MIRIAM
Free Migrant Women from GBV

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Authors
Irene Ciambezi, Giulia Musicò, Martina Taricco

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Project Officer
Irene Ciambezi, Giorgia Stefani

Research Team
Irene Ciambezi, Giulia Fioravanti, Angela Sanchez, Enkolina Shqau, Chiara Spampinati

Graphic Designer
Andrea Silvestri

For information
progetti@apg23.org

Organisations involved in the collection of best practices

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GLOSSARY OF ABBREVIATIONS

EU European Union
GBV Gender-based violence
GRETA Council of Europe Group of Experts on Action against Trafficking in Human Beings
GREVIO Council of Europe Group of Experts on combating violence against women and domestic violence
INTERPOL International Criminal Police Organisation
FGM Female genital mutilation
NGO Non-governmental organisation
OECD Organisation for Economic Cooperation and Development
WHO World Health Organisation
OSCE Organisation for Security and Cooperation in Europe
PTSD Post Traumatic Stress Disorder
UN United Nations
UNHCR United Nations High Commissioner for Refugees
UNODC United Nations Office on Drugs and Crime

INTRODUCTION

The Report ***The Mental Health of Migrant Women Victims of GBV***. ***Promising practises in the context of the pandemic*** *is part of the European project called* ***MIRIAM: Free Migrant Women Against GBV****, funded by the Rights, Equality and Citizenship Programme of the European Union. As part of activities aimed at strengthening services for women victims and potential victims of gender-based violence, the collection and monitoring of good practices is a key tool to listen to the territory, encourage new solutions tested at the local level and encourage networking.*

In the search for promising practices on the mental health of women victims of GBV, about one hundred organizations from 16 countries of the European Union were contacted, in particular those specialized in anti-violence services and services for women victims of sexual exploitation and prostitution or dedicated to the first reception of asylum seekers, included in existing national and international networks. On the basis of contacts of organisations and/or services for mental health in network with anti-violence organisations, moreover, have also emerged initiatives of specific mental health services as detailed in the paragraph dedicated to the comparison of best practises.

The research team focused, in particular, on sexual exploitation, the most common form of violence among migrant women, and in part also on forced marriages, although it emerged that, especially asylum-seeking and refugee women, suffered multiple violence and discrimination before, during and after the migration journey. Today this factor is even more evident along the routes to Europe.

This Report has been developed taking into account, enhancing and crossing the gender approach, the intercultural approach and the person-centred approach emerged in the training course on mental health held in Italy on 14 - 15 - 16 October 2021 entitled ***Journey in the mental health of women victims of violence. Care experiences and migratory stories in comparison****. On this occasion were presented some of the practices collected here, focused on the migration expectations of women and on the therapeutic value narrative of their experience of the journey also in the traumatic experiences and paths of recovery and rehabilitation experienced, with a focus on mothers.*

The aim of the Report is not to offer a quantitative evaluation of the most effective mental support services in Europe during the pandemic but, on the contrary, it intends to offer a multi-sectoral reading starting from experiences and experiments that are active or can still be activated at the intersection between migration, gender violence and mental health, enhancing the ethical responsibility, passion and courage of operators, Intercultural mediators, social workers, doctors and nurses. Despite the pandemic, in different sectors of public and private social services, they have continued and still continue to offer assistance services and to invent new strategies, even exchanging frequently, trying to focus on the needs of victims and the relationship of trust possible with each of them and often with their children. In some cases, they also give space in their work to women former victims of gender violence who have been adequately trained to strengthen the concrete possibility of being helped and get out of violence.

The authors

FIRST PART

1.1 Sexual exploitation and forced marriage as a form of GBV

The European Union in this last decade has been called to address the particular situation of migrant women victims of gender-based violence and their protection. Based on Directive 2012/29/EU, the European Parliament has also recently called on Member States to ensure that all victims of gender-based violence have «access to adequate protection, support services and effective remedies, including the right to receive information and to participate in criminal proceedings, and all rights must be applied in a non-discriminatory manner».[1] It was also found that failing to address the vulnerability of migrant and refugee women causes «increased exposure to gender-based violence while on the move, unsafe reception conditions, insufficient protection measures, and lack of access to justice for migrants in the Union». 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. The GREVIO 2021 Report also found a consistent shortage of support services targeting specific groups such as women with mental health problems, women with disabilities, migrant women, and ethnic minority women such as Roma women and Sami women[2].

In this Report, among the forms of GBV to which migrant and refugee women in particular are exposed, we intend to focus on sexual exploitation and forced marriages, the consequences on the mental and physical health of victims, and the assistance services and psychosocial support pathways activated by NGOs and/or public services and other private social entities.

Sexual exploitation, migration, new scenarios of the digital era

Sexual exploitation is the actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including - but not limited to - economic, social, or political gain from the sexual exploitation of another.

Acts of sexual exploitation specifically include:

- Sexual Violence.
- Demanding sex in any context or making sex a condition of getting assistance.
- Forcing someone to have sex or forcing them to have sex with anyone.
- Forcing a person into prostitution or pornography.
- Unwanted contact of a sexual nature.
- Forced Stripping.
- Forcing to use unsafe sexual practices.

Migrant, asylum seeker, and refugee women are at greater risk of being victimised during their journey and upon arrival in their destination country.

A major study on refugee women's integration conducted for the European Parliament in 2016 reports that «Refugee women are the most affected by violence against women than any other female population in the world[3]». A first cause: the consequences of political instability and civil wars are also borne heavily by women, who are often subjected to violence and persecution because of their family members' political, ethnic, and religious affiliations. A second cause: women may be persecuted because of their gender and their inability to conform to religious traditions or

[1] European Parliament, 2021. Recognition of gender-based violence as a new offence among the crimes referred to in Article 83(1), TFUE Online: https://www.europarl.europa.eu/doceo/document/TA-9-2021-0388_EN.html

[2] Grevio, 2021. Second general report on grevio's activities. Online: https://rm.coe.int/grevio-s-second-activity-report-2021/1680a2165c

[3] Online: https://www.unhcr.org/it/risorse/carta-di-roma/fact-checking/donne-rifugiate-la-violenza-molte-facce/

gender-discriminatory practices, and in all of these cases, they may not be adequately protected in their country of origin[4].

According to UNHCR data in 2017, women accounted for only 12.6% of arrivals by sea to Europe. But this percentage is increasing among women seeking asylum. The increasing number in recent years is therefore a sign of worsening conditions in countries of origin and serious impacts on women. A striking example concerns the number of African women who crossed from Libya and then the Mediterranean Sea in the years 2016-2017. The case of Nigerian women in Italy is emblematic: according to IOM estimates, in fact, about 80% of Nigerian women who arrived in Italy in 2016 were victims of sexual exploitation in our country or in other European countries, and victims of violence and rape in Libya.

Currently, sexual exploitation involves 60% of trafficked women in Europe, but related online criminal activities are also on the rise. According to EUROPOL, it should not be overlooked that, during the pandemic, online sexual coercion and extortion have become one of the new criminal phenomena of the digital age. They affect adults and minors equally and are facilitated by the wide internet coverage and widespread availability of mobile devices. Younger migrants arriving in Europe and second generations in foreign communities are also highly exposed to this new scenario in exploitation.

Forced marriage and subsequent forms of domestic violence

Forced marriage is a form of violence against women because women's and girls' rights to physical and mental health, sexual and reproductive health, education, privacy, and autonomy are denied. «Neither culture, custom, religion, tradition, nor so-called 'honour' can justify such violations».

According to the Istanbul Convention definition, forced marriage is defined as "the intentional act of forcing an adult or child into marriage." But it is also penalised "the act of intentionally attracting by deception an adult or a child to the territory of a State other than the one where he or she lives in order to force him or her to marry[5]" (art. 37). This translates, both in the countries of origin and on European territory, into various forms of domestic violence: physical and sexual violence but also verbal violence, segregation, mental and social pressure, starting with emotional extortion; limitations in daily life that affect freedom of movement or clothing, choices in education and work.

One method that is spreading rapidly as a result of the use of social media is mail-order marriage. This is a form of marriage by deception, ordered at a distance, which is part of the exploitative forms of trafficking in women. In fact, the woman will find herself in an unwanted marriage and will become the property of her exploiter/husband.

In an arranged marriage, unlike a forced marriage, a third party (often the parents of the prospective couple and people of the same ethnic group) establishes the marriage between two people; both are free to refuse. However, this practice, which is widespread in many geographic areas, often takes the form of early marriage at a younger age. In fact, in some countries, it is customary to marry

[4] MacIntosh C. 2009. Domestic violence and gender-based persecution: how refugee adjudicators judge women seeking refuge from spousal violence and why reform is needed, in "Refuge", Vol. 26, No. 2.

[5] Council of Europe, 2011. Council of Europe Convention on preventing and combating violence against women and domestic violence. (CETS No. 210). Online: https://rm.coe.int/16806b0686

minors who are often not yet teenagers for cultural or economic reasons; their husbands are often many years older than them. In this case, the minor does not have the opportunity to express her dissent. It is therefore a violation of human rights.

Adolescent girls, a particularly vulnerable group in migration

«Every day, worldwide, 39,000 girls are married before they reach the age of majority. More than a third of them are under the age of 15. Forced marriages between adults are also common. All countries in Europe are affected by these harmful practises, whether in the form of forced marriages concluded in Europe, forced marriages of European citizens or residents concluded elsewhere, or people forced to marry before arriving in Europe[6]».

Adolescent girls are a particularly vulnerable group among refugee and asylum-seeking women. «During wars and displacement, girls are more exposed to GBV, including early and forced marriages: about 20 percent of women report being victims of some forms of sexual violence, such as children, with prevalence rates above 35 percent reported in some parts of the world. More than 60 million brides are forced into marriage before the age of 18; married girls are at risk of intimate partner violence, the most common form of gender-based violence affecting nearly one-third of women worldwide. In addition, today, some 200 million women and girls have experienced some form of female genital mutilation/cutting (FGM/C), with many victims of FGM/C between childhood and age 15 (UNICEF, 2014) causing a serious range of mental and physical health problems including bleeding, chronic infections, cysts, and life-threatening birth complications».

In this regard, the United Nations, in February 2020 also highlighted the economic implication on the countries where they are more frequent and also of the countries of landing of the victims, because of the cost of treatment of girls and women harmed by the practises. The WHO has calculated an estimate of $ 1.4 billion per year to treat all the medical needs that come with it. FGM not only significantly harms millions of girls and women, it is also a drain on a country's vital economic resources.

In synthesis, many migrant women and girls are subject to multiple discriminations and violence. This often occurs in the country of origin, during childhood and adolescence. Displacement then interrupts school attendance, contributing to increased vulnerability to exploitation and abuse, exposure to unwanted pregnancies and subsequent unsafe abortion[7]. Women who travel to Europe also talk about the violence and sometimes torture they have endured along the way. And finally about the violence they experience when they arrive in one of the EU states or even when they have been integrated for a long time. Awareness of the multiple violence suffered by women before, during and after the journey is a fundamental starting point to be able to intervene for the recovery of their mental health. Below is a non-exhaustive list of violence that they tell the social workers in the shelters and first reception centres.

[6] Fresko-Rolfo B., 2018. Forced marriage in Europe. Report (Doc. 14574). Online: assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=24806&lang=en

[7] Sansonetti S., 2016. Female refugees and asylum seekers: the issue of integration. Study commissioned by the Policy Department for Citizen's Rights and Constitutional Affairs at the request of the FEMM Committee. Online: www.europarl.europa.eu/RegData/etudes/STUD/2016/556929/IPOL_STU(2016)556929_EN.pdf

Migrations and gender violence

In the country of origin

Pre-migratory experiences of migrant girls and women - especially refugees and asylum-seekers - may include abuse in childhood and adolescence, forced early marriage, domestic violence, genital mutilation or forced sterilization, abduction by armed members of conflicting parties, persecution for political, gender or sexual orientation, ethnic and religious reasons, threats and torture against themselves and their families, lack of food and water and other basic necessities, and lack of stable housing, for themselves, their children and other family members.

During the Journey

During the migration journey to and within Europe, migrant girls and women cross dangerous environments by unsafe means such as lorries, makeshift and overcrowded boats or on foot along risky stretches of road (desert areas, along borders controlled by armed groups or inaccessible or high-altitude mountain areas). They are exposed to the risk of abuse, mass rape and forced pregnancy, forced prostitution, labor exploitation, forced abortion, assault and threats with firearms, human trafficking, and detention. During the journey they repeatedly experience lack of food, water and other basic necessities, lack of care, and deprivation of cell phones to deny contact with family of origin or requests for help. Mass reception facilities present risks of sexual violence and assault, infectious diseases, unsanitary conditions and crowding.

In the country of arrival

In both transit and destination countries, girls and women may be subject to lengthy and unpredictable asylum procedures, lack of women-centered and culturally sensitive services, lack of understanding of the host country's language and disorientation regarding the location of health and social services, difficulty in moving and independently accessing services without partners or semi-stranger compatriots, and gender or racial discrimination. In addition, they may be exposed to sexual exploitation, labor exploitation, begging, forced prostitution, revenge porn, forced marriage, forced abortion and sterilization, sexual violence and re-trafficking, forced drug and alcohol use, and forced surrogate pregnancies. Therefore in them increase the sense of uncertainty and helplessness and the risk of developing PTSD, anxiety, depression, suicide attempts.

1.2 Photograph of the phenomenon: migrant women in Europe during the pandemic

The effects of Covid-19 on physical and mental health

Covid-19 exposed and exacerbated existing disparities in society. The most vulnerable groups faced an elevated risk of infection, serious illness, and death from the virus. This was due to a higher likelihood of poor working conditions, more crowded living and working conditions, and a higher prevalence of key risk factors. In particular, data from OSCE countries showed that the risk of infection and adverse health effects were higher among those living in disadvantaged areas, people with lower incomes, and ethnic minorities.

For example: in Denmark, immigrants from non-European countries and their descendants had 26% of all Covid-19 infections. In France, as of March-April 2020, mortality increased 54% among those born in the Maghreb and 91% among those born in Asia. In Sweden, the risk of Covid-19 mortality for persons from the Middle East and North Africa was more than 2 times higher in females, compared with persons born in Sweden.

In addition, health care workers were on the front lines throughout the pandemic, and much more exposed to the virus than other professions, and at the same time Covid-19 severely disrupted and challenged health care systems. «Patients with other health care needs have seen their access to services reduced. Fear of the pandemic and the social distancing policies implemented to contain the virus have impacted the mental well-being of many people, particularly young people[8]». This is compounded by the fact that during the pandemic, women were generally hit harder than men by

[8] OECD, 2021. Health at a Glance 2021: OECD Indicators. Online: https://doi.org/10.1787/ae3016b9-en

feelings of tension and depression due to the unequal distribution of household responsibilities. At the same time, protective factors-social - connectedness, employment and educational engagement, access to exercise, daily routines, and access to health services - declined.

In addition, containment measures have led to an increase in unhealthy behaviours and domestic violence. Specifically, a recent OSCE analysis of the impact of Covid-19 on people's drinking habits found that those with the greatest increase in alcohol use include women, parents of young children, and those with anxiety and depressive symptoms.

The increase of violence against women and children

Containment and mitigation policies undertaken by many countries have severely restricted movement and often forced people to remain in their homes for long periods of time. These restrictions have limited the ability of many, especially women and children, to leave abusive homes, seek outside help, and appear to have contributed to a significant increase in the frequency and severity of domestic violence against women and children in many countries.

In particular, during the pandemic, the power and control exercised by perpetrators of abuse and violence during lockdown periods caused greater isolation and increased barriers in women who might have sought help. Control over women, either directly or indirectly, generally includes intimidation, isolation, coercion and threats, psychological and economic violence, abuse, and a tendency to deny, blame, and minimise on the part of the abusive man. Even in the case of access to health services, the lack of professionals, including health workers, capable of a gender-sensitive approach - and with intercultural[9] and interfaith[10] skills that allow migrant women to be properly understood and supported - have worsened the mental health effects of victims. To these factors must be added the lack of language mediators, reduced time for treatment and explanation of anti-Covid19 measures, lack of safe housing, and lack of adequate places to hospitalise psychiatric patients in Covid-19 areas.

In France, official estimates indicate that reports of domestic violence increased by more than 30% in the first ten days of the March 2020 lockdown. In Germany, Spain, and the United Kingdom, reports on GBV indicated that the need for emergency shelter increased during the pandemic as domestic violence increased[11]. According to the recent Report on Gender Equality in the EU[12], in Lithuania there were 20% more complaints during the first three weeks of lockdown. Helplines for victims of gender-based violence noted increased use of their services during the Covid-19 pandemic. Call increases in 2020 ranged from 25% in Ireland, to 233% in Romania. In Belgium, the increase in cases was more than 50%, while Finland even reported a 694%[13] increase in conversations on its "help for violence survivors" messaging services. Spanish authorities reported an 18% increase in calls during the first 15 days of the lockdown. Violence emerged predominantly among couples with children, with previous experience of intimate violence, partly as a result of increased stress from job losses and increased financial uncertainty in families. This socioeconomic factor in the long term is

[9]Ciancio B., 2014. Developing intercultural competence. The value of diversity in multi-ethnic Italy. An operational model. Bruno Angeli.
[10] Blöcher J., Eyselein L., Kolbe S., Wells A. Academic team: Ciambezi I., Menzel-Kötz H., Mosebach-Kornelsen E., Sander C., Shrum J., Stefani G., 2020. Handbook for practitioners. The integration of Nigerian women survivors of human trafficking for sexual exploitation. Pages 18-20. Online: https://intap-europe.eu/wp-content/uploads/HB_NIG_IT_Digital.pdf
[11] European Parliament, 2020. P. 6. Draft Report on the gender perspective in the COVID-19 crisis and post-crisis period. Online: https://www.europarl.europa.eu/doceo/document/FEMM-PR-653727_EN.pdf
European Institute for Gender Equality, 2020. Covid-19 and gender equality: gender-based violence. Online: https://eige.europa.eu/covid19-and-gender
[12] European Commission, 2021. Report on GENDER Equality in EU. Online: https://ec.europa.eu/info/sites/default/files/
[13] European Parliament, 2020. Addressing violence against women and domestic violence in Europe. The added value of the Istanbul Convention and the remaining challenges. Online: https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658648/IPOL_STU(2020)658648_EN.pdf

among the causes of the perpetration of intimate partner violence, even after the restrictive measures to contain contagion have ended.

In Italy even the increase in cases of feminicides has emerged. According to the report of the Criminal Analysis Service of the Central Directorate of the Criminal Police, in 2021, in Italy were recorded 116 victims of which 100 are women killed in a family or emotional environment; of these, 68 have found death at the hands of the partner or former partner. Even in Europe, the data are alarming. And among the main reasons are the intention of the victim to break the relationship, a pregnancy, child custody to the victim, economic problems, jealousy, possessiveness, previous history of violence against women, control of the victim's behavior. And in the case of feminicides not necessarily at the hands of a partner are added the killing of a woman linked to sexual exploitation, linked to sex trafficking, in the context of a continuum of violence in particular environments, such as in the field of care and home-health aid.

