



# PROJECT CAPTIVE E-MANUAL

**Suggestions for an ‘ideal’ multicultural system to support  
migrant women victims/survivors of S/GBV**



### **Disclaimer**

This E-manual contains suggestions for improvements in the support offered to migrant and refugee women victims of S/GBV living in France, Germany, Italy, Malta, Spain and the UK. The contents of this E-manual should only be viewed as recommendations based on research and work undertaken in the course of 2 years through Project CAPTIVE. This publication has been produced with the financial support of the Rights, Equality and Citizenship (REC) Programme of the European Union. The contents of this publication are the sole responsibility of the CAPTIVE Project partners and can in no way be taken to reflect the views of the European Commission.



## 1. Introduction

UNHCR data<sup>1</sup> shows that we are currently witnessing the highest levels of displacement on record, with 68.5 million forcibly displaced people worldwide and 44,400 people forced to flee their homes each day because of conflict and persecution. Many of these people are internally displaced and are living in IDP camps in their countries of origin, others have travelled to neighbouring countries, and others still have journeyed to Europe. Among them is a rising number of women and girls, who are not only exposed to various forms of sexual and gender-based violence in their homelands, but also along the way and upon arrival in Europe. Their experiences of violence differ in many ways from those of local women; accordingly, the support offered by services in the host country should be tailored to the specific needs of this target group.

This is not always straightforward: service providers often find themselves grappling with complex needs, overlapping layers of trauma and crucially, cultural and linguistic differences. Migrant and refugee women feel at loss when attempting to access and navigate local services, and are often unable to communicate with professionals due to language and cultural barriers. Practices and procedures which can prove burdensome for local women are doubly cumbersome for migrant women. Women re-live their traumas in the numerous encounters with professionals and become increasingly vexed about the bureaucratic and administrative hurdles faced in their daily lives.

Addressing the complex needs of this target group may prove challenging for many professionals, particularly those who rely on limited financial and human resources; nevertheless, research and fieldwork conducted in the framework of Project CAPTIVE (Cultural Agent – Promoting & Targeting Interventions vs. Violence and Enslavement) indicate that inter-organisational cooperation, communication and information-sharing could go a long way towards improving migrant women's help-seeking experiences. This E-manual is a collection of suggestions based on research data collected in France (Bordeaux), Germany (Rhineland-Palatinate), Italy (Sicily), Malta, Spain (Seville) and the UK (Coventry); meetings with professionals and local stakeholders; and encounters with migrant and refugee women. While there are a range of cross-cutting issues, the specificities of each territory call for distinct approaches and solutions. The overarching aim of this E-manual is to promote effective and culturally-sensitive support for all the migrant and refugee women who grapple with the effects of violence and trauma, whilst attempting to re-build their lives in a foreign land.

---

<sup>1</sup> <https://www.unhcr.org/figures-at-a-glance.html>



## Table of Contents

<b>2. BORDEAUX (FRANCE): SETTING THE SCENE .....</b>	<b>6</b>
A. INTRODUCTION.....	6
B. GEOGRAPHY AND DEMOGRAPHICS .....	6
C. DECISION-MAKING IN THE LOCAL CONTEXT .....	6
D. MEETINGS WITH SERVICE PROVIDERS SUPPORTING MIGRANT WOMEN VICTIMS/SURVIVORS OF S/GBV.....	7
E. AN 'IDEAL' MULTICULTURAL SYSTEM .....	8
<b>3. RHINELAND-PALATINATE (GERMANY): SETTING THE SCENE .....</b>	<b>9</b>
A. MIGRATION, DISPLACEMENT AND GBV IN GERMANY.....	9
B. MIGRATION TRENDS .....	ERREUR ! SIGNET NON DEFINI.
C. SERVICES AND SUPPORT FOR VICTIMS OF S/GBV .....	10
D. THE RHINELAND-PALATINATE REGION: GEOGRAPHY AND DEMOGRAPHICS .....	10
E. SUPPORT SERVICES FOR MIGRANT WOMEN VICTIMS/SURVIVORS OF S/GBV IN RHINELAND-PALATINATE.....	11
F. ACCESS TO EXISTING SERVICES FOR MIGRANT AND REFUGEE WOMEN.....	14
G. GAPS IN SERVICE PROVISION FOR MIGRANT WOMEN VICTIMS/SURVIVORS OF S/GBV .....	14
H. AN 'IDEAL' MULTICULTURAL SYSTEM .....	15
<b>4. THE SICILIAN CONTEXT: SETTING THE SCENE .....</b>	<b>17</b>
A. MIGRATION INTO SICILY .....	17
B. GAPS IN SERVICE PROVISION FOR MIGRANT WOMEN VICTIMS/SURVIVORS OF S/GBV.....	19
C. AN 'IDEAL' MULTICULTURAL SYSTEM.....	19



<b>5. THE MALTESE CONTEXT: SETTING THE SCENE.....</b>	<b>21</b>
<b>A. MIGRATION INTO MALTA AND GBV .....</b>	<b>21</b>
<b>B. LEVELS OF DECISION-MAKING .....</b>	<b>23</b>
<b>C. GAPS IN SERVICE PROVISION FOR MIGRANT WOMEN VICTIMS/SURVIVORS OF S/GBV .....</b>	<b>24</b>
<b>D. THE IDEAL MULTICULTURAL SYSTEM .....</b>	<b>24</b>
<b>6. SPAIN AND ANDALUSIA: SETTING THE SCENE.....</b>	<b>35</b>
<b>A. MIGRATION TRENDS, GBV AND DECISION-MAKING .....</b>	<b>35</b>
<b>B. SHIFTING LEGAL CONTEXT AT THE STATE LEVEL.....</b>	<b>36</b>
<b>C. THE CHALLENGES OF THE NEW LAW IN ANDALUSIA. ....</b>	<b>37</b>
<b>D. THE 'IDEAL' MULTICULTURAL MODEL .....</b>	<b>37</b>
<b>7. THE UK AND COVENTRY: SETTING THE SCENE .....</b>	<b>40</b>
<b>A. MIGRATION AND GBV .....</b>	<b>40</b>
<b>B. GAPS IN SERVICE PROVISION FOR MIGRANT WOMEN SURVIVORS OF S/GBV .....</b>	<b>42</b>
<b>C. AN 'IDEAL' MULTI-CULTURAL SYSTEM: .....</b>	<b>43</b>
<b>8. WHO ARE WE? .....</b>	<b>46</b>



## 2. Bordeaux (France): setting the scene

### By Euro-CIDES (Bordeaux)

#### a. Introduction

The French CAPTIVE partner, Euro-CIDES, is located in Bordeaux, France. For this reason, the focus of this section of the E-manual has been placed on Bordeaux and its surrounds, since all public and nonpublic services with a direct link to the topics addressed by the CAPTIVE project are located in this area.

#### b. Geography and demographics

Located in the southwest of France, with 773 557 inhabitants (2015), Bordeaux is set to reach 1 million inhabitants by 2025. Bordeaux is an easily accessible area. Migrants often journey to Bordeaux via the European route, linking southern Spain to the North of Europe crossing several European countries, such as Belgium, the Netherlands, Denmark, Sweden, Norway/Finland. There is also a central station (with trains from northern Europe, Spain and Italy) and an international airport, serving over 120 cities in Europe and internationally. Finally, nearby, new Aquitaine also has a large stretch of oceanic beaches where boats can dock.

#### c. Decision-making in the local context

With regards to legislative texts, procedures and regulations, decisions are taken at the national level by the French State, whose organs are centralized in Paris. Concerning the implementation of legislation, this takes place in each region (of the mainland and overseas territories) and the Prefect, as representative of the State, ensures its implementation and proper execution. To do this, in each region, the Prefect appoints a Delegate in charge of monitoring and compliance.

Representatives of services working on the reception of migrants gather at least three times a year with the Delegate appointed by the Prefect. When refugees settle in this territory, the Prefect has the authority to decide on their relocation. For example, in autumn 2017, when the "Jungle of Calais" was dismantled, the Prefect decided to relocate minors in an unoccupied tourist accommodation centre, generally hosting children in the summer holiday, in a small town in South-Gironde.



#### d. Meetings with service providers supporting migrant women victims/survivors of S/GBV

From August to October 2017, forty individual contacts were made by Euro-CIDES with managers/representatives/employees (as well as a full team of professionals in a shelter for women victims of domestic violence) working for 27 local major public/community/private services. The main purposes of these interviews was to become acquainted with the services, as well as with the specific needs of migrant and refugee women victims/survivors of S/GBV.

In addition, two technical meetings with service providers were also held on October 31 and November 20, 2017. Through these 27 interviews and 2 meetings, it emerged that service providers:

- work mainly in small sub-networks and are often unaware of other service providers in the same territory;
- are generally trained in social work, but do not receive formal training on migration flows/cultural differences
- lament that there is lack of coordination in the area, but are wary of additional control generating potential limitations on their activities

The interviews were an opportunity to learn about the services and collect the contact details of relevant actors. This allowed to gradually identify overlaps in service provision in the area. As a result of these interviews, two main gaps were identified:

- ✓ lack of complementary training in cultural specificities for the professionals working in support services;
- ✓ lack of awareness among organisations of different actors operating on the territory<sup>2</sup>

---

<sup>2</sup> For this reason, during the technical meetings with support services, work was done on identifying service providers by themes (administrative procedures, defense of rights, access to care, education, training/employment, therapy, housing, religious actors, others -mediation, translation).



#### e. An 'ideal' multicultural system

The reception of migrants and the fight against violence vs. women are two issues dealt with first and foremost at national level. Representatives of the State and Prefects in various territories are also responsible for ensuring the implementation of central policies at the local level, following a principle of equality of rights.

Women (migrant and local) who have experienced or are experiencing violence can call 3919, a free emergency number (in addition to 112). Moreover, legislation passed in May 2016 offers protection to women who lose their immigration status as a result of leaving their husbands or partners. From a legal point of view, and so as to initiate the protection process, a formal complaint must be made to the police, followed by a consultation with a specialized emergency service.

**The effort to be made here in relation to migrant women victims of S/GBV is to encourage that at any time and place and at every stage of the help-seeking process:**

- **public services rely on qualified translators**
- **training is provided to all public stakeholders to learn about the cultural specificities and countries of origin of migrant women residing in the territory.**

As regards services operating in the field of migrant reception, Migrants' receptions (when authorized by the French State) are the responsibility of the Prefects who decide where to house them and which providers are to host them. Unfortunately, often existing structures, manned by associates are overcrowded, and fail to assist these people properly

**Coordinating these providers, is the difficulty faced by each territory that does not function in an identical manner in each region, since it is essentially led by so called third sector.**





### 3. Rhineland-Palatinate (Germany): setting the scene By Justizvollzugsanstalt Zweibrücken

#### a. Migration, displacement and GBV in Germany

Over 1.5 million people seeking protection have come to us since 2015 – 890,000 alone in the year 2015. Around 30 percent of refugees in Germany are women. Many of them are travelling alone or with children. They have frequently witnessed violence in many different forms in their countries of origin, or have had to bear it personally. The effects include psychological and physical injuries, as well as severe trauma.

