoor prostitution, i.e. in brothels, takes place in Niger. In this case, the forced sexual exploitation is imposed on the victims, in order to start repaying the traffickers the debt contracted for the journey. From Niger, the women's journey continues towards Libya. For these girls, the journey is a nightmare of abuse and violence.

They are often locked up in guest houses, which they cannot leave and where men go to force them into sexual intercourse or into prostitution. In Libya, the stay and exploitation continue for months, in the so-called connection houses, before the departure for Italy: they are forced into indoor prostitution without any kind of protection (some of them become pregnant). (Save the Children dossier, *Piccoli schiavi invisibili. Le giovani vittime di tratta e sfruttamento - Small invisible slaves. The young victims of trafficking and exploitation*, 2015).

The phases and the types of violence suffered by the vulnerable migrants on the migratory route

During the conflict, before fleeing from their countries of origin	Abuse committed by people in situations of authority; human trafficking; sexual violence; rape; robbery by armed groups, including the official security forces; mass rapes; forced pregnancies.
Along the migratory route	Sexual aggression by bandits, border guards, pirates; robbery for human trafficking and "modern" slave trafficking
In the country of asylum	Sexual aggression, coercion, extortion by persons in positions of power; sexual abuse, children taken from their families and put into foster homes; domestic violence; sexual violence during the daily chores; transactional sexual relations in exchange for survival/forced prostitution; traditional practices. Ritorno/espulsione/rimpatrio.
During deportation/return to home country	Sexual abuse of women and children who have been separated from their families; sexual abuse by persons in positions of power; rape; sexual violence; forced expulsion.
On the path to reintegration	Sexual abuse against refugees as a form of punishment; transnational sexual relations to legitimize one's legal situation; exclusion from the decision-making processes; refusal of access to resources, to the right to identity documents, to the right to recover goods or property.

source: Tran Thanh J., 2019



Information sheet 1.4

The consequences of violence

35'



Resistance and Resilience

One of the main problems that revolves around gender-based violence and which makes it difficult to find ways to block it, is that for most of the women interviewed, proximity violence is allowed, tolerated and justified in a traditional vision of the couple or due to affective dependence.

From this angle, patriarchy (Edwards, 1987; Garcia-Moreno, 2006) is not only an interpretative category of violence which refers to economic, cultural or religious peculiarities of its players, but has its epistemic characteristic in that violence which is suffered by the victims at the hands of a close abuser, both during the "abusing journey" and in the exploitation of prostitution.

Mechanisms of resistance by the victims that can be generated only through relations of proximity

The resistance of victims

In particularly stressful, deprived or painful contexts, the victim finds a reason or motivation which justifies the violence at least in part and lets her resist. This therefore produces the possibility of a subsequent narration of the facts of violence which, going beyond the simple dichotomy between abuser and victim, transforms the victim into a quasi-victim and the abuser into a quasi-abuser. The result is a narration with contrasting effects and contradictory results which justifies the exercise of violence.

Mechanisms of resilience which can be generated only through relations of proximity

The resilience of the victims

Resilience is a dynamic element. It indicates:

- » Resistance to difficulties.
- » The ability to reconstruct oneself "positively".

The term comes from physics and indicates the ability of a metal to get back its shape after having received such a strong blow as to cause it to break.

In the case of victims of violence, it concerns evaluating the resistance to the action of violence suffered or experiences and the interest in finding positive elements in relations of exploitation and abuse.

Resilience and Framework

Goffman has explained how all forms of interaction have recourse to *framing*. The *frame* allows attributing a meaning to the experiences, framing the daily situations

Information sheet 1.4

giving, through this "framing" operation, a meaning to the interactions.

Inside the frame, the participants take on specific roles. It is not a static frame/structure. It is, on the contrary, a framework.

The *framework* – represents a real activity of adapting to reality.

The ability of adapting to a given frame is not innate, but acquired. The dynamic with which "we become participants" in given experiences within specific patterns of interpretation is, precisely, shown by Goffman with the term *framework* (Frame Analysis, 1974) and is to be interpreted as a form of resilience with which the victims modulate the very perception of the reality which contextualizes them as victims, retracing the positive elements of their being in the world.

Naturalization and Racialization

Separating the discourse on proximity violence suffered by the cultural representations that justify it, as by the processes of resilience and resistance, would mean disconnecting it from every possible interpretation that "naturalizes" proximity violence. This would produce a sort of **racialization** of the migrant women (Crenshaw, 1991; Razack, Smith, Thobani, 2011).

From the interviews with migrant women, it is clear how often only **physical violence is considered such**, whilst all the other forms of ill-treatment, from economic to symbolic and sexual exploitation in a relationship, are often perceived as behaviour by the man that is justifiable, as he has the authority with which to decide order in the relationship and the instrumental use of the woman for the very purposes of maintaining the relationship.

It is clear how at the basis of the relationship there is an asymmetry, characterized by the fact that the man exercises a role of superiority (Romito, 2000), in a context of structural violence (Farmer, 2003). It is here that, as Butler stated (2016), these women live in a context of resistance to "their" violence, through a process of **naturalization of violence**.

The Regulatory Power of Violence

As a consequence of the resistance and resilience of the victim, the relationship thus becomes auto-immune and excludes conflict.

- » **Self-sufficient.** When violence – in different forms and ways – becomes the very bond of the relationship, it takes on the characteristics of self-sufficiency. Violence, i.e. "it is enough" to keep the relationship standing, and means that in the behavioural ritual of the partners involved, it has a constituent function such as to allow the continuation of the relationship. This applies both in the case of the relationship of the couple, and in relations between adolescents or young people (when dynamics of group violence appear).
- » **Autoimmune.** As autoimmune, the relationship based on violence excludes from inside it any other form of resistance to violence, the latter becoming indispensable to keeping the relationship alive. Violence thus becomes the foundation on which the dominance of one over the other is based, in the absence of any other form



of mutual and reciprocal attachment.

- » ***It replaces the conflict*** which - in its "domesticated" form of competition, rivalry and dialectic – includes the "intentional symmetry" of the subjects involved to act for obtaining a result or what is at stake and, at the same time, "an asymmetry of objectives, expectations and resources aimed at seeking a balance or repositioning of the parts" [Bartholini 2012: 18].

Violence is both an instrument of regulating relations and an autonomous social force that can give meaning to reality.

For the first definition, violence is aimed at obtaining greater power or to rebalance the power between the players involved. The second definition, on the other hand, refers to the very possibility that violence, as the force structuring the relationship, involves the participants by giving them a role – victim, abuser spectator – and therefore an identity.

How to identify Proximity Violence

As a unitary phenomenon, proximity violence can be identified through the characteristics of:

- » ***Durée***, opposed to the liquidity of bonds and any temporal rhapsodic nature that connotes occasional relations, the *durée* allows "fixing" the identity of the participants through the ritual of couple that is reiterated in time.
- » ***Manipulability of the body***, considered as the concrete place where the power of the abuser is exercised, negating all individual freedom of the victim.
- » ***Relational oppressiveness*** and reciprocal reference of the players involved as an emotional condition necessary for fixing of the ***situational ritual***, opposed to the freedom to be and to choose and the very possibility of ***re-newing the relationship*** or making it evolve.

When does the violent relationship implode?

The answer to this question, fundamental for the performance to end as soon as possible, depends on the resistance of the complementary transaction or its transformation into a cross-referenced transaction. This can happen only when the ***framework*** on which it is grafted has exhausted its ability to satisfy the role of all the participants involved, or when the performance of each player no longer meets the needs of the stage, when the actor is no longer in tune with the co-star or no longer satisfies the demands of the public. And, the last, but crucial possibility, when ***the witness***, the observer inside or outside a centre for asylum-seekers, ***is transformed into the saviour***.

Information sheet 1.4

Elements Indicating the Phases of Violence

Phase 1

Phase of the suggestion justified by love for the partner.

What allows justifying the violent relationship at the beginning:

- » Which imaginary idea.
- » Which expectations.
- » Which issues (relations with other women? Expectations of context?).

Phase 2

Phase of stabilization of proximity violence.

What allows justifying the violent relationship in becoming stabilized.

- » Which fears link the victim to her partner? (fear of a void? Of the afterwards?)
- » Which bets does the victim place with herself?
- » Which cross-relationships with the partner are shown?

Phase 3

Phase of the end of the violent relationship.

- » Role of the spectator/social worker – open scenario.



Conclusion and shared considerations

10'



Break

15'

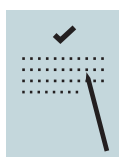


1,45' Workshop

Case study: the case, the group work, the outcome and the final discussion

Delivery

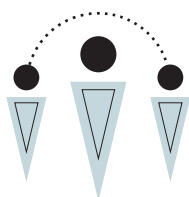
15'



The teacher and the co-teacher read and illustrate the case chosen (usually a real one) to the class. They ask the participants to form groups of 4-6 people and distribute a written copy of the case illustrated (at least one copy per group).

Group work

40'

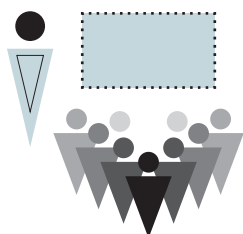


Teacher and co-teacher tell the groups to reflect and discuss the case following three categories of reflection and analysis: 1. Resources and strengths of the person referred to in the case, their context of origin and their contingent situation; 2. Fragility and weaknesses of the person, their context of origin and their contingent situation; 3. the management of the case by the services (reception centres, health services, social services and others), the critical points, the good practices, how they could have/should have acted for a more efficient intervention.

The group works for 30-40 minutes.

Presentation

40'



At the end of the work, the representative of each group is asked to report to everyone the discussion in the group and the results that have emerged. This is one of the most important times of the training day as each group – and each individual participant – has the chance to interact with the others, in a mutual exchange of knowledge and experience.

Conclusion

10'

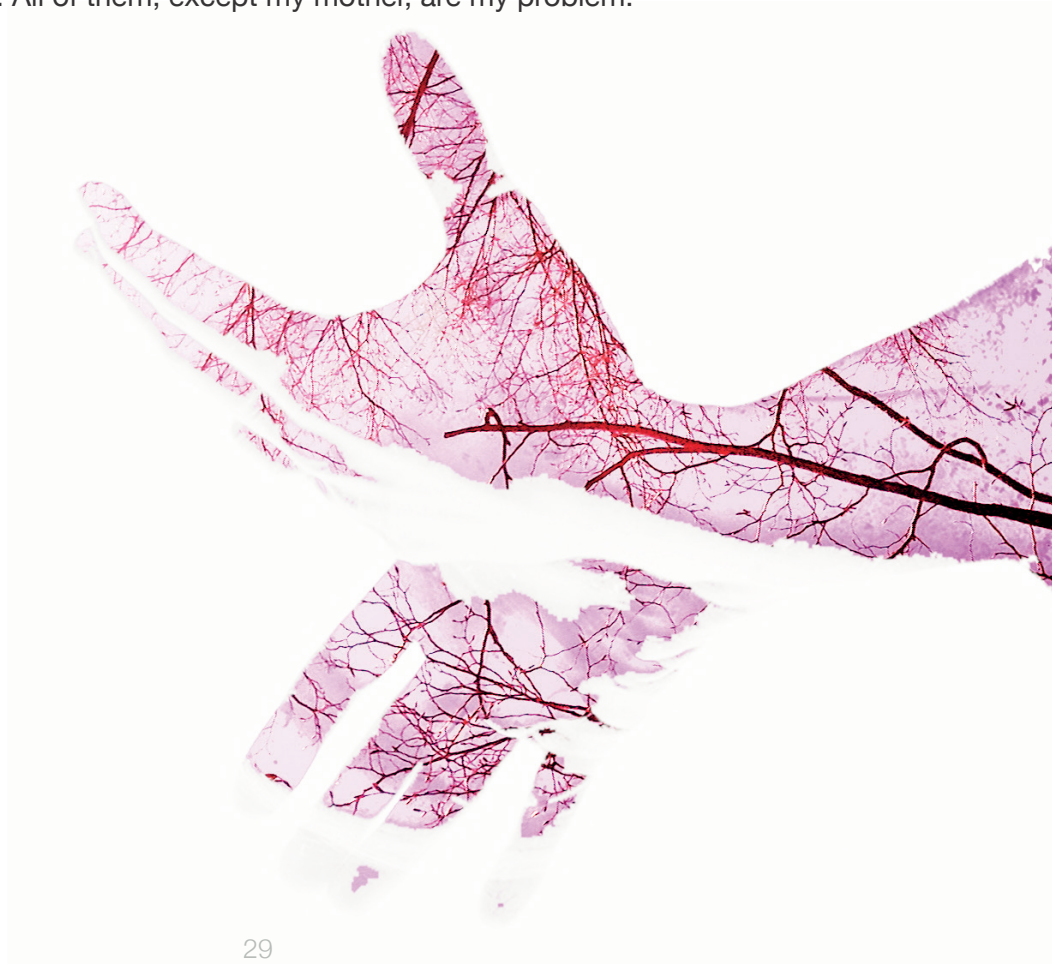


The workshop concludes with the teacher and the co-teacher speaking briefly to summarize the analyses of the groups, underline the most important aspects and, if necessary, add information required by the participants and/or aspects that have not emerged but are deemed of significance.



The case of Ede

Ede, 16 years old, is Nigerian and has been in Italy for over a year, brought over by a madame following an oath which forces her to completely pay off her debt. When she arrived in Italy, Ede was taken to the madame's house and two weeks later she started to work as a prostitute in Sicily. In the meantime the girl resumed contacts with her mother but when the madame found out, she inflicted very severe punishments on her, including physical violence. Nevertheless, Ede continued her relations with her mother who put her into contact with her half-brother. The latter, having learned of the condition his sister was in, reached her in Sicily and convinced her to report the madame to the police. Subsequently, Ede followed her brother to the north but as she was a minor and her brother did not have the means to maintain her, she was taken into the care of the Social Services. At this point a new problem arose: the local services fostered her to a Muslim Senegalese family who in their own way tried to protect her. The girl maintained that she was not happy in the foster family and expressed her desire to return to the madame. In the face of this request, the Social Services find her a new family. In addition, psychological support is activated for Ede. In the first session, Ede seems to have forgotten all the negative experiences both during the journey and during the period in prostitution. Ede tells the psychologist she is sad when she is alone, and that the reason for her flight is her family. She says: "I want to pay off the debt with the madame because she made me come to Italy, it is my family that hurt me, not her. My father was a terrible man, he and my half-brothers treated me worse than how they treat people in Libya. All of them, except my mother, are my problem."



5h



Human rights, migrants' rights in international, European and national legislation

Edited by *Valeria ALLIATA di VILLAFRANCA*

2





15'

The module introduces international and European legislation on Human Rights and aims to analyse the efficacy of the laws which in Europe and nationally promote human rights, with particular concern for the reception and protection of migrants and asylum-seekers. Specific attention is given to those tools which aim to meet the needs of vulnerable individuals, such as, for example, migrant women who have been the victims of gender-based and proximity violence, the victims of trafficking of human beings and LGBTI people.

Information sheet 2.1

International Law and Community legislation



The recognition of Human Rights in Europe

5th May 1949: the Council of Europe is founded through the Treaty of London, with the aim of promoting human rights.