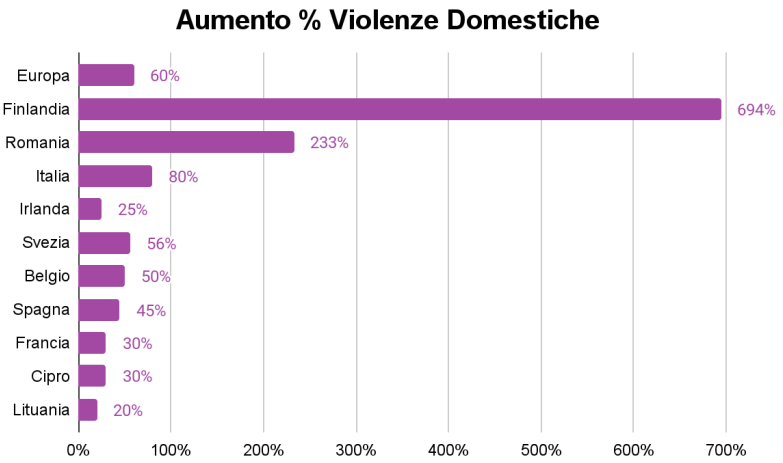


Grafico 1 - Aumento di casi segnalati di violenza domestica, a partire da aprile 2020

Over the pandemic, there is also an increase in online violence against women, including gender-based hate speech, a form of violence that spreads rapidly on social media and is often amplified by the use of large platforms of unpredictable algorithms. Offenders via online chats feel unpunished because in anonymity they also feel free to use more extreme language and images. This happens especially towards younger women who are the most exposed target audience online as mentioned earlier. During lockdown the exposure to the risk of online harassment especially for school girls is higher as well as misogynistic narratives that represent women as enemies and adversaries and even worse as objects on which to exercise a right of ownership. As in the case of online sexual coercion and forced indoor prostitution. «The literature related to indoor prostitution, currently, shows that the phenomenon involves to a massive extent women from Eastern European countries, Asia or South America. It is possible that they are using social networks such as, for example, Telegram, Facebook, Tik Tok as a "showcase" or more well-known platforms such as EscortAdvisor[14]». To which are added among the very young Twitch, Snapchat and Onlyfans. «What can be deduced is that the phenomenon may have increased as a consequence of the Covid-19 pandemic because many victims had to live for many months as "prisoners" of their exploiters or even their clients. Cybercrime, related to trafficking and exploitation, has developed tremendous operational capabilities over time as the demand for erotic abuse online, in video-chat, or on webcam during lockdown has increased. Free global pornography sites, during the lockdown while many young people spent much of their days video-conferencing and on the internet, are likely to have detrimental consequences for these young people and result in long-term exploitative situations».

[14] Artibani S., Balestrin P., Ciambezi I., Galati M.,Godino M.E., Liotti R., Luciani V., Moroni V., Pellegrino V., Resta C., Taricco M., 2020. Opportunities and challenges. Guidelines on the integration of trafficking survivors. Online: https://www.apg23.org/downloads/files/La%20vita/Antitratta/RIGHT_WAY_ENG_WEB.pdf

I was very cold that night. I was confused.
I felt inside that my body was about to give out and my head was full of thoughts.
I had been living that hell for three years. I had fallen in love with a man who had promised to help me. But instead, first he forced me to rent my womb and in exchange we would earn 59000 euros.
And then he forced me into prostitution.
When I escaped, the workers took me to a safe place. There were faces that looked at me without judgement. There was a woman who spoke my language, there was something new.
But I had constant headaches, tingling in my legs and at night a pain in the pit of my stomach.
Maybe fear... It took me a long time to realise that I thought I was free but I wasn't.
But now I have a daughter who I want to give a different life than I had.
Something in my body still hurts, but now I can give it a name.
Those are my wounds, which I have decided to sew up in blue.
Blue is the colour of the sky the night I arrived here.
In Romania, where I come from, there is always fog.
Now every time the sky has that colour, I feel better.
Jamina, 29, victim of uterus for rent and sexual exploitation

Dropping the ball in mental health care

However, it should be noted in this overall picture that, as explained earlier, mental health services changed overnight in many countries at the beginning of the pandemic. Available staff was reduced, while accessibility rules changed. Meanwhile, the mental health of the population deteriorated significantly, leading to an increasing demand for treatment. Rates of depression and anxiety particularly rose in young people and women. «Health systems were ill-prepared for the mental health crisis due to a failure to implement comprehensive interventions prior to the pandemic[15]». According to the WHO's rating scale, women's overall mental well-being declined from 51 to 44 between spring 2020 and spring 2021, and young women ages 18-44 were the most affected by the negative impact of Covid-19 on their health. Specifically, 83% of women reported a significant increase in depression.

The pandemic has disproportionately affected a growing number of families and migrants. «Mental health issues can be a cause of homelessness and a result of homelessness - sometimes both». This was also the case, for example, for women who were victims of prostitution and sexual exploitation. These women found themselves outside of hotels, clubs, and brothels where they had housing. However, these failures exacerbated the women's plight, whether they were in an apartment with exploiters or housed by consumers, in shelters or temporary hotels for transient migrants or asylum seekers, or at home with their partners and any children.

[15] European Commission, 2021. Conference Report. *Mental health and the pandemic: living, caring, acting!* Online: https://ec.europa.eu/health/sites/default/files/non_communicable_diseases/docs/ev_20210510_mi_en.pdf

Regarding sexual exploitation, the OSCE points out that victims of trafficking often have to correspond to the "ideal victim stereotype"[16]. Otherwise, women who have long since emerged from exploitation but have not come into contact with specialised services, or even at an advanced age, receive very little attention and are thus exposed to secondary victimisation. Because little is known about the extent and scope of their victimisation, the push and pull factors and post-exploitation needs of this group have not yet been adequately identified or addressed. In all cases, their mental health will be compromised, not just their physical health. A further observation concerns women with disabilities. Cases of violence against women with psychosocial disabilities have been reported in several EU countries, both at the hands of their partners - even to the point of feminicide - and within residential facilities. The risk of women with mental disorders to suffer abuse was 2 to 3 times higher than the rest of women[17].

Over the course of the pandemic, in addition to limited access to housing, victims and survivors experienced difficulties in accessing health care, including access to primary care, psychological services, hospitals, pharmacies, Covid-19 testing, and personal protective equipment. As a result, particularly significant was the increase in post-traumatic stress disorder (PTSD)[18].

The OSCE also pointed out that in general, migrant people have also been «targets of intolerance and hate-motivated attacks following the outbreak of the pandemic, and often unfairly blamed for the rapid spread of the virus. Migrant women, in particular, have suffered discrimination and hate»[19]. This was especially true in the case of Roma and Sinti, Jews and Muslims, people with disabilities, LGBTI people, and people of African descent. The intersectional approach, which describes the interaction of different structural categories of social identity (ethnicity, gender, disability, religion, age...) and addresses multiple inequalities, makes them more visible[20]. Because of this discriminatory factor that adds to the trauma of the violence they have suffered, women have often turned to centers and organizations, frequently small or even unregistered, that are not integrated into the general system of assistance to victims, although they offer services and support to ethnic communities. This is still the case especially in the most peripheral and rural areas where access to specialised services for GBV victims is difficult. The effects of these forms of discrimination lead to lasting traumas that have worsened and continue to worsen the condition of the victims, their families, constantly living with a sense of fear and persecution that prevents them from trusting the operators and even the police forces.

[16] OSCE/Office of the Special Representative and Coordinator for Combating Human Trafficking, 2021. Use gender-sensitive approaches in countering human trafficking. Online: https://www.osce.org/files/f/documents/1/7/507368.pdf

[17] The European House – Ambrosetti, 2021. Headway 2023 – Mental Health Index Report. Online: https://eventi.ambrosetti.eu/headway2023/wp-content/uploads/sites/196/2021/10/211005_Headway-2023_Report_DEF.pdf

[18] OSCE, 2021. GUIDANCE. Addressing Emerging Human Trafficking Trends and Consequences of the COVID-19 Pandemic. Online: https://www.osce.org/files/f/documents/2/a/458434_1.pdf

[19] OSCE Office for Democratic Institutions and Human Rights (ODIHR), 2020. Press release 18/12/2020. Online: https://www.osce.org/odihr/474030

[20] Kóczé A. 2009. Missing Intersectionality. Race/ Ethnicity, Gender, and Class in Current Research and Policies on Romani Women in Europe. Budapest.

1.3 Guidelines of the European institutions on GBV

Since its beginnings, the UN has been concerned with women's rights by establishing in 1946 the Commission on the Legal and Social Status of Women, the first global body dedicated to the promotion of gender equality and also to the definition of international standards. But it is in 1979 that the General Assembly of the United Nations published the Convention on the Elimination of All Forms of Discrimination against Women[21] (CEDAW), establishing the homonymous Committee composed of 23 independent experts.

In the sixties, also in Europe, the institutions (Council, European Commission and European Parliament) began to deal with gender equality, adopting a series of directives, communications and resolutions that have accompanied and directed the path in the EU countries.

In 1979, the European Parliament, elected for the first time by universal suffrage, created the first ad hoc committee on women's rights, which led in 1984 to today's Commission on Women's Rights and Gender Equality (FEMM). In the 1986 resolution on violence against women, the Parliament in article 29 «proposes to adopt the definition of discrimination against women given in Article 1 of the Convention on the Elimination of All Forms of Discrimination against Women, which reads verbatim: "any discrimination, exclusion or restriction based on sex which has the effect or purpose of impairing or destroying the recognition, enjoyment or exercise by women - irrespective of their marital status - on the basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural and civil spheres or in any other area"[22]».

In 1993 approves the resolution on pornography, in 1994 the resolution on violations of women's freedoms and fundamental rights, in 1996 the resolution on trafficking in human beings, in 2009 the resolution for the elimination of violence against women, on March 8, 2016 the resolution on the situation of women refugees and asylum seekers in the European Union.

The European Commission has accompanied this process by promoting equality between men and women as a fundamental principle of Community law and proposing communications such as that of 1996 to integrate equal opportunities between women and men in all Community policies and actions or in the same year on sexual exploitation on trafficking in women for purpose. This was followed by various legislative proposals such as Directive 2006/54/EC of the European Parliament and the Council on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment, Regulation 1922/2006 of the European Parliament and the Council establishing the European Institute for Gender Equality. Also important in the 2007-2013 period was the establishment of a specific program to prevent and combat violence against children, young people and women and to protect victims and groups at risk (Daphne III program) within the general program "Fundamental Rights and Justice". Finally, mention should be made of Directive 2011/36/EU on preventing and combating trafficking in human beings and protecting victims up to the recent Strategy to Combat Trafficking in Human Beings 2021-2025[23] for the prevention, dismantling of criminal business models, protection and empowerment of victims.

Since 1990, the Council of Europe has promoted a series of initiatives for the protection of women against violence in line with the United Nations Convention on the Elimination of All Forms of Discrimination against Women of 1979 and the Beijing Declaration followed by the Platform for Action of 1995. These initiatives led to the adoption, in 2002, of the Recommendation Rec(2002)05 of

[21] CEDAW. Online: https://www.ohchr.org/EN/HRBodies/CEDAW/Pages/CEDAWIndex.aspx
[22] European Parliament, 1986. P.73. Resolution on violence against women. Online: https://eur-lex.europa.eu/legal-content/IT/TXT/PDF/?uri=OJ:C:1986:176:FULL&from=IT
[23] European Commission, 2021. Communication from the commission to the european parliament, the council, the european economic and social committee and the committee of the regions on the EU Strategy on Combating Trafficking in Human Beings Online: https://ec.europa.eu/home-affairs/system/files_en?file=2021-04/14042021_eu_strategy_on_combatting_trafficking_in_human_beings_2021-2025_com-2021-171-1_en.pdf

the Committee of Ministers to Member States on the protection of women against violence and, in 2006-2008, to the realization of a campaign at European level called *Campaign to combat violence against women, including domestic violence*[24].

From the Istanbul Convention to the Grevio constitution

The Parliamentary Assembly of the Council of Europe has also adopted over the years a number of resolutions and recommendations alling for legally binding standards on the prevention, protection and repression of the most serious and widespread forms of gender-based violence. Among these, the Istanbul Convention[25] of 2011 is the first legally binding international instrument on preventing and combating violence against women and domestic violence. It was followed by the establishment in 2015 of the Group of Experts on Combating Violence Against Women and Domestic Violence (GREVIO), which has the task of monitoring the implementation of the Convention in the States that have signed it. In particular, with respect to the issue of victims' health, art. 20 specifies among the general support services the need for psychological support in addition to housing, financial assistance, legal advice, education, etc. so that victims are facilitated in their recovery; and that they are guaranteed access to health care services as well as social services, with adequately trained professionals. Article 26 also recommends «psycho-social counselling adapted to the age of children who witness any form of violence», taking into account the best interests of the child. Article 30 also provides for adequate compensation by the State to victims who «have suffered serious damage to their physical integrity or health», if this is not guaranteed by the offender, insurance or medical and social services. With regard to victims of violence in the context of migration and asylum, it is in articles 59 and 60 that measures for adequate assistance and a residence permit guaranteeing their protection as well as reception procedures and support services for asylum seekers and gender-sensitive asylum procedures are specified.

CEDAW's new General Recommendation No. 35 of 2017 gave further push to law enforcement measures by recognizing the prohibition of gender-based violence as a customary norm in international law, expressly highlighting new forms of violence related to technology and cyberviolence, adopting an intersectional approach, and emphasising the need for ongoing training of judicial practitioners.

As of 2018, there has also been an increase in sensitivity in the area of preventing and combating exploitation, abuse and harassment (SEAH - Sexual Exploitation, Abuse and Harassment), both internationally and at the European level. A clear example of this is the DAC Recommendation[26] on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance: Key Pillars of Prevention and Response, adopted by the OECD Council in 2019 in which among the pillars the victim/survivor-centered response emerges significantly.

The specific vulnerability and risks of gender-based violence concerning migrant women, and the effects on mental health had already emerged in the European Parliament resolution of March 8, 2016 on the situation of refugee and asylum-seeking women in the European Union[27]. Indeed, key recommendations for the protection of women and their children, their health, and the treatment of their trauma are gathered there. First of all, it is recognized that forms of gender-based violence and discrimination, including rape and sexual violence, FGM, forced marriages, domestic violence and so-called honor killings and state-sanctioned gender discrimination «are a form of persecution and should be a valid reason for seeking asylum in the EU». Therefore, the European Parliament asks

[24] Online: https://www.coe.int/t/dg2/equality/domesticviolencecampaign/default_en.asp
[25] Online: https://www.coe.int/en/web/istanbul-convention/home
[26] OECD, 2019. Online: https://www.oecd.org/development/gender-development/dac-recommendation-on-ending-sexual-exploitation-abuse-and-harassment.htm
[27] Parlamento europeo, 2016. La situazione delle donne rifugiate e richiedenti asilo nell'UE. (2015/2325(INI)) Online: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:C:2018:050:TOC

member states for prompt humanitarian aid whenever there is a suspicion of gender-based violence suffered in the migratory journey where the fundamental rights of migrants are denied, due to the very fact that these are long-term traumatic experiences. There are also calls for the granting of legal status independent of that of the spouse to reduce the further vulnerability of women who may be easily exploited; the immediate cessation in all member states of the detention of children, pregnant and lactating women and survivors of rape and sexual violence so that they may receive adequate psychological support and not have their traumas exacerbated by restricted freedom. It also recommends measures to prevent forced marriages to which women and girls are forced into after they have been granted refugee status by men hoping to obtain refugee status through this ruse. In summary, the Parliament already recommended in 2016 that every woman, both in places of detention and at borders, be guaranteed medical care, protection and psychological support, and that independent investigations into the abuse they have suffered be initiated in a timely manner.

Recommendations in the context of the Covid-19 pandemic

Recommendations on preventing and combating violence have intensified since 2020 due to worsening conditions for women during lockdowns.

At first, GREVIO called on all member states to do their utmost to ensure continuity of services for victims of violence and to continue to offer support and protection including by involving law enforcement, social services, the justice sector, specialised services, and all relevant ministries. In monitoring the implementation of the Istanbul Convention in member states, GREVIO has taken into account information received from state authorities, evaluation visits and also the so-called Shadow Reports received from NGOs In Italy for example, in January 2020 the first GREVIO Expert Report on Italy was published, the so-called Shadow Report, offering recommendations for the full implementation of the Istanbul Convention, with a section dedicated to migration and asylum.

> *«Ci fa sperare il vedere che molti governi a livello nazionale stanno rispondendo alle sfide che questa pandemia impone alle donne vittime di violenza e stanno già lavorando per trovare soluzioni innovative. Ad esempio, alcuni hanno lanciato specifiche campagne di informazione sui servizi disponibili, mentre altri stanno introducendo moduli on line per la richiesta di ordini di protezione, ed altri ancora hanno incluso i servizi di supporto alla violenza domestica tra i "servizi essenziali". Molti servizi di sostegno stanno offrendo servizi on line, tra cui il supporto psicologico e sociale».*
>
> Marceline Naudi, Presidente del GREVIO, 2020

The GREVIO Declaration of March 24, 2020 urges to meet the standards of the Istanbul Convention at the time of the pandemic and to invent new strategies, thus anticipating the Recommendations of the Member States of the Istanbul Convention of April 20, 2020[28] on the four basic pillars: integrated policies, prevention, protection, punishment of the abuser/victim compensation. In fact, the Communication of the European Parliament of April 7, 2020 points out that, as a result of the lockdown, in some EU member countries cases of domestic violence have increased by about a third. On the basis of some elements that emerged from the report of UN Women on the subject, the JRC (Joint Research Centre) highlights the exacerbation of the phenomenon on the territory of the EU in the lockdown (an increase of 30% of calls for assistance services in cases of domestic violence was recorded in both Cyprus and France). The coincidence of increased reports of domestic violence and decreased access to emergency, shelter, and protective services had major repercussions for victims of domestic violence, who could not even turn to hospital emergency rooms clogged with coronavirus patients. In July 2020, an SOS was also issued by the United Nations with the Joint Statement of the Special Rapporteur and the EDVAW Platform calling on states to adopt an intersectional

[28] European Parliament, 2016. The situation of women refugees and asylum seekers in the EU. (2015/2325(INI)) Online: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:C:2018:050:TOC

gender-sensitive approach in their responses to Covid-19. Among the most urgent measures to be ensured: access to crisis centres and safe shelters or hotel accommodations for women and girls who are victims of or at risk of gender-based violence; protection of the health and social professions of women and those who are working in response to the Covid-19 pandemic; accessibility and adequacy of pandemic information; capacity to maintain social distance; and access to essential health and support care and services.

The Committee on Women's Rights and Gender Equality in November 2020 approved a motion for a European Parliament resolution on the gender perspective in the Covid-19 crisis and post-crisis period, urging member states to take action, particularly on the issue of mental health and gender-based violence. This call comes in light of the increase in stress, anxiety, depression and loneliness caused by confinement as well as economic concerns and gender-based violence or other factors related to the crisis, taking into account the different repercussions on women and men, so much so as to invite the Commission to organise a campaign on mental health throughout the EU. Alongside the theme of protection and prevention, there is a call for the «provision of effective, accessible, affordable and quality medical and psychological support for victims of gender-based violence, including sexual and reproductive health services, especially in times of crisis when such support must be considered essential[29]».

The European Parliament Resolution of January 21, 2021 on the EU Strategy for Gender Equality[30] takes into account the new context that has developed as a result of the pandemic, including with regard to gender-based violence.

Back in 2017, the Parliament reiterated that physical and mental health are interconnected and are both central to overall well-being even though physical health is often prioritised over mental health. In particular, it emphasized that «the mental health of women and girls is negatively affected by a range of factors, including prevailing gender stereotypes and discrimination, objectification, gender-based violence and harassment, the work environment, work-life balance, socioeconomic conditions, the absence or poor quality of mental health education, and limited access to mental health care». Currently, health rights and access to services are reduced and neglected, especially with regard to vulnerable groups such as women with disabilities, black women, migrant women, women from ethnic minorities, single mothers, etc. In the case of migrant women, it is also necessary to better understand their specific needs in order to prevent the risk of further exploitation, including by providing mediation and interpretation services for women.

In this context, we can therefore understand that the pandemic has only worsened the protection of women's health, and not only of migrant women arrived in recent years in the EU and without stable residence or already inserted in shelters, but also of foreign women already present in the EU, especially single mothers who have long since left the circuits of reception and care workers. In fact, as already described in the first paragraph, in the second report on the activities of GREVIO

[29]Commission on Women's Rights and Gender Equality, 2020. Report on the gender perspective in the COVID-19 crisis and post-crisis period. (2020/2121(INI)) Online: https://www.europarl.europa.eu/doceo/document/A-9-2020-0229_EN.html
[30] European Parliament, 2021. The EU strategy for gender equality. Online: https://www.europarl.europa.eu/doceo/document/TA-9-2021-0025_EN.html

has emerged dramatically the exclusion of migrant women and asylum seekers from shelters in several European states, especially women with disabilities and in prostitution, women belonging to ethnic minorities.