Many women suffer daily from violence within the supposedly sheltered environment of their relationship with a partner – regardless of age, education, social status and ethnic origin. Domestic violence is not a private matter: it constitutes a criminal offence. Thus, according to recorded crime statistics, over 7,600 people were the victims of domestic violence in 2017. The number of unreported cases may be considerably higher.

Many asylum-seeking women are in need of psychosocial support after having experienced violence. Reception centers in Germany follow a policy of protection designed to shield the victims from further violence. Violence by a partner frequently leads to the victim's impaired health or even to serious medical consequences. In this situation, they mainly consult doctors, complaining from some form of disease, without being able to name the actual cause. Nevertheless, research and work in the field of counseling has shown that victims of violence in fact are waiting to be asked about the background of violence.



## b. Services and support for victims of S/GBV

### *Legal protection for victims of violence*

Women, men and children have equal rights and opportunities in Germany. Victims of violence have right to a range of protective measures.

### *Emergency assistance*

When a partner is becoming acutely violent, victims can call the police by dialing 110 or go to a police station. The police are obliged to attend to them immediately in order to protect them from further harm. The police can also order the perpetrator to leave the shared home for up to 14 days. Women affected by violence can also turn to a women`s shelter and be accommodated there with their children.

### *Counselling options*

Women affected by violence can obtain assistance, support and advice regarding further protection options from counselling centers, women`s shelters, victim support services and violence prevention hotlines. Specialist counselling centers provide information about next steps, whether or not the crime is reported. Reports can still be made later.

### *Protection orders under the Violence Protection Act*

A person who has become a victim of violence can apply for a civil court protection order, independent of criminal prosecution. Affected persons can receive support free of charge from violence counselling services to do this. Court interventions based on the Violence Protection Act (Gewaltschutzgesetz) come with a fee. People in need can access procedural financial assistance.

## d. The Rhineland-Palatinate region: geography and demographics



Rhineland - Palatinate is one of the 16 regions of the Federal Republic of Germany. It is located in the south-west of Germany and shares a border with France. It expands to about 20.000 km<sup>2</sup> and is home to about 4 M inhabitants. Therefore, Rhineland-Palatinate is the seventh largest region in the federation, with 5 cities of more than 100.000 inhabitants; nevertheless, it also has rural areas. While in 2015 about 53.000 asylum-seekers were registered in the Rhineland-Palatinate region, registry numbers drastically fell to 16.000 refugees in 2016. Of these, 57% were of Syrian and Afghan citizenship, followed by people with Iranian, Somalian and Eritrean citizenship.

#### e. Support services for migrant women victims/survivors of S/GBV in Rhineland-Palatinate

Within the framework of the “Rhineland-Palatinate Intervention “Project Against Violence in Close Social Relationships” (RIGG), the various refugee and counselling services have been collaborating rather effectively. Each of them offers their own appropriate form of assistance:

Women subjected to or threatened with violence can be accommodated in dedicated shelters with their children. In the counselling centers of these shelters, they can access psychosocial and legal advice – including preventive advice. There are women’s helplines specialized in dealing with sexual violence.

By liaising with the police, the intervention agencies for proactive crisis intervention are able to make direct contact with the victims, immediately after the assault. SOLWODI e. V. offers counselling, particularly to women from other third countries who are threatened with or subjected to violence by a partner, enforced prostitution or forced to marry. All the institutions work free of charge and offer anonymous and confidential support. GP surgeries, emergency medical services, social advice centers, the police and those working with refugees often are the first point of contact for victims of violence.

The Rhineland - Palatinate region has relied on **a well distributed and organized support network** for women, threatened by or exposed to violence, for many years.



There is an interactive network of information and counseling centers, crisis intervention centers and shelters in the region, financially supported by the Ministry of Family, Women, Youth Integration and Consumer Protection (Ministerium für Familien, Frauen, Jugend, Integration und Verbraucherschutz - MFFJIV).

Amongst them are:

- 17 women shelters, the majority of which encompass counseling centers
- 12 women emergency lines – information and help centers specialized in sexual violence, rape and sexual abuse/ sexual exploitation of women and girls
- 16 interventions centers
- 2 centres which make a first contact with women experiencing domestic violence and offer counselling services
- 4 support-centers for girls experiencing violence in Mainz, Westerburg and Koblenz,
- 4 information and counseling centers offered by SOLWODI e.V. for foreign women and girls threatened or exposed to forced marriages and human trafficking in Mainz, Ludwigshafen, Koblenz and Boppard.

Further, the federation-wide hotline (Bundesweites Hilfetelefon), which utilizes interpreters, is designed to assist refugee women and refer them to regional support services and institutions.

Information on GBV and counselling, as well as information on support services for women are compiled in various brochures provided by the MFFJIV. These information materials are offered in a variety of languages, including Arabic, Persian, Turkish, Russian and English. These materials are available for affected women and distributed at several key locations via institutions and persons in contact with these.

Police departments rely on specially trained GesB (Gewalt in engen sozialen Beziehungen = domestic violence/intimate partner violence) counselors, which are called in in cases of domestic and intimate partner violence. Further, there is a strong cooperation with welfare and child protection services. Case conferences can be organized to discuss single cases in relation to individual dangers and issues and to develop strategies to protect those affected. As a first point of contact in many cases, the police informs women via a brochure. This information material explains police procedures and gives an overview of the vast counseling and support networks. This brochure now is available in eight languages.



The interdisciplinary Intervention Project Against Domestic Violence/IPV Rhineland - Palatinate (RIGG - rheinland-pfälzische Interventionsprojekt gegen Gewalt in engen sozialen Beziehungen) kicked off in 2000. RIGG serves to interconnect all concerned institutions, it is coordinated by the department of „Gewaltprävention, Frauen in besonderen Notlagen“ (violence prevention, women in special emergencies) of MFFJIV. The aim is to effectively fight domestic violence/IPV and provide support. Local Round Tables and Regional Round Tables act as loci for effective networking and cooperation among different institutions.

Regular meetings allow to discuss actual challenges and problems, standards of cooperation, processes and further skills to be developed. The following issues are the focus of these meetings:

- Risk management/screening instruments for perpetrators in cases of high risk
- Risk screening in cases of partner violence
- Female refugees and violence

The protocols emerging from such meetings are publicly accessible. Thus, transparent communication and transfer of information allows for professionals in different occupations, volunteers and many other interested people to keep abreast of developments in the field. Additionally, one can receive a monthly newsletter that informs about the further trainings and activities. This information can also be accessed online.

Special brochures in foreign languages are part of the violence prevention strategies of the regional government directed at refugee women in initial processing institutions and camps. Violence prevention strategies target the spatial and personal contexts. They contain an emergency protocol which enables personnel at initial processing camps, employees and volunteers, to intervene immediately. Further, every camp has separate rooms and buildings to accommodate single women, as well as victims of GBV. Moreover, a network, linking actors focusing on protecting refugee women victims of violence is being set up and has begun offering seminars and workshops to volunteers working with refugees. Various seminars and workshops centered on violence prevention for refugee women have been offered by the MFFJIV.



#### f. Access to existing services for migrant and refugee women

Several appointments were made by Justizvollzugsanstalt Zweibrücken with lead institutions identified during the mapping process of local services. Intensive talks were held with a woman's shelter, an intervention center, a woman's emergency line, as well as with GesB counselors of the Police Department Pirmasens.

The amount of refugee women requesting assistance depends strongly on the location of the services. While the intervention center in Pirmasens, which hosts about 40.000 inhabitants, only reported 3 contacts with refugee women in 2016 (about 2% of the contacts made), 10 contacts were reported by the women shelter (about 20% of the contacts made) located in Kaiserslautern (100.000 inhabitants).

#### g. Gaps in service provision for migrant women victims/survivors of S/GBV

The following difficulties/gaps have been reported by all institutions in the technical meetings held in the framework of Project CAPTIVE:

- Language barriers (which can be overcome through language classes and reliance on the telecommunicative interpreting service (LingaTel), as well as on multilingual information materials)
- Refugee women hardly ever actively search for help, rather it is normally third parties (neighbours, refugee camp volunteers and staff) that reach out. Reasons for this behavior are: sexual violence and IPV that are perceived as a legitimate form of male privilege; non-existing services in the country of origin; fear of stigma or isolation as a consequence of seeking help; violence is often not seen as a primary priority - residence permits, acquisition of apartments and financial stability take precedence.
- Women who seek help are faced with social consequences. Often massive pressure is put on them to return to their families and thereby to re- enter the cycle of traumatization. Re- entering this circle of traumatization and violence has dire consequences on the family, especially the children.
- The interventions of the police in critical or dangerous situations (e.g. interventions in situations of IPV) trigger fear and anxiety in migrant women. In many cases the police forces in the countries of origin are not seen as a source of help, but rather as a threat or danger. Some



refugee women perceive their relocation in a women's shelter not as a protective measure, but as a form of kidnapping or imprisonment. In these cases the affected women prefer to stay with their husbands.

- Staff and police officers are being trained in these matters by the concerned ministries and networks (through roundtables) and are sensitized to these issues via trainings and seminars. Yet the local and communal governmental institutions, which function as co-financers in such cases, are rather limited when facing the topic of releasing additional funds for interpreters or specific refugee-centered measures, since these refugee-specific difficulties are perceived as "temporary phenomenon".

#### h. An 'ideal' multicultural system

In the future it will be necessary to enhance focus on sexual violence in the context of migration and displacement and provide better care for migrant and refugee women:

- After their arrival in Germany women should receive support in overcoming their stress, in order to prevent long-lasting consequences. An important requirement for success is the feeling to live in freedom and safety.
- The unique situation of these women and girls requires timely access to both psychological and physical shelter. This entails continuing and increasing trainings and advisory among various occupational groups, especially in subjects such as sexual violence in the context of displacement. School teachers, medical professionals, female and male employees of child protection services, social security offices, departments for foreign nationals, police officers and interpreters should receive training in such topics.
- There is a need for lectures and workshops for volunteers to provide further understanding of women's trauma as a result of sexual violence and how to behave in a culturally-sensitive way; further trainings in strategies for care and advice for migrant women victims/survivors of S/GBV should be provided to intervention centers.
- More importantly, because many of those women urgently need the help of a volunteer, an established communication network should be set up to enable information-exchange between different offices.