4th November 1950: the Convention of protecting human rights and fundamental freedoms (ECHR) was signed in Rome by the European states and represents the first international juridical instrument which guarantees the protection of human rights.

1st November 1998: the new European Court of Human Rights is established in Strasbourg as part of Protocol no. 11 of the European Convention on Human Rights.

Mandate:

- » To defend human rights, pluralist democracy and the rule of law.
- » To foster awareness and promotion of the identity and cultural diversity in Europe.
- » To find common solutions to the problems of our society.
- » To consolidate economic stability in Europe, fostering political, legislative and constitutional reforms.

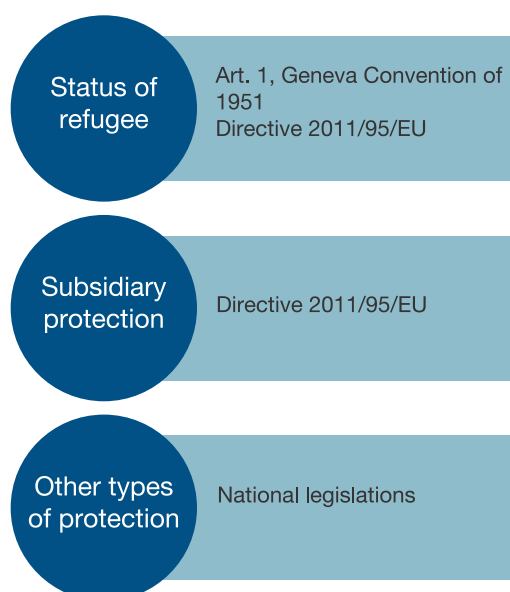
International protection

The Status of refugee in Europe (art. 1 A Geneva Convention)

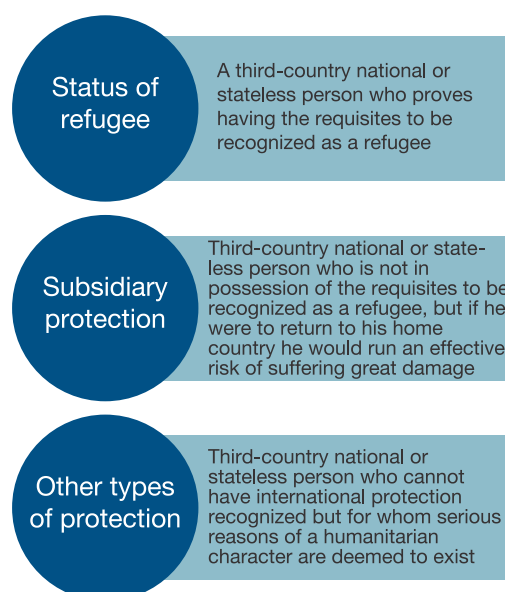
A refugee is any person who "rightfully fearing being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable to, or owing to such fear, is unwilling to return to it".



INTERNATIONAL PROTECTION



TYPE OF BENEFICIARIES



The notion of social group in EU law (art.10 Directive 2011/95)

A group is considered to form a particular social group, in particular when:

- » The members of this group share an innate characteristic or a common history that cannot be changed or they share a characteristic or a faith that is so fundamental for their identity or their consciousness that a person should not be forced to give it up.
- » Such a group possesses a distinct identity in the country concerned, because it is perceived there as different from the surrounding society.

Sexual orientation and gender identity

Depending on the circumstances in the country of origin, a particular social group can include a group based on the common characteristic of sexual orientation. The interpretation of the expression "sexual orientation" cannot include acts that are criminally significant in the domestic law of the Member States. For the purposes of determining belonging to a specific social group or the identification of characteristics of such a group, considerations of gender, including "gender identity" must be taken into due consideration.

Information sheet 2.1

The notion of persecution

According to article 1 A of the Geneva Convention, acts of persecution are acts which:

- a. Are, by their nature or frequency, sufficiently serious to represent a grave violation of fundamental human rights, in particular the rights for which any derogation is excluded according to article 15, paragraph 2 of the European Convention on Human Rights and Fundamental Freedoms.
- b. Represent the sum of different measures, including violations of human rights, the impact of which is sufficiently grave as to exercise on the person an effect similar to that as per letter a).

Acts of persecution are:

- a. Acts of physical or mental violence, including sexual violence.
- b. Legislative, administrative, police and/or judicial measures which are discriminatory by their very nature or implemented in a discriminatory way.
- c. Disproportionate or discriminatory judicial actions or criminal penalties.
- d. Refusal of access to judicial means of recourse and consequent disproportionate or discriminatory punishment.
- e. Judicial actions or criminal penalties as a consequence of the refusal to do military service in a conflict.
- f. Acts specifically directed against a gender or against childhood.

Acts of persecution in requests for protection in relation to proximity violence:

- » Rape and sexual violence, especially in situations of detention and in the army.
- » Forced marriages.
- » Corrective treatments.
- » Non-consensual medical treatment or scientific experimentation.
- » Discrimination in the access to essential goods and services.
- » Violation of the right to assembly and freedom of speech.
- » Social marginalization.

LGBTI asylum-seekers

In the sphere of gender-based violence, the violence with a *homo/transphobia* matrix takes on particular importance. LGBTI people (lesbians, gay, bisexual, transgender and intersexual) are often the victims in their home countries of discriminatory or persecutory acts, including *physical and psychological violence*, but sometimes relations between people of the same sex are *criminally punished*, including with the death penalty.

For *transgender* people, the refusal or impossibility to access treatments supporting the transition, which range from hormonal treatment to surgery, is a form of *psychological violence as negation of the gender identity*.

Intersexual people may have suffered in their home country medical treatment or surgery with purposes of "normalization" or forced gender adaptation.

The principal international treaties on human rights do not explicitly recognize

a right to equality on the basis of sexual orientation and/or gender identity, but the foundation of protection is in international law on human rights. An adequate analysis to evaluate whether an LGBT asylum-seeker is a refugee according to the 1951 Convention must start from the premise that asylum-seekers have the right *to live in the society for what they are* and must not have to hide their *identity*.

The Principles of Yogyakarta

These were adopted in 2007 by a group of experts on human rights and, although they are not binding, reflect consolidated principles of international law.

They establish the picture of protection of human rights applicable in relation to sexual orientation and/or gender identity and sanctioned the right to request and be availed of international persecution for reasons linked to sexual orientation or gender identity.

European Union Charter of Fundamental Human Rights and International Protection

After the Treaty of Lisbon came into force, the European Union Charter of Fundamental Rights gained the same juridical value as the Treaties.

It is therefore to be considered as a primary ranking source which, obviously, cannot be contradicted by the instruments of secondary law (such as Regulations or Directives).

The Charter requires (art. 51) the institutions and the bodies of the Union, as well as the Member States (but only when they implement Union law) to respect its rights, observe its principles and promote its application.

For the purposes of international protection, in particular, the following is highlighted:

Art. 4 (Prohibition of torture and inhuman or degrading treatment or punishment)

"No one shall be subjected to torture or to inhuman or degrading treatment or punishment". (wording identical to article 3 of the ECHR).

Art. 18 (Right to asylum): "The right to asylum shall be guaranteed with due respect for the rules of the Geneva Convention of 28 July 1951 and the Protocol of 31 January 1967 relating to the status of refugees and in accordance with the Treaty on European Union and the Treaty on the Functioning of the European Union".

Art. 19 (Protection in the event of removal, expulsion or extradition): "Collective expulsions are prohibited. No one may be removed, expelled or extradited to a State where there is a serious risk that he or she would be subjected to the death penalty, torture or other inhuman or degrading treatment or punishment."

Torture and inhuman and degrading treatment

Art. 3 ECHR: *«no one shall be subjected to torture or to inhuman or degrading treatment or punishment.»*

Art. 3 consecrates one of the fundamental values of democratic societies and together with the article 2 of the ECHR enjoys "differentiated and reinforced protection with respect to other articles, due to the absolute and imperative

Information sheet 2.1

nature of the rights that they guarantee.”

Art. 3 does not contain the specific enunciation of the acts and/or behaviour that represent inhuman and degrading treatment which are identified with the work of interpretation by the Court’s jurisprudence.

The distinction between torture, inhuman treatment and degrading treatment is established, case by case, on the basis of the gravity of the suffering inflicted: torture is a particularly qualified form of inhuman or degrading treatment which causes very great and cruel suffering. In any case, it is a distinction that has not been crystallized once and for all.

Art. 1 UN Convention against torture and other cruel, inhuman and degrading punishments of 10.12.1984

the term “torture” designates any act with which acute pain or suffering, physical or mental, is inflicted, specifically in order to obtain for this or a third person information or confessions, to punish them for an act that they or a third person has committed or is suspected of having committed, to intimidate it or exercise pressure on them or to intimidate or exercise pressure on a third person, or for any other reason whatsoever based on any form whatsoever of discrimination, in the event that this pain or suffering have been inflicted by a public official or by any other person acting in an official capacity or under their instigation, or with their explicit or tacit consent. This term does not extend to the pain or suffering deriving solely from legitimate punishment, inherent or provoked by this.

Elements of the definition:

1. The conduct that is implemented in the intentional infliction of severe pain and suffering, both physical and mental.
2. The purposes for which the torture is inflicted [modern torture stands out from other forms of violence due to the fact of always being intentional and the result of the will of the torturer or the person authorizing it. The practice is always part of a planned programme with a precise purpose and never a casual or extemporary act and is characterized by the severity and the intensity of the suffering].
3. Involvement of the state apparatus even in the mere form of acquiescence.
4. Exclusion of lawful sanctions therefore the pain and suffering due to lawful sanctions cannot be considered torture.

The definitions of torture contained in international legal provisions have the limit of including only some aspects of the purposes of torture in the contemporary world which has the aim of “destroying the belief and convictions of the victim to deprive them of the structure of identity that defines them as a person” (Vinar, 1989)

The torturer’s objective is always that of affecting “single individuals so that a whole group, however it is characterized, is prevented from expressing its specific ways of life, cultivating its knowledge, its beliefs and its values so that it is deprived of those functions that allow their social and cultural reproduction.”



THE EUROPEAN DIRECTIVES

Directives on reception

Directive 2003/9/EC - Minimum standards for the reception of asylum-seekers.

Directive 2013/33/EU - Standards for the reception of applicants for international protection.

Qualification directives

Directive 2004/83/EC - Minimum standards for the qualification and status of third country nationals as refugees/subsidiary protection.

Directive 2011/95/EU - Recast Directive on “Qualification”.

Directives on procedures

Directive 2005/85/EC - Minimum standards on procedures for granting and withdrawing refugee status.

Directive 2013/32/EU - Common procedures for granting and withdrawing the status of international protection (Recast Directive on Procedures).

The management of migratory flows: the common European asylum system (CEAS)

The CEAS fixes the minimum standards for the treatment of all asylum seekers and all the applications for asylum in the EU.

According to current laws, asylum seekers are not treated the same way throughout the EU and there is also a considerable variation in the percentage of positive decisions on asylum.

As a consequence, asylum seekers travel throughout Europe and present applications for asylum in the countries where they believe they have greater chances of receiving international protection.

Orientations of the European Commission in the light of the humanitarian emergencies which in recent years have increased migratory flows to Europe

The Council of Europe is examining seven legislative proposals presented by the European Commission to improve the legislation of the EU on asylum and:

- » Make the system more efficient and more resistant to migratory pressure.
- » Eliminate the factors of attraction and secondary movements.
- » Fight abuses and provide better support for the most affected Member States.

Legislative proposals put forward at European level

The European Commission has presented seven legislative proposals aimed at:

1. Reforming the Dublin system in order to better distribute the requests for asylum to the Member States and to guarantee the prompt treatment of these applications.
2. Reinforcing the Eurodac regulation in order to improve the EU data base of fingerprints for asylum seekers.
3. Establishing an EU agency for full asylum.

Information sheet 2.1

4. Replacing the directive on asylum procedures with a regulation that harmonizes the EU procedures and reduces the differences between the rates of asylum being granted in the various Member States.
 5. Replacing the directives on qualifications with a regulation that harmonizes the levels of protection and the rights of asylum seekers.
 6. Reforming the directive on the conditions of reception in order to guarantee that asylum seekers benefit from harmonized and decent standards of reception.
 7. Creating a permanent framework of the EU for resettlement.
- The draft standards are currently under examination by the Council.

Updating of the EU database of fingerprints

The Eurodac database contains the fingerprints of all the illegal migrants and asylum seekers who have been registered in the EU Member States and associated countries.

This data base, which contributes to implementing the Dublin regulation, allows:

- » Verifying whether an applicant has previously presented an application for asylum in another Member State.
- » Checking whether an applicant has previously been arrested in the act of illegally entering European territory.
- » Establishing which Member States are competent for the examination of a request for asylum.

The reform of the Eurodac regulation is currently being hypothesized to improve the system with the detection of further data (e.g. facial images), extending its area of application, (including data on citizens of third countries living illegally in the EU who have not sought asylum), simplifying access by the law enforcement authorities.



Information sheet 2.2

Gender-based Violence and International Protection

20'



Geneva Convention

The 1951 Geneva Convention does not explicitly include “gender” in the reasons for persecution, but it is now a recognized principle that the definition of refugee has to take into consideration the possible aspects related to gender.

The interpretation of *article 1 of the Geneva Convention* tends to link cases of persecution connected with a question of gender to the conventional reason of belonging to *a specific social group*.

A group is considered to be a *particular social group*:

- » When an innate common characteristic (such as gender or caste or age), a common history that cannot be modified (such as having been a member of an association or a professional class) or a fundamental characteristic for their consciousness and identity(such as sexual orientation or gender identity, is shared.
- » The members of a group share a characteristic that makes it recognizable and distinguishes it from the rest of society, which identifies its diversity.
- » “It follows that sex can properly be within the ambit of the social group category, with women being a clear example of a social subset defined by innate and immutable characteristics, and who are frequently treated differently to men” (UNHCR Guidelines, p.4).

The 2011 Istanbul Convention

The Convention of the Council of Europe on preventing and combating violence against women and domestic violence (known as the 2011 Istanbul Convention) explicitly mentions gender persecution for the first time:

Art. 60 requires the contracting states to guarantee that gender-based violence against women may be recognized as a form of persecution for the purposes of recognizing the status of refugee and in the procedures of examining the application for international protection a gender-sensitive interpretation is adopted, as well as ensuring gender-sensitive reception procedures and support services for refugees and asylum-seekers.

Art. 61 commits the signatory states to adopt all the necessary legislative measures so to respect the principle of non-refoulement against all women who are victims of violence who in the case of return could be exposed to the risk of torture or inhuman and degrading treatment.

Information sheet 2.2

In other words:

- » Persecutions directly linked with gender derive from imbalances of power and role between people of a different sex/gender, from relations of subordination which mean that violence is perpetrated and/or tolerated even within the family.
- » Domestic violence and sexual violence, as well as other forms of persecution linked to gender can be a reason for international protection, even if not carried out by state agencies, when the home state cannot or does not want to provide adequate protection.
- » It is internationally recognized that rape and other severe forms of sexual violence, when committed in a context of armed conflict, fall within war crimes and are severe violations of human rights.
- » All forms of female genital mutilation (FGM) are a form of torture and inhuman and degrading treatment and violate a series of human rights of girls and women, such as non-discrimination, the protection from physical and mental violence, the best health standards possible and also the right to life.