«I had so much anxiety and I couldn't sleep anymore. They had suggested a psychological path and I even started it, but I knew I would have to find a way to get my husband away from our house, our country, our life forever. I couldn't keep quiet anymore!

However, I needed someone to be close to me because I had always been at home until that moment, I didn't know where to go, I didn't know who to talk to and what to do. Every time I went to the Carabinieri, I had the impression that they thought it was me who was exaggerating....

I will never forget the educator who stood by me step by step.

With her help I did everything I could to stay where I lived, even though my husband threatened me for a long time. Then finally the Court gave me reason: my husband left the house and was removed from all the places that my son and I frequent».

Fatma, victim of domestic violence and stalking originally from Morocco

SECOND PART

2.1 The mental health of the victims. Traumas and effects on women and, in the case of mothers, also on minors

Gender violence, as expressed above, is a traumatic experience often linked to an experience of powerlessness towards the abuser. Therefore, the way out of violence is a long and difficult path that women are able to undertake only after having reached a high degree of awareness. In many cases it is the task of social workers and assistants to detect the "undercurrent signals" of violence because the woman, especially if she is a migrant, is not always in a position to bring the situation to light or to report her aggressor.

The data emerging from the calls to the telephone lines of several European countries may be a small part of the actual cases of violence because women are often reluctant to turn to institutions for mistrust in having concrete answers and/or for fear of retaliation by the abuser.

Numerous epidemiological studies have shown physical, psychological and social consequences of violence that, in addition to being a serious traumatic event and an intolerable experience that can destroy the sense of personal integrity, can also cause long-term damage. The victim of violence in fact can develop psychological and physical disorders - as well as psychosomatic - both in the short and long term, which can be placed within a wide range of severity, depending on the characteristics of the abuse, the identity of the aggressor, the vulnerability and the psychological situation of the victim, as well as the family, friend and social support network of the woman. These consequences will tend to become chronic, leading to permanently disabling conditions[31]. This is the case when the violence does not involve a single act but several interconnected events that are prolonged in time.

With reference to migrant women victims of violence, it is also necessary to take into account that the living conditions, the migration path, the conflicts, the contradictions that mark their stories have a decisive role that, in some cases, can also motivate most of the disorders reported. The sense of disorientation and suffering that grips foreign women, when a shared horizon of references is no longer available, can be expressed in different ways. They frequently manifest a tendency to withdraw from relationships, due to a generalised suspicion towards the outside world, characterised by fear and distrust. Inserted in a different symbolic and social context, in a situation where foreign languages are disorienting and threaten, where it is difficult to communicate such complex experiences and feelings, the reference to the founding experiences of the personality, to the most hidden nuclei of the cultural self, is often the only available resource. This is not a “regression” in the sense usually attributed to this term by the psychoanalytic lexicon, but rather a clinging to layers firmly imprinted in our unconscious, produced in the early years of life and peculiar to a certain socio-cultural environment. In the context of care, different languages and idioms converge, which must be understood in their meaning, but also valued. It is therefore important to recognize that the use of those idioms, experiences and metaphors can represent a real therapeutic resource[32].

The representations of the body and the consequent experiences on a corporeal level are important elements because migration exposes people to a change in spatial-temporal parameters and different communicative languages. Body attitudes and complex aspects of nonverbal communication take different forms from culture to culture. Nature and culture, biology and psychism intersect. The

[31] SIP Women's Mental Health Coordination. Coordinator C. Martino Edited by , 2013. Violence against women and mental health.
[32] Beneduce R., 2003. Anthropology of migration, ethnopsychiatry and cultural mediation. In: Ferrero A., 2003. Individual bodies and intercultural contexts. Turin

bodies of migrant women are “out of place”, not only because they are out of their original context, their culture, their country, but because they are “nowhere” or in “non-places” that the person does not recognize as part of herself. Having left the “places of memory”, the bodies head (sometimes forced) towards "non-places" where deep feelings of loneliness can easily be inserted, which in some cases can border on deep anguish and abandonment fears. Lives in which these bodies feel lost and left to themselves or at the mercy of others, where the chances of being deceived and / or mistreated increase exponentially. All this can be a cause of disorientation and put a strain on the psychological resilience and identity of the person[33].

Common disorders in victims of gender-based violence

The WHO has paid particular attention to mental disorders caused by violence against women. In fact, the link between health conditions and violence suffered is very strong. The prevalent pathologies in situations of physical, sexual and psychological violence are: depression, acute stress disorder, post-traumatic stress disorder, anxiety symptoms, panic attacks, substance abuse, low self-esteem, fear, guilt and shame, sexual dysfunction, eating disorders, obsessive-compulsive disorder, suicide.

While victims of violence show a higher incidence of the previously mentioned disorders, increasing studies indicate the presence of a specific association between this type of experience (comparable to torture) and the onset of complex post-traumatic syndromes, framed as “PTSD with Dissociation” in the DSM-5 or as “Complex PTSD” in the preliminary version of ICD 11. The disorder develops as an outcome of repeated and prolonged traumatic events occurring within significant emotional relationships with a history of totalitarian subjugation or control. In fact, if the trauma is inflicted in the affective relationship, especially if the victim has a dependent relationship with the abuser, the trauma may have a greater offensive scope. It manifests itself with the symptoms of post-traumatic stress disorder and with alterations in the regulation of affect (including persistent dysphoria, self-harm, suicidal preoccupations, explosive or inhibited anger, compulsive or inhibited sexuality), alterations in consciousness (transient dissociative episodes, depersonalization or derealization, amnesia or hypermnesia for traumatic events, etc.), alteration in self-perception (self-evaluation, shame, guilt, sense of powerlessness and paralysis of initiative) and in the perception of the persecutor (idealisation and gratitude and attribution of total power to the aggressor, acceptance of his value system and his rationalisations) and in the relationship with others (isolation, distrust, disturbance of intimate relationships), and with alteration of the system of personal meanings, then sense of uselessness and desperation[34]. In this syndrome have a very important role the alterations of autobiographical memory, self-perception and relationships with others, both for the impact on the personality and identity of the victim, and for the implications on narrative and relational skills. The extreme traumatic event therefore also has the capacity to interrupt the continuity of experience and alter the sense of identity. The traumatic experience is not processed on a symbolic/verbal level, and consequently can only be experienced through continuous flashbacks, nightmares, daily headaches, recurrent somatic pain, sudden states of despair and intrusive thoughts related to the trauma. Studies on complex post-traumatic syndromes also underline how therapeutic and rehabilitative modalities are changing, since the therapeutic protocols generally applied for other disorders, such as mood disorders or PTSD, are insufficient or only partially effective[35].

Often these women are also mothers and, consequently, it is necessary to focus attention on the psychophysical health of minors who are victims of witnessing violence and on the need for their

[33] Vallarino Gancia F., 2005. Representations of body, sexuality and affectivity in trafficked women.
[34] Piemonte Order of Psychologists, 2019. Vademecum for psychologists on gender-based violence and domestic violence.
[35] Department of Health, 2017. Guidelines for the planning of care and rehabilitation interventions as well as for the treatment of mental disorders of holders of refugee status and subsidiary protection status who have suffered torture, rape or other serious forms of psychological, physical or sexual violence.

safety and subsequent care. Witnessing violence in the family context means the minor's experience of any form of mistreatment, carried out through acts of physical, verbal, psychological, sexual and economic violence against reference figures or other affectively significant adult or minor figures. This includes violence perpetrated by minors on other minors and/or other family members, and abandonment and abuse of pets. The child may experience such acts directly (when they occur in the child's perceptual field), indirectly (when the child is aware of them), and/or by perceiving their effects[36].

This type of violence has physical, cognitive, emotional, and behavioural consequences, as well as consequences for the socialisation skills of children and adolescents:

- *Impact on physical development*: the child, especially at an early age, subjected to severe stress and psychological violence can manifest deficits in weight and body growth, delays in psycho-motor development, visual deficits and psychosomatic symptoms;
- *Impact on cognitive developmen*t: exposure to violence can damage a child's neuro-cognitive development with negative effects on self-esteem, empathy skills and intellectual, attention and language skills;
- *Impact on behaviou*r: constant fear, guilt, sadness, and anger due to the inability to fight back are (emotional) consequences that impact the child. In addition, anxiety, increased impulsivity, aggression, poor anger management skills, alienation, and difficulty concentrating may occur. In the long term, depression, substance abuse, suicidal tendencies, sleep disorders, and eating disorders are also recorded;
- *Impact on socialisation skill*s: experiencing witnessing violence negatively affects the empathic skills of children and therefore the ability to form and maintain social relationships.

As with all traumatic experiences, the consequences are closely linked to the age of onset, the quality and frequency of the events in which children are emotionally and/or physically involved, the presence or lack of protective factors (including adequate care). The younger the age of the children and the more serious and frequent the episodes of violence, the greater will be the repercussions on psychophysical development and on the structuring of the personality[37]. These children, victims of witnessing violence, are often invisible in the eyes of their parents, unable to understand the suffering they carry within them in their daily lives, in a climate of strong tension and uncertainty and in being present during violent episodes. They may therefore develop the perception that their pain is not considered, experiencing devaluation, lack of recognition and loss of confidence that adults will take care of them. In addition, children may develop adult-like, nurturing and protective behaviours toward their battered mother. Thus, a reversal of roles occurs in which it is the child who takes care of the adult, implementing a series of strategies that, on the one hand, try to avoid conflict and violence and, on the other, try to maintain control over the battered parent (for example, by refusing to separate from him or her). The risk is that the mother uses these behaviours to make amends to her weaker

[36] Cismai, 2019. Guidelines on witnessing violence and high conflict.
[37] Save The Children, 2019.What is witnessing violence and what are the consequences. Online: https://www.savethechildren.it/blog-notizie/cos-e-la-violenza-assistita-e-quali-le-conseguenze-sui-bambini

parts, without the awareness of burdening the shoulders of the children who have taken on a task that is not theirs. In addition to establishing a horizontal reaction that compromises the parental role, the mother can also alternate more severe and punitive educational styles, generating confusion and dissonance in the mind of the child who will tend to oscillate between anger, uncertainty, hyper-protection and control.

Finally, children may engage in compliant behaviour and take sides, learning to use lies or take sides according to circumstances. In this way, triangulations and continuous games of alliances are created that insinuate and maintain dysfunctional relational and communicative dynamics within the family system, leading to processes of identification, most often of gender, with the homologous parent. In many cases, the maltreating parent involves the children in control or in vindictive acts, especially following separations, towards the woman. Thus, both males and females learn relational models in which the expression of affectivity is closely linked to the overpowering of one over the other and where the use of aggression and violence is justified. Therefore, the risk of carrying forward into the generations the idea that violence against women is an acceptable and normal way of relating within affective relationships increases[38]. Violence and traumatization can be transmitted from one generation to the next. In fact, we speak of transgenerational family violence when a person reproduces in his relationship or in his current family the violence suffered during childhood in his family of origin[39].

[38] CAV City of Turin, 2019. Online: http://centroantiviolenza.comune.torino.it/violenza-assistita-un-male-invisibile-effetti-a-breve-e-lungo-termine

[39] Swiss Confederation, UFU (Federal Office for Gender Equality), 2020. Definition, forms and consequences of domestic violence.

COMMON PSYCHOPATHOLOGICAL DISORDERS IN MIGRANT WOMEN VICTIMS OF GBV

Major depression disorder[40] has many faces, including emotional symptoms (feelings of emptiness, personal guilt), physicological-vegetative symptoms (loss of energy, fatigue, sleep disturbance), cognitive symptoms (pessimism, negative sense of self, suicidal thoughts), and behavioral symptoms (slowed speech and psychomotor slowing). Research has shown that migrant women have higher levels of depression symptoms.
Somatization disorder describes an individual's distress caused by multiple symptoms that disrupt daily life. The most common somatic symptom is pain whose severity or existence cannot be medically explained. People with somatic symptoms tend to express more discomfort than symptoms. Differences in somatic symptoms are also due to language or cultural factors.
Anxiety disorder in an umbrella term for a wide variety of disorders related to excessive fear, anxiety, and behavioural disorders. While fear is an emotion we naturally feel when facing direct, concrete danger, anxiety refers to future threat, the perception of immediate danger, and is manifested by avoidant behaviour and extreme physical arousal. The most common anxiety disorders are social anxiety, panic, agoraphobia, and generalised anxiety, and many of these occur twice as frequently in women than men.
Post-traumatic stress disorder (PTSD) refers to an event that is a direct or indirect exposure to actual or threatened death, serious injury. Or sexual assault. Children have an increased risk of developing it when they witness or learn that a traumatic event occurred toward their caregivers. Common symptoms of PTSD are flashbacks and nightmares, intense or prolonged psychological distress, avoidant behaviour , negative self-esteem, hypervigilance, and feelings of detachment from others (DSM-5[41]). Several studies have shown that women are twice likely to develop PTSD.
Personality disorders are characterised by a pervasive and persistent way of perceiving, reacting, and relating that causes significant distress or functional impairment. Personality disorders vary widely in their manifestations, but all are thought to be caused by a combination of genetic and environmental factors. Diagnosis is clinical. Treatment involves the use of psychotherapeutic therapies and sometimes drug therapy. Some types (e.g., antisocial,borderline) tend to diminish or resolve with age; for others (e.g., obsessive-compulsive, schizotypal) it is less likely. In borderline personality disorder, in the clinical setting the ratio of women to men affected is 3:1. In migrant women who are victims of sexual exploitation, personality disorders are more frequent, expecially those with psychotic symptoms (schizoid, schizotypal and paranoid disorder).
Alcohol abuse and substance use are also frequent, as a manifestation of experiences of social marginalisation, hyper-traumatization and difficulties related to integration into the new social fabric. Moreover, the **risk of suicide** increases, expecially in those suffering from depression and in second generations.

2.2 Virtuous pathways of psychological support and care pathways in European states

Meeting, supporting and protecting migrant women victims of violence implies for social workers a continuous confrontation with the life trajectories that each of them inevitably brings with her. These trajectories belong to migration and follow a geographical direction, which takes them from the country of origin to the countries of arrival, and a psychological direction, which puts them in the position of redefining their role as women and mothers and renegotiating their social and/or working role. Being able to move through these situations, which are complex, often confusing, and intertwined, presupposes that there is a reference context in which they can be placed and from which they can draw to clarify meanings, belongings, behaviours, and, not least, symptoms. «Adaptation to another social landscape causes a crumbling of previous points of reference: and among the remnants that remain attached to the 'travellers,' some begin to play an intense and silent role. These are the fragments of rituals, of protocols of education, of practises related to dressing and cooking, to giving

[40] Online: https://www.migrantwomennetwork.org/wp-content/uploads/Mental-Health-Report-FINAL-Oct-2021.pdf
[41] American Psychiatric Association, 2013. Diagnostic and statistical manual of mental disorders (5th ed.). Arlington. Edizione italiana, 2014: Manuale diagnostico e statistico dei disturbi mentali. Milano. Online in: https://www.msdmanuals.com/it-it/professionale/disturbi-psichiatrici

and honouring. They are certain smells, certain bursts of sound, of tone[42]». Each person carries all this behind him and feels, more or less unconsciously, the need to relocate it in a horizon of meaning, to rebuild his identity. This is even more true for the woman victim of violence and migrant. It is therefore fundamental to try to complexify and create the conditions for her to feel understood in her uniqueness. This is possible when we try to build spaces for action and emotion in the service of care, which is an exercise with an uncertain outcome.

Faced with the pain of women victims of violence, we will never be witnesses or keepers of all the secrets, nuances, details, but it is necessary that they feel our ability and especially willingness to listen to us, even of what they do not say with words. This is a "therapeutic" principle in the broadest sense, which should circulate in many of our meeting spaces. It is in this way that those trajectories, often derailed and shattered because weighed down by conditions of violence, trauma, subjugation, can find meaning and, consequently, a cure.

In the current context of pandemic, it is clear that the main criticality for mental health professionals has been and still is related to the difficulty of meeting in person and thus ensuring an approach that is primarily empathetic and listening to the victims. The timing of mental health care and of psychotherapeutic support pathways in particular are not always punctuated and regular and, even where they have been implemented remotely, there have often been connection and organisational problems that also compromise the stability of the alliance between therapist and beneficiary of the service offered. However, some strategies of remote support, designed ad hoc according to the need including the possibility of video calls or video conferences even on whatsapp with mediators and, as we shall see, with peer mentors, have proved to be important opportunities to get out of isolation and the impossibility of access to services. Finally, it should be kept in mind that mental health professionals and/or psychotherapists were also faced with a flare-up of paranoid disorder symptoms. And so in any treatment pathway it is also common to have to readjust quickly with different or even more prolonged strategies and times of intervention. Anxiety and fear related to Covid-19 are in fact more and more often amplifiers of other symptoms on which you had already started to work. And maybe even successfully.

The body that speaks

Symptoms take on a meaning that is no longer simply biomedical, but historical and cultural. One example among many is the way we often treat the symptoms that migrant women report. Headaches, sleep disturbances, gastrointestinal disorders, chest pain, are some of the "ills" that are told to communicate that something is not working. It is through the body, wounded, used, destroyed, that pain tries to find a way out, which is probably the most accessible and the easiest to communicate, always keeping in mind that there is also a language barrier that can be the first obstacle in the helping relationship. It must also be taken into account that, in some cases, as a result of the trauma suffered, psychiatric disorders emerge that require a pharmacological approach because the "psycho-socio-educational approach" alone is not sufficient. This is typical of personality disorders. In the case of women victims of sexual exploitation, borderline personality disorder is particularly frequent. On the other hand, they are often very young women who have been sexually abused in the country of origin or on the migration journey. In fact, some studies indicate that the percentage of people with Borderline Personality Disorder (DBP) and history of sexual abuse varies from 40% to 76%[43]. An obvious example is dissociation in women who are victims of sexual exploitation in the prostitution industry. «In dissociative disorders, the normal integration of consciousness, memory, perception, identity, emotion, body representation, motor control, and

[42] De Certeau M., 2007. *La presa di parola e altri scritti*, Roma.
[43] Crowell, S.E., Beauchaine, T.P. & Linehan, M.M., 2009. A Biosocial Developmental Model of Borderline Personality: Elaborating and Extending Linehan's Theory. Psychological Bulletin, 135(3): 495-510.

behaviour is disrupted, and the continuity of the self is lost». In sexually exploited women, dissociative disorders develop as a result of enormous stress from traumatic events experienced or even intolerable inner conflict. Dissociative disorders are trauma-related and stress-related. They may include symptoms such as amnesia, flashbacks, paralysis alongside depersonalization/derealization. As Ingeborg Kraus[44] describes, the possible mental responses as a result of repeated sexual violence can be diverse: «A deep feeling of worthlessness and being disconnected from the world. Trust in people and relationships is deeply shaken, one's limits are not known. A deep feeling of hopelessness, disillusionment and resignation. Psychosomatic symptoms (such as stomach pain, fatigue, difficulty breathing), various physical illnesses. Difficulty regulating emotions. Dissociative symptoms, depersonalization, dissociative amnesia, intrusions». In fact, Michaela Huber, director of the German Society for Trauma and Dissociation, argues that «In order to allow strangers to penetrate one's body, certain natural phenomena must be extinguished: fear, shame, disgust, strangeness, contempt, and self-pity. In their place, these women put indifference, neutrality, a functional conception of penetration, a reinterpretation of this act as "work" or "service." Most women in prostitution have learned, through sexual violence or abandonment in their childhood, to shut down[45]».