- The CAPTIVE provides such training in English in an online environment and can be accessed by interested professionals (see project website: <https://captive.euro-cides.eu/>).
- Sexual violence is surrounded by shame and is still a taboo to discuss or to talk about. It is not easy to speak about experiences in violence, female genital mutilation, forced marriage. Awareness-raising about issues such as safety, residence, safeguarding is urgently needed, before psychological recovery is initiated.
- Guaranteeing medical and therapeutic care for refugees is one of the greatest challenges. Many of the concerned women and girls urgently need psychotherapeutic help. There is a lack of doctors, interpreters and contact points; psychological treatment is not always guaranteed. There is thus a need for more trained volunteers and full-time employees, female and male.
- In refugee centres, volunteers and families should take part in further education.
- The contact and cooperation between refugee centres, psychological counseling centers, trauma centers etc. should increase
- Networks on different levels, municipal, country and federal, as well as on European level should be established. This will guarantee optimizations of structures and the increase of synergy effects. The network of the Ethno-cultural Agents of all countries taking part in Project CAPTIVE and their connection with all regional facilities providing support to migrant women represents an important step forwards.
- The political climate requires, -more than ever before-, more discussion about subjects like diversity, standards of culture and racism. Leaders should take a clear stance against violence against women.





## 4. The Sicilian context: setting the scene

By ANFE Italia

### a. Migration into Sicily

In January 2018 foreigners regularly residing in Sicily were 193,014, almost 4% of the total population; as regards the demographic composition, the proportion of foreign residents is constantly increasing thanks to the phenomenon of new migration that is affecting Africa and Asia. Palermo and Messina, in Sicily, recorded a decrease in migrants; while other territories registered an increase from 1.4% (Messina) up to 5.6% (Enna). As regards the presence of foreigners in Sicily, about 37% live in the areas of Palermo and Catania, followed by Ragusa and Messina (18% each), Trapani (over 10%), Syracuse and Agrigento (about 8% each); followed by the districts of Enna and Caltanissetta.

The geographical distribution of the foreign population in Sicily shows us that in the Palermo, Catania and Messina areas, foreigners live mainly around capital cities as a result of locals moving out of more disadvantaged areas. In the Trapani district, although there is a small predominance in the capital city, around half of the population lives in larger municipalities and in particular in coastal areas, because equipped with more infrastructures.

A further attractive element is represented by the agricultural economy that attracts foreign workers even in smaller municipalities (for example Campobello di Mazara or Vittoria, the city with a greater foreign presence). Over 36% of population residing in Sicily comes from EU countries; around 7% comes from central/eastern Europe; about 32% comes from Africa; almost 21% from Asia and the rest originates from America and Oceania.

The largest foreign group is the Romanian community with 29.5% (in some areas the percentage is over 40%); followed by Tunisian (10.5%, with percentages of over 25% in Trapani and Ragusa) and Moroccan (7.8%). Foreigners residing in Palermo are 36.381 (2.9% of the resident population), with a strong presence of: Romanians(19.8%), followed by Bangladeshis (15%) and Sri Lankans (10%). Foreigners residing in the metropolitan city of Catania are 36.009 (3.2% of the resident population). The largest foreign community comes from Romania (31.9% of all foreigners living in the territory), followed by Sri Lanka (ex Ceylon) (11%) and People's Republic of China (6.2%). The largest foreign population residing in Messina is from Romania with 26.1% of all foreigners living in the territory, followed by Sri Lanka (15.5%) and Morocco (11, 7%).



On the first January 2018, foreigners residing in Ragusa were 28.827 (9% of the population). The largest foreign community is composed by Tunisians (30%) followed by Romanians (29.9%) and Albanians (13.8%). Foreigners residing in the Trapani district are 19,828 (4.6% of the resident population). In the Trapani and Ragusa districts the percentage of Romanian and Tunisian citizens tend to be almost equal (29.8% and 28.6%), followed by Moroccans (6.5%). In Syracuse there are 15.728 foreign residents (3.9% of the resident population); the largest foreign community is from Romania (22.9%), followed by Morocco (13.2%) and Sri Lanka (ex Ceylon) (9 %). Foreigners residing in the Agrigento area are 15.262 (3.5% of the resident population). The largest foreign community is the Romanian one with 47.8% of all foreigners living in the territory, followed by Moroccans (11.2%) and Tunisians (5.5%). Foreigners living in the Caltanissetta district are 8,544 and represent the 3.2% of the resident population. The largest foreign community is the Romanian one with 42.8% of all foreigners living within the territory, followed by Moroccans (12.4%) and Pakistanis (12.1%). In January 2018, foreigners living regularly in Enna area were 3.754 (2.3% of the resident population). The largest foreign community comes from Romania with 45.5% of all foreigners living within the territory, followed by Morocco (9.4%) and the People's Republic of China (4.2%).

Regarding age, most foreigners living in Sicily are between 30 and 40 years old. With regards to gender distribution, as a whole there is a male prevalence; as regards migrants' origins, most foreigners coming from the EU and USA are women (female presence is about twice that of men for countries like Romania and Poland); on the contrary, the majority of African and Asian nationals are men (except for citizens from Sri Lanka, in which case the population is evenly spread across genders).

This data refers to the population regularly residing on the territory, not considering irregular migrants and new migrant arrivals. Regarding undocumented migration, we must consider that during 2018, compared to 2017, there was a decrease in entrance flows. Around 60% of migrants arrive in Sicily but less than 10% of them stay on the island. As regards countries of origin, in comparison with previous years, during 2018 there was a significant change: most migrants come from Tunisia, Eritrea, Sudan, Nigeria, Ivory Coast, Pakistan, Mali and Guinea. This is a phenomenon that affects men and unaccompanied minors. The strong contraction in the flow of women is confirmed (particularly in the case of Nigerian women, with a small increase of the Eritrean women).



## b. Gaps in service provision for migrant women victims/survivors of S/GBV (Sicily)

### **Awareness**

1. Migrant women are not aware of the services available to support them in the case of violence
2. Although there are centres working to protect victims of gender-based violence in Italy, these associations may ignore the particular problems of migrant and refugee women

### **Network**

3. Lack of official connections between women's aid centres and Institutionalised social and health services. Referrals to the 'Women Help Centres' (sportelli o centri antiviolenza) depend on the level of networking of local organizations and associations active in the field of GBV and on their relationship with local institutions
4. Low level of cooperation and networking among centres for women victims of violence in the regional area
5. Low interest in multicultural issues within local public services, hindering efforts to build and enhance a support system for migrant women

### **Competences**

6. Most police officers and social services operators lack adequate language skills
7. The role of intercultural and linguistic mediators is yet to be formalised within the social and health services in the public system
8. Staff working in one-stop-shop social and health services often have intercultural competences, but are not specifically skilled in GBV
9. Lack of funding to improve the intercultural competences of staff and practitioners doing work on the ground.

## c. An 'ideal' multicultural system

- Spreading information among migrant communities, especially vulnerable people like young people and refugees; organizing meetings to talk and reflect about the issues of GBV, using a participatory approach where migrants can take ownership of issues and lead the activities themselves
- Enhancing the skills of practitioners and professionals working in the social and health care system, particularly in relation to the importance of culture in supporting migrant women



- Introducing in the social and health care system and police the role of a professional figure, as the Ethno-cultural Agents trained through Project CAPTIVE, to facilitate the interactions and relations between women and operators and make communication at the first contact more comfortable
- Institutionalizing, through funding of the social and health care system for migrants, the networking between public and private services in order to adopt local cooperation and the model adopted by the SHC System, at the regional level



## 5. The Maltese context: setting the scene by the University of Malta, Department of Criminology

### a. Migration into Malta and GBV

Malta is a small island strategically located at the crossroads in the Mediterranean, 93 km south of Sicily and 290 km north of Libya and East of Tunisia respectively. Although it is the smallest EU Member State, it is the most densely populated territory with a population of approximately 475,701 as of December 2017<sup>3</sup>. Malta has a strong tourism sector, low interest rates and healthy credit growth.

Malta is not only the most densely populated country in Europe, but also one of the most densely populated countries in the world. Two main factors have contributed to inward migration to Malta in recent years. The first is its accession to the EU in 2004, which has acted as a strong promoter of intra-EU migration. The second is social and political unrest in the African Continent since the early 2000's, which has engendered displacement and migration flows into Malta and other European countries.

The island initially lacked adequate infrastructure and suitable reception mechanisms to welcome the asylum seekers reaching its shores and process their asylum applications. Due to the small size of its SAR fleet, coordinated by the Armed Forces of Malta (AFM), search and rescue has often proved challenging for Malta; as a result, on several occasions the AFM have adopted a narrow interpretation of distress at sea, limiting rescue operations to boats at imminent risk of shipwreck. Over time, migration management policies were developed and bolstered, yet the notion of 'migrant invasion' and related imagery remain prominent in popular discourse.

---

<sup>3</sup>[https://nso.gov.mt/en/News\\_Releases/View\\_by\\_Unit/Unit\\_C5/Population\\_and\\_Migration\\_Statistics/Documents/2018/News2018\\_107.pdf](https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C5/Population_and_Migration_Statistics/Documents/2018/News2018_107.pdf)



In the past decade, Malta has witnessed a total of 1,600 boat arrivals, peaking at 2,775 in 2008 and 2,008 in 2013, and declining to 568 in 2014 and 104 in 2015<sup>4</sup>. Between 2015 and 2018, the island witnessed a shift in its migration patterns, with Italy taking charge of the rescue and reception of a vast majority of ‘boat people’. Accordingly, in the past three years, the numbers of newly-arrived African nationals seeking asylum in Malta have dwindled. The country has granted refugee status and subsidiary protection to Libyan and Syrian nationals, who generally reach the island by plane, yacht or means other than dinghys<sup>5</sup>. Lately, Malta has also relocated Syrian, Iraqi and Eritrean nationals from Italy and Greece through a temporary EU relocation scheme<sup>6</sup>.

Recent developments reveal a rapidly changing scenario – with the newly-elected Italian Government barring entry to several Italian ports, disputes over migrants have resulted in Malta begrudgingly opening its ports to several migrant boats. In most instances, passengers were temporarily hosted in open centres in Malta, pending their relocation to other EU Member States. These developments may be symptomatic of future shifts in migration policies.

Migration into Malta from outside the EU has largely been male-dominated, yet starting in 2012, a rise in female asylum seekers was registered<sup>7</sup>. Asylum-seeking women are at risk of various forms of gender-based violence, including sexual assault, rape, abduction, battering, mass rape and forced pregnancies as well as sexual attacks by smugglers, slave traders, armed forces, pirates and other migrants. Once in Malta, poverty, exclusion and marginalisation can pressure female asylum seekers into sex work and put them at risk of labour exploitation. Local service providers relate that many of their clients are migrant women, victims/survivors of domestic violence, human trafficking or other crimes. It is not always possible to identify one isolated incident: many migrant and refugee women experience multiple and interlocking forms of S/GBV.

Regrettably, apart from the valuable data gathered through small-scale academic and NGO-led studies, there lacks a comprehensive understanding of the nature and scale of S/GBV among migrant women living in Malta. To date, police statistics remain unpublished and

---

<sup>4</sup> <http://www.medmig.info/wp-content/uploads/2016/03/MEDMIG-Briefing-01-March-2016-FINAL-1.pdf>

<sup>5</sup> [www.unhcr.org/mt/charts](http://www.unhcr.org/mt/charts)

<sup>6</sup> <https://malta.iom.int/relocation-italy-and-greece-malta>

<sup>7</sup> <https://malta.iom.int/sites/default/files/2016%20Documents/Publications/Migration%20in%20Malta%20Country%20Profile%202015.pdf>



unavailable to the public. Although Crime Malta ([www.crimemalta.com](http://www.crimemalta.com)) reviews police statistics annually, it focuses primarily on types and incidence of crime and on crime hotspots, rather than on victimisation. Statistics gathered by NGOs can help shed light both on reported and unreported crime among migrant women, yet these are currently not readily available.

