



MIRIAM

Free Migrant Women from GBV

Guidelines for the promotion of psychological well-being of migrant women victims of gender-based violence.

**A tool for NGO professionals working
with migrant women.**



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Authors

Irene Ciambezi, Giulia Fioravanti, Alicia Márquez,
Silvia Pereira Gamez, José Manuel Suárez

Revised by

Ingeborg Kraus (psychotherapist and psychotraumatologist, Germany)

Project Officer

Irene Ciambezi, Silvia Pereira Gamez, Giorgia Stefani

Research Team

Irene Ciambezi, Giulia Fioravanti, Silvia Pereira Gamez,
Chiara Spampinati, Martina Taricco

Graphic Designer

Michele Canuti

Organisations involved



For information

progetti@apg23.org



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INTRODUCTION

Migration has been classed as a human right in many international treaties, such as the Universal Declaration of Human Rights (UDHR) (Article 13.2), the International Covenant on Civil and Political Rights (ICCPR) (Art. 12.2), the Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR) (Protocol No. 4) and the American Convention on Human Rights (Art. 22.2).

This is not surprising, since migration often means fleeing one's own country because of socio-political, demographic, economic, environmental and personal factors that endanger life, safety and human dignity. In the current economic crisis and increasing conflicts, this is also evident in Europe. For years, we have witnessed a process of "feminisation" of migratory flows (Ribas, 2004; Bastia, 2008), meaning that women play an increasingly important role in all regions and all types of migration. Female migration cannot now be viewed just as part of processes of family reunification, but rather also as independent plans in which women are the providers for their households, and the people driving migration chains and creating transnational links with their families and communities of origin (Pedone, 2003; Echeverri, 2010).

The Council of Europe Convention on the prevention and combating of violence against women and domestic violence defines GBV as «violence directed against a woman because it is a woman or because it affects women disproportionately¹». Likewise, one of the factors forcing people to leave their places of origin is precisely the fact that they are women. A significant percentage of women migrate to flee various forms of gender-based violence and/or discrimination in their countries, which often do not have effective legislation to protect them. At the same time, policies for control and management of migration lead to demand for clandestine forms of mobility, which expose migrant population to situations of risk, rights violations, and violence in transit, in which women are particularly vulnerable. Moreover, the perception of migrant women in Europe is often based on stereotypes, which makes them invisible and unprotected, facing risks to their physical and psychological safety.

All these factors have different psychosocial impacts on migrant women, which must be approached from intersectional, transcultural and gender perspectives, to enable people who work with this population to critically

1 Consiglio d'Europa (2011). Convenzione del Consiglio d'Europa sulla prevenzione e la lotta contro la violenza nei confronti delle donne e la violenza domestica. Convenzione di Istanbul. STCE n. 210. Art. 3, lettera d. <https://rm.coe.int/16806b0686>

recognise the contexts of oppression and injustice in which such impacts arise and are perpetuated. Moreover, it is crucial to promote a different narrative, one that does not see women only as victims but gives them back an active role as protagonists in the process of psychosocial support for their future empowerment.

PURPOSE OF THE GUIDELINES

The European Union in the last decade has been called to address the particular situation of migrant women victims of gender-based violence and their protection.

These Guidelines aim to provide basic tools for the psychosocial support of migrant women victims of GBV. According to Grevio's recent report (GREVIO, 2022:156), in fact, «Specialist support services are vital in helping victims of gender-based violence to disclose their experiences and in providing victims with the psychological, medical, or other type of assistance they may require, including trauma care».

The research team focused, in particular, on sexual exploitation, the most common form of exploitation that affects migrant women victims of trafficking², also recognised as a specific form of GBV against women. Furthermore, it emerged that, especially asylum seekers and refugee women, also suffered multiple violence and discrimination before, during and after the migration journey. Today this factor is even more evident along the routes to Europe. The impact of the crisis from Covid-19 also caused an increase in gender-based violence in the EU including physical and psychological violence, coercive control, and online violence. As a result, the impact of the pandemic has increased the consequences on victims' psychological well-being.

Finally, the main challenges emerged from good practices in accompanying migrant women are presented at the end of this document. This last section is aimed at promoting a snapshot of the phenomenon and bringing out tools and programs activated in EU States for the promotion of victims' well-being.

2 UNODC (2021). Global Report on Trafficking in Persons 2020. (United Nations publication, Sales No. E.20.IV.3). https://www.unodc.org/documents/data-and-analysis/tip/2021/GLOTIP_2020_15jan_web.pdf

WORK APPROACHES

There are different work approaches that need to be adopted in order to understand GBV and its consequences when intervening in the accompaniment of migrant women who have been victims of different forms of gender-based violence, which should not be understood independently, but rather from a holistic perspective.

Gender-sensitive

The gender based perspective focuses on gender differences in status and power, and considers how such discrimination shapes the immediate needs, as well as the long-term interests of women and men (EIGE's Gender Equality Glossary and Thesaurus, 2016). It ensures that women's concerns, aspirations, opportunities and capacities are taken into account and activated. A gender-sensitive approach avoids the risk of widening inequalities between men and women, highlighting the risks of violence and ill-treatment against women in all political, economic and societal spheres.

Intersectional

It allows to understand the way in which different discrimination and oppressions in women's life stories are interrelated and cause specific impacts. This approach promotes awareness of all types of exclusion (by race, gender, socioeconomic status etc.) without prioritising them in advance, but rather in the light of the context and situation (Viveros, 2016).