It is therefore fundamental to try to take care of the woman in a network, where the use of drugs becomes necessary, for a period not necessarily long, to manage the crisis situation. This becomes a first way to "control" and then work on the symptom and place it in a frame of meaning. Mental health professionals, operators of shelters and shelters and women victims of violence themselves embody precise cultural models, theoretical constructions and techniques of care that are explanatory of the concepts of health and illness. The competencies aimed at treatment often generate areas of incomprehensibility and misunderstandings that can be called "rumours" or cultural misunderstandings[46]. Mental health professionals move in the field of care and in the attempt to place themselves next to the suffering, in order to make the other feel legitimised in their pain and in their being also a suffering person capable, however, of rebuilding a life project. Faced with cases of migrant women it is essential not to underestimate the socio-economic and ethnic variables that are already mentioned[47] in the DSM-IV-R to avoid diagnostic errors when the woman to be evaluated is foreign or belonging to an ethnic minority. The analysis grids and the notions of psychopathology usually used to objectify the case do not allow to really meet the person and even less the cultural baggage that she brings with her in her migratory path, in the case of women victims of GBV broken and interrupted by violence and multiple discriminations. Often in fact, in the beneficiaries encountered, there is a comorbidity of some traits of the psychopathological disorders listed above. These are due to hyper-traumatization and adaptation to a new context of life, following a project and a migration path that in most cases has an outcome different from what was intended. The culture of origin therefore remains a fundamental grid for reading and understanding discomfort.

Virtuous paths for the mental health of migrant women

One of the most virtuous paths in the approach to migrant women who have suffered multiple traumas with a focus on values, culture, traditions, religions, rituals, customs, is **ethnopsychiatry**. It developed in France starting in the 60s thanks to George Devereux, a French-Hungarian psychiatrist, who introduced a vision of man that went beyond the claim of universality typical of psychiatry and psychoanalysis of the time. After him, Tobie Nathan founded the Devereux Centre in Paris in 1993 and began to build a treatment system that shifts the focus of psychotherapy from the study of

[44] ©Dr. Ingeborg Kraus, Trauma and Prostitution. The mental health of victims of sexual exploitation. https://www.trauma-and-prostitution.eu. Mental health workshop talk, 2021. Online: https://www.youtube.com/watch?v=Mfv1897MF4s.
[45] Michaela Huber, 2014. Trauma und Prostitution aus traumatherapeutischer Sicht. Online: http://www.michaela-huber.com/files/vortraege2014/trauma-und-prostitution-aus-traumatherapeutisch er-sicht.pdf
[46] Profita G., 2014. Misunderstanding and conflict: the thin line between negotiating and acting. In "Groups" vol. XV, no. 1, Milan.
[47] American Psychiatric Association, Washington 2005 DSM-IV-R. (cfr. pp 631 e 647).

psychopathology and symptoms alone to a system that recognizes as legitimate the culture of origin of each person (family models, rituals, language, relationship with the invisible, cult objects, etc.). The device is a group container in which there is space for complexity and multidisciplinarity, expressed by the use in the session of a plurality of actors with different training and culture (psychotherapists, doctors, anthropologists, cultural mediators, family members). The circulation of different thoughts allows women/patients to be placed in their own cultural and community frame of reference. In addition, the recognition of one's own identity is fostered, the loss of which is expressed through psychological distress and symptoms.

One of the best practices in Italy that is linked to ethnopsychiatry is the **ethno-systemic-narrative approach** of Natale Losi, psychotherapist, which merges and combines ethnopsychiatry thinking and that of family therapy. As in ethno-psychiatry, the treatment system involves many actors in the field (therapist, co-therapist, mediator, patient, etc.) and uses tangential communication, which is not only addressed to the patient but also to others in his presence, who become an active part of the therapeutic work. The ESN approach proposes a dynamic vision of the individual-culture relationship, where the migrant person is active, dynamic and mobile. The effectiveness of this vision is to be found in its symbolic characteristics, in the sharing of a common space capable of reconstructing the identity lacerated by the migratory path and of creating a bridge between the present and the past. This happens because trauma resembles life more than illness and like both it is a total exercise[48].

Another virtuous path for foreign women victims of GBV is **art therapy**. Expressive arts are in fact a valuable tool for women who are already in a stabilisation phase and who can follow paths that have a therapeutic impact.

Art therapy: a strategy of care
by Giorgio Magnani psychiatrist and group analyst of the School of PolisAnalysis of Rome

It has happened to everyone to wonder in front of a work of art and to feel, next to the amazement, a feeling of well-being. Beauty makes you feel good. This is an experience that all human beings can do: just as suffering is common to all, so is beauty. I believe that this represents the first therapeutic factor inherent in art.
If people with any kind of mental suffering are offered the opportunity to approach works of art, they are also offered the chance to experience a moment of well-being. The vision or the contact with a work of art is inevitably accompanied by emotions that will need to be heard, perhaps translated and digested. This is a complex work that can be conducted with simplicity through workshops of graphic art, painting, music, spirituality ... In the laboratory a group of people, better if uneven in age, gender, type of mental suffering, compares, shares, integrates. Colours and notes are great mediators and encourage the possibility of making contact with emotions and parts of oneself that are sometimes very hidden and difficult to verbalise. The lack of homogeneity in the group favours a non-judgmental climate in which everyone can reflect themselves in the other without great fear. This is the second therapeutic factor.
When leading the workshops, next to the educators, there are professional artists, the passion for their art becomes an enlivening element that can affect all participants because, paraphrasing Winnicot "... there can be no complete destruction of the capacity of a human being to live creatively ...". Third therapeutic factor.
A separate mention deserves the theatre because, more than any art, invokes the dimension of the game. Anyone can benefit from doing theatre because theatre is play, which means looking within oneself for those lost or simply hidden chords. To understand how important play is in the life of a human being, it is enough to stop and observe a child. Children play non-stop and at the age of two or three they already use symbolic play: they pretend to make food, to put the doll to sleep, to give her medicine, to be frightened by the wolf... They do theatre and through play/theatre they learn to mentalize and process the small or big anxieties that they may encounter every day. All the professionals involved alongside the passion for their art must have a good ability to listen and respect both towards the group and the individuals.

[48] Losi N., 2020. Critica del trauma. Modelli, metodi ed esperienze etnopsichiatriche. Macerata.

A further virtuous path among the best practices collected in different European states is the involvement of **peer mentors**. As it emerges in fact from the 2020 Report on Mental Health in the EU, the support of a peer group facilitates communication and understanding of information of the health and social system in an emergency context starting from shared worldviews, culture and traditions. In fact, the peer group is a way of thinking and inviting relationship building that is reciprocal and exploratory, around shared experiences for the desire to change lives. Moreover, with respect to trauma instead of asking "what is the problem?" the central question that invites self-narrative becomes "what happened?" For example, in the case of adolescents, the peer group is crucial for developing interpersonal relationships and awareness of one's own attitudes. So for women victims of violence and especially victims of sexual exploitation - who are in some way part of a group often from the same ethnic community they belong to - confrontation and peer mentors are effective strengths. The difficulty of mentalizing a recovery program and project and the lack of a concept of the future, characteristic of some ethnic groups, requires an approach to suffering, anxiety, and uncertainty about next steps mediated by peer mentors. This accompaniment does not coincide with the support of the linguistic and/or intercultural mediator nor with the psycho-social support of the reference social worker, who cannot be replaced. However, the peer mentors unconsciously perform a function of emotional stabilisation based on the commonality of experiences and often also on the similarity in the narration of the same suffering. In fact, this opportunity to build relationships of trust derives from the sharing of a common language. In addition to helpers, they can therefore be recognised as trusted persons[49].

I was sold to an older man when I was 17. He was drinking and using substances. He kept me segregated in his house for three months, raping and beating me. When I became pregnant, I was forced to marry him. Then he took me to Italy and forced me to beg at the train station. I couldn't spend any of what I earned because at night he would come by and check my socks and underwear. Until the ninth month of pregnancy, fortunately a social worker approached me on the street and took me to the hospital in an emergency. By the time I entered the community I was no longer talking, couldn't wash myself, and touched my private parts often. In addition to mental retardation, I was experiencing deep mental illness. I had no documents, not even a birth certificate, but I was able to be taken in by the Mental Health Centre. The psychiatrist diagnosed me with a form of schizophrenia with visual and auditory hallucinations and prescribed several therapies that make me feel good. But what helps me the most is the sheltered workshop where I make costume jewellery every day.

Helena, young Romanian, victim of forced marriage and begging

[49] Blöcher J., Eyselein L., Shrum J., Wells A. Reviewer: Simon Kolbe. Academic team: Ciambezi I., Mosebach-Kornelsen E., Sander C., Stefani G., Menzel-Kötz H., 2020. Research report.Intersectional approach to the integration process in Europe for Nigerian survivors of human trafficking: enhancing opportunities and overcoming obstacles. Pages 57-61 and 83-87.Online: https://intap-europe.eu/wp-content/uploads/ResearchReport_Nigerian_SoT.pdf

2.3 A comparison of best practises: the example of Sweden, Germany, Italy and Spain

Women's mental health over the course of the pandemic, as outlined above, has worsened over the past two years. In particular, depressive disorders have increased among women in the 18-34 age group. In addition, malaise due to tension and loneliness has worsened among women.
In European countries, however, health systems have tried to respond to essential mental health needs, despite reduced services during lockdown periods. According to a WHO study, during the first wave of the pandemic, 93% of countries reported paralysis of one or more services, 78% of countries reported total or partial disruption of mental health services in schools and workplaces, 35% reported complications in emergency response, and 30% reported difficulty accessing medications for mental, neurological, and drug use disorders. More than 60% of countries reported disruptions in health services for vulnerable people, including women in 61% of cases[50].

In the collection of promising practises, some common features emerged that relate to the training of health professionals based on the gender-sensitive and culturally sensitive approach, the usability of information through mediators or at least peer mentors, counselling and listening to women with specific vulnerabilities, psychosocial support and care pathways accessible to all women including those with migrant backgrounds, the network between services and the multi-sectoral approach in the timely care of migrant women.

SWEDEN e baltic countries

Comparing four EU Member States Sweden, Germany, Italy and Spain and the good practices implemented not only by public services but especially by NGOs dedicated to victims of violence and in particular of sexual exploitation, it emerges that Sweden has a significant focus on mental health also in the case of migrant, asylum seeker and refugee women and that access to services is guaranteed to all regardless of their status, although there are many differences from municipality to municipality. Compared to other EU countries, according to the Mental Health Index data, sexual violence is considered a risk factor and most victims are at risk of developing a mental disorder. «On average, in the EU+UK, the burden of sexual abuse in terms of mental health and consequences amounts to 7.4 years lived with disability (YLD) per 100,000 inhabitants». For Sweden, the negative impact of Covid on mental health was 54%, the system's response to the needs of the population was 100%. However, the burden of sexual violence in terms of years lived with mental disorders per 100,000 inhabitants in Sweden was 13 years, which is very high (almost twice the average), although in Germany it is even higher (14.2). However, it is worth mentioning that there is a women's freedom hotline which offers telephone counselling throughout the country to people suffering physical, psychological and sexual violence and also to relatives and friends of victims. The telephone line, 020 50 50, is active 24 hours a day.

The network and the multidimensional approach

The promising practices collected, and addressed to migrant women victims of GBV, mainly concern sexual exploitation. The significant element of Swedish practices is first and foremost the network between private victim support organisations and public and private clinics and health services. According to the NGO Noomi active in Malmo, one of the port cities with the highest percentage of foreigners and variety of ethnic groups, 'Doctors of the World' provides free medical support to all those who are not resident in Sweden and therefore only have access to emergency

[50] The European House – Ambrosetti on WHO and various studies, 2021.Pag. 24. Online: https://eventi.ambrosetti.eu/headway2023/wp-content/uploads/sites/196/2021/10/211005_Headway-2023_Report_DEF.pdf

health care, while 'Flyktinghälsan' is a clinic for refugees that allows all asylum seekers and refugees to have access to health care at an affordable price, even in the case of foreigners who do not have a 'person number'. Also in the case of Roma communities. Swedish organisations working with women who are victims of sexual exploitation find support and psychological counselling in these and other medical centres also for the mental health of their beneficiaries. In this virtuous city, however, the public service also guarantees access to clinics for those who do not have a personal number. This is possible thanks to two Swedish laws that provide access to medical support also for non-residents: Act 407 of 2013, Act on Health Care for Certain Foreigners Present in Sweden Without the Appropriate Documentation and Act 344 of 2008, On Health Care For Asylum Seekers And Others.

An example of a network with a gender and multidimensional approach is Evonhuset in the municipality of Malmo, which offers support to anyone in the sex trade network. There are two main practices within this activity: Evonhuset, a shelter centre, listens and supports people who sell or buy sex, their relatives, as well as people with pornography addiction problems where services such as support interviews, advice and support in organising one's life, support in contacts with the authorities and in finding work and training are provided. The service is aimed at people from 15 years old. In addition, there are regional coordinators to strengthen support for people involved in prostitution, as well as for victims of forced marriages, organ sales, begging, etc. The coordinators intervene personally to support the victims of prostitution. The coordinators intervene personally to support users in knowing and putting into practice their rights and in networking with local authorities and organisations. Another function of the coordinators is to identify gaps in the system, including through relations with migration agencies and the police. Most of the people contacted are from Romania, Nigeria, Vietnam, Thailand, Sweden, Syria, Ghana. Therefore, attention and care for women who are victims of violence - including foreigners - is intrinsic to the various sectors of social, health, and political life, and puts women in prostitution on an equal dignity and equal opportunities level, thus moving away from the logic of commodification and power relations and men's right of ownership over women, which was overcome by Swedish legislation in 1999. This legislation decriminalised the role of women in prostitution and banned the purchase of sexual services by consumers, thus reducing the sex trade in favour of women's empowerment in the economy, politics and society, in areas that were previously the exclusive preserve of men.

The network between services and the multidimensional approach in caring for victims is therefore crucial to treat the mental health consequences of women victims of sexual exploitation, which, as pointed out above, are present in the long term. In particular anxiety disorder, depressive disorders, bipolar disorder. And also to prevent suicide attempts since in Sweden the suicide rate in the population is higher than average although lower than in Lithuania where it is 2 per 100,000 inhabitants.

Supporting survivors beside health professionals: art therapy for social inclusion

Networking between services for victims of gender-based violence is also present in the good practice promoted by the Council of the Baltic Sea States and co-funded by the CBSS Project Support Facility: the campaign 'If you speak up, I will join' produced by LightUp Norway, a youth organisation committed to ending sexual exploitation, based on the involvement of survivors together with professionals. The project, which runs until 2020 and is led by organisations in Latvia, Russia, Sweden and Norway in cooperation with other countries in the Baltic region, aims to identify and empower survivors of child trafficking. It also includes a survivors' manifesto[51], which highlights not only the importance of long-term pathways that should be the standard for all and social inclusion initiatives, but also some interesting emotional and psychological stabilisation strategies. Among

[51] Online: https://thesurvivorplatform.com/

these, arts and creative therapies are treatments involving the use of artistic activities in a therapeutic environment, with the support of a qualified professional. These can range from dance, drumming or drama to arts and crafts activities. Some of the benefits that have been reported by people who have taken part in art therapy include reduced anxiety and stress, increased coping skills, enhanced self-esteem and confidence, and improved emotional stability.

Counselling and support to women with severe vulnerability in the Baltic area

Moreover, among the good practices reported in another Baltic country, Denmark, is the importance of raising professionals' consciousness about the conditions of vulnerable groups such as refugee and migrant women and women in areas of socio-political instability. The NGO Danner tries to integrate the human rights-based approach with the principles of participation, equality and empowerment by assisting local civil society organisations in building networks to support refugee homes and professionals as the most effective way to reduce violence against women. Counselling for migrant women exposed to violence includes assessing the woman's safety, mapping the form of violence she has experienced and its consequences, and building a plan with the woman on how to free herself from the violence, how to manage its consequences for herself and possible children, and how to build the life she wants again. In the crisis centre, however, only women with a legal residence permit in Denmark can be accommodated. In 50% of cases these are women with a minority background.

Some GREVIO recommendations

Among the countries of the Baltic region, Sweden has gained international recognition as a strong leader in the fight against gender-based violence, due to its innovative and gender-sensitive approaches applied in various areas of social and political life. In the GREVIO evaluation report, however, some flaws in the system emerge that need to be improved including:

- ➔ Foreign women whose residence rights in Sweden are tied to their husband or partner can hardly escape violence if they are excluded from receiving an autonomous residence permit under Chapter 5 of the Swedish Aliens Act. The law on temporary restrictions is in fact contrary to the non-discrimination principle of the Istanbul Convention.
- ➔ While the gender approach in all areas is very positive, professionals' basic knowledge of vulnerability factors and other barriers, e.g. for Sami and Rom women, and in general for women of migrant origin, drug addicts needs to be strengthened in order to ensure a tailored response to their specific needs.
- ➔ Furthermore, the quality of local authority interventions and the availability of specialised services vary significantly, particularly with regard to the different forms of gender-based violence and their negative impact on women's health.
- ➔ The introduction of the offence of 'serious violation of a woman's integrity' in 1998 was equally laudable but in the current migration landscape, women depend on legal advice to build a strong case and even if free of charge, lawyers often lack a gender-sensitive approach.

GERMANY

According to the Mental Health Index data, in Germany the negative impact of Covid on the mental health of the population was 44%, lower than in the main European states; the system's response to the needs of the population was 59%. And considerable resources are used for this. However, in Germany the burden of sexual violence in terms of years lived with mental disorders per 100,000 inhabitants is 14.2, the highest in Europe, second only to Greece (14.6).This is an alarming fact if we consider that migrant women in particular, who are in reception centres, have more often been victims of sexual exploitation and trafficking and therefore in the majority of cases have suffered multiple

discrimination and violence even before and during their migratory journey, but do not have easy access to psychological support and lack long-term health cover.

Concerning feminicides, data show that in Germany in 2020 there were almost twice as many cases as in Italy and Spain (14). From 2019 to 2020, the number of feminicides in fact doubled. And in the first months of 2021, there was a further increase of 13.33%.The states of Bavaria, Baden-Wuerttemberg and Lower Saxony hold the sad record. Most of them are married women and the most common modus operandi of the murderer is stabbing. According to the study of the German Femicide Observatory (FOCG), moreover, in the official statistics of the police authorities women are registered as homicide victims, no data on women's killings are aggregated until the investigation is finished, no information on the perpetrator's history of violence is collected, no information such as pregnancy status or even the presence of minors is recorded.Violence against women is traditionally and structurally rooted. However, the German Ministry of Family Affairs, Senior Citizens, Women and Youth in December 2021 launched an anti-violence number for women, 08000116016, which offers confidential and anonymous counselling in 17 foreign languages, including sign language (German) and simplified language, intended for people with reading and/or text comprehension difficulties.

The promising practices that have been gathered mainly concern the sexual exploitation of migrant women, which is mainly linked to human trafficking and also a consequence of the current regulatory system of prostitution. As described in the previous paragraphs, trauma experts have pointed out that there is a considerable asymmetry of power and violence in the relationship between client and prostituted woman and the normalisation of prostitution in Germany through regulation in brothels generates relationships of dependency that «automatically produce all the facades and backgrounds suitable for the practice of all kinds of violence[52]». Clients not only demand increasingly violent and degrading sexual practices from women but may report the same behaviour in their relationships with their wives or partners.

The significant element in the good practices collected in Germany is the counselling of NGOs in reception centres for asylum seekers to guarantee women's basic rights, which continued during the pandemic. Women victims of sexual exploitation, in particular from Central Africa, have in recent years arrived in Germany in the so-called 'second migration', i.e. after having left the exploitation circuits in southern Europe or after having been destined for forms of exploitation beyond the Alps, or because they were invited to move to Germany by their loverboys, intermediaries of criminal networks. These are often young mothers - 'baby mums' - who have been abandoned by their partners and have therefore sought help from local NGOs, taking advantage of the maternity support grants provided by the federal government, where the conditions were right.