Amongst the various forms of S/GBV, domestic violence has witnessed a rise in Malta (see [www.crimemalta.com](http://www.crimemalta.com)). The increase in reported cases of DV, as well as the surge in service users assisted by local service providers may bear witness to a ‘culture change’. Increased awareness around the phenomenon has resulted in more women coming forward. Legislative changes, most notably the implementation of the new Gender-Based and Domestic Violence Act, may accelerate these developments. Despite this, victim-blaming remains rampant in Malta – as highlighted by the 2017 Eurobarometer Survey on GBV, 47% of respondents believe that women make up or exaggerate claims and that violence is often provoked by the victim. These figures are amongst the highest in Europe<sup>8</sup>.

#### b. Levels of decision-making

Formerly a British colony, Malta gained independence from Britain in 1964, becoming a Republic in 1974. A president is elected every 5 years by the House of Representatives (Kamra tal-Deputati). The President appoints the Prime Minister whose party earned the majority, as well as cabinet ministers alongside the Prime Minister. The latter heads the cabinet and the government. The current Government is led by the Labour Party, spearheaded by Joseph Muscat. Elections take place every 5 years. The House of Representatives holds legislative power. The criminal courts in Malta are composed of Inferior courts, namely the Courts of Magistrates (as Courts of criminal inquiry and criminal adjudication), and the Superior Courts, which comprise the Court of Appeal, the Criminal Court and the highest court in Malta, namely the Constitutional Court).

Due to its size, most decisions are taken at the central level, however in the past few years various functions previously undertaken by Central Government have been decentralised and devolved to local councils. Decisions pertaining to GBV have to be approved by the relevant Departments and Ministries. It should be noted that in 2016 Civil Liberties Minister Hon. Dalli tabled a bill on GBV in Parliament. The new bill

---

<sup>8</sup> <https://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/ResultDoc/download/DocumentKy/75837>



replaced the former Domestic Violence Act with the novel Gender-Based Violence and Domestic Violence Act. The new Act includes amendments to various pieces of legislation based on the 'Istanbul Convention on preventing and combating violence against women, and domestic violence', to which Malta is a signatory. The amendments allow for a more comprehensive definition of domestic violence, inclusive of reference to physical, sexual, psychological or economic violence and strengthens the definition of rape, increasing the penalty to 6-12 years.

#### c. Gaps in service provision for migrant women victims/survivors of S/GBV

- Dearth of interpreters and cultural mediators
- Evidence that many migrant women are not accessing support services
- Limited training available for professionals in cultural competence, gender-based violence and in the intersection of migration and GBV
- Lack of specialised focus on migrant women victims/survivors of GBV within local services / divide between services catering for migrants and services assisting women victims/survivors of violence
- Lack of a pre-defined structure for referrals and information-sharing
- Evidence of migrant women feeling lost, misunderstood and lacking understanding of processes, policies and procedures.
- Evidence of migrant women losing trust in the system<sup>9</sup>.

#### d. The ideal multicultural system

Based on the research undertaken in the framework of Project CAPTIVE, both in Malta and Europe, and on a number of meetings and information sessions held with stakeholders, a vision for an ideal multicultural system for the Maltese context was articulated.

### Which professionals?

### Professional figures

---

<sup>9</sup> See CAPTIVE National Report (Malta) and Cross-Country Report on <https://captive.euro-cides.eu/>





A range of professional figures are required to support migrant women victims/survivors of S/GBV. These include: psychologists, transcultural counsellors, cultural mediators, interpreters, lawyers, social workers, doctors and nurses. There are also other professionals who can aid in better grasping the specificities of violence against migrant women, such as professionals with a background in the political sciences, anthropology, criminology cultural studies. Efforts should go towards recruiting migrant women with expertise in these fields and knowledge of the various languages spoken by migrants in Malta, to work within local organisations. By operating in tandem, local professionals and migrant women are in the best position to offer targeted, culturally sensitive support. The capabilities of past migrant and refugee women should be developed, so as to enable them to administer programmes and services and gain skills to mentor other women at risk.

### **Ethno-cultural Agents**

Local agencies should strive to employ migrant women to support them in their work. Through Project CAPTIVE, 8 women were trained as Ethno-cultural Agents. The EcA training covered topics such as migration routes, GBV and its different forms, trauma, empathy, cultural competence, reframing and resilience. The main role of EcAs is to mediate between the local migrant community and service providers. However, the EcA is not the exact equivalent of a cultural mediator, as EcAs play a more active role. EcAs raise awareness within migrant communities about GBV and services available on the island. Some of the EcAs engaged via Project CAPTIVE have referred women in situations of DV to local NGOs and have assisted the latter in communicating with these women. 3 EcAs have conducted placements at local institutions, such as the GU Clinic and Appogg. One EcA in particular, with a background in gynaecology has been concurrently visiting open centres alongside MWAM raising awareness about sexual health, contraception, FGM and services available in Malta. All the EcAs are qualified professionals, with backgrounds in medicine, nursing and social work who are currently unable to work in Malta as their degrees are not recognised. They bring their professional expertise to the role, united to their language skills, their cultural knowledge and their awareness of the migrant community. Local organisations should strive to engage migrant women as EcAs, providing them with specialised training in S/GBV and helping skills. Women engaged as EcAs should complete the CAPTIVE online training available at: <https://www.openlearning.com/courses/captivecourseforprofessionals/homepage> . This training can be complemented with additional ad-hoc training.

### **Recognition of overseas qualifications and job stability:**

At present, the process of recognition of overseas qualifications from third countries is lengthy and burdensome. Efforts should be made to encourage swifter procedures and fast-track applications. This will ensure that more migrant women secure employment within local services.



Moreover, while there are several migrant women working as cultural mediators, they lack job stability. They are contracted 'on call' and are often contacted to provide mediation and made to wait long hours. This renders their job unstable and volatile and contributes to feelings of resentment and distrust in the system. Cultural mediators should be employed on a part-time or full-time basis.

### **Entry point – accessing services**

Many local services report interacting with migrant service users regularly. A research study conducted at the national level through Project CAPTIVE revealed that the level of involvement of local organisations with migrant women specifically, ranges between 100% in the case of organisations like Integra Foundation and the MWAM, to 50% in the case of Dar Qalb ta' Gesu, down to 20%-30% for organisations like Aditus Foundation and Dar Merhba Bik and 10% for Victim Support Malta. Mount Carmel reported providing services to approximately 15 migrants per month. Among the nationalities mentioned by interviewees were Somali, Nigerian, Eritrean, Ethiopian, Serbian, Middle- Eastern, Eastern European, Egyptian, Moroccan, Russian, Sudanese, Italian, Polish, Norwegian, Finnish, British, Hungarian, Bulgarian<sup>10</sup>.

While there is evidence of foreign nationals accessing services, many migrants and asylum seekers are still not availing themselves of support. Reasons for this may include: language barriers; lack of awareness of services and/or confidence in the services; transport-related issues; family and gender roles; limited flexibility in service delivery<sup>11</sup>. One strategy to ensure that more asylum seeking and refugee women access services is to diversify outreach strategies. Strategies to reach out to more women who may be in need of assistance can include:

- **Visiting open centres to promote and offer services on site:** social workers employed by AWAS assist residents and refer them to local services accordingly. Nevertheless, by getting to know residents, gaining their trust and offering services on site, service providers can ensure that a larger number of migrant women access services. There are regular projects and initiatives, which entail visits to open

---

<sup>10</sup> See CAPTIVE National Report (Malta) on <https://captive.euro-cides.eu/>

<sup>11</sup> <https://aifs.gov.au/publications/empowering-migrant-and-refugee-women/4-service-delivery-landscape-types-programs-available-barriers-service-access-and-best-practice>



centres<sup>12</sup> ; however there is a need for a more systematic engagement and a more well-defined structure. Moreover, migrant and refugee women should be involved in these outreach activities.

- **Work in the community:** engaging migrant men and women to raise awareness about GBV and in the migrant community. This could involve group activities organised by community leaders, as well as smaller-scale events – e.g. tea parties, informal get-togethers- and individual interactions. Ethno-cultural Agents who have received training in S/GBV (or have completed the CAPTIVE online course for professionals), supported by community leaders should spearhead these activities. Awareness-raising and community engagement initiatives should also explore existing gender and family roles, which may act as barriers to support.
- **Tailoring services to the target group:** many migrant women are also mothers. When visiting centres or offering services outside of open centres, providers should strive to provide childcare for the children. If trainings or events are organised outside open centres, the provision of free transportation will increase the likelihood of women attending.

## Referral system

There are various entry points for migrant women accessing local support services. Some women may access services via the Police, others could be referred by hospitals, GPs, AWAS (The Agency for the Welfare of Asylum Seekers), the Church or via other means. Nevertheless, there is no defined referral pathway and no guidelines regarding information-sharing.

An attempt at establishing such procedures for women victims/survivors of domestic violence was recently made through EU Project Zero Violence, which developed the MARAM system. The aims of MARAM are to:

- a. Share information to increase the safety, health and wellbeing of victims – adults and their children;
- b. Determine whether the perpetrator poses a significant risk to any particular individual or to the general community;

---

<sup>12</sup> MWAM are visiting Dar Liedna Open Centre and Hal Far Open Centre on a weekly basis to conduct women's circles, where asylum seeking women can discuss gender-related issues in a safe space. The NGO is using the circles as an opportunity to promote individual therapy sessions and identify individuals that are displaying signs of mental health issues. MWAM avails itself of a number of interpreters for each circle, as well as for individual sessions. JRS is also providing individual therapy sessions and practical assistance to asylum seekers and refugees living in open centres.



- c. Agree and jointly implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- d. Reduce repeat victimisation;
- e. Improve agency accountability;
- f. Improve support for staff involved in high-risk DV cases.

The MARAM (Multi-Agency Risk Assessment Malta) framework involves the appointment of one professional within each organisation who is trained in the administration of the DASH risk assessment and regularly attends MARACs (Multi-Agency Risk Assessment Conferences). During these meetings, the organisations present share information on high risk cases and discuss future steps to take. The main organisations that are part of MARAM are Appogg, Hospital, Police, Child Protection/ Safeguarding, Probation, Hospital, Education, Community Mental Health Team, Alcohol/drug agency. The MARAM guidelines further state that Police, Social Services, Specialist domestic violence services including shelter providers, Health representatives (midwifery, health visitors, child protection nurse and hospital staff), Housing, Probation, Education, Mental health and Local drug and alcohol services will always be invited to meetings.