Transcultural

Unconditional acceptance of intercultural dialogue (common language, knowledge of the other culture and recognition of one's own, eliminating prejudices, empathetic relations and contextualised communication - with awareness of privilege). Favouring the definition of links between the culture of origin and the host culture. Taking into consideration people with other cosmovisions and cultures in host institutions and the design of accompaniment.

Rights based

Practices oriented towards advocacy and promotion of rights (taking into account the specific conditions of age, sex, ethnicity, culture, state of health etc.); ensuring that women are treated with dignity, equality, equity and respect in the different spaces where wellbeing is built up.

Intersectoral: Actions coordinated with other institutions that fight for wellbeing and observance of the rights of women, to provide comprehensive care.

Person-centred

Person-centred approaches, born in the disability sector, are now used within the areas of mental health, aged care services, schools, within the healthcare sector, and criminal justice system. Professionals that take a person-centred approach to their work guarantee that the person is at the centre of all that happens. Person-centred approaches ensure that professionals see people as unique individuals with valuable potential and contributions.

Psychosocial

It implies transcending the pathologisation of victims, understanding their symptoms to be reactions that are «normal when faced with abnormal situations in contexts of violence» (Martin-Baró, 1990:4). Analysis and critical position faced with contexts of injustice, attempting not to replicate them in the accompaniment relationship. Recognition of women as protagonists and active social actors, capable of reflecting and transforming themselves and their surroundings through micropolitical actions in their daily life.

MODULE 1

Gender-based violence against migrant women. Characteristics, consequences and connection between GBV and migration.

MIGRATION AND GENDER-BASED VIOLENCE

Many women, especially those who are migrating, suffer multiple discrimination and repeated violence. They are not limited to the contexts of origin and the family setting, but rather form part of the territories of transit, and also the socio-political structures of the host countries.

Given that migrant, asylum seeker and refugee women are particularly exposed to gender-based violence, the Istanbul Convention ensures that its provisions are implemented without discrimination on the basis of migrant status, refugee status or other status (Istanbul Convention, CETS No. 210. Article 4, paragraph 3).

It is also necessary to know the different forms of violence that migrant women face in their migratory projects, as shown in the table.

ORIGIN	TRANSIT	HOST
INSTITUTIONAL - STRUCTURAL LEVEL Symbolic violence Institutional violence Lack of protection Secondary victimisation Access to reproductive rights		
FAMILY - COMMUNITY - SOCIAL LEVEL Forced marriage FGM Lack of participation Low representation Limited access to rights Discrimination Exclusion Secondary victimisation		RELATIONSHIP LEVEL Physical Psychological Economic Sexual

Table elaborated by *Fundación de Solidaridad Amaranta*

IMPACTS OF GENDER-BASED VIOLENCE

GBV may have different impacts on each woman. Some manifestations of suffering are more common among survivors of multiple violence who are migrating.

Below there is a list of some of the impacts of these violences identified during the accompaniment of migrant women.

Body

- PAIN
- ILLNESS
(Particularly a deterioration in women's reproductive health)
- SOMATISATION
- PSYCHOPHYSIOLOGICAL DISORDERS (palpitations, sweating, nightmares, body tension, ecc.)
- CHANGES TO PERCEPTION OR RELATIONSHIP WITH ONE'S OWN BODY

IMPACTS OF VIOLENCES

Identity (belief system)

- DISRUPTION OF BELIEF SYSTEMS
- IMPACT ON IMAGE OF ONE'S SELF
(related to being a woman, a migrant, black, or other identity traits), THE WORLD, AND OTHERS
- SHAKEN SELF-ESTEEM / LEARNED HELPLESSNESS

Behavioural

- LOSS OF INTEREST
- DEFENSIVE, EVASIVE, OR PROTECTIVE ATTITUDE
- SOCIALLY DISTANT ATTITUDE
- DETACHMENT OR BREAKDOWN OF NETWORKS

Cognitive

- INTRUSIVE AND NEGATIVE THOUGHTS
- DISTORTED THOUGHTS ABOUT AN EVENT OR REALITY
- DIFFICULTY IN REMEMBERING IMPORTANT DETAILS ABOUT THE FACTS
- PROBLEMS WITH MEMORY AND ATTENTION
- DISORIENTATION

Emotional

- EMOTIONS THAT ARE DIFFICULT TO MANAGE, WHICH OVERFLOW OR BECOME BLOCKED (rage, sadness)
- FEELINGS OF INSECURITY OR LACK OF PROTECTION (fear, anxiety, mistrust)
- DIFFICULTY REGULATING EMOTIONS
- EMOTIONAL DETACHMENT
- EMOTIONS THAT CAUSE PSYCHOLOGICAL SUFFERING, AND ARE RELATED TO LIVED EXPERIENCE: (guilt, shame, sadness, loneliness, desperation, and many others)

*It is common for women to blame themselves for "abandoning" or endangering their loved ones in their country of origin when they can no longer take care of them. This blame is often legitimized by the people around them, on the basis of stereotypes about women's "duty".

*Shame is common among women who have been victims of sexual violence; the women themselves often do not talk about it for fear of the symbolic punishment that can be imposed on victims of this type of violence in society.

These impacts are not seen in all women and they are not manifested with the same intensity. It is important to respect the specific manifestation of the impact in each woman, her accompaniment needs, and the rhythm of her recovery.