Psychosocial support through peer mentoring

The number of language mediators or interpreters to facilitate identification and integration was often not sufficient to support these women. Moreover, especially in the case of women from sub-Saharan Africa, African women who have not experienced their own violence and multiple discrimination were sometimes perceived negatively and with distrust. The support programme based on peer-reviewed women survivors of trafficking selected by NGOs located in various parts of Germany - Solwodi and The Justice Project - was therefore successful. These mentors, who show sufficient psychological stability and therefore no risk of re-victimisation, are trained in the SISA project by two NGOs in Germany to identify potential victims among asylum seekers using a peer-to-peer approach. In this way, more women receive information about their rights, get in touch

[52] Online: https://www.emma.de/artikel/traumatherapeutinnen-gegen-prostitution-317787

with social workers to whom they can report their victimisation during the asylum process and are informed about services offered by specialised local NGOs.In cooperation with other NGOs in Italy and Spain, the programme is also extended to peer mentors dealing with victims who have already been identified and are in the process of integration. This method of educating and supporting the victims' recovery and integration project is particularly effective at motivating the team of educators, mediators and psychologists and does not replace them.The gender and culturally sensitive approach is another key feature that proved to be significant especially in the case of women expelled from Germany and destined to return voluntarily, and where it cannot be avoided forcibly, to dubliners, i.e. asylum seekers who according to the Dublin Regulation have to return to the first country of arrival in Europe. The transnational network created to avoid the victimisation of these women forced to change places, habits and language again shows how important it is to support those who are victims of a regulatory system that should be urgently overcome.

Peer-to-peer support during the pandemic was also piloted in Belgium with the *Life beyond the shelter* project which ensured positive long-term integration for women victims of sexual exploitation. In particular, it strengthened the support in the transition from shelter life to independence of mainly African women through practical, innovative and empowering tools and solutions. Implemented by five victim support organisations from Belgium, Germany, Italy and Spain, it also included a mentoring programme in which women who were transitioning from the shelter project to independent living were matched with former trafficking victims who had been successfully integrated for some time or local volunteers to promote their social inclusion and independent problem-solving. Again, the emotional stability and mental wellbeing of the women at a delicate stage of inclusion and autonomy in the host society was thus facilitated.

Counselling and support to victims in a highly vulnerable situation

Among the good practices for the mental health of women victims of violence, the experience of Papatya, a team of interculturally competent women in the fields of social work, psychology, politics and law, which for more than 35 years has been providing advice and assistance to girls and young women - who have to escape from their families - currently in Turkish, Kurdish, Arabic, Farsi, English and German, is particularly positive. In Germany there are two networks dedicated to forced marriages in which Papatya takes part. The Federal Conference against Forced Marriage (BuKo) is a network of protection organisations and counselling centres specialised in forced marriages, committed to the exchange of experiences and the development of common policy demands. The Berlin Working Group Against Forced Marriages, founded in 2001 on Papatya's initiative, is coordinated by the Officer for Women and Equal Opportunities of the district of Friedrichshain-Kreuzberg and consists of representatives of shelters, advice centres, schools, youth welfare offices, immigration officials and other institutions. Papatya, with the Coordination Centre against Abduction and Forced Marriage since 2013, has been offering advice and help to particularly vulnerable girls and young people, i.e. women who fear being deported abroad, being forced into marriage abroad, or already detained abroad against their will. Once taken to Turkey, Iraq, Lebanon or another country, mostly without a passport or mobile phone, they are unable to defend themselves against marriage to an unloved man. These specific skills and the offer of multilingual information is a practice that favours not only the protection of women at risk in Germany but also to Germany. Furthermore, the activated telephone line, which as described below, is also present in Italy recently, is sometimes the only opportunity to contact other women defending the human rights of potential teenage victims of early marriages or of women who are already victims but have become aware of it with time, as a consequence of further domestic violence suffered, thus choosing to come out of invisibility.

Some recommendations for GREVIO

In Germany, the GREVIO evaluation report has not yet been published. However, according to the shadow report of the organisations of and for migrant women to GREVIO on the implementation of the Istanbul Convention, the main necessary and recommended changes are the following:

- ➔ Abolish the legislative requirement that women must have lived with their partners for at least three years to be recognised as victims of domestic violence. Except for women of Turkish citizenship, for whom the required period is 2 years.
- ➔ Consider the excessive amount of evidence required for the assessment of violence cases. The very requirement to produce evidence of violence triggers the risk of re-victimisation.
- ➔ Improving the conditions of asylum seekers who stay in accommodation and who, for this reason, are not entitled to receive benefits, have health coverage that includes only the bare essentials and cannot work.
- ➔ Train properly interpreters and social workers and increase the number of interpreters of the same kind.
- ➔ Making applicants aware that they are victims of gender-based violence, providing them with information about their rights and preparing them properly for interviews with medical support to facilitate the narration of trauma.
- ➔ Establish effective partnerships between accommodation facilities and advisory and support services and increase the duration of health coverage beyond the planned 18 months.
- ➔ Allowing women in need access to psychotherapy, particularly in accommodation centres.
- ➔ Overcome the restriction represented by the 2019 provision according to which only medical certificates drawn up by neuropsychiatrists to certify trauma are accepted in asylum procedures and applications for autonomous residence permits.

ITALY

In Italy, women who are victims of violence, thanks to the National Guidelines for Health Authorities and Hospitals, called 'Pathway for women who suffer violence', can receive an adequate and integrated intervention in the treatment of the physical and psychological consequences that male violence produces on women's health, guaranteeing them a timely and appropriate care, starting from triage up to their accompaniment/orientation, if they consent, to public and private specialised services. This is also the case for migrant women. As regards the provision of services for victims of exploitation and trafficking, it is guaranteed by a single programme of emersion, assistance and social integration, which is carried out by the territorial social services and/or by private subjects with whom they have an agreement, registered in the second section of the register of Associations and Organisations, which carry out activities in favour of immigrants, as provided for by article 52, paragraph 1, of the Regulation for the implementation of the Consolidated Immigration Act, D. P. R. 31 August 1999, D. P. R. 2 of the Decree of the President of the Republic of Italy. The second section of the register of Associations and Bodies, which carry out activities in favour of immigrants, as provided for by article 52, paragraph 1, of the Implementation Regulation of the Consolidated Immigration Act, Presidential Decree no. 394 of 31 August 1999, modified by article 46, paragraph 1, of the Presidential Decree no. 334 of 18 October 2004, in order to create a strong synergy between the various services (social, training, legal, housing, psychological, labour, etc.). As far as mental health is concerned, access to emergency services is guaranteed for everyone, as is short-term pharmacological treatment. However, long-term psychotherapeutic and/or rehabilitation support is rarely provided by the public service if the victims are not residents. It is necessary to turn to NGOs or private medical clinics. Again, these services are rarely free of charge.

In addition, the Department for Equal Opportunities of the Presidency of the Council of Ministers adopts every two years a National Strategic Plan on male violence against women focusing on multiple aspects related to the conditions of violence: prevention, protection of victims, punishment of men who act violence, training and education of operators and population, information and awareness, action on abusive men, protection of migrant women and victims of multiple discrimination, autonomy in work, economic and housing and the spread of places dedicated to women. Since 2006, it has also set up a national freephone number - 1522 - which is a free public service number available 24 hours a day, every day of the year in Italian, English, French, Spanish and Arabic, to provide an initial response to the needs of victims of gender-based violence and stalking. Specifically for victims of human trafficking, including victims of sexual exploitation, an anti-trafficking freephone number is active in Italy - 800 290 290 - for the identification of victims and their timely protection.

But how did the mental health of the victims change during the pandemic? According to the Mental Health Index data, in Italy the negative impact of Covid on the mental health of the population was 62%, the highest percentage, second only to the United Kingdom. However, the response of the system to the needs of the population was 67%. As for the weight of sexual violence in terms of years lived with mental disorders per 100,000 inhabitants, it is 10.5, among the highest but lower than Germany and Sweden. With regard to feminicides, according to the Viminale report in 2021 they increased by +8%, one every 72 hours and there is a 7% increase in crimes committed at the hands of a family member and +10% of violations of the prohibitions provided for by the so-called Red Code the law of 19 July 2019, no. 69. Although compared to Germany, the total number - 116 women murdered - was lower, it should be remembered that the applicability of the Code Red, which provides for harsher penalties, should have ensured an improvement in Italy in terms of protecting victims of violence and preventing more bloody acts, such as feminicides. Another element to note is that already in 2020, for the first time, the percentage of foreign women victims of violence who asked for help to the national anti-violence number was about 10 %[53]. This is a decrease compared to previous years.

The specific training of mental health professionals and the development of ethnopsychiatry

With regard to the good practices collected, the development of ethnopsychiatry emerged in Italy, as described above, from the Fanon Centre in Turin to the Ethnopsi School in Rome. The Frantz Fanon Centre is a counselling, psychotherapy and psychosocial support service for immigrants, refugees and victims of torture. Its activation was possible thanks to the agreements made in the past years by the Frantz Fanon Association with the Mental Health Departments of the National Health Service. The working group, made up of doctors-psychiatrists, psychologists, cultural mediators, anthropologists and professional educators, now continues its activities independently.

With regard to the training of mental health professionals, the work started by the Ethnopsi teachers in different Italian regions is significant. One example is the training course periodically offered to mental health professionals to increase their ethno psychiatric skills and understand the different cultural horizons, the decoding of the signs of suffering, the taking care of the person - from prevention to treatment and rehabilitation - and the actions aimed at facilitating and stabilising the relationship between the public health service and private subjects. EthnoPsychiatric theory and technique are based on the narration of one's own biographical pathway in order to underline the holding character of suffering: a tool to relocate events in a meaningful order and constellation and to be able to re-organise long-term projects and desires, which are often blocked or broken. It is

[53] ISTAT, 2020. Report of data analysis of the public utility number against violence and stalking 1522. Online: http://www.pariopportunita.gov.it/wp-content/uploads/2020/11/Report-di-analisi-dei-dati-del-numero-verde-contro-la-violenza-e-lo-stalking-1522-22112020.pdf

precisely the practice of storytelling that allows the meaning of migratory violence to be co-constructed with the patient and the ethno-psychiatric group, thus controlling its devastating effects and the repeated crises that cannot be contained.

Networking, gender and multidimensional approach between NGOs, helplines, social and health services

Among the good practices collected in Italy, it is worth mentioning Differenza Donna, which manages the anti-violence and anti-stalking number 1522. In addition to dealing with migrant women victims of violence and victims of sexual exploitation, it has activated a telephone line - +39 349 4393267 - addressed to migrant women in Italy who are victims of FGM and/or forced marriages. The main objective is to receive women's requests and direct them to services, such as hospitals, counsellors, associations dealing with FGM/forced marriages on the national territory. If the woman who contacts the line is in Rome, she will be taken care of by one of the Anti-Violence Centres managed by Differenza Donna in the Lazio region. In Italy, the Department for Equal Opportunities coordinates actions aimed at preventing and combating FGM, in accordance with Law 7/2006 containing "Provisions concerning the prevention and prohibition of female genital mutilation practices", defined as an example of best practice also by the United Nations Secretary-General in the 2011 Report on FGM. Women and girls who have undergone FGM or are at risk of undergoing it also live in Italy and in Europe. Having been denounced by several NGOs particular situations of discomfort and discrimination especially in the first reception centres towards migrant women and in the centres for asylum seekers, in 2017 *Guidelines for the early recognition of victims of female genital mutilation or other harmful practices* were produced and disseminated[54].

Counselling and support to women in conditions of severe vulnerability, beyond the migrant's status

Differenza Donna contributed to raising the awareness of the authorities on the vulnerability of asylum seekers, promoting a collaboration formalised first in the referral system before the Territorial Commissions and then in the cooperation protocol signed with section XVIII of the Court of Rome for the recognition of victims among asylum seekers challenging the refusal orders of the Territorial Commissions for International Protection. In addition to these challenges, it has set up a desk at the Centre of Permanence for Repatriation (C.P.R.) in Ponte Galeria with the aim of bringing to light situations of exploitation. Being present at the C.P.R., which has a capacity of 125 places, with a weekly desk with experienced operators, gives us the opportunity to monitor the situation and support women who are victims not only of sexual exploitation but also of gender-based persecution, forced marriages, female genital mutilation, ill-treatment and stalking. Over the years, these migrant women in conditions of severe vulnerability have been supported not only in their exit from the C.P.R. but also in their escape from violence. In every prison and detention centre also in other EU countries the presence of an association dealing with gender-based violence is therefore recommended.

Psychosocial support paths based on skills life and not only on pharmacological therapies

In the specific field of health, the Pope John XXIII Community offers care to people with mental disorders, both men and women, including victims of gender-based violence and victims of trafficking, with an intercultural approach and non-violent communication. In the good practice of theatre and expressive workshops, in addition to the value of art as a therapy, described in the previous paragraph, it is interesting to note the objective of strengthening the skills life and potential of each woman beneficiary of the pathway, who is a protagonist in the rehabilitation process, even if she is a migrant, disabled, released from pathological addictions. The treatment of mental health - in

[54] Online: http://www.pariopportunita.gov.it/wp-content/uploads/2018/01/file-unico-mgf_eng.pdf

addition to drug therapy - passes through concrete experience in a protected microcosm that repeats the characteristics of the society in which the person will be reintegrated. Constant is the management of emotions, the journey in a context of a help group and the support of professionals who are culturally sensitive and attentive to the construction of equal relationships between men and women. This happens also in the case of women, mothers under alternative sentences, belonging to ethnic minorities and themselves often with a background of exploitation and intra-family violence. The specific support to single mothers is even more important if we consider that in the pandemic, as we will see also in the practices in Spain, they were the most affected and with them their children often victims of witnessing violence.

In addition, the Community founded by Don Oreste Benzi in 1968 has promoted the start-up of 'La Filigrana', an outpatient clinic for medical and psychological assistance at no charge for the most vulnerable people, including women victims of violence. The main feature of the intervention model is the multidisciplinary approach to each individual case in order to design a network treatment plan based on the services offered: psychology/psychotherapy, gynaecology, obstetrics, speech therapy, cardiology, physiatrics, homeopathy, neurology, acupuncture and sexology. The aim of the professionals, mainly women who are constantly trained to promote personal and social well being, who work in the outpatient clinic (doctors, psychologists, psychotherapists, technicians who collaborate) is to live their voluntary work based on Alterocentrism: what drives us to act is the good of our neighbour, because in this way we build the good of all. Psychological, psychotherapeutic and medical services are offered to everyone, regardless of social class, and priority is given to those who live in a state of marginality, distress or poverty. Access can be direct or mediated by local services or associations.

Some GREVIO recommendations

According to the Grevio report on the implementation of the Istanbul Convention, the main necessary changes recommended to Italy are based on strengthening a gender approach and overcoming stereotypes and discrimination still rooted in Italian society. Among the most significant recommendations are the following:

- ➔ Providing appropriate training to social services and operators especially in the drafting of reports necessary to obtain an autonomous residence permit in cases of violence.
- ➔ Classifying situations of psychological and economic violence, which are often not considered as such by law enforcement, as high risk conditions.
- ➔ To ensure that victims of forced marriages can maintain their acquired status even if they are forced to move to a third country to get married.
- ➔ To develop standardised guidelines for identifying and reporting victims of gender-based violence.
- ➔ To ensure adequate training of staff working in accommodation facilities and to increase the presence of intercultural mediators.
- ➔ Increase the number of reception places or implement actions to limit the use of asylum seekers in squatter settlements and shanty towns.
- ➔ Improve the effectiveness of coordination between the asylum system and specialised services, including through the sharing of information and operational procedures.
- ➔ Reinforce a multi-agency approach to shelters involving health and social services, also with a long-term perspective for the beneficiaries.

SPAIN

In Spain, the 016 telephone number, promoted by the Ministry of Equality, through the Government Delegation against gender-based violence, provides an information service, legal advice and immediate psychosocial assistance from specialised personnel for all forms of violence against women. The telephone number can also be contacted via WhatsApp at 600 000 016. Regarding the sexual exploitation of women in the context of trafficking, the number 900 10 50 90, active h 24 hours a day and managed by the National Police - Ministry of Interior, is the public utility number to which migrant women can turn for medical and psychological assistance, legal advice in different languages, protection and safety, and safe accommodation.

In addition, there are Offices of Assistance to Victims of Crime, a public and free service established by Law 35/1995 to assist victims of violent crimes and crimes against sexual freedom and subsequently regulated by Law 4/2015 on the status of crime victims, which depends on the Ministry of Justice. They are located in those autonomous communities and cities that have non-transferred competences in the field of justice administration: Castilla-La Mancha, Castilla y León, Extremadura, Illes Balears, Murcia, Ceuta y Melilla. They offer general legal guidance on the victim to avoid secondary victimisation, psychological assistance to victims, referral to the social services the victim needs.

Concerning specifically the mental health of women victims of violence during the pandemic, according to the Mental Health Index data, in Spain the negative impact of Covid on the mental health of the population was 61%, the highest percentage after the United Kingdom and Italy. The response of the system to the needs of the population was also unsatisfactory, at 33%. The weight of sexual violence in terms of years lived with mental disorders per 100,000 inhabitants is 8.9, far lower than Germany and Sweden, and very close to the European average of 7.4 years. With regard to feminicides, the number of victims in 2021, which was 37, has been underestimated. Therefore, as the first country in Europe, from January 2022 Spain will count as feminicide also those cases in which women are killed outside the couple, or by ex-partners. It will also include women who die as a result of sexual violence, assaulted and killed in the family and victims of vicarious violence, i.e. when children are hit to harm their mothers. The provinces with the highest incidence were Almeria (11,7 feminicides per 100.000 women in 15 years), and Granada, with an incidence of 8,8 murdered women. A Spanish characteristic also concerns the specific training of judges. While in Italy 95 per cent of civil courts are not legally and culturally trained to identify cases of domestic violence in marital separation cases, according to the Report on Gender and Domestic Violence in Justice by the Femicide Commission, in Spain there are 106 courts dedicated to gender-based violence. A woman who goes to court can therefore count on the presence of specialised forensic and medical units and in most cases a desk where psychologists, social workers and lawyers inform her about the available help.

Psychosocial support, legal and therapeutic accompaniment.

It is therefore not surprising that among the good practices collected in Spain there are many that take into account the reading of the personal history from the victim's point of view for effective psychological and long-term support. This support is provided by several organisations that specifically assist migrant victims and have a culturally sensitive as well as a gender-sensitive approach.

The network called Red Sira is an emblematic example. It is in fact a network of therapeutic, legal and psychosocial accompaniment with the aim of providing specific assistance and support to victims of various forms of personal, structural and political violence that cause psychological suffering. Sira provides specialised multidisciplinary clinical care to individuals or groups and especially to those who have been directly or indirectly affected by traumatic situations, losses or

crises and survivors of political violence or disasters. Sira works around narrative, trying to re-signify those elements of the experience that cause the most suffering. The approach used in the accompaniment starts from a psychosocial and transcultural perspective, incorporating key elements of the cultural understanding of symptoms into the recovery process. In addition, the Sira team works with medical-psychological expertise in relation to strategic litigation of cases, criminal prosecution of complaints or defence in situations of assault, ill-treatment or institutional violence related to human rights violations, psycho-legal assessment processes, preparation and accompaniment of witnesses and victims, and reporting for international protection applications. Women beneficiaries come from different parts of the country: Spain (34.5%), Latin America (33.4%), West Africa (17.8%).