The MARAM is yet to be implemented in the Maltese context, but represents a promising development. One of the main issues in relation to migrant women specifically is that it revolves primarily around domestic violence and it lacks the migration dimension of S/GBV, including focus on crimes such as human trafficking and FGM. A suggested solution to address these gaps could involve relying on the Vulnerability Screening Tool developed by UNHCR and the IDC, with the support of the Oak Foundation. The Vulnerability Screening Tool addresses 5 different vulnerability domains (child; sex, gender, gender identity, sexual orientation; health and welfare concerns; protection needs; other) and can be used in conjunction with other tools, such as the UNHCR Heightened Risk Identification Tool.

The Vulnerability Screening Tool combines both a needs and risk assessment and could serve as a first stepping stone in assessing migrant women's potential history of S/GBV, mental and physical wellbeing and practical needs. The Vulnerability Screening Tool could be administered by Appogg, alongside a variety of NGOs that enter into contact with migrant and refugee women, including NGOs such as MWAM, JRS or VSM. If a woman resides in an open centre, then the tool should be administered by social workers employed with AWAS, supported by NGOs that visit open centres regularly and potentially, Ethno-cultural Agents. In instances where concerns about imminent risk arise, women should be referred to APPOGG (or any other agency employing professionals with the relevant expertise, having received the necessary training) to undergo a more thorough risk assessment. The Vulnerability Screening Tool can serve as a gateway to other local services; hence when specific



needs are identified, referrals should be made accordingly. Efficient channels of communication should be in place to avoid duplication, thus ensuring that the vulnerability screening is only administered once. Details of each individual should be recorded, digitalised and shared among relevant organisations, which at a bare minimum should include APPOGG, MWAM, JRS and AWAS in cases involving asylum seekers. These organisations should also consider meeting periodically to discuss more urgent cases, in a manner similar to the MARAC meetings envisaged by the MARAM framework. Data-sharing is crucial, as is ensuring that migrant women are not subjected to secondary victimisation. It is often the case that referrals to different organisation involve starting over, with the woman being asked to recount her story from the beginning. One solution for data-sharing in the future could involve distributed ledger technology. Although blockchain is still being tried and tested, several pilot projects, which are currently being piloted, such as MedRec at the Massachusetts Institute of Technology, show great promise. At present different organisations rely on different methods of data collection; blockchain technology could offer a solution for fragmented medical records, ensuring homogenization, anonymity and security<sup>13</sup>. Once the technology becomes more stable and is subjected to further regulation – even as regards GDPR compliance – it could offer an efficient alternative to obsolete methods of data sharing. Beyond distributed ledger technology, there are currently several e-referral systems in place in several countries worldwide, which could be adapted to this scenario<sup>14</sup>.

---

<sup>13</sup> <https://www.ft.com/content/6f138722-47d4-11e8-8c77-ff51caedcde6>

<sup>14</sup> See for instance: <https://www.healthcelerate.com/services-1>



Vulnerability domains:

<b>Child</b>	<ul style="list-style-type: none"> <li>• Unaccompanied or separated child</li> <li>• Child accompanied by parent/s, other family members or guardians</li> </ul>
<b>Sex, Gender, Gender Identity, Sexual Orientation</b>	<ul style="list-style-type: none"> <li>• Pregnant woman or girl, or nursing mother</li> <li>• Sole or primary carer/s (of dependant child, elderly person or person with a disability)</li> <li>• Woman at risk of sexual or gender-based violence, or adult or child experiencing family violence, exploitation or abuse</li> <li>• Person at risk of violence due to their sexual orientation and/or gender identity (LGBTI: lesbian, gay, bisexual, transgender or intersex persons)</li> </ul>
<b>Health and Welfare Concerns</b>	<ul style="list-style-type: none"> <li>• Physical and mental health</li> <li>• Risk of suicide</li> <li>• Disability</li> <li>• Elderly person</li> <li>• Substance addiction</li> <li>• Destitution</li> </ul>
<b>Protection Needs</b>	<ul style="list-style-type: none"> <li>• Refugee and asylum-seeker</li> <li>• Survivor of torture and trauma</li> <li>• Survivor of sexual or gender-based violence or other violent crime</li> <li>• Victim of trafficking in persons</li> <li>• Stateless person</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• The interviewer has an opportunity to identify vulnerability factors not captured by the previous domains</li> </ul>

Source: UNHCR & IDC

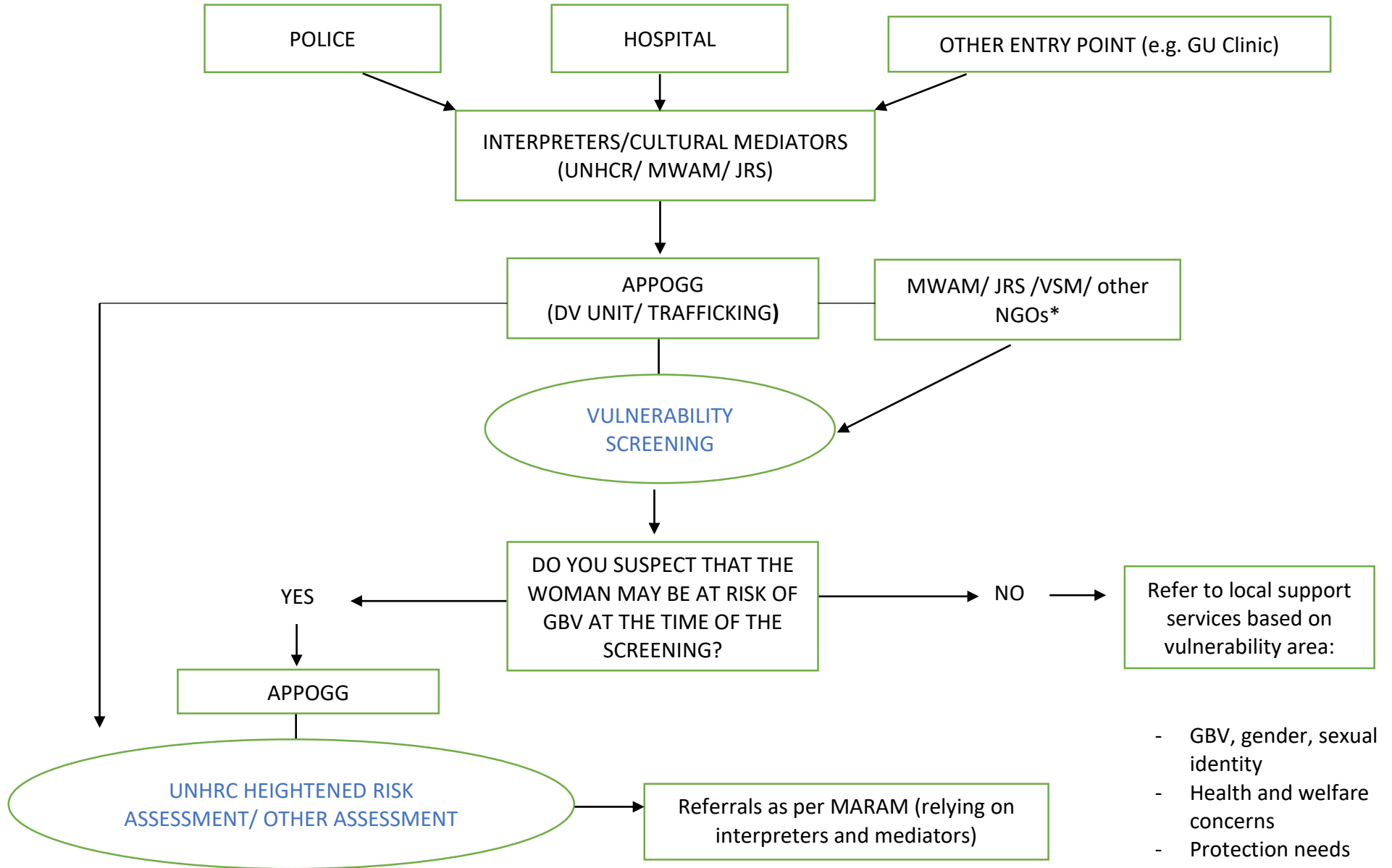


**Training:** It is paramount that any organisation administering such tools receive dedicated training, which ideally should be administered by UNHCR Malta or other organisations with extensive knowledge of the tools. During a meeting held with various stakeholders at the University of Malta on November 1, 2018, representatives of UNHCR Malta suggested that an assessment tool, attuned to the Maltese context could be developed and tested. Alongside this training, professionals should receive training in cultural competence, gender-based violence and in the intersection of migration and GBV. Training should also be made available online, to ensure that a wider range of professionals can access it and benefit from it. The [CAPTIVE online training](#) remains available as a useful tool to gain further insight into the specificities of S/GBV among migrant women. Further efforts to promote and disseminate the course among professionals could prove instrumental in raising awareness about S/GBV within the migrant and refugee population living in Malta.

It is particularly important that GPs, doctors and nurses working at A&E, as well as in different hospitals and wards, receive training in S/GBV among migrant women, intercultural communication and cultural sensitivity. Doctors and nurses should also be made aware of existing services and referral pathways. At every stage of referral, efforts should be made to ensure that interpreters, cultural mediators or Ethno-cultural Agents are present and available to support local professionals. Should interpreters not be readily available, a telephone interpreting system, such as that provided by UNHCR Portugal, could be implemented.