Art. 3 Istanbul Convention. Definitions

For the purposes of this Convention:

- a. "Violence against women" is understood 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.
- b. "Domestic violence" shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim.
- c. "Gender" shall mean the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men.
- d. "Gender-based violence against women" shall mean violence that is directed against a woman because she is a woman or that affects women disproportionately.
- e. "Victim" shall mean any natural person who is subject to the conduct specified in points a and b.
- f. "Women" shall include girls under the age of 18.



Information sheet 2.3

Human Trafficking and International Protection

25' + break 15'
at the end



International and European Conventions, European Directives

- » Additional Protocol to the Convention of the United Nations against transnational organized crime to prevent, suppress and punish human trafficking, in particular of women and children of 2000 (known as the Palermo Protocol).
- » Council of Europe Convention no. 197 on Action against the Trafficking of Human Beings, approved in Warsaw on 16.5.05.
- » Directive 2004/81/EC on the residence permit issued to third-country nationals who are victims of trafficking in human beings or who have been the subject of an action to facilitate illegal immigration, who cooperate with the competent authorities.
- » Directive 2011/36/EC on preventing and combating trafficking in human beings and protecting its victims.

Definitions and Notions

Smuggling Of Migrants/Trafficking In Human Beings.

Smuggling of migrants consists of the organized fostering of illegal immigration while *trafficking in human beings* aims to subsequently exploit the persons who have been trafficked.

(Palermo Protocol)

Human Trafficking

Directive 2011/36/EU defines human trafficking “***the recruitment, transportation, transfer, harbouring or reception of persons, including the exchange or transfer of control over those persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation***” (art. 2)

- » A position of vulnerability means a situation in which the person concerned has no real or acceptable alternative but to submit to the abuse involved (art. 2, point 2).
- » Exploitation shall include the exploitation of prostitution of others or other forms of sexual exploitation, forced labour or services, including begging, slavery or practices similar to slavery, servitude, or the exploitation of criminal activities or the removal of organs (forced marriages, illegal international adoptions).
- » Trafficking in human beings is one of the most visible and dramatic forms of the violation of human rights.

Information sheet 2.3

- » The consent of a victim to exploitation shall be irrelevant where any of the means set forth in paragraph 1 have been used.
- » When the conduct referred to in paragraph 1 involves a child, it shall be a punishable offence of trafficking in human beings even if none of the means set forth in paragraph 1 has been used.
- » Victims of human trafficking must be guaranteed specific measures of assistance and support, independently of the wishes of the same to collaborate with the judicial authority, and even during the “period of reflection”.

Can a victim of trafficking obtain recognition of international protection?

Legislation on trafficking and references to international protection:

Article 14, Palermo Protocol of 2000: “Nothing in this Protocol shall affect the rights, obligations and responsibilities of States and individuals under international law, including international humanitarian law and international human rights law and, in particular, where applicable, *the 1951 Convention and the 1967 Protocol relating to the Status of Refugee and the principle of non-refoulement as contained therein.*”

Article 40.4 Convention of the Council of Europe on combating human trafficking (opened for signature on 16.5.2005 and which came into force on 1.2.2008) “Nothing in this Convention shall affect the rights, obligations and responsibilities of States and individuals under international law, including international humanitarian law and international human rights law and, in particular, where applicable, *the 1951 Convention and the 1967 Protocol relating to the Status of Refugees and the principle of non-refoulement as contained therein.*”

Paragraph 377 of the Explanatory Report which accompanies the Convention of the Council of Europe, in relation to article 40, established that: “The fact of being a victim of trafficking in human beings cannot preclude the right to seek and enjoy asylum and Parties shall ensure that victims of trafficking have appropriate access to fair and efficient asylum procedures. Parties shall also take whatever steps are necessary to ensure full respect for the principle of non-refoulement.”

Legislation on international protection and references to trafficking:

Directive 2011/95/EU (Recast Directive on Qualifications)

“When implementing this Chapter, Member States shall take into account the specific situation of vulnerable persons such as [...] victims of human trafficking.”

Directive 2013/33/EU (Recast Directive on reception)

“Member States shall take into account the specific situation of vulnerable persons such as: [...] victims of human trafficking.”



The application of constituent elements of the definition of refugee to the victim of trafficking

“Inherent to the experience of trafficking are forms of serious exploitation, abduction, detention, rape, reduction of sexual slavery, forced prostitution, forced labour, removal of organs, beatings, starvation, negation of medical care. These are grave violations of human rights which generally form persecution.”

In addition to the persecution experienced by individuals during their trafficking experience, they could be the object of retaliation and/or possible new experiences of trafficking if they were sent back to the place they escaped from or where they were victims of trafficking” (UNHCR, Guidelines ‘Trafficking-asylum)

Examples of granting the status of refugee in Europe to victims of violence and trafficking

Appeal Committee Greece: *“In conclusion, with reference to persecution, the Committee has taken into consideration the subjection to forced labour, all the effects that the various forms of discrimination could make the applicant’s life in the country of origin intolerable, as well as taking into consideration the gender of the applicant. All the elements referred to above allow considering the applicant a member of a particular social group such as “women alone in Ethiopia”.*

French National Court for the right to asylum: *“victims of trafficking can be considered as forming a social group due to the common and unchangeable characteristic of having been victims of trafficking. [...] Lastly, having considered that the trafficking of human beings [...] is persecution according to article 1 A 2 of the Geneva Convention ” [Literal translation].*

Order of the Court of Messina: *“The profiles of trafficked women are heterogeneous and vary over time. Although it is impossible to draw a specific profile, the sources consulted identify some common features....due to the limited access to education, work and protection from violence, they were unable to maintain themselves and were vulnerable to the offers of help by the traffickers. In general the trafficked women come from large families, are in economic situations of severe hardship... The AS, already as a woman, definitely belongs to a more vulnerable particular social group compared to the aforementioned persecutory acts, but this vulnerability is further increased by the legislative and institutional situation in Nigeria, which although allowing for forms of protection for the victims of trafficking, it is deemed that these measures, considering the incidence and the extension of the phenomenon in the country, cannot be ensured with certainty and efficiency such as to eliminate the risk represented.”*

Information sheet 2.4

National Legislation



In this session the contexts and situations concerning the Member State where the training is being held must be reported, with particular attention to the following subjects:

- » The enactment and application:
 - of international/European conventions, directives and European legislation on fundamental human rights;
 - of the European legislation and directives on asylum, international protection of the victims of gender-based violence, victims of trafficking including foreign minors (including unaccompanied foreign minors).
- » Procedures for the acquisition of the status of refugee, subsidiary protection and other forms of residence permits for humanitarian reasons.
- » The system of reception and protection of refugees and asylum seekers, the protection of victims of gender-based violence, of victims of trafficking and of foreign minors (including unaccompanied foreign minors).
- » The mechanisms to guarantee assistance for the victims of gender-based violence and victims of trafficking, introduced into criminal law - as far as combating crime and the protection of victims in the context of the investigations is concerned – and of the criminal procedure and the laws on immigration.



Information sheet 2.5

Information/assistance for refugees, asylum seekers and victims

40'



In this session, the context and situations concerning the Member State where the training is held must be reported, providing indications on:

- » Which institutions and public subjects are involved in the system of reception of migrants, of protection of refugees and asylum seekers, protection and assistance for the victims of torture, gender-based violence (in the different types), specifying the roles and obligations in relation to the asylum seekers and/or applicants for protection.
- » Which local authorities and associations in the private/social sector are involved in the system of reception of migrants, of protection or refugees and asylum seekers, protection and assistance for victims of torture, gender-based violence (in the different types) specifying the roles and obligations in relation to the asylum seekers and/or applicants for protection.
- » To which services and subjects the operator who is in contact with the potential victim can orient the latter, specifying the different types of service and assistance provided.

Conclusion and shared considerations

10'



Break

15'

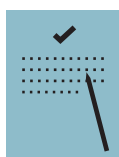


1,45h Workshop

Case study: the case, the group work, the outcome and the final discussion

Delivery

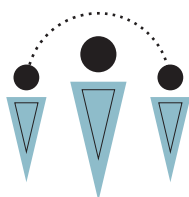
15'



The teacher and the co-teacher read and illustrate the case chosen (usually a real one) to the class. They ask the participants to form groups of 4-6 people and distribute a written copy of the case illustrated (at least one copy per group).

Group work

40'

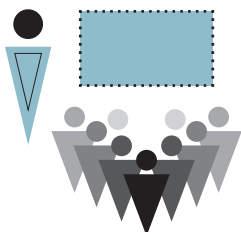


Teacher and co-teacher tell the groups to reflect and discuss the case following three categories of reflection and analysis: 1. Resources and strengths of the person referred to in the case, their context of origin and their contingent situation; 2. Fragility and weaknesses of the person, their context of origin and their contingent situation; 3. the management of the case by the services (reception centres, health services, social services and others), the critical points, the good practices, how they could have/should have acted for a more efficient intervention.

The group works for 30-40 minutes.

Presentation

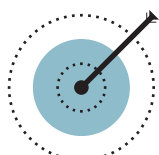
40'



At the end of the work, the representative of each group is asked to report to everyone the discussion in the group and the results that have emerged. This is one of the most important times of the training day as each group – and each individual participant – has the chance to interact with the others, in a mutual exchange of knowledge and experience.

Conclusion

10'



The workshop concludes with the teacher and the co-teacher speaking briefly to summarize the analyses of the groups, underline the most important aspects and, if necessary, add information required by the participants and/or aspects that have not emerged but are deemed of significance.



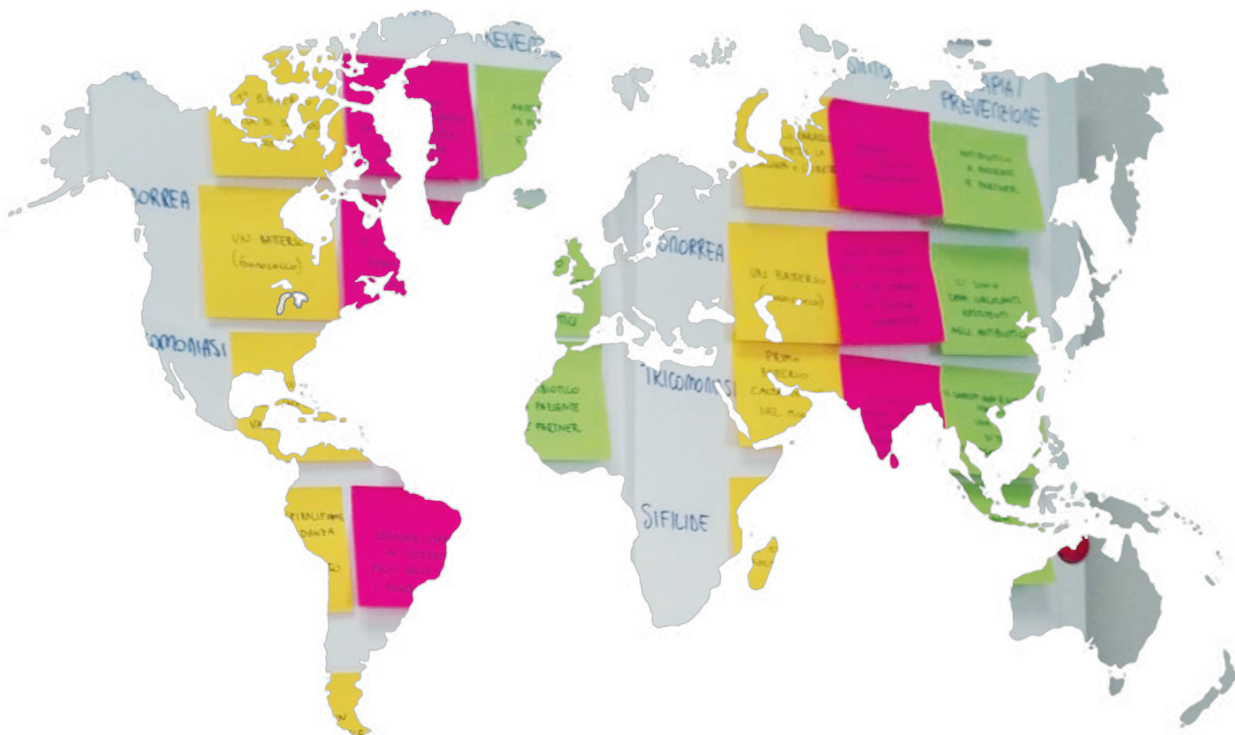
The case

In June 2012, a foreign citizen told the police that she and her daughter had been hit by her husband (the father of her two children). The police intervened, but no formal complaint was filed. In August the same year, the woman reported that she had been forced by her husband to have sexual intercourse with him and his friends under the threat of a knife. Her complaint was followed only by a fine for the husband for illegal possession of the knife. On 5th September 2012 she made a formal complaint for injuries, ill-treatment and threats, asking the public authorities for protection for her children and herself. She was questioned for the first time on 4th April 2013. In this circumstance, she reviewed the declarations she had already made. The case was dismissed. In October 2013, there was a new episode of injuries and the man was fined €2000. In November, the woman called the police, reporting a violent quarrel with her husband. Shortly afterwards, the man returned to the woman and attacked her with a kitchen knife. In the struggle, their nineteen-year-old son intervened, and received a fatal blow from his father. In her attempt to escape, the woman suffered several stabs to her breast. In 2015, the man was sentenced to life imprisonment for murder and attempted murder, illegal possession of weapons and ill-treatment of his wife and daughter. The plaintiff seized the European Court of Human Rights, invoking articles 2,3,4,13 and 14 of the European Convention on Human Rights. The Court upheld and acknowledged the violation of the articles invoked, granting an indemnity of €30,000 (art. 41 of the ECHR) to the plaintiff.



Edited by **Valeria ALLIATA di VILLAFRANCA** and **Chiara DALLAVALLE**

3





15'

The issue of the health of an individual represents a problem of public health. Health is a fundamental human right which has to be recognized equally for all individuals. The objective of this module is to raise awareness on the specific issues linked to the state of health of migrants during their migratory journey and on arrival in the country of arrival, with particular regard to the health of the most vulnerable categories. The module intends to establish the elements to approach the different aspects of health including sexual and mental health. Lastly, the aim is to indicate the professional and cultural competences of the operators of the services who are responsible for the vulnerable subjects and the victims of proximity violence.

Information sheet 3.1

The right to health in the international legislative sources



Health is recognized as a primary asset of the individual, a **fundamental right recognized by the international community**.

Art.25 Universal Declaration of human rights adopted by the United Nations on 10th December 1948: Everyone had the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care.

Art.12 International covenant on economic, social and cultural rights (New York 1966): The States parties to this Covenant recognize the right of every individual to enjoy the best conditions of physical and mental health that he/she can achieve.

Information sheet 3.2

The right to health in national and local legislative sources



This session refers to the contexts and situations concerning the Member State where the training is held, with particular attention to the following subjects:

The enactment and application of the international/European conventions, European directives and legislation on the fundamental rights to health. Access to health and social services with particular reference to foreign migrants, refugees and/or asylum seekers, the victims of trafficking and proximity violence.

The national and local measures and strategies to guarantee assistance and adequate care for victims of torture, victims of gender-based violence, proximity violence and victims of trafficking.