The impacts are not just related to the violence that women suffer, but also to the meaning that these violences have for them, and their capacity for *coping* with them at that time. Often, violence carried out against women attacks their identity and their intimate space, which makes it difficult to share an account of the experience and the impact it has had. In accompaniment it is also important to understand silences and body language.

IMPACTS OF MIGRATION ITSELF

The condition of being migrant determines the capacity of each woman to create a narrative of the violence she has experienced. Reception in Europe plays a very important role in repairing previous damage. One of the main impacts of migration is the breakdown of networks: the difficulty in maintaining links with networks in one's place of origin brings loneliness, social isolation, and a lack of support figures. This affects family and social dynamics both among the migrant population and those who do not migrate, especially in the case of women.

Furthermore, in many cases, after reaching the host country, women find themselves in a situation of social exclusion and discrimination, which has an impact on self-esteem, and limits access to rights and decent living conditions. Migration involves two essential psychological processes that are part of mobility³. These can be more or less complicated depending on how the migration experience has been.

GRIEVING PROCESS

Inherent to migration.

Partial: What one loses does not disappear. It remains in the place of origin and one can stay in contact, albeit partially.

Recurrent: There are constant stimuli that "revive" links with one's place of origin.

Multiple: It is not a single loss, but rather, with migration, many elements of culture and identity are lost together (language, support networks, social status, contact with one's ethnic and religious group...).

ADAPTATION PROCESS

Adaptation does not just mean functioning in the new society; it is also a process of reconstruction of identity, which implies for both professionals and migrants to change their way of understanding reality, the way they interact and show their values and cultural beliefs.

In many cases, society receives people in an assimilationist way, in which migrants disguise or renounce their culture of origin to adopt the values and behaviour of the host society.

To facilitate a process of adaptation, it is not just necessary to encourage understanding of the rules and values of the host society, but also to find safe and inclusive spaces where the cultural background of migrant women can be freely expressed.

When dealing with female migration, it is important to take into account various facts about migrant women:

- They are often restricted to domestic work, a sector that is particularly undervalued and invisibilised, even in the most precarious areas of the market;
- They are especially exposed to violence like trafficking in human beings and sexual violence, which are difficult to report, especially for women with irregular status;
- They often reach the host society at a great disadvantage in terms of schooling and literacy;
- In some cases, they are confined to the home as the only space for interaction, and this situation prevents them from creating solidarity networks in the reception context.

3 Achotegui J. (2009). Migración y salud mental. El síndrome del inmigrante con estrés crónico y múltiple (síndrome de Uises). Revista de servicios sociales, ISSN 1134-7147, num. 46, 163-171.

Achotegui J. (2000). Los duelos de la migración: una perspectiva psicopatológica y psicosocial. En Medicina y cultura. E. Perdiguero y J. M. Comelles (comp.), ISBN 84-7290-152-1, 88-100. Editorial Bellaterra. Barcelona.

MODULE 2

Guiding principles and tools for the promotion of psychological well-being.

OBSTACLES TO PATHS OUT OF VIOLENCE

In the accompaniment of women recovering from violence, it is important to consider that many factors act as obstacles, having a negative impact on both women's recognition of violence and the support pathway undertaken.

These factors cut across the different levels at which GBV can be acted upon (institutional, social, family, interpersonal...), in the sense that they are often present, albeit in a different form, on several levels at once, and can be schematised as follows:



Graphic elaborated by *Differenza Donna*

In addition to hindering pathways out of violence, the factors described in points 1 and 2 contribute to perpetrating secondary victimisation on victims and to exacerbate its consequences (point 3).

Secondary victimisation are those situations in which women become victims a second time: in the courts, in legal and health paths, in media representation, in the social context, in the judgement of life choices, whenever the extent of violence is downplayed, or its cause is sought in the victim's personality traits, in her behaviour and/or psychology, in particular women's behaviour or moral characteristics.

PROTECTION AND RISK FACTORS FOR RECOVERY

There are some factors that can influence a woman's capacity to cope with the situation that is having an impact on her life.

Factors before: Experiences of trauma and coping	<ul style="list-style-type: none"> • Early years of childhood and styles of attachment. • Other traumatic episodes during her life. • Living conditions before the experience. • Previous construction of reality.
Aspects related to the experience of violence itself	<ul style="list-style-type: none"> • Context of the violence <i>(type of violence, who has carried it out, place where it has occurred, people present at the time...).</i> • Capacity to anticipate the events. • Significance of the experience for the person. • Level of integration of the experience.
Factors after, related to recovery	<ul style="list-style-type: none"> • Support networks and feeling of belonging. • Social response to the lived experience. <i>(Is she blamed for what happened or do people recognise that she suffered aggression? Is the violence legitimised or rejected?).</i> • Feeling of control over her own life beyond the experience. • Level of everyday functioning. Capacity to return to routines. • Current living conditions. Dignity and security. • Future prospects. Motivation for a life project.

HOW TO WORK WITH MIGRANT WOMEN FROM A GENDER, HUMAN RIGHTS, TRANSCULTURAL AND PERSON-CENTRED PERSPECTIVE

In the intervention with migrant women victims of different forms of gender based violence, NGO professionals must take into account the following factors.