The NGO Fundaciòn de solidaridad Amaranta offers psychological and psychotherapeutic assistance to women who are victims, in particular, of sexual exploitation and prostitution. This assistance is also maintained during the pandemic through telematic means. The Foundation operates in Algeciras, Asturias, Granada, Balearic Islands, Logroño, Ourense and Valencia. Women victims of sexual exploitation and/or prostitution access psychotherapeutic accompaniment because they manifest a personal mismatch and are referred by services or other institutions. In April 2021, the plenary session of the Sectoral Conference on Equality (CSI) approved the creation of comprehensive 24-hour support services for victims of sexual violence. And in 2022, an implementation of care and protection services in a new Law on Sexual Freedom covering all forms of violence is envisaged from the Comprehensive Plan to Combat Trafficking in Women and Girls for Sexual Exploitation 2015-2018. Interesting in this case is the idea of mental health as a woman's 'social well-being', which also means meeting needs and developing potentialities/competences. Psychotherapeutic intervention is therefore aimed at promoting conditions that facilitate the development of one's potential and resources. On a methodological level, the psychotherapist works with the phenomenon that emerges in the moment, according to the person-centred phenomenological approach: it is the woman who gives direction to the process, she allows the psychotherapist to enter her existence. The person's experience does not enclose her in a category based on the symptom but the construction of her subjectivity is valued, the person as the bearer of a life project. The beneficiaries include women from Spain, Latin America, the Caribbean, Eastern Europe and the Sub-Saharan region. They are single-parent families and/or have several children in their country of origin. They are women who are often used to surviving with their children and have been forced to migrate to support their families. They have poor literacy, limited health education and culture. They are often lured by psychological and physical networks, or by deception with job expectations, or by emotional-dependent and perverse ties, or through Yu Yu (ritual submission and family threat). The stages of psychological manipulation suffered by the abuser and/or the exploiter in the case of the sex trade are fundamental elements to be taken into account for effective psychotherapeutic support.

Group intervention programme for women victims of GBV

Another practice of interest is the group intervention programme of the Rosario Vaca psychological centre for women who have experienced violence with PTSD but also with other psychological problems, resulting from GBV. Among the objectives of the programme are the improvement of women's quality of life, recognition of personal values, behavioural activation, taking actions to protect themselves and solve problems, knowing how to recognise indicators of abuse in a relationship, acceptance of personal history, and feelings and thoughts related to traumatic experiences. This programme is carried out within the Group Psychological Assistance Service for women victims of gender-based violence by a partner or ex-partner, managed by the Spanish Foundation of Psychology and Health and the Foundation for the Training and Practice of Psychology,

created by the professional orders of Psychology of Eastern and Western Andalusia. The group intervention programme with -12 women is practised in the province of Cadiz, Spain.

Long-term care pathways also through peer mentoring and autonomy workshops

Lastly, as described above in Germany and Italy, the peer mentoring programme in the motivational support and integration of migrant women, asylum seekers who are victims of sexual exploitation, as well as of abuse and forced marriage in their country of origin, is also carried out in Spain by the NGO SURT. The mental wellbeing of migrant women who are already included in an integration and labour insertion programme, even during the pandemic, has been enhanced thanks to information in the language and motivational support provided by women survivors to other women who have just left the exploitation circuits of prostitution or are still included in recovery programmes for victims. Peer mentors do not replace cultural mediators, nor do they replace the psychological assistance that is provided in many parts of Spain, such as in the municipality of Barcelona where the mentioned NGO is active, regardless of their administrative situation. Given the saturation of many public services, private organisations also provide psychiatric assistance to victims. In order to facilitate their exit from violence and to support them towards autonomy, private organisations, such as SURT, also provide therapeutic care through innovative approaches such as art therapy. The focus on different levels of support from professionals alongside survivors who motivate other women as peer mentors is now a strategy that is developing not only to facilitate language comprehension but above all to increase potential and empowerment through a relationship of trust among peers. As we have seen, in addition to Germany, Italy and Spain also in Belgium it is one of the winning challenges in this time of pandemic.

According to the Grevio report on the application of the Istanbul Convention, the main changes recommended in Spain are as follows:

- ➔ Create favourable conditions during the initial interviews for traumatising experiences of asylum seekers to emerge through specialised staff.
- ➔ Proper training of law enforcement officers in charge of listening to initial interviews.
- ➔ Increase the quality and quantity of interpreting services and gender interpreters.
- ➔ Pay attention to the socio-economic and political conditions in the countries of origin of asylum seekers, where violent situations often originate.
- ➔ Ensure access to asylum procedures regardless of the point of arrival, by sea, land or air.
- ➔ Introduce systematic vulnerability screening to identify potential victims of gender-based violence upon arrival and refer them to specialist services.
- ➔ Include the possibility of specialised services in housing agreements to avoid possible re-victimisation.

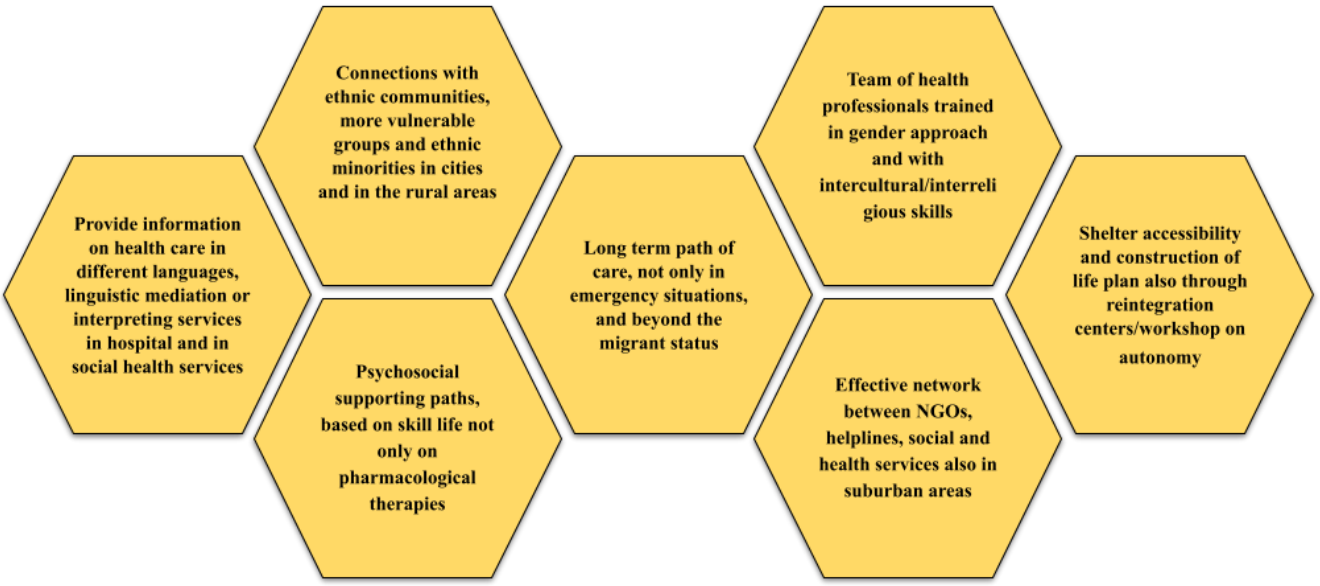
Other promising practices in landing countries: the example of Greece

Among the promising good practices, not collected in this Report but reported by the NGOs contacted in the research phase, there are also paths of psychological support offered in Greece, the gateway to Europe, where there is a pressing and constant flow of refugees who have crossed Turkey, coming from the Asian and African continents, and therefore of asylum seekers and refugees including women and minors. These and many others, which can be further explored in the third part of this Report, show that the most significant challenge in the context of migration in Europe is the creation of teams of health and mental health professionals - and the renewal of existing ones - trained in a gender-sensitive, culturally sensitive approach and in intercultural and interreligious skills.

Among the organisations most involved in the initial reception of migrants, the experience of the Chamomile project in providing support and psychological assistance emerged. Developed in July 2020 to support displaced people in Greece, the housing programme has 11 individual flats in central Athens housing individuals and families from different ethnic groups and with different legal statuses. The psychosocial programme offers homeless and migrant people language mediation, physical and medical health support, and community integration pathways.

Another promising practice is the one offered by Babel, an organisation operating in Athens in favour of those who have difficulties in accessing or are excluded from mental health services either because they do not have a valid residence permit in Greece or because they have not reached a satisfactory level of knowledge of the Greek language to communicate with professionals. Its main mission is to take care of the mental health of immigrants (regardless of their status) who live in Athens and who are distinguished, among others, by their triple otherness (immigration status, different ethno-cultural origin and experience of a mental disorder). The aim is to create an "intimate space" (including the care of material living conditions) in which to listen, understand and support each person who asks for help. In this space, the meaning of the loss of homeland and the expectations for a new life on an individual, family and social/cultural level can be synthesised.

Challenges for the mental well-being of victims of violence



THIRD PART

3.1 Promising practises in EU Member States

A practice is a particular way of carrying out an action aimed at a target group. It may concern an entire programme or may simply refer to a usual procedure or targeted intervention or a way of looking at things from a practical and not just a theoretical point of view. A practice is usually a set of activities or an initiative aimed at achieving an overall result, which can have a positive impact on a specific situation. In this sense, and in the context of the mental health of victims of gender-based violence, practices have the potential to effectively address issues that can reduce the consequences and effects of traumatic experiences they have undergone, with a positive impact on their lives and possible social reintegration. In order to identify and compare good practises and promising interventions related to the mental health impact of violence in the context of migration, Comunità Papa Giovanni XXIII, Differenza Donna and Fundaciòn de solidaridad Amaranta mapped practises from the following countries: Belgium, Bulgaria, Finland, France, Germany, Greece, Italy, the Netherlands, Spain and Sweden. Fifteen promising practices were chosen to be included in this Report, divided into the following categories: mental health training initiatives; counselling and support for migrant women in severe vulnerability; artistic and expressive workshops, psychosocial and mental health support pathways, multi-sectoral approaches.

3.1.1 Mental health training initiatives

Training of health workers with narrative ethno-systemic approach

Ethnopsi, Italy
Website www.etnopsi.it

CONTEXT

The School of Ethno-Systemic Narrative Psychotherapy in Italy periodically collaborates with NGOs, local health and social services and also with the Departments of Mental Health. The Departments of Mental Health are the set of structures and services that, since the 1980s, have had the task of taking charge of the demand for care, assistance and protection of mental health within the territory defined by the local health authority. The training course promoted in 2020 and entitled *The mental health of forced migrants: construction of a territorial "care" pathway in the Marche Region* involved the mental health centres, which in the public service in Italy are the first reference centres for citizens with mental distress. They coordinate all prevention, treatment and rehabilitation interventions for citizens suffering from psychiatric pathologies. Mental health centres are headed by a multi-professional team consisting of at least one psychiatrist, one psychologist, one social worker and one professional nurse.

DESCRIPTION

The online course, consisting of 13 seminars, conferences, and specific weekly case supervision, aimed to develop an organisational model of integrated territorial psychiatry in the region and to adopt a common culturally sensitive approach that respects the systems to which the subject belongs. In addition, the ethno psychiatric skills for understanding the different cultural horizons, decoding the signs of suffering, taking care of the person - from prevention to treatment and rehabilitation - and the actions aimed at facilitating and stabilising the relationship between the public health service and private subjects have been deepened. Ethno Psychiatric theory and technique are based on the narration of one's own biographical journey in order to underline the holding character of suffering: a tool to relocate events in an order and a constellation with meaning. Ethnopsychiatry deals with the mental health of migrants. In the migratory experience, especially if it is forced and accompanied by traumatising events, storytelling and memory can be a valid moment of re-organisation of long-term projects and desires, which are often blocked or broken. It is precisely the practice of storytelling that allows us to co-construct with the patient, and with the ethno-psychiatric team, the meaning of migratory violence, thus controlling its devastating effects and the repeated crises that cannot be contained.

TARGET

The direct beneficiaries are 50 operators, nurses, social workers, psychologists, psychiatrists of the Departments of Mental Health of the Marche Region and of some social cooperatives in the territory working with migrants. The indirect beneficiaries are the migrants taken care of by the cooperatives in the area: asylum seekers, forced migrants and victims of trafficking for the purpose of sexual exploitation, labour and begging; women victims of forced marriages, genital mutilation, forced abortion, domestic violence, rape.

FUNDING

The course led by the Etnopsi trainers was part of a FAMI project implemented by On the Road with the involvement of the Departments of Mental Health of the Marche Region, funded by the Ministry of Interior and co-financed by the EU Asylum, Migration and Integration Fund (FAMI) 2014-2020.

3.1.2 Artistic and expressive workshops

Theatre workshop for people with mental disorders

Pope John XXIII Community Association, Italy
Website www.apg23.org

CONTEXT

Pope John XXIII is an international organisation, founded in 1968 by Don Oreste Benzi, and committed to the fight against marginalisation and poverty. Since 1996, it has set up an anti-trafficking service, particularly for victims of sexual exploitation, with an intersectional and intercultural approach. In fact, it is currently registered in the register of implementing bodies of the single programme for the immersion of trafficking. The service includes 27 street units and 5 indoor first contact teams; reception in shelters and/or family houses providing health care, psychological support and legal assistance, language and vocational training, reintegration into the world of work, social integration, financial education and, in the case of mothers, maternity support; awareness raising and political action to remove the causes of serious forms of exploitation and gender-based violence, prevention initiatives in schools and universities.

This good practice is carried out by the Pope John XXIII social cooperative, which was created by Don Benzi's Community to provide a therapeutic programme for marginalised people with alcohol, drug or gambling addictions and mental health problems.

DESCRIPTION

The aim of the theatrical and expressive workshop, run by educators and art therapists, is to regain possession of one's dignity, expressing one's emotions and talents, and a healthy relationship with one's body. The workshop is based on the principles of nonviolent empathic communication, with a focus on gender equality. Moreover, the beneficiaries are protagonists in the construction of skills useful in the process of social and work reintegration. They also experience the value of human rights and develop self-awareness to improve relationships in the community in which they live and in the society in which they will have to re-integrate, overcoming the stigma of mental health. The first phase is about expressing one's emotions and building empathy. Beneficiaries learn which conditions hinder them, they also improve active listening, attention to emotions and needs, practice orientation in space and time, breathing, posture, eye and body contact. The second phase consists of externalisation and staging, starting from the identification of a theme, an author, a literary/poetic text through improvisation to the construction of the script and set design.

TARGET

The beneficiaries are marginalised people, women and men, who live in the "San Giovanni Battista" shelter, sent by the mental health services and territorial social services or also by the pathological addiction services or other shelter communities. They include women prisoners and their children under alternative sentences, in cooperation with the General Inspectorate of Prison Chaplains, and women victims of sexual exploitation and domestic violence. Generally, the victims of sexual exploitation come from Italy, Nigeria, Romania, Albania, Bulgaria, Moldova, Ukraine and Brazil and are between 25 and 50 years old. Victims of domestic violence are older women between 35 and 50 years old.

FUNDING

The workshop receives annual contributions from municipal public institutions or local foundations or private donations and is also included in the life project established for each beneficiary by the social services.

3.1.3 Counselling and support to migrant women in conditions of serious vulnerability

Counselling centres for women detained in deportation centres

Differenza Donna, Italy
Website www.differenzadonna.org/

CONTEXT

Differenza Donna has been involved since the 1990s in the development of specific forms of accommodation dedicated to women involved in human trafficking. It is registered in the register of the implementing bodies of the single programme for the emergence of trafficking, and has supported hundreds of women in their escape from the condition of sexual exploitation and in their social and judicial paths, also participating actively in court proceedings by acting as civil plaintiff before the Assize Courts which, in addition to the crime of exploitation of prostitution and trafficking, have also ascertained the condition of enslavement of women. It also contributed to raising the awareness of the authorities on the vulnerability of asylum seekers, promoting a collaboration formalised first in the referral system before the Territorial Commissions and then in the cooperation protocol signed with section XVIII of the Court of Rome for the recognition of victims among asylum seekers challenging the refusal orders of the Territorial Commissions for International Protection. In addition to the reception of victims of sexual and/or labour exploitation or begging in the "Prendi il volo" centre, it has set up a desk at the Centre of Permanence for Repatriation (C.P.R.) in Ponte Galeria with the aim of bringing to light situations of exploitation. Being present at the C.P.R., which has a capacity of 125 places, with a weekly desk allows us to monitor the situation and support the women victims on Italian territory. Over the years, Differenza Donna has also been able to support other women within the C.P.R. who have been victims of gender-based persecution, forced marriages, female genital mutilation, ill-treatment and stalking, thanks to the strategic presence of expert operators. Over the years, they have been supported not only in their exit from the C.P.R. but also in their escape from violence. In every C.P.R. (not only nationally, but also in the countries of the European Union) the presence of an association dealing with gender-based violence is therefore recommended.

DESCRIPTION

Differenza Donna has structured a specific reception methodology and at the same time a network, which also includes the staff of the C.P.R., consultants, doctors and territorial commissions. It is a desk that is relevant to the emergence of all forms of violence and exploitation, to the taking into account and support of victims and that uses a gender, intersectional and feminist perspective. In addition to specialised operators, lawyers are involved who are experts in immigration, criminal, civil and juvenile law. Differenza Donna has an institutional network (hospitals, advice centres) where, if necessary, the women received or hosted can be sent for trauma-related treatment. Over the years, Differenza Donna has also made use of ethno-psychiatric associations for individual or group consultations. Since 2016, with the project Stay - Start to talk about you, financed by the Lazio Region, the counter activity for migrant women waiting for repatriation has been implemented at Ponte Galeria.

TARGET

It is aimed at women victims of trafficking for the purpose of sexual/labour exploitation and/or begging. The Help Desk within the Ponte Galeria C.P.R. welcomes women detainees without valid residence documents. Prevalent age 20-35 years. The nationality is mainly Nigerian and Romanian.

FINANCING

Two years of funding by the Lazio Region and the Equal Opportunities Department.

3.1.4 Counselling and support for migrant women in a severely vulnerable situation

Advice and support centre for people in the sex trade

Evonhuset, Sweden
Website https://malmo.se/evonhuset

CONTEXT

In Sweden, prostitution is considered to be a social problem; therefore the Evonhuset service offers help and support to anyone who has fallen into the web of the sex trade. The legislative framework is broad in the sense that trafficking involves migrants and therefore the whole legal context of asylum law is linked to it. There are two main practices within this activity.

Evonhuset is the reception, listening and support centre for people who sell or buy sex, their relatives, as well as people with pornography addiction problems. The following services are provided here: support interviews, advice and support in organising one's life, support in contacts with the authorities and in finding work and training. The service is aimed at people aged 15 and over.

Regional coordinators also work in Malmö municipality to strengthen support for victims of trafficking and people involved in prostitution, as well as victims of forced marriages, organ sales, exploitation for begging, etc. The coordinators intervene personally to support victims of trafficking and prostitution. The coordinators intervene personally to support the beneficiaries in knowing and putting into practice their rights and in networking with local authorities and organisations. Another function of the coordinators is to identify gaps in the system, including through relations with migration agencies and the police.

DESCRIPTION

All the operators involved are socionom or sociologists and not therapists. The modalities they refer to in the support interviews are linked to the "advice and support" method. This method is inspired by cognitive-behavioural therapy and is based on motivational interviewing but also on grief counselling. They are also trained to support the relatives of the beneficiaries. The counselling is based on an alliance and cooperation with the beneficiary, on the stimulation of personal motivation and on the fact that no predefined help is provided, but that together we try to find a way, and to shape the ways of helping that can be functional for the beneficiary ensuring her involvement.

TARGET

Evonhuset meets more people who are rooted in Sweden, i.e. Swedish by birth or residents with a regular residence permit. The majority of the people she meets sell sex, followed by those who buy sex, their relatives and finally people with pornography addiction. In the work of regional coordinators, however, many undocumented or homeless people of various nationalities are encountered. The majority of people contacted come from Romania, Nigeria, Vietnam, Thailand, Sweden, Syria, Ghana and others.

FUNDING

Evonhuset is fully funded by the municipality of Malmö, and the two regional coordinators are also employed by the municipality of Malmö, with co-financing from a national authority called Nationellt metodstöd mot prostitution och människohandel (Methodical support group against prostitution and human trafficking).

3.1.5 Psychosocial and mental health support pathways

Assistance and accompaniment of victims of political violence, ill-treatment and torture

Red Sir[a], Spain
Website *http://redsira.psicosocial.net/*

CONTEXT

Sira is a network of therapeutic, legal and psychosocial support in a context of violence. It is based in Madrid, has a team also in Barcelona and a network of professionals in Valencia and the Basque Country. Its objective is to provide comprehensive and specific assistance and support to victims of various forms of personal and structural violence that cause psychological distress. Sira provides specialised multidisciplinary clinical care to individuals or groups and especially to those who have been directly or indirectly affected by traumatic situations, losses or crises and survivors of political violence or disasters. The main 'areas of rupture' identified over the years are related to the feeling of loss of control over one's life and the ontological and identity impact of traumatic experiences. Sira works around the narrative, trying to re-signify those elements of experience that cause the most suffering.