Information sheet 3.3

Definitions and concepts of medicine, care, health/illness, fundamental needs and other essential points

30'



Treatment: prescription, medicine, solution-oriented. Where the professional diagnoses the problem and the patient receives treatment.

Care: emphasis on thought, emotions, The meeting and the person are given great attention. Not necessarily the solution.

Humanitarian medicine: understood as medicine in its human dimension, not only the technical aspects.

There are situations in which “being taken to the heart” becomes the dominant therapeutic factor, if not the only one. Social/health operators need specific competences on the matter (communication, but also resilience and, precisely, humanity).

Health (WHO): state of complete mental, physical and social well-being of the human being dynamically integrated into their natural and social environment and not the sole absence of illness (therefore the physical + mental + emotive+ relational + spiritual + social dimensions).

Sexual health (WHO): state of physical, emotional and social well-being [...] which gives the chance to have sexual experiences which bring pleasure in complete safety and without constraints, discrimination or violence.

Illness: an alteration of normality, a transitory or permanent loss of homeostasis, when the defence abilities of our organism are no longer capable of controlling the damage caused by pathogenic agents. It may also be caused by a biographic or social event.

The 3 dimensions of illness (Kleinman): according to medical anthropology, “being ill” can be divided into 3 areas: disease, illness, sickness:

- » *Disease* is the part “of the doctor”, the coded, part, the diagnosis, the part that can be observed with a scientific method.
- » *Illness* is the subjective side, the suffering of the person linked to the fact of having a “disease”.
- » *Sickness* is the social/symbolic representation of the disease, the sense that is given to it, the process of “socialization” of the disease (the perception by society).

Mental Health: the capacity to be in control of one’s thoughts, emotions, behaviour and relations with others, including in relation to social, cultural, economic, political and environmental factors. This capacity is upset by exposure to adversity, an exposure which becomes a risk factor for the development of mental disorders. Some individuals or groups are more at risk of suffering mental disorders. They are more vulnerable subjects such as those in conditions of poverty, those suffering from

Information sheet 3.3

chronic diseases, abandoned and ill-treated children, drug-users, the elderly, victims of discrimination and the violation of human rights, prisoners, victims of conflicts, natural catastrophes or other humanitarian emergencies. Amongst migrants there is a high rate of mental disorders (depression, anxiety, disorders linked to trauma, etc.) and a greater difficulty both in access to the specific services and in actually being treated by the services.

The 14 Fundamental Needs according to Virginia Henderson (1960)

Need	Description of the need
Breathe normally	The ability of a person to keep a sufficient level of exchange of gases and a good oxygenation.
Eat and drink adequately	The ability of a person to eat and drink, chew and swallow. Also to be hungry and absorb enough nutrients to capitalize the energy necessary for their activities.
Eliminate body wastes	The ability of a person to be autonomous for eliminating faeces and urine and guaranteeing personal hygiene. Also to eliminate the waste of the body's functioning.
Move and maintain desirable posture	The ability of a person to move alone or with mechanical means, to organize their home adequately and to feel comfortable in it. Also to know the limits of their body.
Sleep and rest	The ability of a person to sleep and feel rested. Also to manage their fatigue and energy potential.
Select suitable clothes – dress and undress	The ability of a person to get dressed and undressed, to buy clothes. Also to construct their physical and mental identity.
Maintain body temperature within normal range (37.2 °C)	The ability of a person to be equipped according to their environment and to appreciate the limits.
Keep body clean and well-groomed and protect the skin	The ability of a person to wash, to be clean, to groom themselves and use products for skincare, to feel good and feel they look good. Also to have the perception of the self through the eyes of others.
Avoid dangers	The ability of a person to keep and promote their physical and mental integrity, with the knowledge of the potential dangers in their environment



Need	Description of the Need
Communicate with others	The ability of a person to be understood and to understand thanks to their attitude, words or a code. Also to be part of a social group, fully living their emotive relations and their sexuality
Act according to one's beliefs and values	The ability of a person to know and promote their principles, beliefs and values. Also implementing them in the sense they want to give to their life.
Work in such a way that there is a sense of accomplishment	The ability of a person to do playful or creative activities, implementing them in their self-gratification and keeping their self-esteem. Also having a role in a social organization.
Play or participate in various forms of recreation	The ability of a person to relax and cultivate themselves, and invest in an activity which does not concentrate on a personal problem and to find personal satisfaction
Learn	The ability of a person to learn from others or from an event and to be able to evolve. Also to adapt to changes, become resilient and be able to transmit knowledge.

Information sheet 3.4

The role of culture and its influence on the health of vulnerable migrants



The cultural competence in the health system is the ability of the carers to understand and integrate cultural factors in their work, such as to provide another quality of care to all patients, indistinctly of ethnicity and cultural background. Cultural competence does not mean knowing all cultures, but knowing the importance of the cultural factor in the construction of the experience and knowing how culture influences the mind! Poor cultural competence generates unsatisfied patients ... (and other problems).

Culture is the set of ideas, traditions and behaviour shared by those who belong to a specific group. These people are identified as members of the group, and are distinct from the members of other cultural groups. Inside each cultural group, there are various subgroups.

It is in constant evolution, learned and handed down from one generation to the next, shared (explicitly or not), often expressed symbolically (language/clothing/attitudes etc.), it is transversal to all the aspects of the individual's life, "we are always in it".

The influence of culture on health: perceptions of health/illness/death, beliefs on the causes of illness, the experience of illness/pain as well as their expression, where/and how to be treated, which treatments are to be privileged etc.

Each player in the system is influenced by their culture!

«Cultural competence» understood as the capacity to negotiate the cultural differences, to be able to ask what the patient's beliefs are about the care, the diagnosis and the treatment.

The awareness of the influence of culture gives better results.

BE CAREFUL!

Be careful of ethnocentrism (question yourself), remember that we are also the bearers of a culture, including a professional one.

Information sheet 3.5

The health of migrants

30' + break 15'
at the end



When they arrive in Europe, migrants are in better health than the resident population (Razum 2000, Healthy migrant effect). This condition tends to be lost over time due to the conditions and styles of life (Acevedo-Garcia 2010).

The progressive loss of employment linked to the recession has had a negative impact on the health of migrants, in particular on their mental health with an increase in suicides, on their weight (increase of overweight > in women), on the quality of perceived health which tends to approach that of Europeans. After ten years in a European country, the migrants have a worse state of health.

The approach by the social and health operator must take into account that:

- » The migrant is not in himself a bearer of infectious diseases.
- » Often it is not possible to know his serological and vaccination state before arrival in Europe.
- » Some infectious diseases (e.g. TBC) are revealed only after a long period after arrival.
- » The geographical origin of the migrants and the risks they have faced during the period of migration make systematic screening of sexually transmittable diseases necessary.
- » Syndromic surveillance must be extended in time to identify those pathologies that are not present or latent on arrival, which appear after a variable period from reception.
- » The competences on carrying out syndromic surveillance should be better clarified and regulated, including with respect to the roles of the relevant public authorities.

The factors that influence migrants' health

- » Pre-migration factors (wars, famines, gender-based violence, sexual abuse for marital purposes, FGM).
- » Migratory factors (journey, violence during the journey).
- » Factors linked to pregnancy (often the result of sexual violence).
- » Post-migration factors (unemployment, isolation, language barrier, cultural aspects linked to mental health).

Information sheet 3.5

The effects

Before the departure from the country of origin

ECONOMIC MIGRANT (often young and in good health) = HEALTHY MIGRANT EFFECT

FORCED MIGRANT (effect of conflicts and extreme poverty on health) = EXHAUSTED MIGRANT

Effects of conflicts on health	Potential causes	Examples
<i>Increase in mortality</i>	Traumas, injuries, accidents Infectious diseases Chronic diseases Emergencies	Fighting, violence, assaults, Malaria, tetanus, dysentery Asthma, diabetes Birth
<i>Increase in morbidity</i>	Traumas, injuries, accidents Infectious diseases Chronic diseases Reproductive disorders Malnutrition Mental disorders	Attacks, mutilations, burns Water-borne transmission/ pathogens, ST Interruption of treatments Perinatal deaths, underweight, Acute/chronic fistulae, nutritional deficit Anxiety, depression, suicidal manias
<i>Increase in disabilities</i>	Physical disabilities Mental disorders Reduced social participation	From mutilations/absence of vaccinations Post traumatic disorders, psychosis, epileptics, emotional disorders, Isolation, loss of social network

On arriving in the country of arrival

The effects of the previous phases come to the light and the healthy migrant effect is over

More risk factors	consequences
<i>Socio-economic factors:</i> unemployment, risky or unprotected professions, degraded living conditions, absence of family network, psychological distress, climate, nutritional and/or behavioural changes, etc.	<i>Consequences on the individual:</i> » Worse conditions of health. » Increase in complications.
<i>Limited access/use of social /health services:</i> barriers on the side of demand and supply	<i>Social impact</i> » Increase of risk of infections and spread of transmissible diseases. » Increased health spending. » Reduction of human and social capital.



Information sheet 3.6

Migrants and Illnesses



Transmissible infectious pathologies

These pathologies can arise even after the arrival in Europe and are due to a different condition of immunization and susceptibility and to the precarious living conditions.

The main infectious pathologies of the migrant are:

- » Varicella.
- » Parasitic diseases (scabies, lice), measles.
- » Measles.
- » Gastroenteritis.

Sexually transmissible diseases:

- » HIV;
- » Hepatitis B, C and D.
- » Syphilis.

The real problem comes from infectious diseases which are not usual in the West and which often we are unable to diagnose promptly, such as the following:

- » Malaria, leprosy.
- » Parasitic diseases of the skin and intestines (e.g. filariasis, schistosomiasis).
- » Trachomatis.
- » Diseases from haemorrhagic viruses (Chikungunya, West Nile, dengue).

Tuberculosis

The World Health Organization (WHO) believes that tuberculosis is the most widespread infectious disease at global level. Every year, 8 million people fall ill with tuberculosis and 2 million die from the disease all over the world. People with HIV are at a 20-30 times greater risk of contracting TBC if infected. Not all people who are infected develop the disease; the immune system can deal with the infection and the bacteria can remain dormant for years. This condition is called latent tuberculosis infection and about one-quarter of the world's population are affected.

Tuberculosis is a disease that is strongly associated with the conditions in which people live, as in the case of vulnerable migrants: the lowering of the immune defences can effectively depend on the fact of living in very unhygienic conditions and suffering from a state of malnutrition and generally poor conditions of health. To date, tuberculosis is a medical and health emergency not to be underestimated: prevention is very important and fortunately this disease can be treated, but it is fundamental that the diagnosis is made in time to avoid the onset of further problems.

Information sheet 3.6

Migrants and other Pathologies

Migrants are mainly affected by, order of frequency:

- » Mental disorders.
- » Cardiovascular diseases.
- » High blood pressure.
- » Kidney insufficiency.
- » Diabetes.

Reproductive and perinatal health

In this context of multiple vulnerability, pregnancy and the perinatal period are particularly dangerous for women and girls, Many of the pregnancies monitored in reception centres in Europe are the result of rapes before departure or during the migratory journey.



Information sheet 3.7

Psychological support for the victims of violence

25'



Psychological aspects of victims of violence and/or traumatized people

The victims of violence often go through different “phases” after the traumatic event, which are typically:

- » Shock/negation.
- » Fear.
- » Apathy, anger, depression, guilt, loss of pleasure, despair.
- » Resolution/repression.

In addition relational difficulties can also arise, which undermine the creation of bonds of trust with others, or the distortion of the image of the self and the world, as well as cognitive disorders.

In the case of victims of proximity violence

The effects are similar to those produced by other forms of violence, with the aggravating factor of the bond with the perpetrator. Victims of extreme violence (linked to events in the country of origin, on the journey and once they have reached Italy) have often been in contact with death. They may have physical marks and have infinite invisible scars. They often have a specific symptomatology such as the presence of flashbacks, nightmares, hallucinations, emotional alternations, social withdrawal, explosive behaviour, dissociation. Their cognitive skills, emotional regulation and interpersonal skills may also be compromised.

The social determinants for mental health

1. Mental health and many mental disorders are moulded to a great extent by the social, economic and physical context in which people live.
2. social inequalities are associated with an increased risk for many mental disorders.
3. act to improve the conditions of daily life from before birth, during early childhood, at school age, during the creation of a family, during working life, in old age, allows both improving the conditions of mental health in the population and reducing the risk for those mental disorders associated with social inequalities.

Support for victims of violence

Asylum seekers and refugees, women, minors and victims of trafficking often have specific health needs and ad hoc skills are necessary to attend to them, in order to allow improving health and integrated care. Trauma causes not only the Post Traumatic Stress Disorder (PTSD) but also other invisible wounds which often lead to the abuse of alcohol, cannabis, and episodes of somatization. These factors have

Information sheet 3.7

important repercussions on the mental health of the subjects. For example, it has been shown that in the migrant population, the rate of incidence of psychosis is greater than in autochthones, and is more widespread in women. For adequate care of the victims of violence in the health sphere, especially if migrants, specific skills which allow focusing the work on the person and not on the culture or pathology are necessary.

The following are necessary:

- » To reactivate the person's cognitive skills and the "healthy" structures.
- » To replace negative phrases and words with positive phrases and words.
- » To promote actions of empowerment.
- » To support people in relation to the surrounding reality.
- » To accept empathically and confirm the repressed emotions.
- » To plan a migratory project.
- » To support putting down roots in the new context.

With respect to victims of trafficking, the early identification of the physical and mental conditions of risk is fundamental, in newly-arrived foreign women and potentially at the risk of trafficking.

Linguistic-cultural mediation is a fundamental instrument of support for victims of violence, as is system mediation, understood as a process of organizational transformation where the relation and correct communication with the user are always guaranteed.

The training of operators

Social and healthcare operators must develop specific skills such as:

- » Medical-anthropological skills.
- » Relational skills (these are part of the professional skills of operators in some health sectors, but are still not part of the professional culture of all health care professionals).
- » Skills in multidisciplinary work and networking.
- » Skills in psychotraumatology.
- » Skills in psychosocial pathways.



Information sheet 3.8

The players involved

20'



The identification of the players involved is of primary importance for work with the victims of violence. In every country the network of subjects who play a role in the recognition, care and accompaniment of these fragile victims of violence must be identified, starting from the institutional level to the third sector entities and the private social sector. Building up a network of reference must also include a national and supranational plan, but also identify all those who are actively engaged at local level.

Conclusion and shared considerations

10'



Break

15'

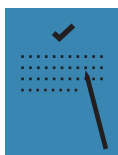


1,45h Workshop

Case study: the case, the group work, the outcome and the final discussion

Delivery

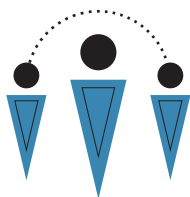
15'



The teacher and the co-teacher read and illustrate the case chosen (usually a real one) to the class. They ask the participants to form groups of 4-6 people and distribute a written copy of the case illustrated (at least one copy per group).

Group work

40'

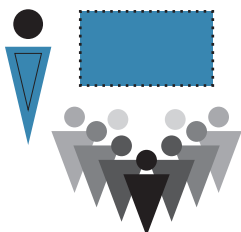


Teacher and co-teacher tell the groups to reflect and discuss the case following three categories of reflection and analysis: 1. Resources and strengths of the person referred to in the case, their context of origin and their contingent situation; 2. Fragility and weaknesses of the person, their context of origin and their contingent situation; 3. the management of the case by the services (reception centres, health services, social services and others), the critical points, the good practices, how they could have/should have acted for a more efficient intervention.