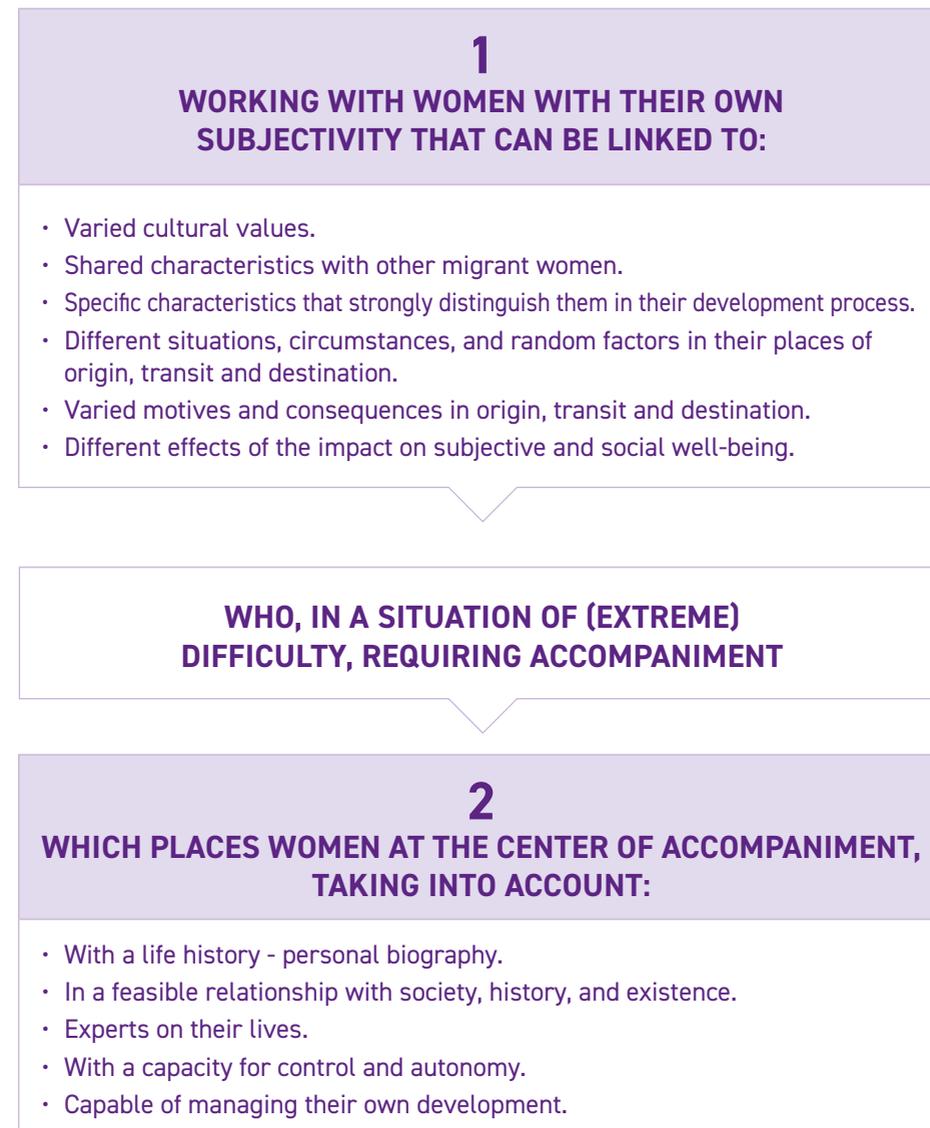


Table elaborated by *Fundación de Solidaridad Amaranta*

WORK MODEL FOCUSING ON THE WOMAN, THEIR STRENGTHS AND COMPETENCES

On the basis of the accompaniment experience, it is useful to consider a work model with a humanist, phenomenological, and existential perspective.

OBJECTIVES	PRINCIPLES
<ul style="list-style-type: none"> • Development of the potential to strengthen a sense of personal control. • Attribution, recognition, and control of one's own decisions and capacities (internal locus of control). • Sense of self-efficacy. • Critical skill, enabling them to analyse and understand situations, and their own resources to resolve problems related to well-being. • Favouring emotional containment. • Support for daily functioning/organisation. • Connection with support networks. 	<ul style="list-style-type: none"> • The person beyond the pathology. The suffering or symptom is understood within the context or psychosocial framework of the woman. • Focus on protective factors and the capacity to recover [RESILIENCE]. • Recognition of personal autonomy and social responsibility. • Self-realisation: women's desires lead them to develop and evolve towards wellness. • Goal orientation: women's actions include intentions, and they pursue specific objectives. • The search for meaning in their life and their experiences: survivors feel motivated by values like freedom or justice. • Holistic concept of the person: the woman as a whole made up of her way of thinking, feeling, and acting. • Therapist as a companion and facilitator; the professional helps them to "discover" their own resources, to activate them, and to regain confidence in them.
<p style="text-align: center;">↓</p> <ul style="list-style-type: none"> • Generate strengths • Discover new competences • Access to resources in the community • Contain 	

This model allows its application from different dimensions, going from the individual, to the group and community ones.

<p>Therapeutic accompaniment is understood as a process that works on the life impact of the woman's experiences, and which facilitates discovery of the survivor's psychological potential and competences.</p>	<p>Carrying out therapeutic work among equals.</p>	<p>Geared to creating reference and belonging groups where they can feel recognised and accompanied.</p>
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TOOLS FOR PROMOTING PSYCHOLOGICAL WELL-BEING IN THE TRAUMA CARE BASED ON A PERSON-CENTRED CARE MODEL

Phenomenological, hermeneutic interview

Process of conversation taking an interest in subjective experiences, interactions, senses, actions, and ways in which the world is understood, experienced, and produced by women in a specific personal context. It attempts to understand, from women's perspectives, the meanings they attribute to their actions, their lives, and their experiences of migration. It describes, explores, displays, interprets, and discovers the style of experiences and actions with different aspects of life.