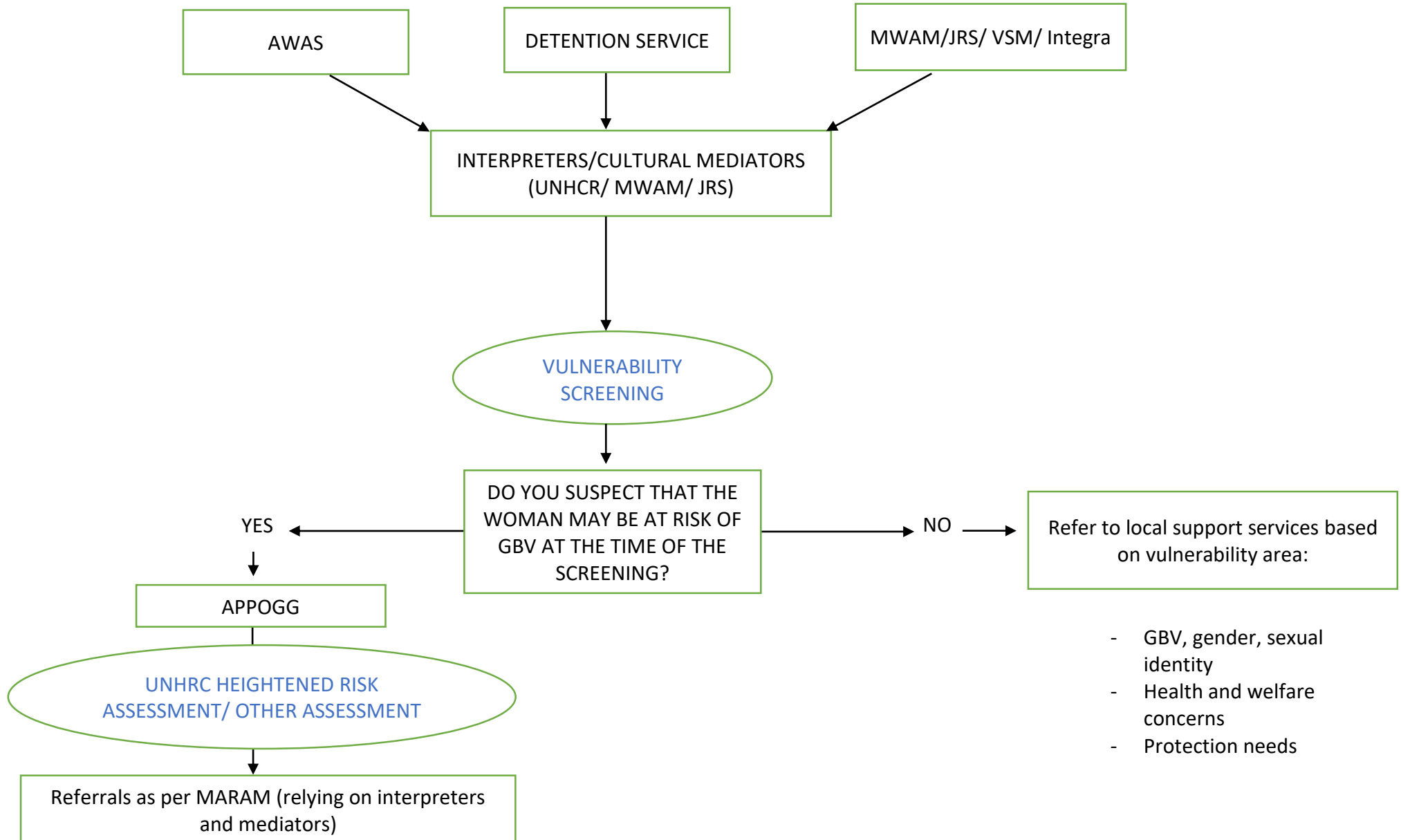
## SUGGESTED ROADMAP FOR MIGRANT AND REFUGEE WOMEN LIVING IN THE COMMUNITY







## SUGGESTED ROADMAP FOR ASYLUM-SEEKING & REFUGEE WOMEN LIVING IN OPEN CENTRES/ DETENTION





## **EXAMPLES of local support services based on vulnerability area:**

### **GBV**

The Women's Rights Foundation (legal assistance)

Victim Support Malta (emotional support)

Shelters (e.g. Dar Merhba Bik, Dar Qalb Ta' Gesu, Ghabex etc.)

MWAM

### **Sexual identity**

MGRM

Rainbow

### **Health and welfare**

Shelters (Dar Osanna Pia, YMCA etc.)

Housing Authority

Seqda or Caritas (addiction)

The Richmond Foundation (mental health)

MWAM (mental health)

Agenzija Sapport (disability)

### **Protection needs**

Aditus Foundation

JRS

UNHCR



## 6. Spain and Andalusia: Setting the scene by the University of Seville, Faculty of Education

### a. Migration trends, GBV and decision-making

Spain has not remained on the sidelines of the global phenomenon of increased migration. On the contrary, it occupies a strategic place within migratory routes. In 2018, the total population of Spain was 46,66 million. The immigrant population was 4,57 million (9,8% of the population living in Spain), consisting of 2,30 million women and 2,27 million men.

The composition of immigrants in Spain is as it follows: Latin America (36.2%), the European Union (34.5%) and North Africa (14.8%). The most frequent countries of origin of immigrants are: Morocco (16,8%), Romania (14,7%), UK (5,3%), China (4,8%), Italy (4,6%), Colombia (3,7%), and Ecuador (3,1%). The current year of 2018 has registered an increase in the number of immigrants arriving irregularly in Spain. Indeed, from 1 January to 30 September 2018, 41,594 people entered Spain irregularly, according to data from the Ministry of the Interior.

Arrivals of unaccompanied minors increased dramatically in 2018. While these minors were 4988 at the end of 2017, they reached the number of 11,174 as of 30<sup>th</sup> September 2018. Nowadays migration is one of the key issues in Spain (besides unemployment and corruption), within a European context with increased limitations for migrants and where more governments are limiting immigrant rights and implementing harsher policies for border security.

In Spain, public policies about both immigration and women's rights are split between the central government and the regions, that all have parliaments and the authority implement legally-binding regulations at the regional level. There are tensions between the State and the regional levels, as well as strong differences in the policies of the different regional governments, according to the political orientations and specific contexts of each region. Moreover, the new State Pact against gender-based violence has stressed the key role of municipalities to provide resources and services for women victims of gender-based violence. Therefore, in Spain there are three public policy levels in relation to gender-based violence.



In Spain, 2018 has been also crucial because of the international women movement “Me Too”, that has brought to the forefront of the political and social settings both feminism and renovated struggles to reach gender equality. In this new context, it will be easier the recognition of the need of special focus of rights and equality for immigrant and refugee women, including the key issue of gender-based violence.

In Spain 947 were killed in crimes of gender-based violence between January 2003 and July 2018. Many of these women were of immigrant origin.

#### b. Shifting legal context at the national level

The first important law in Spain targeting gender-based violence was the Law 1/2004, of 28 December 2004, on Integrated Protection Measures against Gender-Based Violence. This law recognized the right of women to information and counseling, free legal aid and comprehensive social assistance, which included the right to emergency social services, support and reception and integral recovery (articles 17, 18, 19 and 20).

Recently, there have been important changes in Spain regarding gender-based violence. In 2017 the text about the State Pact against gender-based violence was approved by the Parliament of Spain. This Pact includes more than 200 measures and financial resources for its implementation. Among the proposals are measures to prevent violence or increase the protection and safety of victims, including ensuring their recognition as victims, and support and protection for women who do not report. It also aims to improve the specialized training of health and education professionals, as well as professionals from the Justice and the State security forces. Although it seems this Pact is still targeting violence in intimate relations, it also contemplates some measures attending to other forms of violence against women.

The State government issued the norm Decreto-ley 9/2018, of 3rd August, on “Urgent Measures for the Development of the State Pact against Gender-based Violence”. This regulation has promoted the appropriate legal amendments so that the local administration can carry out actions for the promotion of equality between men and women, as well as against gender-based violence, since it is the administration closest to the citizenry and, therefore, to the victims. These changes were brought about by the ratification of the Istanbul Convention in 2014, that obliged Spain to update policies and measures at the national level.



### c. The challenges of the new law in Andalusia

The updating of legal regulations has been also carried out at the regional level. The region of Andalusia has issued the recent Law 7/2018, of 30<sup>th</sup> July 2018, that amended the previous Law 13/2007, of 26<sup>th</sup> November 2007. This law is innovative and includes new approaches that shall be pointed out here, as an example of the importance of policies at the regional level in Spain.

The Andalusian law has a feminist, transversal and intersectional approach, highlighting the idea that it is necessary to delve deeper into the structural causes of gender violence. In addition, it broadens the concept of victim, considering women who suffer gender-based violence as victims, but also children and minors, the elderly, persons with disabilities or in a situation of dependency on the victim, or who live in a violent environment. It also includes among victims, mothers whose children have been killed as a form of vicarious violence.

This law promotes a comprehensive, multidisciplinary and intersectional approach to the treatment of gender-based violence. The law lists four forms of violence: physical violence, psychological violence, economic violence and sexual violence. The scope of violence is extended beyond intimate partner violence, to femicide, sexual assault and abuse, sexual harassment, violence against women's sexual and reproductive rights, trafficking in women and girls, sexual exploitation, female genital mutilation, early or forced marriage, violence resulting from the application of cultural traditions, violence resulting from armed conflicts, cyber violence or any other form of violence that violates the dignity, integrity or freedom of victims.

The Andalusian norm indicates that a complaint/formal report will not be necessary for the protection of the victim of gender-based violence and for access to all available resources. In addition, evidence-gathering of gender-based violence extends beyond judges and prosecutors. Social and health services, victim services and the police can also provide evidence of violence. The Andalusian law also declares the mandatory, permanent and specialized character of training in gender-based violence addressed to professionals and staff of the justice system, the police, the public administration, and the social services.

### d. The 'ideal' multicultural model



- **More training needed - challenging indifference in the public sector**

It is necessary to intensify the transversal training of professionals and volunteers involved in the fight against gender-based violence. This training should address, among other issues, gender inequalities in our society, including their structural causes and their consequences on women and other victims, as recommended in the most recent Spanish regulations.

It is important to take into account the specific situation of immigrant women, who already represent 10% of the resident population in Spain. Thus, migratory routes, reception processes, integration in Spain and the cultural and gender characteristics of the countries of origin should be present in training programmes.

- **Integrated policies, data and resources - promoting networking and collaboration**

It has already been highlighted that public policies on gender violence have three main levels in Spain: the State, the regions and the town halls. There is a need to develop more intensive collaboration and communication between these three levels.

Firstly, there is a need for more pro-active and ongoing sharing of available data, research and information. The State and the regions should promote databases and websites to share information and resources.

Secondly, more collaborative work is needed between the public sector, the private sector and the third sector. In addition, professionals and volunteers involved in gender-based violence issues (state security forces; judges, prosecutors and justice administration staff; health staff; victim support officers; psychologists, counsellors and educators; and other staff involved) should have a better understanding of the role played by the different groups, share resources, programmes, good practices and issues to be resolved or improved.

It's necessary to bridge the gap between criminal justice staff, police officers, social services, equality officers, immigrant communities and associations of the third sector working on the ground.

In the case of immigrant and refugee women who are victims of gender-based violence, it is necessary to recognize, appreciate and value the wealth of experience and good practices of the associations that work with immigrant populations. The fight against gender-based violence from within immigrant communities is necessary, even though it is often a neglected field. In this sense, the role of intercultural educators and mediators is crucial, as elements that can connect immigrant women with the resources and programs available on gender-based violence.



- **Intercultural knowledge and sensitivity**

The resources to support victims of gender violence are usually not specific to migrant women. This is why those who attend them tend to be trained in gender violence, but not in intercultural issues. Therefore, there is a strong need for intercultural knowledge and sensitivity for the professionals working with immigrant and refugee women who are victims of gender-based violence or are at-risk of it.

In the Spanish context, intercultural mediators (both professionals and volunteers) are much-needed figures, as they could easily bridge the gap between professional working in the field of gender-based violence (particularly in the case of public staff: police officers, health professionals, educators, public administration, social services, specific offices and services to prevent gender-based violence, general women and equality services, etc.) and immigrant women / immigrant communities.

- **Dissemination and education**

The problem of gender-based violence requires a comprehensive and transversal approach. This implies the need for feminist and equality discourses to be present in the media and social networks. It is important to question and criticize the stereotypical image of women in advertising, on television and on the social networks and the Internet.

In addition, gender equality approaches need to be presented, worked on and discussed throughout all stages of the education system, contributing to a feminist education of both women and men, based on equality, respect and human rights. Educational plans aimed at immigrant communities to promote models of equality, respect and tolerance are also crucial. The training of school teachers and social and intercultural educators is an important factor in ensuring the success of education based on gender equality.