The group works for 30-40 minutes.

Presentation

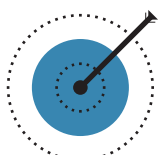
40'



At the end of the work, the representative of each group is asked to report to everyone the discussion in the group and the results that have emerged. This is one of the most important times of the training day as each group – and each individual participant – has the chance to interact with the others, in a mutual exchange of knowledge and experience.

Conclusion

10'



The workshop concludes with the teacher and the co-teacher speaking briefly to summarize the analyses of the groups, underline the most important aspects and, if necessary, add information required by the participants and/or aspects that have not emerged but are deemed of significance.

The case of Aliou

Aliou is a 29 year-old Senegalese of Fula ethnicity and a Muslim. After rejection, he is waiting for the result of his first appeal. He is a guest in a SPRAR (System for the protection of asylum seekers and refugees) and shares the apartment with 3 other people.

He was sent to the service for two significant episodes of anger and despair which required the intervention of the emergency services, the first following the news of the rejection by the Commission of his request for asylum and the second on the news of the death of his maternal uncle.

His family history and conditions of extreme poverty drove Aliou to leave Senegal suddenly, several times exposed to dangers and violence. He relates with great suffering the experience in Libya and how lucky he feels that he survived the journey by sea.

He lost his father when he was five years old and Aliou lived with his brother, his mother and his stepfather. His mother had a stroke which has left her in a wheelchair and his only brother suffers from mental disorders. He had to leave school to work as a shepherd.

Aliou relates intense experiences of anxiety and pain linked to the condition of uncertainty and precariousness of his request for asylum, feels worried for the family situation in Senegal and the responsibility of having to provide for them economically. Aliou experiences the rejection of the commission as an individual responsibility, is strongly determined not to speak about Senegal or the journey of migration. He finds difficulty in orienting himself in space and time.



5h



Violence, torture and mental distress

Edited by *Chiara DALLAVALLE*

4





15'

The experience of violence, in itself strongly traumatic, may have significant repercussions on the state of mental health of the victim, whose psychic integrity is subjected to great pressure. This is particularly true in the case of migrants, as migration itself is a potentially traumatizing event, both due to the loss of fundamental bonds of belonging and due to the dangerous nature of the journey that the migrants have to face. The module aims to provide the knowledge necessary to identify the victims of traumatic experiences such as violence and torture, and the most efficient therapeutic approaches for their treatment.

Information sheet 4.1

Trauma and post-traumatic aspects



Trauma

This is an event which, due to its characteristics, cannot be integrated into the psychic apparatus of the individual and which therefore has a dominant effect on the individual's ability to deal with it. It can be a one-off event or, more frequently, a repeated event or a traumatic relationship with the context. Minor traumas are those potentially traumatic experiences which a person can come up against in the course of life. These are subjectively disturbing events characterized by a perception of danger which is not particularly intense. On the contrary, major traumas refer to all those events that lead to death or that threaten one's physical integrity or that of one's dear ones.

Traumatizing potential of an event

The traumatic nature of an event does not depend exclusively on the characteristics of the event itself, but also on the structure and on the psychic resources of the individual going through the experience.

There exist individual variabilities in the response to similar traumatic events. In this sense, repeated violence has a greater probability of triggering off traumas whilst the resources and the resilience of the individual represent a factor of protection.

Dissociative defence mechanisms

These are defensive operations activated by the mind in conditions of extreme threat to psychic integrity. They prevent an event, a feeling of an experience reaching psychological importance by temporarily altering the sense of reality without a simultaneous loss of the examination of reality. Dissociation is a process that avoids the construction of "bonds" between different psychic experiences: the affect or the dissociated experience remains as though suspended, without contact with the rest of the subjectivity. In the most sensational cases, there can be experiences such as derealisation and depersonalization both during the traumatic event and subsequently. What is dissociated remains in the form of a nucleus of experience which cannot be contacted by the subject. At times, the dissociated affect can be perceived by the operator in an apparently disconnected way from the time.



Trauma and attachment theory

The exposure of children to traumatic experiences is strongly influenced by the quality of the parental relationship. The mother regulates the *arousal* of the child, helping them to remain in an optimal state and thus laying the foundations for the subsequent capacity of the child's self-regulation.

On the contrary, insecure and disorganized attachment is also seen in the body, in the movements which are not integrated and not harmonious, in the difficulty of using the capacities of self-regulation and/or the capacity of interactive regulation of *arousal*. Experiences of abuse (ill-treatment and neglect) in a relationship of attachment lead to chronically increased *arousal* or the alternation of states of hyper and *hypoarousal*. Experiences of abandonment lead to an affective flattening out due to the chronic lowering of *arousal*.

Traumatic memories remain as though frozen and re-emerge in the form of bodily sensations, posture, movements and intrusive images. The person stays as though divided into two aspects: the one that allows them to continue in their daily life avoiding traumatic memories and the one that understands these memories and triggers off automatic defensive actions against the threat.

Information sheet 4.2

Post-traumatic stress disorder



Post-Traumatic Stress Disorder according to the DSM 5

Criterion A: exposure to a trauma, such as real death or the threat of death, severe injury, or sexual violence both through direct experience of the traumatic event or through learning of a violent or accidental event involving a member of the family or a close friend.

Criterion B: onset of intrusive symptoms related to the traumatic event (memories, dreams, flashbacks), which can lead to complete loss of awareness of the surrounding environment.

Criterion C: persistent avoidance of the stimuli associated with the traumatic event which is implemented after the event.

Criterion D: subsequent appearance of negative alterations of thoughts and emotions associated with the traumatic event.

Criterion E: subsequent appearance of marked alterations of *arousal* and the reactivity associated with the traumatic event.

Criterion F: the alterations described last for more than 1 month.

Criterion G: the disturbance causes clinically significant distress or compromises functioning in the social or work environments, or in other important areas.

Criterion H: The disorder cannot be attributed to the physiological effects of a substance such as for example medication or alcohol or to another medical condition.

Disorders frequently associated with PTSD:

Psychosomatic disorders (headaches, syndrome of chronic pain, gastrointestinal disorders, eating disorders, disorders of the genital apparatus and the sexual sphere).

Depressive disorders (crying, severe weakness/easily prone to fatigue, vital sadness/anhedonia, guilt feelings and self-underestimation, despair and suicidal ideas).

Dependence on alcohol, psychotropic substances, medication.



Complex PTSD

Set of symptoms which are the result of prolonged cumulative interpersonal traumas experienced during development, such as stories of repeated abuse and ill-treatment in the family, severe neglect and abandonment, conditions of torture or imprisonment, wars and forced migration. We are talking here of chronic traumatization and no longer of a single traumatic event.

In addition to the symptoms of PTSD, C-PTSD can imply issues concerning: the regulation of emotions and dissociative states, interpersonal relationships, self-perception, systems of meaning, somatization, attention and guilt, conception of suicide, the body image and eating behaviour. The person is fragmented, incoherent and unpredictable. The severity of the symptoms is generally proportional to the precociousness with which the person was exposed to the trauma.

IMPORTANT!

Not all those who are exposed to a traumatic event develop post-trauma stress disorder. In certain cases, a trauma can act as a catalyst of adaptation, around which the individual redefines their values and objectives, rearranging the previous interior chaos. There are various factors that influence the psychological impact of a traumatic event on the individual: the different outcomes of a traumatic experience depend on the complex and unforeseeable interaction of three fundamental components: the environment, the biological inheritance and the psychological characteristics.

Information sheet 4.3

Trauma in migration



Bond between migration and psychic suffering

It was recognised in around 1700 when the term “nostalgia” was used to identify it, used for the first time in a scientific and medical context by a medical student called Johannes Hofer. Subsequently the concept of culture shock or stress from transculturation was used, according to which the migratory experience is explicitly considered in terms of trauma and in particular of individual factors of resilience and vulnerability. Specifically, culture shock means a psychic reaction which shows the difficulty of accepting ways of being that are culturally different from one’s own and is translated into psychic distress, difficulty in coping with everyday life, discomfort, insecurity, sense of isolation with nostalgia for one’s own culture and a state of depression.

Migratory trauma

Migration is in itself traumatic, an experience of breaking bonds, of a balance existing between the individual and their environment, a rupture which entails looking for a new balance. Therefore the migratory experience generates psychological stress in terms of: feeling of powerlessness, loss of self-esteem and confidence, intense emotions, often frozen, emerge, dissociated from the word, in the form of somatic sensations and behavioural reactions. The migratory trauma is associated with the interruption of affective and social bonds, of the existential fabric, with the loss of cultural defences, social roles, status, as well as of the “identity kit” and sensory references. The social and collective dimension of the Self is threatened by migration and vice versa, the possibility of contacting the cultural group of reference can be a protective factor.

The stressors of the migratory condition

- » Forced solitude: absence of the possibility of being with one’s family or the inability to bring them to the host country, even in the presence of documents, due to lack of money or administrative obstacles.
- » The failure of the migratory project, the lack of opportunity, no possibility of accessing the labour market or working in conditions of extreme exploitation.
- » The fight for survival: where to eat, where to sleep.
- » Fear, terror, threats from criminal organisations during the migratory journey, fear of expulsion, of physical and sexual abuse, experiences of powerlessness and lack of help: Who to trust?



How distress appears

The migrant shows behaviour and experiences such as: “absences” in their autobiographical memory, sensation of bewilderment and loss, nostalgic disorientation, crisis of the presence, passivity, isolation, withdrawal, avoidance, and, last but not least, behaviour externalizing characteristics of deviance and aggressive attitudes.

It has to be noted that the impact with the Italian context often takes place abruptly and the individual in the condition of migrant encounters a context that may be incomprehensible. In addition, once they have arrived in the country of reception, the migratory project is taken over by the institution.

It is important that the reception operators can accompany the person to reconstruct the meaning of what is happening around them, in terms of practices and meanings, including cultural, as a protective factor with respect to the migratory trauma.

Vulnerability

The relationship between migration and trauma is mediated by the concept of vulnerability. The term vulnerable comes from the Latin word *vulnus* which literally means wound or injury. It can be physical, psychological and by extension also of a right. It can be physical, psychological and, by extension, determined by the denial of a right.

Information sheet 4.4

Migration and violence

20' + break 15'
at the end



What is violence

According to the WHO (2002), violence means the intentional use of physical force or power, threatened or real, against oneself, another person or against a group or a community, that causes or has a high degree of probability of causing lesions, death, psychological damage, poor development or deprivation. Violence is not a component that can be eliminated from human *behaviour*, and has its roots in the social, cultural, religious and economic structure.

Torture

Experiences such as imprisonment and torture provoke severe psychic traumas through experiences of extreme terror, extreme suffering and negation of subjectivity. Torture in particular contains an over-abundance of characteristics that increase its severely traumatising power:

- » Extreme terror for one's life.
- » Extreme physical and psychic suffering.
- » Condition of extreme vulnerability.
- » Prolonged and/or repeated event.
- » Pathological relationship with the context.

Torture induces a sense of powerlessness and despair that has an impact on the sense of the subjects' identity as individuals capable of control over their future. The absence of rules, the unpredictability and the casual nature of the violence contributes to the lack of control that the subject feels.

Acted out violence

In the past the idea that victims of violence could be more prone to act out violent behaviour according to the psychological mechanism of "identification with the aggressor" was common. Although it is not a rule, it usually takes place through a process of "shifting" towards a more vulnerable or less threatening subject. The choice of the target may also depend on the feeling underlying the violence: hatred, guilt feelings, feeling of helplessness. In any case, the exercise of violence is always a relational fact to be interpreted in its situation with respect to the context.



Restorative and dysfunctional adaptation

Individuals are forced to adapt in some way to the impact of torture and the violation of human rights.

The five systems of adaptation put in check by extreme violence are identified in the following functions:

- » Personal safety.
- » The system of attachment and ability to form bonds.
- » The identity and function of the social role.
- » Justice.
- » The sense of existence.

The sense of safety in the world, or general reliance, is acquired in the first years of life in relation to the first figure of care. Originating with life itself, this sense of trust supports a person throughout their life, forming the basis of the entire system of relations and trust. Traumatic events destroy the construction of the Self which is formed and supported in relation to others and violate the trust of the victim in a natural or divine order, throwing them into a state of existential crisis.

Information sheet 4.5

Ethno-psychiatry



Definition of ethno-psychiatry

This is a multidisciplinary, comparative, interactive and pragmatic subject aimed at treating mental distress in individuals of a culture other than that of the therapist. Ethno-psychiatry is the result of the ineffectiveness of current therapeutic practices with migrants and therefore allows for opening up the therapeutic discourse to the cultural significations of the patient (religious narratives, family structures, traditional etiologies). Ethno-psychiatry considers the explanatory models usually used by psychology, psychopathology and psychiatry in their turn as culturally defined and localized narrations. It therefore supports the need to relativize our theories by entering into dialogue with the theories of reference of the patient. An ethno-psychiatric approach entails modifications in the theory and in the technique of traditional psychiatry.

The cultural references of mental illness

In the ethno-psychiatric perspective, it is fundamental to make present in the meeting with the patient their cultural references, starting from language. For example, at times some expressions, including their name, cannot be translated except with periphrases, where the original term recalls a wide social and cultural semantic field. It is necessary to accept the value of the traditional etiologies (such as *djinn*, *maraboutages*) and the interiorized social structures: they have to be recognised not as elements of ignorance, superstition or backwardness but as fundamental narrative components that allow the patient to give a meaning to their suffering.

There are three possible configurations

Intracultural: the therapist and the patient belong to the same culture; the therapist takes into account both the individual and the sociocultural dimension.

Intercultural: the therapist does not belong to the ethnic group of the patient, but has good knowledge of the patient's culture and uses it as a therapeutic lever.

Metacultural: The therapist and the patient belong to different cultures and the therapist does not specifically know the patient's culture, but understands the concept of "culture" and uses it to establish a diagnosis and therapy.



Criticisms of ethno-psychiatry

Although the clinical treatment of migrant patients requires contributions and clarity provided by knowledge of their culture, it is necessary to avoid standardizing the individual and the relationship to the cultural dimension alone, ignoring on the other hand the individual and socioeconomic aspects, such as the intrapsychic elements like trauma, the aspects of context, the power relations, any condition of social marginalization. The operators therefore have to be able to decentralize and work, constantly using these two levels, individual and cultural, without confusing them and taking into account the relations necessary and at times in conflict with one another.

Information sheet 4.6

Resilience and resistance



Giving power back: the process of empowerment

The central experiences of psychic trauma represent a deprivation of power and control, over oneself by the victim and the destruction of their bonds with others. The healing process is therefore based on restoring in the survivor the power and control over themselves and on building up new bonds. The first step towards healing is increasing the capacity to actively control one's life empowerment by the survivor who has to be the author and the arbitrator of their healing.

Factors of resilience

Individual characteristics:

- » Solidity of the Self.
- » Solidity of cultural identity.
- » Flexibility of cultural identity.
- » Effective styles of attachment.
- » Effective styles of coping.
- » Pre-migratory health.

Migratory project:

- » Pre-migration (preparation, willingness, realistic expectations).
- » Post-migration (implementation of the project, effective re-elaboration, effective social support).