Therapeutic alliance

It seeks to increase attachment / stability in the person. It is a process of learning through the horizontal and reciprocal relationship between the survivor and the person accompanying her, supporting creation of a life project adapted to the woman's needs and desires.

Narrative techniques

Focused on generating resignification / deconstruction of people's "dominant narratives" that take them to negative conclusions about their identity. To retake resources and capacities through "*extraordinary histories of ordinary life*" (White and Epston, 1993).

Contextual techniques

Observing and paying attention to the present moment to act effectively and in line with their values. Self as context, Self as observer.

Using these tools in an integrated way, professionals can help migrant women survivors of GBV to:

Contextualise the violence

- Visibilise, question, and delegitimise the historical, cultural, social, and political contexts in which these ills arise (Martín Baró, 1998), and encourage shared reflection to find new horizons of understanding of everyday life.

Signify or resignify

Find restorative meanings for what has happened.

- To legitimise their story (decisions, helplessness, lack of other options, survival responses...).

Integrate

(bodily sensation, emotion and cognition or narrative)

- Share the story in spaces of safety and trust;
- Have a dialogue about emotions and their meaning;
- Give people time;
- Work with movements and bodily sensations.

Accompany the woman to bring all this together with their life story (who they are, the things they have previously dealt with, their family, their values...) People are more than their traumatic stories.

Bring calm and physical and emotional safety

To promote capacity for agency and decision-making

Recovery

- Through a search for justice and truth. Find symbolic elements for recovery (e.g. Rituals for denouncing and recognising the violence of migration policies).

Deprivatise the pain

- Open collective spaces for dialogue and listening between survivors, to allow them to make public things that often remain private; when these things remain private, this ultimately anchors the burden and the guilt to the women.

MODULE 3

Good practices and mapping of specialised services in the EU.

PROVIDING PSYCHOSOCIAL SUPPORT

Migrant women, victims/survivors of GBV, may feel fear for their legal status, may not know the language of the country of destination and their rights, may have difficulty in telling the story of violence suffered and in trust the social workers with whom they come into contact. They may also be afraid for their children and family back home. These hindrances, also discussed in the first section of Module II, do not facilitate their access to counselling and psychological support, even when available.

Nevertheless, access to psychological and social support must be available. At all health and social services, it is relevant to provide support⁴ when a survivor expresses that she has experienced a form of violence (UNHCR, 2005:69-70).

In order to provide this psychosocial support and offer an individualised response to migrant women survivors of GBV, it is recommended:

- Listen to the woman and ask non-intrusive, relevant, and non-judgmental questions for clarification only. Do not press her for more information than she is ready to give;
- Ensure that there are interpreters for her ethnic group if the woman requires it;
- If she expresses self-blame, operators need to reassure her that the violence suffered is always the fault of the perpetrator and never the fault of the victim;
- Assess her needs and concerns, giving attention to security; ensure that basic needs are met;
- Ensure safety; ensure that victims of sexual violence have safe shelter;
- Give complete information about services and accommodation available;
- Give new options and orientation in her life. Help to quit the trauma-bonding, leave her perpetrator;
- Organise psychological and social support, including social reintegration activities. Always remember the guiding principles for action: ensure safety and security, guarantee confidentiality, respect the choices and dignity of the woman, ensure non-discrimination;
- Any psychological counselling should be followed by supervision;
- Advocate on behalf of the survivor with relevant health, social, legal, and security agencies if she provides informed consent;

⁴ UNHCR (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings Focusing on Prevention of and Response to Sexual Violence in Emergencies.

- When appropriate, organise confidential accompaniment to any service needed.

GOOD PRACTICES IN PROMOTING PSYCHOLOGICAL WELL-BEING OF MIGRANT WOMEN SURVIVORS OF GBV

In the framework of the European project *MIRIAM. Free migrant women from gender-based violence, through identification and access to specialised support services*, funded by the Programme for Rights, Equality and Citizenship of the European Union, has been produced a *report on the mental health of women victims of gender-based violence*⁵.

This report involved finding, gathering, and monitoring promising practices carried out by 17 organisations of European countries regarding the mental health of women victims of gender-based violence. Below useful activities for NGO professionals emerged in the collection of good practices are summarised.

<p>Social accompaniment methodology</p>	<p>Intervening through long-term social support pathways to help ensure that women achieve their life projects.</p>
<p>Safe reception centres</p>	<p>Women who have been subjected to violence, need a safe house to find protection in order to be able to look to the future. For this reason, specialised residential facilities are created, where they can live safely with appropriate support for as long as is necessary for each survivor.</p>
<p>Crisis intervention or 24-hour telephone line</p>	<p>Offering the option of providing care, information, and/or accompaniment for women in crisis situations 24 hours a day.</p>
<p>Peer-to-peer mentoring support</p>	<p>Providing everyday spaces where the women at the facilities can meet survivors who have completed their recovery and social integration process, and share their questions, impressions, abilities, strategies, fears etc., forming networks of support between them. Mentoring in fact is a structured, non-judgmental relationship with mutual benefits for all parties involved, in which a peer mentor voluntarily gives time to support and encourage a less experienced person (mentee). Creating networks (emotional support, social support, map of resources...).</p>