DESCRIPTION

The approach used in accompaniment starts from a psychosocial and transcultural perspective, incorporating key elements of the cultural understanding of symptoms into the recovery process. Individual, couple and family sessions are carried out. As far as possible, work is carried out in the mother tongue of the person in care. To this end, priority is given to collaboration with interpreters, who are given a key role in the interaction.

In the area of clinical care, individual psychiatric care, brief counselling interventions, including walk-in therapy, and crisis intervention and psychotherapeutic accompaniment with a multidisciplinary approach are carried out. Therapeutic accompaniment is understood as an integral process in which all professionals involved in the person's repair process can be involved. Within the clinical or psychotherapeutic intervention, body techniques - mindfulness - are incorporated. In addition to clinical care, Sira's team works with medical-psychological expertise in relation to strategic litigation of cases, criminal complaint or defence proceedings in relation to situations of aggression, mistreatment or institutional violence or violence between individuals, when related to human rights violations, psycho-legal assessment processes, preparation and accompaniment of witnesses and victims, and reports for international protection applications. On some occasions, it also works with community psychosocial accompaniment.

TARGET

People who have been victims of various forms of personal and structural violence.

Women beneficiaries come from different parts of the country: Spain (34.5%), Latin America (33.4%), West Africa (17.8%), Middle East (4.3%), Maghreb (3.9%), Romania and Russia (3.9%) and East Africa (2.2%).

FUNDING

Funding is indirect public, from sub-contracts from various organisations within the international protection system; private funding from organisations or individuals who can pay for the services they receive; other grants and private donations. Currently, funding is also provided by the UN Voluntary Fund for Victims of Torture.

3.1.6 Psychosocial and mental health support pathways

Psychological support in the AFJ Foyer

Foyer AFJ, France
Website www.foyer-afj.fr/

CONTEXT

AFJ is an association specialising in the accommodation, protection and support of women who are victims of trafficking for the purpose of sexual exploitation. Thanks to 17 shelters and a multidisciplinary professional team, global and daily support is offered: material, medical, psychological, educational, administrative and legal support. The association offers a safe environment by working on a humanist approach that contributes to the creation of a bond of trust. Community life allows residents to feel surrounded and to share their experiences with women who have had the same experience. It also allows them to work on coexistence and openness to other cultures.

DESCRIPTION

The action in the Foyer AFJ is structured around four areas of activity for the identification and orientation of victims of trafficking and sexual exploitation. Before any treatment, the team carries out a rapid assessment of the person's situation and psychological state. The first contact is made by telephone on the initiative of the organisation (association, police, hospital, etc.) that wishes to refer the victim. An appointment is then made to assess the situation outside the foyer and an explanation of how the structure works is given. Then the team decides and proposes a date of entry to the person concerned. During the identification phase, special attention is given to women in a socially and psychologically vulnerable situation. As soon as they arrive at the Foyer, women are welcomed by the psychologist who makes a psychological assessment to identify various disorders and traumas. If necessary, they can be referred to a psychiatrist for pharmacological treatment. Psychological assistance continues throughout their stay at the Foyer. The psychologists offer regular individual interviews and group workshops once a week, conversation workshops and art therapy.There are 14 places available in the Foyer and 3 in a semi-autonomy consisting of flats opened in 2016 on an experimental basis and intended for victims engaged in legal proceedings against the exploitation network. Support is also guaranteed for victims accepted after leaving the Foyer on the basis of global and multidisciplinary support adapted to each victim.

TARGET

The Foyer is open to women over 18 years old. The average age of the residents is 25. The Foyer does not accept minors or women with children. 88% of the victims are foreign women of 26 different nationalities and 12% of the victims are French women. Most of the women have post-traumatic disorders. Each year, the team of professionals and volunteers accompany about 40 women. More than 800 victims have been helped since 2000.

FUNDING

The Foyer is financed by public institutions for up to two thirds and by private donors for one third. During the last 5 years, only three public funders (DRIHL, La Maire de Paris, Cour d'Appel de Paris) representing 55% of the budget have dedicated a constant amount to support the Foyer.

3.1.7 Psychosocial and mental health support pathways

Health and psychiatric care according to the Open Dialogue approach

Open Dialogue, Finland
Website https://open-dialogue.net/

CONTEXT

Since the early 1980s, a new type of psychiatric system has been developed, now known as the open dialogue system of care. The development of this approach was based on the vision of considering the patient and his or her family as active participants in planning and implementation, rather than as objects of treatment (Seikkula et al., 1995). A modification of a family-oriented approach to the treatment of psychosis, the needs-adapted approach developed by Alanen and his team (Alanen, Lehtinen, Rakkolainen, & Aaltonen, 1991), was applied and further developed in Western Lapland, Finland. The concrete objectives were to develop a comprehensive family - and network - centred psychiatric treatment model at the border between the outpatient and inpatient care systems. Since the 1990s, the entire psychiatric service system of the West Lapland Health District has been organised according to Open Dialogue principles and applied to the treatment of any mental health problem, not just psychotic crisis. The aim of the work is to respond promptly to crises, while trusting and supporting the resources of the family and other network members. From the beginning of treatment, care is taken to listen carefully to the concerns and hopes of the persons involved in the treatment in order to allow for a dialogic interaction. Open dialogue is widely implemented in different contexts around the world, where the aim is to increase people's psychological and emotional resources, emphasising human rights and empowerment in care and support processes.

DESCRIPTION

The central idea of psychiatric services is based on collaboration. There is an active position in creating and maintaining dialogue with partners and other agencies in the community. Service provision in Western Lapland is based on the seven principles of open dialogue. These principles were developed on the basis of a study carried out in the area since 1980. The basic principles on which the services are built and which they aim for in their clinical practice are: immediate help, a social network perspective, flexibility and mobility, responsibility, psychological continuity, tolerance of uncertainty and dialogue.

TARGET

Dialogue-based, needs-adapted and collaborative practice is used in all situations where people are in crisis. Women and men use the services equally. Since all kinds of crises are treated in Finland, violence and abuse are part of these situations. In these cases, cooperation with social services is very important. The approach to victims also involves targeted interventions such as accommodation in a shelter (which is 130 km away and belongs to another organisation) and a trauma-informed therapy team. The people involved are mainly Finnish-speaking. But in several cities groups of refugees from Syria and Iraq are received and with this target group the collaboration of interpreters alongside mental health professionals is indispensable.

FUNDING

Health care systems in Finland are supported by public funding.

3.1.8 Psychosocial and mental health support pathways

Counselling and support for victims of honour-based violence, forced marriage and abduction

Papatya, Germany
www.verschleppung.papatya.org/

CONTEXT

In Germany there are in particular two networks dedicated to forced marriages in which Papatya takes part. The Federal Conference against Forced Marriages (BuKo) is a network of protection organisations and counselling centres specialised in forced marriages, committed to the exchange of experiences and the development of common policy demands. The Berlin Working Group against Forced Marriages, founded in 2001 on Papatya's initiative, is coordinated by the Officer for Women and Equal Opportunities of the district of Friedrichshain-Kreuzberg and is composed of representatives of reception centres, counselling centres, schools, youth welfare offices, immigration officials and other institutions. Papatya is thus an interculturally competent team of women in the fields of social work, psychology, politics and law, which for over 35 years has been providing advice and assistance to girls and young women - who have to flee their families - currently in Turkish, Kurdish, Arabic, Farsi, English and German.

DESCRIPTION

Papatya offers three forms of support. Papatya Shelter is a secret shelter with 8 places available for girls and young women facing family violence, forced marriage, honour-based violence. Established in 1986 because Turkish girls could not be adequately protected in ordinary youth welfare institutions (parents would turn up at the service premises and take them back to their families by force and staff would be threatened), this specialised shelter has become a model for shelters in other German federal states. Entry is based on voluntariness and the stay should last about 6-8 weeks but can be longer. The young people are seen as a resource for others facing the same problems, perceiving that "they are not just one black sheep". During the stay, they are supported in developing future perspectives - in cooperation with the youth welfare office, the job centre and other institutions - including returning to their parents or relatives or being sent to a youth community/women's home in Berlin or outside.

SIBEL is an anonymous and free counselling line, mainly via email, for victims of honour-based violence, forced marriage and abduction but also for men, LGBTIQ and couples opposed by their families. Since 2004, advice has been offered in German, English and Turkish.

Since 2013, the Coordination Centre against Abduction and Forced Marriage has been offering advice and help to girls and young women who are afraid of being deported abroad, of being forced into marriage abroad, or who are already detained abroad against their will. Once taken to Turkey, Iraq, Lebanon or another country, most of them without a passport or mobile phone, they are unable to defend themselves against marriage to an unloved man.

TARGET

The shelter is for girls and young women (aged 13 to 21) with a migration background. The girls are admitted under Section 42, the young women under Section 41 of the Children and Youth Welfare Act.

FUNDING Papatya/Shelter is funded by the Berlin Youth Senate and the local youth welfare authorities. The online counselling is funded by the Berlin Women's Senate from 2020.

3.1.9 Psychosocial and mental health support pathways

Person-centred psychotherapeutic accompaniment based on the hermeneutic phenomenological method of competence-centred psychotherapeutic interviewing

Fundación de solidaridad Amaranta, Spain
Website www.fundacionamaranta.org/

CONTEXT

Psychological and psychotherapeutic assistance is included in the programme of Fundaciòn de solidaridad Amaranta, which has maintained its services during the pandemic through telematic means. The Foundation operates in Algeciras, Asturias, Granada, Balearic Islands, Logroño, Ourense and Valencia. Women victims of sexual exploitation and/or prostitution access psychotherapeutic accompaniment because they manifest a personal mismatch and are referred by services or other institutions. In April 2021, the plenary session of the Sectoral Conference on Equality (CSI) approved the creation of comprehensive 24-hour support services for victims of sexual violence. And in 2022, an implementation of care and protection services in a single Trafficking Victims Plan and a new Sexual Freedom Act is planned from the Comprehensive Plan to Combat Trafficking in Women and Girls for Sexual Exploitation 2015-2018.

DESCRIPTION

Accompaniment, in the person-centred approach, better defines the psychotherapeutic action, approaching in a multidimensional way the world experienced by the woman (satisfaction of vital, social and cultural, affective and emotional, cognitive and intellectual, existential and spiritual needs). The person's experience does not categorise her in the symptom and does not 'mutilate' her, leaving out the construction of her subjectivity and the consideration of the person as the bearer of a life project. Psychotherapeutic intervention must be aimed at promoting conditions that facilitate the development of one's potential and resources in solving problems related to social well-being. Mental health is understood as a woman's "social well-being", which also means meeting needs and developing potentialities/competences. At a methodological level it is necessary to work with the phenomenon that emerges at the moment: it is the woman who gives the direction to the pathway, she allows the psychotherapist to enter her existence. It is necessary to work on the perception of oneself, of one's own reactions and on the expression of one's own vision of the world, of emotions and feelings. The woman and the therapist are involved in an intersubjective interaction and narrative intervention, in which she is the focus and the therapist the instrument/resonance box.

TARGET

The target group includes a wide diversity of subjects: women from Spain, Latin America and the Caribbean, Eastern and Sub-Saharan countries. They are single parents and/or have several children in their country of origin, or are women from large families or different households. They are used to surviving with their children and have been forced to migrate to support their families. They have poor literacy, limited health education and culture. They are often lured by psychological and physical networks, or by deception with job expectations, or by emotional-dependent and perverse ties, or through Yu Yu (ritual submission and family threat).

FUNDING

Law 11/2020 of the General State Budget for 2021 provides grants for organisations that provide assistance to victims of sexual exploitation and trafficking. Some of Fundaciòn de solidaridad Amaranta's services are therefore guaranteed by the Ministry of Equality and others by regional governments.

3.1.10 Psychosocial and mental health support pathways

Group intervention programme for women victims of GBV

Centre of Psychology Rosario Vaca Ferrer, Spain

Website www.rosariovaca.com

CONTEXT

The centre's programme is aimed at women who have experienced various forms of violence. Through the programme, not only women with PTSD are treated but also those with other psychological problems resulting from GBV and which can be equally disabling. The objectives of the programme include improving the quality of women's lives, recognition, clarification of personal values (partner, family...), behavioural activation, taking actions that promote values to protect themselves and solve problems in their lives (legal, economic...), recognising indicators of abuse in a relationship, acceptance of personal history, and feelings and thoughts related to traumatic experiences. This programme is implemented, together with other therapeutic approaches, within the Group Psychological Assistance Service for women victims of gender-based violence by a partner or ex-partner. It is managed by UTE FUNPSI (Spanish Foundation of Psychology and Health) and FUNCOP (Foundation for the Training and Practice of Psychology) created by the professional orders of Psychology of Eastern and Western Andalusia. More concretely, the group intervention programme for women victims of gender-based violence with Contextual Therapies is practised in the province of Cadiz, Spain.

DESCRIPTION

The group intervention - consisting of 6 to 12 women - starts from a hypothesis about possible problematic behaviours and factors common to all participants, namely guilt feelings, justification of violence, difficulty in identifying the risk, not recognising the effect of violence on sons and daughters, not wanting to leave the relationship or feeling unable to do so, and others. Therapeutic goals are defined according to the assessment and the concrete problem of the participants. In general, the goals include making the woman feel recognised, promoting acceptance of her negative feelings and emotions, putting emphasis on acting, making decisions and engaging in actions that will lead her to a more meaningful and valuable life, even if initially symptoms persist and may even increase. In the first phase of the workshop where the first contact between the women and the therapist takes place, the assessment begins: the women start to tell about their experience and the basis is laid for creating a good therapeutic relationship and connection in the group, contextualising the violence. The second phase addresses in depth the issues raised in the initial sessions. The 11 sessions and the objectives are adapted to the needs of the participants and address issues related to the couple, the concept of love, the need to choose and protect oneself, guilt and feelings of fear and pain about the experiences. Strategies are offered to manage anxiety, to get out of a depressive situation, to deal with legal problems, or difficulties with sons and daughters and the ability to make decisions. In this perspective, working on one's own values, and acting from them, is essential.

TARGET

Migrant and Spanish women victims of violence, resident in Andalusia, who have suffered psychological, sexual, economic and physical violence and who have been victims of violence by their partner or ex-partner, or victims of trafficking, sexual exploitation, forced marriage, among others.

FUNDING

The service was launched in 2005 by the collaboration between the Andalusian Institute of Women and the Official School of Psychology of Western and Eastern Andalusia.

3.1.11 Psychosocial and mental health support pathways

Prevention and rehabilitation programme for people affected by or at risk of violence

Puls Foundation, Bulgari

Website www.pulsfoundation.org/bg/

CONTEXT

The priority of the PULS Foundation, which for over 20 years has been providing assistance and support to victims of violence and/or trafficking through a crisis centre, hotline and counselling programme, is to create and establish effective regional treatment programmes for children, adolescents, adults - and their families - who have experienced or are at risk of violence. In fact, Puls launched in 2020 the first national monitoring of existing institutional policies and practises in the field of gender-based violence in collaboration with the Centre for the Study of Democracy. To date, there is no such monitoring review in Bulgaria, despite data reporting that 1 in 4 women experience violence. The aim is to facilitate the effective implementation of the Child Protection Act, the Domestic Violence Act and the Anti-Trafficking Act in Bulgaria. In 2008 Puls opened a crisis unit for emergency accommodation of women experiencing violence and a shelter for long-term accommodation of people living on the streets to change their life situation.

DESCRIPTION

Pulse Foundation offers two types of activities that can be considered good practice in Bulgaria: prevention and rehabilitation. The first action addresses attitudinal and institutional prejudices that exist in cases of domestic violence and child abuse and adopts an educational approach and planning of community structures; the second one refers to identified cases of violence and adopts an individual and family approach. The first step is to ensure an emergency intervention in cases of violence before any family or individual care and trauma treatment. The social worker therefore cooperates with the Child Protection Department, the Children's Pedagogical Unit, the Public Prosecutor's Office and the Court. The multidisciplinary approach enables the provision of therapeutic psychological, social, legal and employment support. Also included in the programme is the Centre for Social Rehabilitation and Integration "Tatyana Arsova" for the provision of housing and recovery services after trauma. Inclusion in the Crisis Centre for people and children who are victims of violence and/or at risk enables the mobilisation of resources to overcome the situation of dependency on the abuser. Accommodation is guaranteed immediately and can only be provided on the basis of the application-declaration submitted by the beneficiary. When the person is accompanied by a child and is his/her parent or guardian, or a person providing substitute care, the child is accommodated with her/him. When the victim of domestic violence is a pregnant woman or the mother of a child under the age of 3 and is at risk of abandoning the child, she is immediately accommodated with the child. Training courses for exploitation specialists, preventive courses for children, young people and adults at risk of trafficking are also promoted to build behaviours based on equality.

TARGET

The target population are men, women and children who have suffered domestic violence, physical violence, mental violence, sexual violence, abandonment, trafficking for the purpose of labour exploitation, for the purpose of sexual exploitation/prostitution, for the purpose of begging, for the purpose of pickpocketing, for the purpose of marriage. Mainly Bulgarian nationals but also other nationalities: Ukrainians, Arabs etc.

FUNDING

The funding of the Crisis Centre is guaranteed by the State Budget and other practices are implemented on the basis of project funding.

3.1.12 Psychosocial and mental health support pathways

Identification and integration programme through peer mentors

Sisa Project, Germany - Spain - Italy

Website https://sisa-europe.eu/

CONTEXT

The Identification and Integration through Mentoring Programme is part of the project SISA. Strengthening the Identification and Integration of Survivors of Sex Trafficking from West Africa through a Peer-to-Peer-Approach and through Transnational Dublin Return Counselling and Assistance, promoted by German NGOs in cooperation with Italian and Spanish NGOs. Trafficking survivors selected by NGOs in Germany are trained to identify potential victims among asylum seekers using a peer-to-peer approach. In this way, more women receive information about their rights, get in touch with social workers to whom they can report their victimisation during the asylum process and are informed about services offered by specialised local NGOs. In Spain and Italy, the peer mentoring programme aims to support the reception and integration of West African victims already identified by NGOs. In Spain, migrants in an irregular situation have access to emergency public health care. However, in order to access specialised services, they must be registered and have a social security number (and to obtain this, a residence permit is required). Due to the lack of public services, NGOs often provide psychiatric assistance and given the difficulty of many women to rely on psychological assistance services, they also offer therapeutic paths. In Italy, the provision of services is carried out through a single programme of emergency, social assistance and integration of territorial social services and/or private individuals, registered in section II of the register of associations and bodies that carry out activities in favour of immigrants (art.52 D.P.R. 394/1999). Access to emergency health services is guaranteed to all, as is short-term pharmacological treatment. Psychotherapeutic and/or rehabilitative support paths are rarely free of charge and guaranteed by the public service if the women are not residents. This is why women - and their children - expelled from northern Europe, under the Dublin Regulation, are at greater risk of not receiving assistance.

DESCRIPTION

The Peer Mentoring Programme for Identification aims to develop a training course that equips survivors to identify other victims within refugee reception centres in Germany. This educational strategy is based on the influence of peers within a group in terms of behaviour and social skills because they are also perceived as credible subjects. Peers are in turn supported by supervisors in their emotional stabilisation. The peer mentoring programme for integration takes place in two phases: a training phase (6 months) and an active phase (12 months). In the active phase, the mentors are able to use the information and skills they have acquired to support the integration of their peers, receiving support from the trainers and a constant exchange with the team of operators.

TARGET

The beneficiaries of the peer support are survivors of trafficking, mostly between 18 and 34 years old, Nigerian and Cameroonian, mothers with minors, also with disabilities, and have been victims of GBV in the countries of origin and transit: gang rapes, forced marriages, domestic violence, torture, forced abortion, FGM. Women assisted through Transnational Dublin return counselling and assistance were also exposed to the risk of re-victimisation and negative psychological impact (PTSD).