Factors of vulnerability

Individual characteristics:

- » Fragility of the Self.
- » Fragility of cultural identity.
- » Rigidity of cultural identity.
- » Deficitary styles of attachment.
- » Ineffective styles of coping.
- » Pre-migratory morbidity.

Migratory project:

- » Absent (forced migration).
- » Failed (or threatened with failure).

**Other factors**

- » Stress from transculturation (culture shock).
- » Loss of status.
- » Nostalgia, mourning.
- » Absent or inadequate social support.

Resistance to institutional control

Torture induces a sense of powerlessness and despair which has an impact on the sense of identity of the subjects as individuals incapable of control over their future. The absence of rules, unpredictability and the casual nature of violence contributes to the lack of control that the subject feels. The strategies of resistance to gain some measure/sense of control are of the cognitive, emotional and behavioural type, where the subjects make fun of the guards, do not cooperate, defy authority and implement provocations. The capacity of developing creative strategies of resistance and resilience allows better tolerating prison and the experience of torture.

Information sheet 4.7

Differences in the experience of gender-based violence



The condition of migrant women

Migration can cause experiences of different types of violence in women:

- » Leaving their country means redefining and reformulating family bonds and balances, rethinking how they belong to the traditions and values of their culture. At times migrant women are also victims of violence in the context of origin, but where violence is an “accepted” relational method and there is little awareness of being victims. In the country of arrival, the operators’ frequent pushing to denounce the violence they have suffered is transformed into fear of marginalization from the community they belong to and a breakaway from the roots and preclusion with a possible return to the home country;
- » The journey itself is often the scene of violence against women, mainly of a sexual nature, therefore violence against the gendered body, the genitals, the reproductive apparatus and trafficking.

Men and violence

Sexual violence does not only refer to the practice of rape but also to threats, to forced nudity and harassment. In the case of men, especially Muslims, forced nudity is perceived as a violence worse than physical violence as it produces great humiliation and mortification of the sense of dignity.

The experience of violence, exercised to produce the annihilation of the individual and the group they belong to, provokes the loss of one’s status, one’s place in the world, which is particularly significant for men.



Conclusion and shared considerations

10'



Break

15'



1,45h Workshop

Case study: the case, the group work, the outcome and the final discussion

Delivery

15'



The teacher and the co-teacher read and illustrate the case chosen (usually a real one) to the class. They ask the participants to form groups of 4-6 people and distribute a written copy of the case illustrated (at least one copy per group).

Group work

40'

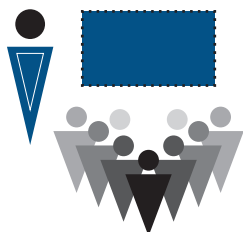


Teacher and co-teacher tell the groups to reflect and discuss the case following three categories of reflection and analysis: 1. Resources and strengths of the person referred to in the case, their context of origin and their contingent situation; 2. Fragility and weaknesses of the person, their context of origin and their contingent situation; 3. the management of the case by the services (reception centres, health services, social services and others), the critical points, the good practices, how they could have/should have acted for a more efficient intervention.

The group works for 30-40 minutes.

Presentation

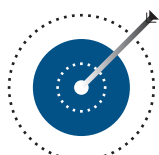
40'



At the end of the work, the representative of each group is asked to report to everyone the discussion in the group and the results that have emerged. This is one of the most important times of the training day as each group – and each individual participant – has the chance to interact with the others, in a mutual exchange of knowledge and experience.

Conclusion

10'



The workshop concludes with the teacher and the co-teacher speaking briefly to summarize the analyses of the groups, underline the most important aspects and, if necessary, add information required by the participants and/or aspects that have not emerged but are deemed of significance.



The case of Ahmed

Ahmed is 19 years old and comes from Gambia. When he was six, his parents divorced and, after his mother moved to be with her family, Ahmed had no more contact with her. The youngster says he suffered a great deal from this forced separation and was brought up by his father, an activist in the UDP party, a movement opposing the dictatorial regime. Ahmed says he had a difficult and unloving relationship with his father. When Ahmed was 14, a group of paramilitaries broke into the house looking for his father. Following this episode, he and his uncle left the country and since then Ahmed has had no news of his father. The pair then went to Libya, where Ahmed was imprisoned and was able to be released only thanks to the payment of a ransom by his uncle. When they reached Sicily, the uncle continued on to Germany while Ahmed was placed in a centre for Unaccompanied Foreign Minors.

Ahmed appears reserved and diffident, it is hard for him to relate his suffering and he uses cannabis, probably to escape his painful memories and the fear of not making it. One evening Ahmed returned to the centre visibly under the influence of alcohol/drugs and in a state of great confusion. He kicked into a basket, collapsed on the floor crying and banged his head violently against the floor. Ambulance services and the police were called and Ahmed was admitted to hospital under the monitoring of the psychiatrist on duty. After this episode, Ahmed also reports wanting to commit suicide.



5h



Stress management

Edited by *Chiara DALLAVALLE*

5





15'

In this section all the specific aspects of the relationship with the victims of gender-based and proximity violence are dealt with, in particular in terms of relations of help and care of vulnerable people. The extreme complexity of the life stories of the victims of violence, together with strong traumatic components, makes the operators involved particularly subject to conditions of stress and at risk of burn-out. The module aims to provide specific tools for the care of this type of users, protecting the mental-physical and emotional well-being of the operators.

Information sheet 5.1

Receiving and listening



The relationship of help

The helping professions lead the operator to move in a relational dimension which implies a strong emotional component, both their own and of the user. This means that in their work, the operator has to have recourse both to professional resources (training, updating, specialization, knowledge of the job, coherence between training and role occupied) and to personal resources (individual characteristics, self-knowledge, relational resources, and resilience). Resources and limits of the helping relationship take shape in a space created and limited by the operators-user-context relationship. Help is always a relational fact, as is the violence.

The professional role of the operators of reception and of all those who relate to migrants who are victims of violence is influenced by psycho-social factors and dimensions, such as:

Time

«... in many total institutions, the internees commonly feel that the time spent in the institution is wasted, useless or stolen from their lives... It is time put between parentheses by those who have experienced it, with a constant and conscious understanding, which is rarely found in the outside world. As a result, the internee tends to feel that for the duration of their internment, they have been completely exiled from life.” (Goffman, 1961). This is often the perception of the migrant who is in a reception facility. The facility marks a time for each thing: for eating, sleeping, going out or coming back to the facility, going to school, for medical examinations and bureaucratic requirements and so on. The migrant can only adapt to this new “time for”.

The operator, on the other hand, refers to a different time, which is also laid down by the institutions. The time of the operator at work should coincide with the time of working hours, but this is not always the case, so the operator becomes a professional who is available 24 hours a day.

The expectations

From the migrant’s point of view, the drive/tension to migrate leads to a form of stress called Goal Striving Stress. It refers to the fatigue and the efforts made by the migrant to obtain plausible results according to their aspirations and the migratory task. If the migratory project is poorly structured and the expectations with respect to the migration are vague, the project itself is at the risk of failure, also due to all those variables that intervene once the country of arrival has been reached (regulations, rejection of the issue of a residence permit, difficulties of integration/



work etc.). The migrant also has expectations in relation to the operator: how is the operator perceived? Do they have an instrumental function, one of support, of dependence? Are they an obstacle to personal realization or a means to meet needs and requirements?

BE CAREFUL!

Part of the expectations is constructed inside the relationship.

As far as the operator is concerned, there are a number of variables that can influence their expectations with respect to the user:

- » Awareness of the limits of the person who is to be “helped” with respect to their condition of self-determination.
- » Cultural component with respect to certain attitudes/choices/behaviour of the user.
- » Knowledge of one’s own mechanisms of psycho-social functioning.
- » Capacity to manage the failed expectations and change them on the basis of what happens in the relationship with the user.

Identity and belonging

The migrant experiences a real identity crisis, where the sense of the individual self is fuelled by the interweaving of relations with the other, is also nourished by the contextual relationship and is based on socially and culturally determined behavioural models and rules.

Ernesto de Martino (1978) speaks of a “Crisis of Presence”, as of those different conditions in which the individual experiences uncertainty and inability to determine their actions at a given time, in the face of particular events or situations (illness, death, moral crises, migration). The crisis of presence is that sense of bewilderment in which people fear losing their domestic references which in some way act as indexes of meaning (of presence).

Information sheet 5.2

How to manage fear, stress, frustration and burn-out

45' + break 15'
at the end



What stress is

Stress means the psycho-physical response to the perception of an imbalance between the demands of the surrounding environment and the resources available to deal with it. This response has, in the first place, a physiological dimension, in the sense that in a situation of stress the kidneys release cortisol on the stimulus of the pituitary gland and of the hypothalamus and block the passage of serotonin, but also an emotional, cognitive and behavioural dimension. A distinction can be made between positive stress (*eustress*) and negative stress (*distress*). Stress due to work can be defined as a set of harmful physical and emotive reactions which appear when the demands made by work are not commensurate with the abilities, resources or requirements of the worker.

Burn-out

The syndrome of burn-out is the pathological outcome of a stressogenous process which affects people who are in caring professions, when they cannot adequately respond to the excessive stress which their job leads them to assume. It is a condition of malaise found in workers in the so-called caring professions, especially in the social and health sector. Burn-out is characterized by:

Emotional exhaustion, i.e. a sensation of tiredness and fatigue which develops gradually as the emotional resources are used up, a perception of no longer having anything to offer at psychological level.

Depersonalization, i.e. negative attitudes, of detachment, cynicism and/or hostility in relation to the people with whom and for whom they are working.

Professional realization, understood as the perception of inadequacy for the work that implies a drop in self-esteem and a reduction of the desire for success.

Burn-out can be identified when the following are found:

- » Emotional exhaustion.
- » Depersonalization.
- » Attitude characterized by cynicism.
- » Feeling of reduced personal realization.
- » Avoiding the work environment.
- » Frustration and dissatisfaction.
- » Reduced empathy with the people that should be looked after.
- » Deterioration of physical well-being.
- » Insomnia.
- » Depression.



Personal and social/organizational consequences

The effects of burn-out are felt not only at a personal level but tend to spread in a fluctuating way from one member of the team to another and from the team to affecting the users as well, thus involving the whole organization. The consequences of all this are very serious and can be schematized in three levels:

Level of the workers who “pay for” the burn-out, including through somatizations, but above all through the dispersion of resources, frustrations and under-use of potential.

Level of the users, for whom contact with the operators in burn-out is frustrating, ineffective and harmful.

Level of the community in general, which sees strong investments in the services disappear.

The causes of a burn-out

The imbalance between individual and work, responsible for consequences at behavioural and social level, as well as at the level of individual well-being, can appear in six areas:

1. The work load, if greater than the capacity of the individual to meet it.
2. Control, as there would seem to be a connection between the lack of autonomy or ability to take on the responsibility for important decisions and the burn-out.
3. The reward, both social and economic.
4. The community, in terms of quality of relations with colleagues.
5. Equity, i.e. the perception of honesty and correctness that fosters engagement and satisfaction.
6. The area of values, i.e. the coherence between the values of the individual and of the organization, the absence of which can be translated into the pressure of a choice between what you want to do and what, on the other hand, you must do.

How to prevent burn-out?

The prevention of burn-out goes through different steps, such as:

- » Foster teams that are as stable as possible over time and guarantee the safety of one's work.
- » Develop systems with incentives and gratification according to the various professional roles and the individual's abilities.
- » Develop and increase the team work, through discussion of the cases and the participation in all the decision-making aspects of the work.
- » Share the responsibility of the paths with the users, their families and the social community in general.
- » Make training and research the most important objectives of the Management Programme.
- » Encourage formal group mechanisms for the solution of organizational problems and the solution of conflicts.
- » Provide periodic burn-out checks to all the team.
- » Develop moments for individual and/or group counselling and reception for situations of conflict.

Information sheet 5.3

The tools for managing aggressiveness



Aggressiveness

Aggressiveness presupposes a social interaction in which one of the players intentionally causes harm to another. According to the theory of evolution, aggressiveness is functional to satisfying the primary needs of the human being, while according to a physiological approach it is the neocortical and subcortical structures that play an important role in activating aggressive behaviour through the release of specific substances. Psychodynamic psychology, on the other hand, sees aggressiveness as a drive and a reaction to frustration. Lastly, the theories of social learning believe that aggressiveness is learned through relational, social and cultural models.

The contribution of psychiatry identified in aggressiveness a symptom of suffering caused by, or in some way correlated with, a mental disorder. In this direction, it has to be said that aggressive behaviour does not represent in itself a psychiatric pathology but is the expression of illness in specific situations, i.e. when they cannot be controlled by the person who shows them and they cannot be modulated and adapted to the situation that caused them. The presence of aggressive attitudes may represent the worsening of a clinical case in some disorders such as schizophrenia, bipolar disorder, borderline disorder and the various disorders of anxiety. Aggressive behaviour increases in correlation with the use of alcohol and drugs.

The variables of the context and the risk factors

The risk factors that can influence the onset of aggressive behaviour greatly depends on the external context, both in the case in which the people are in a reception centre or a local service and, by way of example, are:

- » The lines of conduct of the operators.
- » The lack of involvement of the person in conducting their project (of reception, integration etc.).
- » The lack of privacy and the forced cohabitation with other people.
- » The forced compliance with the rules of the centre and the constriction of personal freedom.
- » The suspension of one's juridical position.
- » The poor ability to interpret the context.
- » The absence of significant family relations in the country of reception and in the context of reception.

Prevention and management of aggressive behaviour

Prior knowledge of the person can make management of the meeting and



any aggressive actions easier, for example, when there is knowledge of the psychopathological cases diagnosed or topics and subjects that can arouse negative reactions in the user. The presence of other people who may “annoy” the person and increase their agitation must also be taken into consideration.

In the absence of adequate information on the person, it is important to be able to detect premonitory signs (necessary but not sufficient) such as: verbal abuse, threatening posture, threats, emotive activation, raising the tone of voice, looking directing into the eyes, sweating, lack of alternation in the conversation.

To prevent the onset of aggressive behaviour, special importance must be given to the choice of places where the meetings with the person take place, for example in a room that is accessible and easily observed by other colleagues, which always offers a way out. It is a good rule, if it is thought that the user may show aggressiveness in the interview, to have other colleagues attend, in order not to remain alone with the user. It is fundamental to keep listening actively to the person, even though they are showing signs of aggressiveness and to take on a passive position of the body and not a threatening one (open posture). Also trying to negotiate alternatives, providing specific and detailed information, being recognized by always reminding the person who one is and using WE to emphasize cooperation, and always showing empathy are useful indications. If the situation were to degenerate, help must immediately be asked for, alerting colleagues and if necessary the police.

What NOT to do

- » Show fear or anxiety.
- » Have physical contact.
- » Approach the person from behind.
- » Approach them abruptly.
- » Force them into a small space.
- » Take on provocative and defiant attitudes.
- » Consider the verbal aggression of the other as a personal insult.
- » Try to disarm them: in this case, leave immediately.
- » Make promises that cannot be kept only to get out of the situation.
- » Keep arms crossed.
- » Give emphasis to the emotions.
- » Show anger.