⁵ Ciambezi I., Musicò G., Taricco M. (2022). Report. Mental health of migrant victims of GBV. Promising practices in the context of the pandemic. https://www.apg23.org/it/miriam_report/

<p>Trained teams</p>	<p>Training in languages. To overcome cultural barriers, to offer women psychological care in their native language, or at least in a language they speak, also through ethnic narration.</p> <p>Training for psychological intervention. At the facilities and services that women access, there are many professionals who carry out some of the interventions, however, practice is not standardised across the territories. An interesting solution is to carry out useful, practice-based training that allows women to receive high-quality care, whichever staff handle the case, and it also helps professionals to feel more competent and secure in their work.</p> <p>Training with an intercultural and gender focus. Understanding and training intercultural - and also interreligious - skills is relevant for professionals working with migrants. If possible, the support of equal language/dialect mediators is also useful, for example in the case of women victims of forced marriages. In supporting migrant women, the presence of female staff with gender-based skills is essential.</p>
<p>Supervision of cases</p>	<p>Incorporating hours every week or fortnight for supervision of cases with the other psychologists on the team. This means psychotherapists feel accompanied, and the psychotherapy interventions carried out with survivors can be reviewed, in order to improve them.</p>

<p>The importance of network between professionals</p>	<p>Supporting each woman's individual process, getting involved as a professional and getting in touch with other services that are intervening in the same case guarantee a multidimensional approach for a promotion of her psychological well-being and her reintegration in the society.</p>
<p>Artistic workshops and body techniques</p>	<p>They function as a form of expression of emotions and needs, which allows the survivor to put herself in a different position, to favour alternative narratives to her identity construction and to promote a healthy relationship with her own body.</p>
<p>Psychotherapy approaches for effective accompaniment in processes</p>	<p>Systemic family therapy, ethno-systemic narrative therapy, treatment linked to trauma/ EMDR, contextual therapies (ACT - acceptance and commitment therapy) represent good practices activated in different EU States during the pandemic, adapting them to the context.</p>
<p>Cultural and functional conception of the symptom</p>	<p>Understanding the symptoms as alarms showing that something needs to be treated. Understanding, changing, explaining or integrating different aspects or experiences, considering disorders to be the result of an impact or a change in the person's identity. Instead of eliminating the symptom, understanding it in the context of a system of values and symbols, and a culture, to know its function.</p>

MAPPING OF SPECIALISED SERVICES IN THE EU

The following map shows different European specialised organisations interested in the care of migrant women victims of different forms of GBV and/or in the mental health, analysed in the research of best practices activated during the pandemic, as part of the European project *MIRIAM. Free migrant women from GBV.*

COUNTRY	ORGANIZATION	WEB SITE
Belgio	Payoke	payoke.be
Bulgaria	Puls Foundation	pulsfoundation.org
Danimarca	Danner	danner.dk
Finlandia	Open Dialogue	open-dialogue.net
Francia	Foyer AFJ	foyer-afj.fr
Germania	Papatya	verschleppung.papatya.org
	Sisa Project	sisa-europe.eu
Grecia	Babel	babeldc.gr
	Chamomile Project	chamomileproject.com
Italia	Comunità Papa Giovanni XXIII	apg23.org/it/progettomiriam
	Differenza Donna	differenzadonna.org
	Etnopsi	etnopsi.it
Spagna	Red Sir[a]	redsira.psicosocial.net
	Fundación de Solidaridad Amaranta	fundacionamaranta.org
	Centro de Psicología Rosario Vaca Ferrer	rosariovaca.com
Svezia	Evonhuset	malmo.se/evonhuset
	Noomi - Hela Människan i Malmö	noomimalmo.se



Map elaborated by Fundación de Solidaridad Amaranta

It is important to note that national women's helplines have been established in many European countries in order to be one of the first places where they can turn to immediate counselling and advice.

To know the updated list of national women's anti-violence helplines in 46 European countries, go to:



Below is a table with the main helplines in the EU.

Austria	Women's Helpline Against Violence Frauenhelpline gegen Gewalt	+43 800222555
Belgium	Domestic violence helpline Écoute violences conjugales	+32 80003030
	My Marriage Belongs to Me Mon Mariage M'appartient	+32 0800 90901
	SOS Rape SOS Viol	+32 80098100
	Listening Ears Luisterende Oren	+32 1712
	Centres for General Welfare Work and Child Abuse Trust Centres helpline Centra voor Algemeen Welzijnswerk en Vertrouwenscentra kindermishandeling	+32 1712
	Tele-Reception Tele-Onthaal/Télé-Accueil/Telefonhilfe	+32 106/107/108
Bulgaria	Alliance for Protection against Gender-Based Violence Алианс за защита от насилие, основано на пола	+359 80011977
	National Helpline for Survivors of Violence Национална гореща телефонна линия за пострадали от насилие	+359 80018676
	Association Demetra Асоциация Деметра	+359 56815 618