FUNDING

The practice is funded by the EU Asylum, Migration and Integration Fund for two years.

3.1.13 Psychosocial and mental health support pathways

Support in the transition from shelter to independence

Payoke, Belgium
Website www.payoke.be/

CONTEXT

Founded in Antwerp in 1987, Payoke was the first anti-trafficking NGO in Europe. Payoke, an organisation fighting against the trade and exploitation of people, aims with its Life Beyond the Shelter project to ensure a long-term positive integration of trafficked third-country nationals into the host society by strengthening support in the transition from shelter life to independence through practical, innovative and empowering tools and solutions. Implemented by five victim support organisations from Belgium, Germany, Italy and Spain, LIBES was designed to produce and implement real-life solutions such as a long-term intervention kit, an independent living skills training curriculum, dedicated helplines, a mentoring programme, a befriending programme and a transitional house.

DESCRIPTION

An independent living skills curriculum has been developed that addresses areas such as managing personal finances, accessibility of public administration services, finding a flat, managing a family, finding a job, communication between cultures and self-care. In Antwerp, Belgium, to facilitate beneficiaries in their transition to independence Payoke offers a temporary residence to meet their special needs and provides centralised support services to strengthen their self-sufficiency. It has also developed a training curriculum that teaches independent living skills and offers survivors guidance for daily living on topics such as budgeting, home management, self-care, safety, social skills, finding work and housing, and navigating government systems. In addition, through a peer mentoring programme, it matches female beneficiaries leaving the shelter with former victims of trafficking who have successfully integrated or local volunteers to promote their social inclusion and independent problem solving.

TARGET

The interventions were mainly implemented with women victims of sexual exploitation, mostly Nigerian women between 20 and 30 years old.

FUNDING

The project was funded by the EU's Asylum, Migration and Integration Fund.

3.1.14 Multidimensional and network approaches

FGM and forced marriage helpline

Differenza Donna, Italy
Website www.differenzadonna.org/

CONTEXT

In Italy, the Department for Equal Opportunities coordinates actions aimed at preventing and combating FGM, in accordance with Law 7/2006 containing "Provisions concerning the prevention and prohibition of female genital mutilation practices". The Italian law has also been defined as an example of best practice by the UN Secretary-General in the 2011 Report on FGM. FGM is prevalent mainly in 28 countries in Sub-Saharan Africa, but is also present in Oman, Yemen and Indonesia. Women and girls who have undergone FGM or are at risk of undergoing it also live in Italy and Europe. As several NGOs have reported particular situations of discomfort and discrimination especially in first reception centres towards migrant women and in centres for asylum seekers, in 2017 Guidelines for the early recognition of victims of female genital mutilation or other harmful practices were produced and disseminated.[55]

The Differenza Donna telephone line is therefore aimed at migrant women present on Italian territory who are victims of FGM and/or forced marriages. The main objective is to receive women's requests in order to direct them to services, such as hospitals, counsellors, associations dealing with FGM/forced marriages on the national territory. If the woman who contacts the line is in Rome, she will be taken care of by one of the anti-violence centres managed by Differenza Donna in the Lazio region.

DESCRIPTION

The methodology applied is based on a gender, intersectional and feminist perspective. The telephone line answers 24 hours a day, 7 days a week. Operators specialised in gender-based violence and FGM answer the phone. It is possible to ask for information via whatsapp or email or to watch videos on the website in ten different languages. The multi-sectoral support network also includes the advice centres and hospitals in the Rome area, as well as Differenza Donna's legal office. Over the years, Differenza Donna has built up an institutional network where, in case of need, women who receive counselling or shelter guests can be sent for trauma-related treatment.

TARGET

The helpline targets migrant women who are mainly victims of FGM. Although, over time, requests for help have also been received from women victims of forced and arranged marriages. The most contacted nationalities are Nigerian and Somali in the age range of 20-30 years. In addition to being victims of FGM and/or forced marriage, the women were also victims of mistreatment.

FUNDING

Between 2018 and 2020, the line was funded by the BEFORE project. At the end of the project, Differenza Donna, recognising the importance and effectiveness of this unique helpline, saw fit to support it at its own expense.

[55] Online: http://www.pariopportunita.gov.it/wp-content/uploads/2018/01/file-unico-mgf_eng.pdf

3.1.15 Multidimensional and networking approaches

Networking and victim support, Sweden

Noomi - Hela Människan i Malmö
Website www.noomimalmo.se/

CONTEXT

Noomi is an organisation that offers support to people exploited in sex trafficking or prostitution. Noomi runs sheltered accommodation, awareness-raising initiatives and a legal advice centre for victims of sex trafficking and people engaged in prostitution. In addition to this, the organisation has a project focused on supporting people in the Thai massage industry in Malmö. The activities are run by the non-profit organisation Hela Människan in Malmö. Noomi supports victims of sex trafficking and people involved in prostitution. The organisation mainly employs sociologists and social workers and deals more with the social, legal and practical aspects of their clients' lives and works in synergy with clinics and organisations that help support the target group also in medical and mental health aspects. In Sweden two laws facilitate access to medical support also for non-residents: Act 407 of 2013 "On health and medical care for certain foreigners staying in Sweden without the necessary permits" and Act 344 of 2008 "On health and medical care for asylum seekers etc.".

DESCRIPTION

Noomi does not provide direct health care but works in a network with other bodies. "Doctors of the World" provides free medical support to all those who are not resident in Sweden and therefore do not have access to health care (only first aid); "Flyktinghälsan" is a clinic for refugees and allows all asylum seekers and refugees to have access to health care at an affordable price, many medical centres. All those who do not have a social security number can also access their services at a modest price for physical care, but also mental care as they offer psychological counselling. Before booking an appointment, Noomi's social worker meets the beneficiary, assesses her risk level, tries to understand her needs, and collects her personal history in a diary. Finally, the social worker proposes a plan to the beneficiary and, if the beneficiary's response is positive, she starts to organise appointments, explaining her particular situation to the partner organisations. The beneficiary, after being accompanied to the first appointment, will be able to organise the meetings by herself, even if she is supported with medical and transport costs.

TARGET

The beneficiaries are women in shelters (sometimes with their children), minors supported indirectly through their parents and people who come into contact with Noomi through outreach work including prostitutes, trafficking victims, refugees, asylum seekers. Most of them are non-European citizens and are mostly between 20 and 50 years old, including trans women. The prevailing nationalities are: Latin American women - from the Dominican Republic and Ecuador but resident in Spain - and women from Africa (Nigeria, Cameroon, Kenya). Women in prostitution are often victims of physical risks (assault, theft, sexually transmitted diseases) and subjected to psychological violence. They therefore need specialised support because of the trauma they have suffered. Many of them suffer from anxiety and PTSD.

FUNDING

The practises are supported by state funds, contributions from the Gender Equality Agency, support from other organisations, funds from Malmö municipality and social services, and donations from private individuals.

CONCLUSIONS

Organisations from 11 European Union countries, in particular those specialised in anti-violence services and services for women victims of sexual exploitation and prostitution or dedicated to the reception of asylum seekers, responded to the research team's invitation to report on mental health and other specific services to support migrant women victims of GBV. It emerged that, although sexual exploitation is the most common form of violence among migrant women - and to some extent also forced marriages - asylum-seeking and refugee women are the ones who suffer most from multiple violence and discrimination before, during and after the migration journey. Factors that are now even more evident along the routes to Europe.

The collected practices, focused on women's migratory expectations and on the therapeutic narration of their experience of the journey also in the traumatic experiences and of the recovery and rehabilitation paths experienced, also highlighted a specific attention for mothers by most of the contacted NGOs. The reports on the state of mental health of the female population in Europe showed in fact that single mothers were the most affected by the pandemic, especially among ethnic minorities and in the most peripheral areas. Difficulties in accessing basic and even mental health services, also reported in the so-called GREVIO shadow reports by NGOs from different EU countries, also stimulated them to create new strategies to intercept victims and support them in long-term exit from violence.

A number of challenges for the coming years were highlighted that cannot be underestimated in the current migration landscape to Europe. The most significant and current challenge is the creation of teams of health professionals - and the renewal of existing ones - trained in a gender-sensitive, culturally sensitive approach and in intercultural and interreligious competences, without which the distance between services and the victim is inevitable. Linked to this, there is an urgent need to create more connections with ethnic and religious communities, vulnerable groups and ethnic minorities in the more peripheral areas of cities and in the countryside, and also to ensure health information in the main languages of GBV victims, language mediation services or interpretation in hospitals and health and social services. This was one of the most evident gaps in the lockdown months of 2020. Moreover, the challenge emerged of planning and continuously evolving different types of psychosocial support pathways based on skill life and not only on drug therapies, long-term care pathways not only in emergency, beyond the migrant's status, and the construction of life projects also through social reintegration centres/workshops for autonomy.

What remains successful in treating the mental wellbeing of migrant women victims of GBV is however the multidimensional approach that not only strengthens referral mechanisms where they exist, but also renews in an open process an effective network between NGOs, helplines, social and health services and low-threshold services in Europe. In any case, the ethics, passion and courage of operators, intercultural mediators, social workers, doctors and nurses who, in the public and private social sectors, continue to offer care services despite the pandemic, must be encouraged. And who also continue to invent new strategies, focusing on the needs of victims and the relationship of trust that is possible with each of them - and often with their children -, giving space in their work to women survivors, adequately trained, to motivate other women who have just come out of GBV to undertake long-term empowerment projects.

GLOSSARY

GBV GENDER VIOLENCE Refers to harmful acts directed at a person on the basis of their gender. It is rooted in gender inequality, abuse of power and harmful norms. GBV represents a serious violation of human rights and a threat to health and protection. It is estimated that one in three women will experience sexual or physical violence in her lifetime. During displacement and periods of crisis, the threat of serious injury increases significantly for women and girls. GBV can include sexual, physical, mental and economic harm inflicted in public or private settings. It also includes threats of violence, coercion and manipulation. It can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called honour crimes.

ANTI-VIOLENCE CENTRES These are reception, support and listening points for women who have suffered violence or are at risk of violence, and for their underage children. They are promoted by municipalities or other bodies managing social and welfare functions, or by associations and organisations working in the field of support to women victims of violence, or jointly or in consortium by both the above-mentioned bodies.

REFUGE HOUSE Reserved and protected place where women who suffer violence and their children can stay in safe conditions free of charge and independently from their place of residence, in order to protect them. Flats or houses can be reserved or are facilities that provide women and their children with physical and psychological safety as safe places.

DISCRIMINATION 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. It is one of the obstacles to integration. 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.

IDENTIFICATION A multi-step process necessary to understand whether a person has suffered violence, through the analysis of personal history (and of the migration route in the case of migrant women) and in general of the elements that emerge from interviews with the person and/or from hospital findings.

INTERCULTURAL MEDIATION Bridging action carried out by a person, trained in GBV, who does not necessarily have to be a linguistic mediator but who needs to be able to facilitate communication between a service and the beneficiary of the intervention, in a language understandable to both and capable of conveying codes as she knows basic elements of the culture, social structure, social ethics, economic conditions and scenario of both the country of origin and the host country. Mediation involves the suspension of judgement in active listening, the choice of an intercultural and multidimensional approach, and the building of a relationship of trust that takes into account the point of view of the victim/survivor.

MULTIDIMENSIONALISM Indicates that the intervention towards the person involves a series of diversified and gradual steps that take into account a variety of factors, including the person, his/her environment, the organisation of the service, the social context, his/her spiritual-community dimension. The multidimensional approach promotes synergies between formal and informal

resources and the activation of multidisciplinary experts to support the person, the operators, the social and health services and the community.

TAKE CHARGE This refers to the activation of a programme that envisages a personalised pathway out of violence within a shelter, in synergy with the local services. It includes short, medium and long term actions, aimed at social inclusion and empowerment, through constant monitoring.

RESILIENCE Dynamic process involving the interaction between individual resources and context. It is defined as the human capacity to cope with, overcome, and even be reactive in adversity, managing to use one's resources functionally and to reorganise one's life. According to several psychologists, it is based on three elements: a feeling of a secure inner base, self-esteem and a feeling of personal efficacy. The ways of reacting to violence are closely linked to the self-perception and the sense of belonging to a social and relational network, which is specific to each woman and also rooted in her personal history.

REVICTIMIZATION OR SECONDARY VICTIMISATION This is a type of institutional violence perpetrated by institutions, social services, health services. It is a negative social reaction to primary victimisation and is experienced as a further violation of women's rights.

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 subjection, 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, by actively listening to the beneficiaries and taking into account the different visions and traditions regarding the concept of health and illness, promote their recovery day after day by building a relationship of trust. The latter starts from the consideration of the woman as an active subject of her decisions and changes, and stands by her side to make them possible.

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.

BIBLIOGRAPHY

Artibani S., Balestrin P., Ciambezi I., Galati M.,Godino M.E., Liotti R., Luciani V., Moroni V., Pellegrino V., Resta C., Taricco M., 2020. Opportunità e sfide. Linee guida sull'integrazione delle sopravvissute alla tratta.
Online: https://www.apg23.org/downloads/files/La%20vita/Antitratta/RIGHT_WAY_ENG_WEB.pdf

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

Blöcher J., Eyselein L., Kolbe S., Wells A. Team accademico: Ciambezi I., Menzel-Kötz H., Mosebach-Kornelsen E., Sander C., Shrum J., Stefani G., 2020. Manuale per gli operatori. L'integrazione delle donne nigeriane sopravvissute alla tratta di esseri umani a scopo di sfruttamento sessuale. Pagg. 18-20. Online: https://intap-europe.eu/wp-content/uploads/HB_NIG_IT_Digital.pdf

Blöcher J., Eyselein L., Shrum J., Wells A. Revisore: Simon Kolbe. Team accademico: Ciambezi I., Mosebach-Kornelsen E., Sander C., Stefani G., Menzel-Kötz H., 2020. Rapporto di ricerca. Approccio intersezionale al processo di integrazione in Europa per le sopravvissute nigeriane alla tratta di esseri umani: rafforzare le opportunità e superare gli ostacoli. Pagg. 57-61 e pagg. 83-87. Online: https://intap-europe.eu/wp-content/uploads/ResearchReport_Nigerian_SoT.pdf

Ciancio B., 2014. Developing intercultural competence. The value of diversity in multi-ethnic Italy. An operational model. Bruno Angeli

Commission on Women's Rights and Gender Equality, 2020. Report on the gender perspective in the COVID-19 crisis and post-crisis perios. Online: https://www.europarl.europa.eu/doceo/document/A-9-2020-0229_EN.html

European Commission, 2021.Conference Report. Mental health and the pandemic: living, caring, acting! Online: https://ec.europa.eu/health/system/files/2021-05/ev_20210510_mi_en_0.pdf

European Commission, 2021. Report on GENDER Equality in EU. Online: https://ec.europa.eu/info/sites/default/files/aid_development_cooperation_fundamental_rights/annual_report_ge_2021_printable_en_0.pdf

European Commission, 2021. Communication from the commission to the European Parliament, the council, the European economic and social committee and the committee of the regions on the EU Strategy on Combating Trafficking in Human Beings. Online: https://ec.europa.eu/home-affairs/system/files_en?file=2021-04/14042021_eu_strategy_on_combatting_trafficking_in_human_beings_2021-2025_com-2021-171-1_en.pdf

European Commission, 2021. Communication from the Commission to the European Parliament, the Council, the European economic and social Committee and the Committee of the regions on the EU Strategy on Combatting Trafficking in Human Beings. Online: https://ec.europa.eu/home-affairs/system/files_en?file=2021-04/14042021_eu_strategy_on_combatting_trafficking_in_human_beings_2021-2025_com-2021-171-1_en.pdf

Council of Europe, 2011. Council of Europe Convention on preventing and combating violence against women and domestic violence. (STCE n° 210). Online: https://rm.coe.int/168008482e

Council of Europe, 2020. Declaration of the Committee of the Parties to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) on the implementation of the Convention during the COVID-19 pandemic. Online: https://rm.coe.int/declaration-committee-of-the-parties-to-ic-covid-/16809e33c6

Crowell, S.E., Beauchaine, T.P. & Linehan, M.M., 2009. A Biosocial Developmental Model of Borderline Personality: Elaborating and Extending Linehan's Theory. Psychological Bulletin, 135(3): 495-510.

US Department of State, 2021. Global report on trafficking in persons. Online: https://www.state.gov/wp-content/uploads/2021/09/TIPR-GPA-upload-07222021.pdf

The European House – Ambrosetti, 2021. Headway 2023 – Mental Health Index Report. Online: https://eventi.ambrosetti.eu/headway2023/wp-content/uploads/sites/196/2021/10/211005_Headway-2023_Report_DEF.pdf

European Institute for Gender Equality, 2020. Covid-19 and gender equality: gender-based violence. Online: https://eige.europa.eu/covid19-and-gender-equality/gender-based-violence

European Network of Migrant Women, 2021. La salute mentale delle donne migranti e il loro benessere. Online: https://www.migrantwomennetwork.org/wp-content/uploads/Mental-Health-Report-FINAL-Oct-2021.pdf

Fresko-Rolfo B., 2018. Forced marriage in Europe. Report (Doc. 14574). Online: assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=24806&lang=en

German trauma therapists' manifesto against prostitution, 2014. Online https://www.emma.de/artikel/traumatherapeutinnen-gegen-prostitution-317787

Grevio, 2021. Second general report on Grevio's activities. Online: https://rm.coe.int/grevio-s-second-activity-report-2021/1680a2165c

Huber M., 2014. Trauma und Prostitution aus traumatherapeutischer Sicht. Online: http://www.michaela-huber.com/files/vortraege2014/trauma-und-prostitution-aus-traumatherapeutisch er-sicht.pdf

International Labor Organization (ILO) & Walk Free Foundation, 2017. Stime globali della schiavitù moderna: lavoro forzato e matrimonio forzato.

Kóczé A. 2009. Missing Intersectionality. Race/ Ethnicity, Gender, and Class in Current Research and Policies on Romani Women in Europe. Budapest

Losi N., 2020. Critique of trauma. Ethnopsychiatric models, methods and experiences. Quodlibet Study. Macerata.

European Parliament, 2020, p. 6. Proposal for a report on the gender perspective in the COVID-19 crisis and post-crisis period.Online: https://www.europarl.europa.eu/doceo/document/FEMM-PR-653727_EN.pdf

European Parliament, 2021. Recognition of gender-based violence as a new criminal offence among the offences referred to in Article 83(1) TFEU Online: https://www.europarl.europa.eu/doceo/document/TA-9-2021-0388_EN.html

European Parliament, 2021. The EU strategy for gender equality. Online: https://www.europarl.europa.eu/doceo/document/TA-9-2021-0025_EN.html

ODIHR - OSCE, 2021. GUIDANCE. Addressing Emerging Human Trafficking Trends and Consequences of the COVID-19 Pandemic. Online: https://www.osce.org/files/f/documents/2/a/458434_1.pdf

OECD, 2021. Health at a Glance 2021: OECD Indicators. Online: https://doi.org/10.1787/ae3016b9-en

Sansonetti S., 2016. Female refugees and asylum seekers: the issue of integration. Study commissioned by the Policy Department for Citizen's Rights and Constitutional Affairs at the request of the FEMM Committee. Online: www.europarl.europa.eu/RegData/etudes/STUD/2016/556929/IPOL_STU(2016)556929_EN.pdf

Save The Children, 2019. Cos'è la violenza assistita e quali le conseguenze. Online: https://www.savethechildren.it/blog-notizie/cos-e-la-violenza-assistita-e-quali-le-conseguenze-sui-bambini

Save the children, 2021. Piccoli schiavi invisibili. Fuori dall'ombra: le vite sospese dei figli delle vittime di sfruttamento. Online: https://s3.savethechildren.it/public/files/uploads/pubblicazioni/piccoli-schiavi-invisibili-2021_0.pdf

«Each person feels like a gift to the measure that he exists for someone. If one does not exist for someone, in reality it is as if one did not exist».
Don Oreste Benzi