## 7. The UK and Coventry: setting the scene

By the University of Coventry, Centre for Advances in Behavioural Science

### a. Migration and GBV

The best assessment from the UK's Office for National Statistics (ONS) is that around 270,000 more people came to the UK than left in the year ending March 2018 (ONS, 2018), thus, long-term net migration continues to add to the UK population. The ONS uses the UN recommended definition of a long-term international migrant as "A person who moves to a country other than that of his or her usual residence for a period of at least a year (12 months), so that the country of destination effectively becomes his or her new country of usual residence." The size of the foreign-born population increased from about 5.3 million in 2004 to 9.4 million in 2017, with 39% of the foreign-born population being EU born (The Migration Observatory). London has the largest number of migrants among all regions of the UK (36%); the second largest proportion of the migrant population resides in the West Midlands (8%), the setting for the UK partner's primary research.

Migration statistics for the UK are derived from the Annual Population Survey and the Labour Force Survey. However, there are gaps in relation to measuring the scale of irregular migration, omission of asylum seekers and data exclude those who do not live in households. Because of the nature of illegal migration it is not possible to quantify accurately the number of people in the country illegally. In the year ending June 2018, the UK issued 14,308 grants of asylum, alternative forms of protection and resettlement, down 12% on the previous year. The latest year's figure comprised:

- 6,568 grants of asylum to main applicants and dependants (down 20%)
- 2,038 grants of alternative forms of protection to main applicants and dependants (up 74%)
- 5,702 people provided with protection under various resettlement schemes (down 17%)
- 6,051 Family Reunion Visas were issued to partners and children of those granted asylum or humanitarian protection in the UK (up 11%).





The Table below indicates the top ten countries of origin represented among members of the migrant population. Although the numbers of both female and male migrants have increased over time, women constitute a small majority of the UK’s migrant population (53% in 2017).

Table: Top ten overseas country of birth in the UK by country of birth, by sex (ONS, 2018)

Country of birth	Number	% of total share	Males	Females
Poland	922,000	9.8	439,000	483,000
India	829,000	8.8	419,000	411,000
Pakistan	522,000	5.6	271,000	251,000
Romania	390,000	4.1	215,000	175,000
Republic of Ireland	390,000	4.1	170,000	220,000
Germany	318,000	3.4	134,000	184,000
Bangladesh	263,000	2.8	135,000	128,000
Italy	232,000	2.5	114,000	118,000
South Africa	228,000	2.4	105,000	123,000
China	216,000	2.3	96,000	120,000

This project has utilised a very broad definition of a migrant person to capture a wide range of experiences of people who move internationally. Based on CAPTIVE’s review of UK based research with over a thousand migrant women, there is evidence of poor health among migrant women, with 37%-50% reporting mental health problems, and 25% reporting major deterioration since arriving in UK (SPN, 2006). This may reflect the cumulative effects of stress associated with the migration and integration process and a lack of protective factors in the structural and socio-cultural environment. Reduction in risk of violence may be the reason, or part of the reason, for women’s decisions to migrate. UK reports highlight startling statistics in relation to burden of SV/GBV in the lives of migrant women in the UK. In particular, the high frequency of post-arrival experiences of abuse is alarming. Migrant women face higher levels of violence than native born-women and are more prone to becoming trapped in a cycle of abuse (Burchill, 2011). Based on CAPTIVE’s review the literature, 50%-80% had lifetime experience of physical or sexual violence and 10%-70% had experienced GBV since arriving in UK/Europe. Substantial risks to women’s safety and wellbeing have been identified in UK detention centres (Women for Refugee Women, 2015). Other issues concern women who enter the UK on their partner’s visa and rely on



their partners (as primary applicants) for leave to remain (LTR) in the UK. This coupled with financial dependence puts them in a very vulnerable situation. However, increased awareness of the potential difficulties for dependent migrants and risks of abuse means that UK Visas and will consider independent applications for LTR from people who have been victims of domestic violence sooner than would otherwise be permitted. The risks that migrant women face go well beyond their immigration status. Immigrant women often arrive in the UK at a young age. They may be poor, and lack language skills or understanding of their rights. They may be isolated and consequently develop social relationships with people with potential to exploit them e.g. the Refugee Council (2009) found that between 4,000 and 10,000 women and girls experience sexual exploitation at any one time in the UK.

There have been some key developments in UK law to increase protections for women who have been victims of GBV (e.g. Domestic Violence Disclosure Scheme and a new offence for coercive and controlling behaviours). This includes women whose residency status depends on partners, e.g. victims of domestic violence dependent on their spouse's visa can apply for independent ILR under the Domestic Violence rule within the 5-year probationary period. Other recent legislation changes that affect migrant women include the upcoming Domestic Violence Bill, which will provides a statutory definition of domestic abuse that includes non-physical abuse such as economic abuse. Some groups argue that the recommendations for the Bill do not go far enough to ensure equal protection for migrant women (Amnesty, 2018). They are calling for a system of full confidentiality and protection for all migrant women who report their abuse, regardless of their immigration status, which must apply to all statutory services that support victims and survivors of violence, including GPs. Our research has demonstrated a relative 'invisibility' of migrant women in the workforce and in particular as workers within domestic environments, which substantially increased their vulnerability to violence and abuse. This underscores the need for gender sensitive policies on migration and law reform in respect of modern day slavery e.g. Modern Slavery Act (UK Government, 2015).

#### b. Gaps in service provision for migrant women survivors of S/GBV

In terms of the service context, there has been a push to differentiate specialist organisations from mainstream services (e.g. Women's Aid) in the voluntary sector in order to respond more effectively to the unique characteristics of and challenges faced by migrant women of different cultural origins trapped in situations of GBV. Mainstream service providers have been perceived as lacking sensitivity and understanding of pertinent cultural and religious issues. Cultural insensitivity in the provision of services potentially alienates migrant and refugee women and those from minority backgrounds from seeking help. For example, some women from eastern cultures express discomfort at the direct style of communication adopted by western providers, with some women reporting direct experiences of discrimination and being belittled by service providers (Selkirk et al. 2014). It takes most women several contacts with services to receive the help they need and women can become 'lost'



when they seek help but the support they need (e.g. an emergency shelter) cannot be found quickly enough. Thus, specialist organisations aim to provide women-only spaces for women and girls from various ethnic minority communities affected by GBV including honour-based violence, rape or sexual assault, domestic violence, trafficking, forced marriage, child sexual abuse and exploitation and FGM. Specialist organisations work in line with a 'led by and for' ethos and exist to overcome the language and cultural barriers that prevent victims seeking help, providing culturally sensitive and empowering services provided by skilled professionals who understand survivors' needs. The services they provided include refuges, domestic violence support groups, drop-in centres, community outreach, campaigning, advocacy, and lobbying. Women are often not aware that the abuse they experience is at odds with legal system of the UK, and FGM depicts this problem (Lavender et al., 2006). Services have attempted to address this and now several focus on supporting women and girls affected by FGM. These include FORWARD and Daughters of Eve and there are approximately 25 specialist FGM Specialist Health Services across the UK.

Whilst there are a few well established specialist organisations in London and across the country e.g. Southall Black Sisters, the size and reach of specialist organisations varies considerably and their services have been considerably under threat over a period of economic austerity in the UK. A third of local authority areas have no specialised support services for violence against women and less than one in ten local authorities have specialist services for women from Black and minority ethnic and migrant communities. Investment has focused on the 'tip of the iceberg' (focus on high risk of homicide or those that report; with less focus on earlier intervention and long-term recovery - i.e. approaches that reduce re-victimisation). Services refer to the lack of sustainable and secure funding models as a barrier to the consistency and continuity of service provision.

### c. An 'ideal' multi-cultural system:

#### **Recommendations for enhancing care and provision of support for women from diverse cultural backgrounds at risk of GBV victimisation**

The needs of some migrant groups (e.g. refugees) are multiple, complex, overlapping and require specialist knowledge and understanding to manage them effectively. Women's needs also vary at different points in their help-seeking or migratory journey and so 'one size does not fit all' – support agencies, whether mainstream or specialist, need to be tailored to the individual needs of the woman. One of the most important best practice principles is responding to clients in a gender sensitive and responsive way - migrant and refugee women may have cultural norms and gender roles within their families that can be a particular challenge and add an extra layer of difficulty and act as a barrier in accessing appropriate services, especially domestic violence support services. The location of migrant women at the intersection of race, immigration and gender makes the actual experience of SV/GBV qualitatively different from that of White or native-born women and implies a significantly more



complex and protracted help-seeking journey. Abused migrant women face multi-layered and routinised forms of domination that converge in their lives, and hinder them from creating alternatives to abusive relationships and other forms of violence and abuse. Supporting any person affected by abuse does itself require a high degree of sensitivity, and understanding, and a particular set of skills. Similarly, providing care or support to a person where there is the potential for cultural or linguistic dissonance, be that between individuals of different cultural groups or sub-groups, is also demanding and requires a particular range in experience and skill.

Thus, the ideal approach to supporting migrant victims of SV/GBV, recommended based on research undertaken in the UK context, is that cultural competence and trauma informed practice are central and implemented across the referral pathway from identification and inward referral to enabling disclosure to intervention and follow up. This means a culturally competent and trauma informed response by frontline personnel, an effective referral process, and provision of care by specialised services. It is essential that those working with groups affected by high burden of trauma and current risk develop understanding on: types of abuses that affect migrant people's lives; the implications of trauma for social and other behaviours; the role of gender in risk and resilience; secondary victimisation and the ways in which trauma is compounded by the responses people receive when they seek help; and cultural diversity in abuse experiences and the various ways people perceive causes, symptoms and consequences, norms and rights. Providing trauma-informed responses should make up early training across the many relevant agencies (police, immigration, health, housing and other public service as well as abuse services in the voluntary or charity sectors). Training programmes need to be informed by women, those with lived experience of abuse and those who represent and understand the relevant cultural group and identities. Frontline professionals and service providers are particularly well-placed to make a difference in the course of a journey for an individual of an ethnic minority or migrant/refugee status. Whilst funding shortages are a perennial problem for public services and the charity sector, not every challenge requires an economic solution. Very often it is more about the way people relate to one another that makes the difference; story after story underpinning the CAPTIVE research highlights the impact of a humane response, and gestures of care and positive regard to help build understanding, trust and relationships that can ultimately minimise the number of victims that fall through the cracks.