Croatia	National Call Centre for Victims of Crime Nacionalni pozivni centar za žrtve kaznenih djela i prekršaja	+385 116006
	Women's Help Now Ženska pomoć sada	+385 800655222
Republic of Cyprus	Helpline 1440	+357 1140
Czech Republic	White Circle of Safety – Victims Helpline Bílý kruh bezpečí - Linka Pomoci Obetem	+420 116006
	Support Centre for Child Sexual Abuse Women Survivors Elektra - Centrum pomoci ženám sexuálně zneužitým v dětství	+420 603812361
Denmark	Live Without Violence's National Hotline Lev Uden Volds nationale hotline	+45 1888
Estonia	Victim's Crisis Helpline Ohvriabi Kriisitelefon	+372 116006
Finland	Zeroline against domestic violence and violence against women Nollalinja	+358 80005005
France	Women Violence Info Violence Femmes Info	+33 3919
Germany	Violence Against Women Helpline Hilfetelefon Gewalt gegen Frauen	+49 80001160116
Greece	SOS Helpline Γραμμή SOS	+30 15900
	Helpline against domestic violence Γραμμή Ελπίδας	+30 8011116000
Ireland	Women's Aid 24hr National Freephone Helpline	+353 1800341900
Italy	National helpline against violence and stalking 1522 - Numero nazionale antiviolenza e stalking	+39 1552
Latvia	Crisis and Counselling Centre "Skalbes" Križu un Konsultāciju Centrs "Skalbes"	+371 116 006 +371 67222922 +371 27722292
	NGO Association "MARTA Centre" Biedrība "Centrs MARTA"	+371 67378539
Lithuania	Helpline for Women Pagalbos moterims linija	+370 880066366
Luxembourg	Domestic Violence Helpline Helpline-Violence domestique	+352 621612774
Malta	APPOGG Agency within the Foundation for Social Welfare Services	+356 179
	Victim Support Malta	+356 2122 8333

Netherlands	Safe At Home Veilig Thuis	+31 8002000
	Fier	+31 882080000
	Stay Group Blijf Groep	+31 882342450
	Moviera	+31 883744744
	Centre for Sexual Violence	+31 8000188
	Against Your Will	+31 592347444
Norway	National Domestic Violence Helpline Vold- og overgrepslinjen	+47 116006
Poland	Emergency Helpline for Women Victims of Violence Telefon Interwencyjny	+48 600070717
Portugal	Information Service for Domestic Violence Victims Serviço de Informação a Víctima de Violência Doméstica - SIVVD	+351 800202148
	Victim Support Portugal's helpline Apoio a Víctima - APAV	+351 116006
	Association of Women against Violence's helpline Associação de Mulheres contra a Violência - AMCV	+351 213802160
	Women's Alternative and Response Union's helpline União de Mulheres Alternativa e Resposta	+351 218873005
Romania	National Helpline for Victims of Domestic Violence Număr unic național de urgență pentru victimele violenței domestice	+40 800500333
Slovakia	National Helpline for Women Experiencing Violence Národná linka pre ženy zažívajúce násilie	+421 800212212
Slovenia	SOS Helpline for Women and Children - Victims of Violence Društvo SOS telefon za ženske in otroke - žrtve nasilja	+386 801155
Spain	Telephone service for information, legal advice and immediate psychological attention by specialised personnel for all forms of violence against women Servicio telefónico de información, de asesoramiento jurídico y de atención psicosocial inmediata por personal especializado a todas las formas de violencia contra las mujeres	+34 016
Sweden	Sweden's National Women's Helpline Kvinnofridslinjen	+46 20505050
Ungheria	The National Crisis and Information Provision Phone Service on a free number 24-hours a day in Hungarian	+36 80 20 55 20

Table elaborated by *Comunità Papa Giovanni XXIII*

SEXUAL EXPLOITATION AND MIGRATION: NEW SCENARIOS OF THE DIGITAL AGE

Lo sfruttamento sessuale è l'abuso effettivo o tentato di una posizione di vulnerabilità, potere o fiducia, per scopi sessuali, inclusi - ma non limitati a - vantaggi economici, sociali o politici derivanti dallo sfruttamento sessuale di un altro. Gli atti di sfruttamento sessuale includono specificamente:

- Sexual Violence;
- Demanding sex in any context or making sex a condition of getting assistance;
- Sex without consent;
- Prostitution, pornography, striptease;
- Unwanted contact of a sexual nature;
- Unsafe sexual practices without consent.

Exploiters have developed strategies to misuse especially migrant women who are in a condition of vulnerability, asylum seekers and refugee women who are at greater risk of being victimised during their journey and upon arrival in their destination country. During the migration they have also suffered "severed bonds" difficult to rebuild⁶. Exploiters know that and target them. They manipulate them with different methods to develop physical, emotional and financial dependencies to them. All those factors must be known by the professionals. Here are just a few: loverboy method, false job promises, false debts to the exploiter, family bond (the family can traffic their own daughter), voodoo-oath, intimidation, threats, isolation, alienation etc.

Digital age has provided fertile spaces for GBV. It has increased harmful actions, often by partners and ex-partners but also anonymous individuals, exploiters, traffickers. Lockdowns imposed throughout the Covid-19 pandemic amplified this long-standing problem. Migrant women also suffer new forms of sexual exploitation in front of a webcam, online coercion, non-consensual publishing and sale of personal photo and video, online harassment etc. with long-term consequences for their lives. «The digital dimension of gender-based violence has a serious impact on the lives of women and girls, including their safety, their physical and psychological health, livelihoods, family ties, dignity and reputation?».

⁶ Beneduce R. (2010). Archeologia del trauma. Un'antropologia del sottosuolo.

Beneduce R. (2003). Antropologia della migrazione, etnopsichiatria e mediazione culturale. In: Ferrero A., 2003. Corpi individuali e contesti interculturali. Torino

⁷ Mijatović D. (2022). No space for violence against women and girls in the digital world.