The operative instruments

Management of situations of aggressiveness is effective only if the individual operator is part of a solid, cohesive and organized work team, made up of professionals with

Information sheet 5.3

specific competences and with well-defined professional roles. Characteristics of the team must be:

- » A common perception of the purposes and objectives.
- » Open communication based on trust and respect of colleagues.
- » The presence of shared leadership.
- » Sharing of effective procedures.
- » Developing the personal and professional differences of the various members.
- » The ability to show flexibility and adaptability in different situations.
- » Ongoing learning and training.

To create a solid and cohesive team, able to cope with situations of crisis, room for meeting and discussion must be fostered, such as:

- » The supervision and discussion of cases.
- » The coordination of working activities.
- » The creation and sharing of work procedures.
- » Planning of interventions.
- » Verification of the work done and analysis of the critical incidents.

Information sheet 5.4

Recognizing the existence of gender and/or proximity violence and knowing how to take charge of it

35'



The greatest difficulties of operators in relation to guests who are victims of violence concern the ability to evaluate the signs of violence, the possibility of reducing its effects and controlling the mirror effects. Being able to implement empathic relations and also being able to establish the correct distance play a fundamental role.

The vicarious trauma

This refers to the possibility that an operator working in critical context and with people who have suffered trauma can he himself/she herself relive the trauma, due to contact with the traumatized person. Vicarious traumatization negatively modifies the cognitive patterns and the ways of interpreting one's work and reality, due to the processes of empathy, identification and emotional involvement with people overwhelmed by events with a very high emotional impact. Several symptoms are triggered off: depression, tiredness, irritability, psychosomatic symptoms, insomnia, anxiety, fatigue and even family problems.

The actions to fight vicarious trauma are:

Defusing: immediately after a possible situation of emergency, participants can meet for 20-40 minutes to exchange thoughts and states of mind linked to the events and the stories undergone/listened to.

Debriefing: an actual psychological/clinical action in which the operators are obliged to take part with the aim of helping to understand and manage intense emotions and the most effective strategies to cope with the situation.

Individual psychological therapy/support: in a clinical setting of the individual type, the individual variables and the emotional states related to being in contact with traumatized persons are discussed and analysed.

The counter-transference

A term coined by Freud to designate the affects that arise in the therapist due to the influx of the patient on their unconscious feelings. In the subsequent developments, the counter-transference starts to include a series of feelings, thoughts and actions implemented by the therapist/operator but which are linked to the specific characteristics of personality and relational modes of the user. Counter-transference takes place in a continuous dynamic exchange and is also influenced by the personality of the operator.

There are different types of counter-transference:

Concordant counter-transference: refers to the empathic perception of the interpersonal affective state of the other and provides information on the way in which the other experiences relationships. It represents identification in what

Information sheet 5.4

the other feels or has felt in the past and can be assimilated with the concept of “symmetry”.

Complementary counter-transference: this indicates the empathic identification with the relational “object” and offers information on how others react to the usual relational modes of the individual, as well as information on the important relational models and events in the user’s present or past.

Cultural counter-transference: this represents the conscious and unconscious responses to cultural otherness and depends on the cultural identity of the operator but also on what the user projects into the relationship. It can represent a reaction to the anguish aroused by the otherness and can take various forms: negation of the differences, devaluation or idealization. Cultural counter-transference is linked to aspects such as gender, social and historical identity. The cultural dimension must not obscure the social components of the suffering concept of “social counter-transference” due to the different socioeconomic status of operators and users.

Counter-transference reactions with victims of violence

The counter-transference reactions in the relationship with victims of violence can be of various types, but tend to be of great intensity and become tiring and wearing if not adequately received. The stories with which the operator comes into contact present an abundance of emotionally disturbing elements and the traumas suffered by the user lead to the use of dissociative defences which provoke specific counter-transference reactions. The operator interfaces with strong levels of suffering. We have different kinds of counter-transference reactions:

Concordant reactions: characterized by malaise, sadness, helplessness, fear for the user, anxiety, anger towards the “system”.

Complementary reactions: characterized by annoyance, avoidance, anger towards the user, non-recognition of suffering, passive-aggressive behaviour such as forgetfulness, desire to “save” the user, fear of the user.

Fear

This can represent a reaction concordant with a feeling experienced by the victim of violence or an aspect of cultural or social counter-transference. It also refers to the perception of conscious, unconscious or dissociated aggressive components present in the user and represent a complementary reaction. It is fundamental to listen to and give value to any experiences of fear by the operators as a protective factor from possible aggressions. When fear also represents a counter-transference element, it is an affect that it is necessary to metabolize in the team to be able to continue the work with the user.

Helplessness

This is one of the commonest emotional reactions in work with migrants and the victims of violence and can be a reaction concordant with the life and experience



of the user. The feeling of helplessness can depend on non-virtuous organizational mechanisms, on the perception of a non-facilitating extended context, on the perception of imbalances in the power relations between the levels. It is a frequent cause of abandonment by operators.

Conclusion and shared considerations

10'



Break

15'



1,45h Workshop

Case study: the case, the group work, the outcome and the final discussion

Delivery

15'



The teacher and the co-teacher read and illustrate the case chosen (usually a real one) to the class. They ask the participants to form groups of 4-6 people and distribute a written copy of the case illustrated (at least one copy per group).

Group work

40'

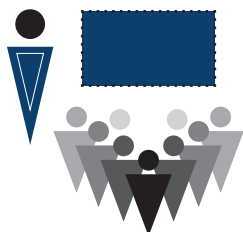


Teacher and co-teacher tell the groups to reflect and discuss the case following three categories of reflection and analysis: 1. Resources and strengths of the person referred to in the case, their context of origin and their contingent situation; 2. Fragility and weaknesses of the person, their context of origin and their contingent situation; 3. the management of the case by the services (reception centres, health services, social services and others), the critical points, the good practices, how they could have/should have acted for a more efficient intervention.

The group works for 30-40 minutes.

Presentation

40'



At the end of the work, the representative of each group is asked to report to everyone the discussion in the group and the results that have emerged. This is one of the most important times of the training day as each group – and each individual participant – has the chance to interact with the others, in a mutual exchange of knowledge and experience.

Conclusion

10'



The workshop concludes with the teacher and the co-teacher speaking briefly to summarize the analyses of the groups, underline the most important aspects and, if necessary, add information required by the participants and/or aspects that have not emerged but are deemed of significance.

The case of Mamadou

Mamadou has been an operator in a CAS (Extraordinary Reception Centre) for one year. He is Senegalese and has been in Italy for more than 10 years, he also works as a linguistic and cultural mediator when necessary.

His CAS houses 25 youngsters, including 3 Senegalese like him. It is precisely for this reason that when certain questions have to be dealt with, especially tensions, his colleagues ask M. to see to them.

Even when it is about translating, in the interviews with the psychologist and accompanying the guests to the services, especially medical, M. is asked to go, to help the guests as well as the operators who, this way, do not have to call the specific mediator.

At first, this role was taken by Mamadou as an important recognition, giving value to his various skills, but with time it has become very burdensome, as he is overloaded with requests and expectations.

Everything comes to a breaking point when M. is accused by one of the guests, after the commission had rejected his application: this boy accuses M. of not having translated properly during the interviews and puts him in a bad light with the other guests who from then on start to behave differently with him.

The team of the CAS do not handle this situation as best as possible and Mamdou, unable to put up with all the tension, wants to resign...

Questions:

- » Which counter-transferences do the operators in question have?
- » What are the critical points?
- » Which resources could be implemented?





Section 2

Good practices for reception

Identifying, preventing, caring

by *Lia LOMBARDI*

introduction

This section is on the “good practices of reception” and is based on three fundamental criteria: *identifying, preventing and treating*. The second section, like the first, follows a course in information sheets on:

1. The reception systems in France, Italy and Spain and some local situations.
2. The good practices of reception and care of migrants who are victims of violence and networking (governance, protocols, actions).
3. The criticalities and the prospects of the system.
4. Reflexion on resistance and resilience by the case-study.

Information sheet 1

Systems of reception



The Italian system of reception

The revision of the reception systems (Law Decree 113 of 2018) restructures the system overall: under the new legislation (article 12), the integrated reception services in the community (known as second reception), prepared by the local authorities in the facilities of the SPRAR system (renamed SIPROIMI) are reserved exclusively for those under international protection and unaccompanied foreign minors and not also, as in the past, asylum seekers. The first phase, before actual reception, consists of rescue and first assistance, as well as the operations of identification of the migrants, especially in the places of landing (CPA, CPSA, HotSpot). The actual reception is divided in turn into two phases: the phase of first reception to complete the identification operations of the applicant and for the presentation of the request for asylum (CDA, CARA) and a phase of second reception and integration assured at local level by the local authorities in the facilities of the SPRAR System. In the case that places in the government centres are full, migrants can be accommodated in temporary facilities called CAS (Centres of extraordinary reception).

As far as gender-based and proximity violence are concerned, in the majority of cases, single women and women with children live in apartments or in small centres where there are no men; families are usually accommodated in apartments or in centres where their privacy is guaranteed.

Another aspect of the Italian situation is represented by Law no. 119 of 15th October 2013 which establishes a number of rules on immigration, security and combating gender-based violence. Article no. 18 of the law lays down that if the police or magistrates ascertain that an immigrant (female or male) is the victim of domestic violence or by an intimate partner (VPI) perpetrated in Italy, a special residence permit can be granted so that the victim can escape the violence. Article 8 of Legislative Decree no. 24 of 4th March 2014 extended the type of protection described above to the victims of trafficking of human beings and enslavement.

The Reception system of Milan city council

Milano is the only municipality in Italy that runs a number of CAS, which are usually run by the Prefectures. At present, there are nine CAS facilities and from January to September 2018 accommodated 1,404 people, equal to 7% of the total number of migrants who had arrived in Italy. The percentage of woman is 21.6%. The average stay of the guests varies from five to nine months. The SPRAR facilities of the council include eight reception centres (347 places) and just over seven apartments (75 places). The percentage of women of the users is about 21.8% (especially Somalian women), whilst that of minors is 16.1%. The users with an average stay of at least

one year are equal to 24.2%.

The French system of asylum and protection

In recent years, France has recorded an increase in the number of requests for asylum, which has put the system under pressure. Overall, the approach to the management of gender-based violence and vulnerability remains somewhat fragmented. In France, the requests for asylum are subject to regulations in accordance with the CESEDA (Law on entry and stay for foreigners and the granting of asylum). Pursuant to article L.71-11 of the CESEDA, there are three types of refugee status:



- » **Conventional asylum:** granted, in conformity with the 1951 Geneva Convention to people who seek asylum for reasons of persecution or fear of persecution in their country of origin.
- » **Constitutional asylum:** this right is ratified by the French constitution of 1946 (line 4 of the preamble) and states that asylum will be granted to people who have been persecuted due to their action in favour of freedom.
- » **Asylum seekers:** this status is granted to individuals after they have presented a request for asylum and in the waiting period they have the status of refugee.

The main agencies dealing with the French system of asylum are:

- » **OFPPRA**, the French office for the protection of refugees and stateless persons.
- » **CNDA**, the national court for the right of asylum.
- » **OFII** deals in particular with the “DNA” and to find and provide accommodation and material support for asylum seekers. The “DNA” is the French national system of reception for refugees and asylum seekers and is run by the OFII – French office for immigration and integration. The national system includes a multiplicity of players, some of whom are non-governmental.

Governmental institutions for asylum: OFII, OFPPRA, CNDA.

Non-governmental players:

- » Shelter operators: FTDA, Coallia, Samu Social, (Emmaus), Groupe SOS.
- » Main NGOs in Paris/Ile de France which deal with reception and/or initial orientation: La Cimade, GISTI, FTDA, JRS, Groupe SOS, Anafé, operators of PADA.

Public subjects and institutions of common law:

- » Paris city council (Ville de Paris).
- » HCE (High national commission for the equality between women and men).
- » AH-HP (hospitals of Paris).
- » ASE (childhood protection services).
- » International organizations: UNHCR, France.

Information sheet 1

On arriving in France, migrants have 90 days to present their request for asylum. They are initially taken in by the CAO (reception and orientation centres) where they are helped with the administrative procedures.

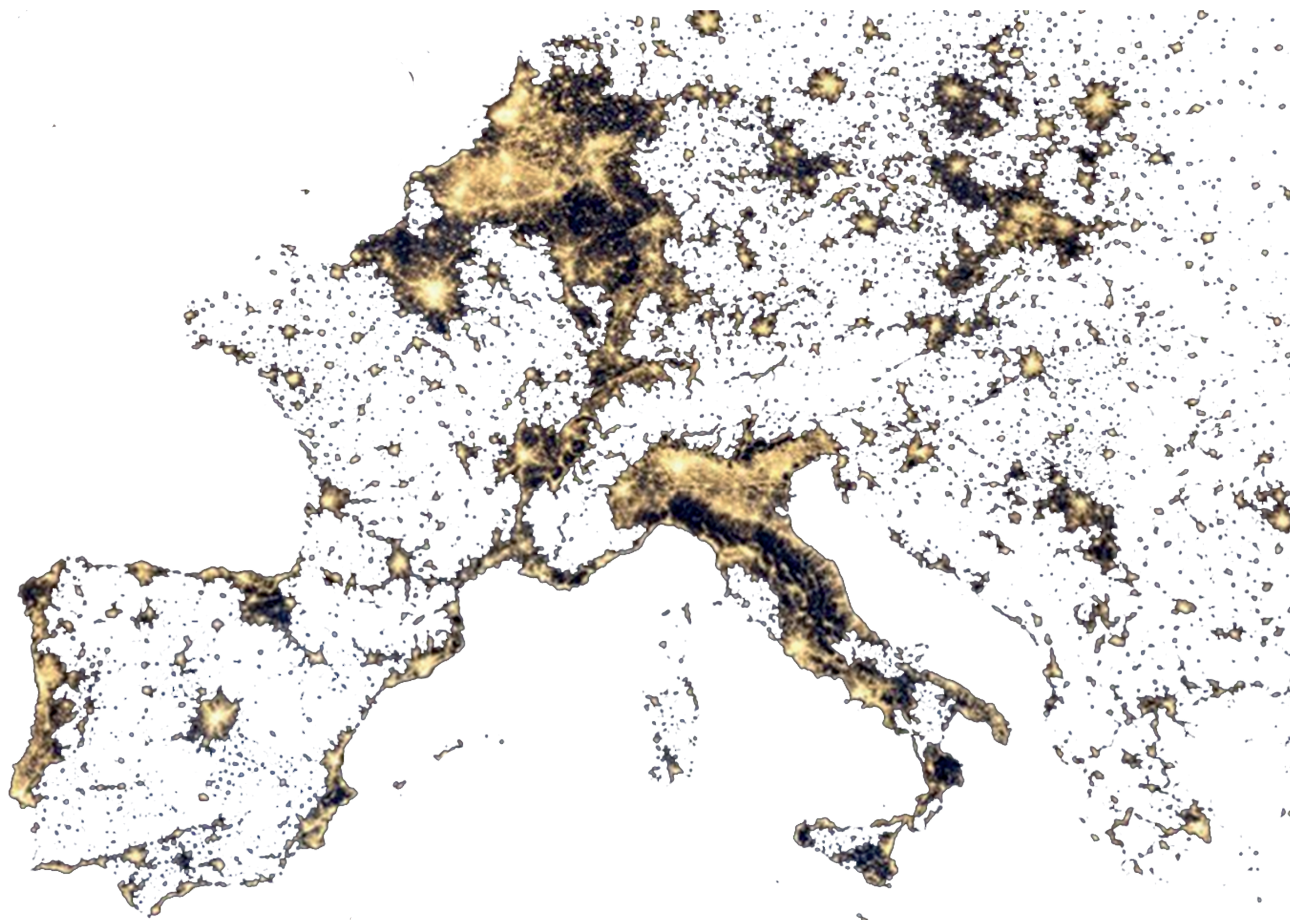
The Spanish reception system



Spain has become one of the most important areas in Europe for the reception of migrants and refugees, not only for its geographical position but also for its recent social policies and the government's position on receiving refugees. The Spanish reception system is organized in various centres of reception for refugees (C.A.R. - Centro de Acogida a Refugiados). These are public institutions which provide accommodation and primary psycho-social assistance, as well as other social services which aim to facilitate co-existence and integration with asylum seekers or refugees in Spain. The current Spanish law on asylum, approved in 2009, includes persecution for reasons of gender and sexual orientation as a reason for asylum. Gender refugees have the same right to seek asylum and the same protection as people in flight from armed conflict, however it is necessary to improve access to asylum for these people, in particular at the border crossings and in the CIE (centres of identification and expulsion), in order to give them greater security (Ramirez, 2016).