Other recommendations here concern approaching disclosure as a process that needs time and trust, and providers (e.g. health professionals) must prioritise patient privacy and confidentiality and involve interpreters, rather than family members. Specialised services have the experience and skill to undertake the training around cultural competence and responses to violence victimisation (e.g. building capability around responding to disclosure and handling referral safely and sensitively), however they need to be adequately resourced to carry out this work. Improved training may also alleviate the high levels of burnout experienced by providers/professionals who attempt to meet the needs of migrant women victims. Finally, it is also crucial that organisations in the UK engaging with members of ethnic minorities or migrant/refugee



communities develop culturally-competent and trauma-informed responses within their policies and practices that promote an end to violence and abuse of women and girls; clearly articulate pathways to specialised services where concerns about the safety and welfare of a service user exist; provide guidance around challenging harmful community norms; and if applicable, allow specialist reach including staff that share language and cultural backgrounds, promote access to trained interpreters (who themselves are sensitive to issues of abuse and violence) and create options for exercising choice such as being able to request female interviewers. Thus, border control agencies might work harder to explore avenues for informing newly arrived and current migrants of risks, their rights, safety and services and make information available as early as possible (e.g. through visa processes; on arrival; using Home Office interactions; public campaigns; across universities, places of worship and other institutions). Equally, such information should be promoted through community groups, schools and health services.

As a final point on developing systems that can disrupt abuses occurring in the lives of migrant women, the literature suggests the value in establishing links with communities and community leaders. Consultation and collaboration with cultural groups and community leaders helps to increase service visibility and assists organisations on both sides to better understand the needs of migrants. In conclusion, the CAPTIVE research advocates for the UK a widespread enhancement of frontline responses to women and girls across diverse migratory/ethnic contexts, underpinned by gender sensitivity, cultural competence and capability around handling disclosure using trauma-informed practice.

## References

Amnesty International (2018) UK: Government's domestic violence reforms 'risk failing' migrant women <https://www.amnesty.org.uk/press-releases/uk-governments-domestic-violence-reforms-risk-failing-migrant-women>

Burchill, J. (2011). Safeguarding vulnerable families: work with refugee and asylum seekers. *Community Practitioner*, 84(2), 23-26.

Lavender et al., T., Baker, L. & Richens, Y. (2006). Current service provision for women in the UK who have undergone FGM. *British Journal Of Midwifery*, 14(8), 465-466

ONS (2018) Migration Statistics Quarterly Report: August 2018.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/migrationstatisticsquarterlyreport/august2018#trends-in-international-migration>



Selkirk, M., Quayle, E., & Rothwell, N. (2014) A Systematic Review of Factors Affecting Migrant Attitudes Towards Seeking Psychological Help. *Journal of Health Care for the Poor and Underserved*, 25, 94–127.

Social Perspectives Network. (2006). *Meeting the Mental Health Needs of Refugees, Asylum Seekers and Immigration Detainees (SPN Paper Ten)*. Chichester: London Development Centre.

The Migration Observatory (2018) Migrants in the UK: An Overview. <https://migrationobservatory.ox.ac.uk/resources/briefings/migrants-in-the-uk-an-overview/>

UK Government (2015) Modern Slavery Act <http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

UK Visa and Immigration (2016) Set (DV) Guidance Notes Version 10/2016

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/559982/SET\\_DV\\_guidance\\_notes\\_10-2016.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/559982/SET_DV_guidance_notes_10-2016.pdf)

## 8. Who are we?



**France: Euro-CIDES** brings important experience from other projects. Each year since 2002 they have performed training sessions on territories' diagnosis for students, as well as for social workers and managers of social institutions and structures, on behalf of a regional French institute of social work. In relation to education in prison, from 2008 onwards they associated the Headmaster of the teaching unit of the French National Education Ministry in the prison of Bordeaux to their works. Since 2011 they have involved the French public youth care service (DIR PJJ SO) in their works and from 2012 they have been joined by the pedagogical unit of the French Ministry of National Education, which manages 20 schools in prisons of the south-west region of France (Bordeaux, Limoges, Poitiers). Furthermore, Euro-CIDES has participated as applicant or partner in several projects under the EU Lifelong Learning Programme (for instance: HIPPO 2008/2010 dealing with the transition from prison to outside; FEFI 2013/2015 focusing on the education of female inmates; ON-OFF 2013/2015, concerning the exchange of methodologies in the education of detainees) and also as associate partner in European Social Fund projects (acknowledgement of prior learning in prison) always for population in social difficulties and precarity, also with intellectual difficulties and very low skills. They also work (directly or associated) with probation services so their competences is a complement with such target groups than CAPTIVE ones

Website: <https://euro-cides.eu/>

Contact person: Dominique Antony; E-mail: [dominique.antony@cegetel.net](mailto:dominique.antony@cegetel.net)

**Germany: Justizvollzugsanstalt Zweibrücken** is a penitentiary institution in Rhineland Palatinate. It was built in 1839 - 1845 as a Bavarian county jail. Since then it had been expanded extensively and continues to expand and modernize. We are the "central training institution" of Rhineland-Palatinate. Male and female prisoners are trained together in many various professions. At present, JVA Zweibrücken is employing 321 women and men of different professions e.g. lawyers, psychologists, counsellors, social workers and a doctor. Zweibrücken Prison has a lot of experience in treatment of violent offenders and gender-based violence. Furthermore they managed two refugee camps for several months.

Website: <https://jvazw.justiz.rlp.de/de/startseite/>

Contact person: Anja Rohr; E-mail: [Anja.Rohr@vollzug.jm.rlp.de](mailto:Anja.Rohr@vollzug.jm.rlp.de)



**Italy:** ANFE Italy is a National Association based in Rome organized with 48 foreign representatives, covering 16 countries. In Italy the body is made up of 44 provincial and 16 regional structures. ANFE is registered for the Register of Institutions and Associations performing activities in favor of immigrants (Ministry of Labour and Social Policies) ;General Directorate of Immigration; UNAR Registry, the Registry of associations and to support the fight against the discrimination (Presidency of the Council of Ministers - Department for Equal Opportunities). ANFE is one of the founders of the National Emigration Council (CNE). It's member of the General Council of the Union International des Organismes familiaux, of Comites and of the General Council of Italians Abroad (CGIE). It participates actively in the tables of the Territorial Councils for Immigration and It's also part of the Institute for International Economic Cooperation and the Problems of Development. One of the main activities of A.N.F.E. in the world is developing new inclusion policies in order to promote the social integration of migrant communities in the hosting countries. For that reason in the last few years ANFE, answering to the social inclusion needs of the new migration flows come from Africa and Arabic Countries, has organized language and culture courses for migrants and refugees.

Website: <http://www.anfe.it/>

Contact person: Giuseppe Pilocane; E-mail: gpilocane@tiscali.it

**Malta: The University of Malta, Department of Criminology (Lead partner).**

The University of Malta is the highest teaching institution in Malta. It is publicly funded and is open to all those who have the requisite qualifications. The University's structures are in line with the Bologna Process and the European Higher Education Area. Conscious of its public role, the University strives to create courses which are relevant and timely in response to the needs of the country. The supreme governing bodies of the University are the Council and the Senate. There are some 11,500 students including over 1000 international students (450 are visiting students) from 92 different countries, following fulltime or part-time degree and diploma courses, many of them run on the modular or credit system. The University regularly hosts a large number of Erasmus and other exchange students.

The Department is involved in research and teaching in the field of Criminology: policing, corrections, terrorism, geo-spatial analysis of crime, psychology/psychiatry/biology of crime, criminological research methods, cyber crime, criminal investigation, crime/criminal profiling, domestic violence, hate crimes and other crime-related areas of study. It also acts as a resource centre for the provision of experts and expertise in the





various fields of its activity to the Courts of Justice and the Probation Services (which could be considered a direct off-shoot of the then Institute of Forensic Studies). Furthermore, it acts as an advisory body to the Government on matters pertaining to criminal justice.

Website: <https://www.um.edu.mt/socialwellbeing/criminology>

Contact person: Dr. Sandra Scicluna ; Email: [sandra.scicluna@um.edu.mt](mailto:sandra.scicluna@um.edu.mt)

### **Spain: The University of Seville, Faculty of Education.**

The University of Seville (US), founded in 1505, comprises 26 Faculties and Centres with 129 departments. It offers 78 Bachelor degrees, 80 Masters and 148 Doctoral programmes, catering for 64,000 students and a further 4,000 researchers based in 400 different research groups. Annually, the University accounts for around 7,500 scientific publications with an international impact. The Taiwan Ranking places Seville in the top 500 universities worldwide, in URAP Seville ranks in the top 400. QS ranks Seville's Education sector within the World's Top 250. In collaboration with the University of Malaga, Seville manages High Tech, a renowned International Campus on behalf of a consortium of Spanish universities. This is an unique campus set up to showcase Spain's research strengths. Within Spain, USE ranks third in applications for patents and generates significant technological enterprises. Each year some 9,000 students achieve internships in industry affirming a strong entrepreneurial spirit. USE is committed to European mobility, and in 2010 was Spain's foremost participant in ERASMUS. US attracts every year around 5,000 international students and has agreements with more than 700 universities worldwide. US is committed to a strong social justice agenda and works continually to support students from minority groups. The University has a lengthy record of involvement in European projects and, over 18 years, has developed the operational and financial capacity to ensure successful implementation of project goals. Engagement with collaborative research projects is central to the University of Seville's (US) commitment to European mobility. The Faculty of Education has engaged heavily with such projects. In addition to those listed specifically, US took part in STAY IN, Student guidance at university for inclusion (526600-LLP1-2012-1-IT-Erasmus-ESIN) led from Italy; and led EU MILL, EuroMediterranean integration through lifelong learning (530401-TEMPUS-1- 2012-1-ES-TEMPUS-SMHES).

Website: <http://www.us.es/eng>

Contact person: Dr. José González-Monteagudo; Email: [monteagu@us.es](mailto:monteagu@us.es)



**UK: The University of Coventry, Centre for Advances in Behavioural Science.**

Coventry University was granted University status in 1992. The University provides high quality learning and applied research with a strong vocational focus for over 24,000 students. The principal activities of the University are research and development projects, academic and specialist consultancy, professional development courses, training services, secondments, student placements, graduate recruitment, workshops, seminars and conferences. The Centre for Advances in Behavioural Science focuses on the development and evaluation of theoretically-rooted, evidence-based psychological interventions across a range of areas: children's literacy and developmental disorders, violence and interpersonal aggression, identity and resilience in communities and organisations, cognition, neuropsychology and psychopharmacology. Related to this aim is the need to develop theoretical models that map the environmental and personal factors that impact successful intervention. We work in partnership with key stakeholders to identify key challenges, develop resources, evaluate initiatives and theoretical models, and to create sustainable approaches to impact.

Website: <https://www.coventry.ac.uk/research/areas-of-research/advances-in-behavioural-science/>

Contact person: Claire Pillinger; Email: [aa5567@coventry.ac.uk](mailto:aa5567@coventry.ac.uk)

Curious to know more about the project? Check out our [website](#), [Facebook page](#) or [Twitter profile](#)!

Website: <https://captive.euro-cides.eu/>

Facebook: <https://www.facebook.com/projectcaptive/>

Twitter: @ProjectCAPTIVE1

This publication has been produced with the financial support of the Rights, Equality and Citizenship (REC) Programme of the European Union. The contents of this publication are the sole responsibility of the CAPTIVE Project partners and can in no way be taken to reflect the views of the European Commission.