<https://www.coe.int/en/web/commissioner/-/no-space-for-violence-against-women-and-girls-in-the-digital-world>

Don't look only
for metal chains

Look for
mental chains



Picture elaborated by Ingeborg Kraus

TRAUMA AND DISSOCIATION IN TRAFFICKING FOR SEXUAL PURPOSE AND FORCED PROSTITUTION

Edited by Ingeborg Kraus

As it is mentioned above, migrant women have many vulnerabilities which put them in a high risk to get trafficked for sexual purpose⁸. In most of the cases, the victim is silenced and has mental chains that keeps her in the exploitation. Severe human rights crimes don't take place loudly, but in silence. If professionals don't understand the trauma connected to prostitution, they won't be able to recognize trafficking for sexual purpose.

This are the influences the women are exposed in countries who have yet not adopted the nordic model:

- The State and the society doesn't speak out the harm of prostitution. They see prostitution as a work. And when a state does not name violence as violence, then people normalise violence in society. Severe human dignity violations that take place in prostitution are no longer seen as such;
- The police have developed almost no skills to identify the victims. The

⁸ According to the Palermo Protocol from 2000, which is the guideline for all European countries to adopt for the fight against human trafficking, trafficking takes place «through the threat or use of force or other forms of coercion, kidnapping, deception, fraud, abuse of power or a vulnerable position, or by offering or accepting payments or benefits to obtain the consent of a person who has authority over another person for the purpose of exploitation». The abuse of power can take place when the person feels compelled to accept the exploitation.

- exploited women stay undetected and are perceived as workers;
- There is no justice. The great majority of the perpetrators remain unpunished. And even if they denounce the exploiters, in very little cases they are condemned. Victims live in an environment where they know they will find no justice;
- Victims' vulnerability is not seen: poverty, age, no schooling, not speaking the language, isolation, fear, etc.

The act of penetration means a permanent humiliation and degradation as an object of sexual use. Women are deprived of human dignity and stop noticing themselves as a human with feelings. This is one of the reasons why many victims of human trafficking remain in prostitution even if their perpetrator is no longer there. Their personality, their will, their identity has been broken. Feelings of fear, disgust, shame and pain must be **switched off** in prostitution. Dissociation is a last survivor mechanism that helps them not to feel the pain. If they can't escape physically, then they have to escape by their mind. They dissociate from their body.

But some parts can stay highly functional (like women can work on high heels and smile), other parts are switched off: concentration (they won't be able to say how the man looked like or what he said), feelings, the smell etc. This required dissociation either takes place after the first sex buyer and settles deeper and deeper with each sex buyer, or it has already taken place before the start of prostitution.

Because of dissociation, the traumatic experience is endured without physical pain at that precise moment, but this experience will be registered in another part of the brain that is not willingly accessible: the traumatic memory. Those traumatic memories can be activated in totally different contexts and time. All the feelings that were not felt at that moment, will be experienced in its full intensity: fear, disgust, shame, pain etc.

Therefore: women in prostitution have a rate of PTSD twice as high as soldiers coming back from war.

GLOSSARY

Discriminazione

It is the different behaviour or different recognition of rights towards certain groups on the basis of social identity categories such as gender, race, disability, religion. In the case of migrant women victims of violence, it may concern gender differences in access to services, stigmatisation of foreign women and forms of racism. Discrimination is not always linked to a single category because a person may belong to more than one disadvantaged social group and suffer from more than one distinct form of discrimination. In the case of the intersection of several forms of discrimination based on categories that interact on several levels at the same time, we speak of intersectionality.

GBV (Gender-Based Violence)

According to the definition of art. 3 of Istanbul Convention, «“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. “Gender-based violence against women” shall mean violence that is directed against a woman because she is a woman or that affects women disproportionately. “Women” includes girls under the age of 18».

Psychosocial Support

This refers to motivational support activities, either individual or in groups, through interviews with operators in a multidimensional approach and ethno-psychological support, carried out during the care programme in the presence of traumatic experiences and/or physical/psychological violence. It therefore includes both access to psychotherapy and ethno-psychiatry services and all the positive daily interactions with operators who, thank to intercultural and interreligious competences, take into account the different visions and traditions regarding the concept of health and illness, and promote their recovery by building a relationship of trust. The woman is considered an active subject of her decisions and changes, and professionals stand by her side to make them possible.

Resilience

It is a dynamic process defined as the human capacity to face, to overcome, and even be barley from the adversities of life, managing to use functionally the own resources, with a consequent reorganisation of life. According to several psychologists, it is based on three elements: feeling of an internal secure base, self-esteem and feeling of personal effectiveness. The mode of reaction to violence is closely linked to the perception of self and the sense of belonging to a social and relational network, proper to each woman and is also rooted in his personal history.

Resistance

Passive resistance is one of the strategies that victims use to resist violence. There are different categories of active resistance (Dutton, 1994): the personal strategies (e. g. get away from the partner), the informal strategies (e.g resort to an informal net of aids such as friends, relatives, colleagues) and finally formal strategies (such as seeking medical help, address the police). However some forms of resistance delay the final resolution of the problem.

Trauma

An event that shakes the sense of self and the identity of the person and her interpersonal relationships; it has an influence and a relapse on a psychic, cognitive, somatic and relational level. For migrant women survivors of GBV, trauma often does not coincide with one event, but with several traumatic events, which are inevitably inserted within the migration process and can take on psychopathological connotations.

Victim/Survivor

Person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably. “Victim” is a term often used in the legal and medical fields. “Survivor” is the generally preferred term in psychosocial support because it implies resilience.

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