In Andalusia, since 19th December 2017, asylum seekers, stateless people and refugees have been able to request a minimum income of social insertion, without the need to provide proof of registration for a certain period of time. Nevertheless, delays and non-payments are the norm. The Department of Justice and the Interior and the General Directorate for the coordination of migratory policies (Consejería de Justicia e Interior y la Dirección General de Coordinación de Políticas Migratorias) manage the policy of social assistance for the population of immigrants and refugees in Andalusia.

Another important organization is the Andalusia permanent observatory on migration (Observatorio Permanente Andaluz de las Migraciones), but none of these considers the concept of "proximity violence" specifically or as a category of analysis. The system of protection against gender-based violence at local level includes the prefectures, the local police, the guardia civil, the local councils and the health centres.



Information sheet 2

Good practices of reception

Inclusive policies

Inclusive policies ought to be oriented towards work focused on empowerment, offering every woman and man the chance to self-determination and planning a better future for them. These inclusive policies ought to be closely connected with combating gender-based and proximity violence and based on a strong synergy between the real players involved and on a relationship of active collaboration between the State, the Provincial and municipal councils.

The refusal of gender inequality ought to be an essential characteristic of any project aimed at global social reform, providing a binding link between ethics and economics, between a search for well-being and freedom of choice and a comparison between interests, values and objectives in order to foster boosting differences and the rejection of the models proposed as unquestionable and universal.

The good practices of reception in Lombardy



Milan city council invests in integration without overlooking the experience of transversal services in the CAs such as the training of operators, learning Italian, training on the local area and services for the migrants and vocational training. In the Milan area there is a very active and positive institutional action by the local council. The good practices present in the Milan area include the new product of the “Casa delle donne maltrattate” (“house for ill-treated women”). This association has received a donation of a large house which has become a facility for female asylum seekers and refugees who are victims of violence. The project activates a path of autonomy and empowerment of women to escape the context of violence. Milan city council has recently inaugurated “Casa Chiaravalle”, a property confiscated from the mafia which can house up to 50 women. The project plans reception and paths of autonomy for migrant women who are victims of violence and their insertion into life and the social fabric. The “La Strada” cooperative also works on reception in several facilities and not in one central one (“widespread reception”).

Worthy of note is the model of reception of the cooperative “Lotta contro l'emarginazione”. The association houses women who are victims of trafficking and violence. The staff applies a “mixed” model of reception, i.e. they use both a residential centre and the model of “widespread reception”, with accommodation in apartments located throughout the area. On arrival, the migrants stay in the central structure where a multi-professional team takes them into their care.

In Milan and its surrounding area (metropolitan City), an intense and efficient network of services is active. The representatives of many institutions and organizations belong to this network (Covenant for the city) and work in synergy with all the services.

This means that when women or people with particular vulnerabilities arrive, the operators usually know who to contact and how to activate the network of services: hospitals, ethno-psychiatry department, local administration, educational services, anti-violence centres and sexual and domestic violence help.

Since 2013 Milan City Council has operated the “Milanese network for vulnerable applicants for international protection and those with international protection status” in order to guarantee services of protection and assistance and to strengthen the network and synergy between all the subjects involved.

Soccorso Violenza Sessuale e Domestica is a public anti-violence centre of excellence in the city of Milan which addresses all the victims of violence, of any gender and age. Active since 1996, it is a service that has as its objective that of offering information, reception and health and medical-legal assistance, psychological and social support to work through the trauma connected with the violence suffered. The Centre has a multidisciplinary team made up of gynaecologists, medical examiners, infantile neuropsychiatrists, psychiatrists, nurses, obstetricians, social workers and psychologists. All the operators are trained in receiving the victims of violence and guarantee an individualized pathway.

L'Istituto europeo di psicotraumatologia works with its personnel at the CAS and SPRAR centres, providing a task force of psycho-traumatologists and specialists in catastrophe management. The service provides:

- » Psycho-traumatological triage of the victims.
- » Organization of interventions according to the international protocols of catastrophe psychology.
- » Early post-exposure treatment for survivors.
- » Intervention for traumatic mourning in support of the relatives of the victims
- » Psycho-traumatological support for hospitalized casualties and their families
- » Prevention and salutogenesis actions for the rescuers.
- » Support for the public communication officers on questions of communication of emergencies and the techniques of prevention of panic.

La Comunità Montana della Valsassina, Valvarrone, Val d'Esino e Riviera has developed a model which provides indicators to help operators in the centres identify key elements that indicate potential situations of violence. A significant example with respect to the subject concerns “an immigrant woman, victim of violence, who has been treated in synergy by the council in a reception centre of which she was a guest, by an Anti-Violence Centre: for the first few days she was moved to a hotel, with the help of the Carabinieri, then she was placed in a safe apartment. Today,

Information sheet 2

this young woman has emerged from her conditions of violence, has obtained humanitarian protection and has an employment contract.

The Red Cross in Bresso adopts a model based on multidisciplinary team work (psychologists, social workers, legal representatives, educators, Italian teachers, mediators and operators). The guests in the centres are constantly monitored and if there are cases in which the trauma cannot be surmounted, the procedure consists of contacting the centre for ethno-psychiatry at the psycho-social centre of Cinisello Balsamo.



The good practices of reception in Tuscany

In Tuscany, asylum seekers and refugees, in the case of evident violence, are helped by the personnel of the CAS and SPRAR to consult:

- » The health services.
- » Anti-trafficking centres.
- » Centres for psychological support.
- » Anti-violence centres.
- » Lawyers and police stations.

In 2016, the anti-violence centres in Tuscany took part in the SAMIRA project. The project aims at improving the identification and the quality of assistance offered to migrant women and minors, victims of sexual violence and trafficking.

The SAMIRA project has implemented the following activities:

- » Qualitative research on the needs and risk factors of women and children who arrive in Italy by the Libyan route.
- » A training course to improve the knowledge and skills of the anti-violence centres.
- » The development of a model of good practices and working methods for the prompt identification, efficient help and referral/orientation of the victims.

In recent years, a CAS for women who are victims of trafficking and asylum seekers has been opened. The CAS run by the anti-trafficking agency is made up of “trained operators who can work in direct contact with vulnerable foreign women.”

The SPRINT programme of ethno-psychology is run by a team of psychologists, anthropologists and cultural mediators who support asylum seekers and refugees who are victims of abuse, traumatized or who suffer from mental vulnerability. The traumas are dealt with transculturally, favouring the comprehension of the violence suffered from the personal, cultural and social point of view of the migrant. A mobile unit which travels throughout the region has implemented this programme in coordination with the public health system (departments of mental health) which supports it.

Forensic medicine provides important support to the work done by the legal operators. It helps ascertain the physical lesions suffered, including those due to torture, violence and abuse suffered by the asylum seekers in their countries of origin or on their journey to Italy.

Good practices in the Paris area

Here we provide a list of practices on a wide scale. They are centralized practices promoted by public policies and identified/basic practices that can be established locally.



Health care

Migrants can access state health cover and health care in two ways: the CMU (Couverture Maladie Universelle – universal health cover) is provided to asylum seekers who can prove they have a "récepissé" (a certificate of request for asylum). If a person earns less than €648 a month, they can benefit from free health insurance (CMU-C) but a prerequisite is to have a bank account which very often asylum seekers do not have. AME (Aide médicale d'état – state medical care) is accessible to migrants who do not have a specific legal status and/or who have been denied asylum, on condition that they have been on French soil for at least 3 months. In addition, there are the health reception centres called PASS (Permanence d'Accès aux Soins de Santé), in the public hospitals in Paris and open to all those who are in a condition of vulnerability, isolation and/or great economic hardship.

Accommodation

The lack of suitable accommodation is one of the main issues to face when dealing with gender-based violence suffered by refugees. At present, only one CADA in France is a centre for women only: it provides support to single women, most of whom suffer from traumas deriving from past or current violence. In the case of LGBT, there is no accommodation system dedicated to them, with the exception of Paris where Ardhis (Association pour la reconnaissance des droits des personnes homosexuelles et trans à l'immigration et au séjour) has started to occupy apartments in areas of social housing and convert them to "apartment-homes" for LGBT⁺ refugees.

A single centre to meet gender-based violence

In recent years, national instruments have been developed to foster a more efficient sharing of information between organizations, the general public and victims: an official website of the government (www.stop-violences-femmes.gouv.fr) provides general information on gender-based violence and its various forms; the Hubertine Auclert centre covers the greater Paris region, lists the NGOs and their areas of competence and action and provides maps of shelters for women, opening times of help desks and support groups.

The CADA run by Coallia, in the north of Paris, implements a policy of gender-sensitive human resources. In addition, the director organizes periodic group meetings for the whole team in which they can all discuss the cases they are working on, provide and obtain feedback.

Information sheet 2



Good Practices of reception in Andalusia

The document “Asylum and international protection. The situation of refugees” (2015) assumes a position on the trafficking of human beings, female genital mutilations or forced marriages etc., and also explains some good practices that can guarantee an adequate development of the reception services.

This document underlines that:

- a. During the phase prior to the interview, it is important to identify the people that have to be prompted to request international protection.
- b. During the preparation for the formal application, it is essential to explain the procedure to the refugee in simple and clear language.
- c. When the file is drawn up, the tutor of the case must be contacted, as well as UNHCR and investigate in depth the violence suffered in the country of origin.
- d. During the phase of terminating the file, the basic points of the resolution must be transmitted with the indication of which ones have been used to make a decision; request preventive measures and provide the reports requested.

The Upper Guadalquivir Hospital of Andújar is in the province of Jaén. Its programme is based on that of the World Health Organization (1996) on gender-based violence as a problem of public health. This Commission has been promoted by the nursing personnel of the Hospital and has been extended to other professionals such as social workers, personnel of the police force, professionals in the local administration and experts of the female institution.

A “Protocol of emergency to receive migrants” (PECOL) was introduced in *Granada* (2018). This programme was promoted by the local administration in collaboration with public and private institutions (46 organizations) and aims at the positive reception of immigrants and refugees who arrive in Granada. When the “Sea Rescue” programme finds a “patera” and saves the people on board, they are taken on to land. The port of Motril is the main destination of these boats. In coordination with the Red Cross, the emergency teams are alerted in order to organize the humanitarian assistance to be provided. The specific personnel who assist the women and observe signs of violence, informs the national police and the women are transferred to the reception centres for women. However, the interviews in question are mainly conducted by male police officers, which makes it difficult for the women to have access to information or to find enough courage and establish a relationship of trust such as to allow them to speak of the persecutions suffered, something which is extremely difficult even when the interview is conducted by a woman (CEAR, 2017).

Information sheet 3

Critical points and prospects

- » One of the main aspects to improve is the specialized training on dealing with migrants who are victims of proximity violence.
- » Dealing with migrants who are victims of violence could improve if the operators who work on migration and proximity/gender-based violence had a more adequate basic knowledge because, often, during their studies, these issues are dealt with only marginally.
- » In addition to training, the efficiency of the network should be improved by including professionals who can mediate culturally, especially in the hospitals and police stations.
- » Unfortunately, in the medical/health sector in general, the quality of training in the specific professional competences required to provide assistance to migrants is still limited.
- » Another critical point is the poor collaboration between institutions, reception centres for migrants and the social and health services.
- » There is still a difficulty of emerging from the violence suffered by asylum seekers and refugees (women, men and minors). It is therefore necessary to start awareness-raising courses both for the victims and for the operators.
- » The administrative and legal difficulties encountered when trying to access protection and asylum are important; living conditions, administrative delays, uncertainty concerning the asylum applications and their future in Europe are factors which further aggravate the situation of refugees who have already undergone trauma.
- » Past and present violence, as well as vicarious violence (secondary victimization) inflicted by the system itself can foster isolation, withdrawal or the loss of trust in oneself (Centre Primo Levi, Médecins du Monde, 2018). This “secondary victimization” is due to the lack of systemic support by the institutions and/or the lack of knowledge of the problem by professionals (Bautista Cosa, 2018).
- » The psycho-trauma can also be magnified by the methods of reception (the absence of reception and care in the system): difficult reception conditions can aggravate the post-traumatic disorders from stress and depression. The COMEDE estimates that 27% of the patients treated between 2012 and 2017 had thoughts of suicide during therapy.
- » The COMEDE (Comité pour la santé des exilés) estimates that the average period of psychological improvement can take up to 15 months depending on the gender and origin of the patient but when the legal period for the presentation of a request for asylum is of 90 days and 15 days for an appeal, this could have devastating consequences on the health and life of these people.

The case

Resistance and resilience

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 during the PROVIDE research (Lombardi 2019a) 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 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).

Migrant 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). (Lombardi 2019a)

Appendix

Laws and act

- » *Refugee Convention Ginevra - 28 July 1951.*
- » *Schengen Agreement on the gradual abolition of checks at their common borders- 14 June 1985.*
- » *Trattato di Amsterdam, amending the Treaty on European Union, the Treaties establishing the European Communities and certain related acts - 2 October 1997.*
- » *Tampere European Council on the establishment of an Area of Freedom, Security and Justice– 15/16 October 1999.*
- » *Charter of the Fundamental Rights of the European Union - 7 December 2000, adopted on 12 December 2007.*
- » *Regulation (EC) No 562/2006 of the European Parliament and of the Council of- 15 March 2006.*
- » *Regulation (EU) 2016/399 of the European Parliament and of the Council - 9 March 2016.*
- » *Dublin Convention – 15 June 1990.*

European Directives

Reception Conditions Directives:

- » *Directive 2003/9/CE laying down minimum standards for the reception of asylum seekers.*
- » *Directive 2013/33/UE laying down standards for the reception of applicants for international protection.*

Qualification Directives:

- » *Directive 2004/83/ECof on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content ofthe protection granted.*
- » *Directive 2011/95/UE on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted.*

Asylum Procedures Directives:

- » *Directive 2005/85/CE on minimum standards on procedures in Member States for granting and withdrawing refugee status.*
- » *Directive 2013/32/UE on common procedures for granting and withdrawing international protection.*

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