POLICY DOCUMENT

Sexual and Gender-Based Violence
within the context of migration in the Mediterranean area

FPFE
Federación de Planificación Familiar Estatal

Summary

Introduction 3

- SGBV within the context of migration in the Mediterranean area 3
- Rape, Female Genital Mutilation and Human Trafficking for sexual exploitation as specific forms of SGBV 4
- SGBV in migration contexts and the pandemic COVID-19 7
- MED-RES Project 8

Common recommendations and best practices 9

- To the European Union 9
- To the Countries involved and local authorities 10
- Best Practice: The SaMiFo centre in Italy 10
- Best Practice: The Victim Support Unit team of the Maltese Police 11
- Best Practice: Task Force for the Defence of Affective and Sexual Rights of Women in Spain 12

Recommendations to national governments 13

- Italy 13
- Spain 15
- Malta 16

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Sexual and Gender-Based Violence within the context of migration in the Mediterranean area

INTRODUCTION

SGBV within the context of migration in the Mediterranean area

Sexual and Gender-Based Violence (SGBV) refers to any act perpetrated against a person's will based on asymmetric gender norms and power relations; it constitutes an abuse of power that causes physical, sexual and/or psychological harm, mainly to women and girls, but also to men, boys and LGBTI+ people[1]. SGBV differs from other types of violence because its perpetration is based on sex or belonging to a given gender. It is manifested in several different ways (physical, sexual, psychological, socio-economic violence, etc.) which can occur within the family, the individual's own community as well as on an institutional level. It is a serious violation of fundamental human rights, such as the right to life, liberty and personal security, the highest possible standard of physical and mental health and the right not to be subjected to torture or cruel, inhuman or degrading treatment, amongst many others[2]. It also exacerbates damaging gender stereotypes and inequalities that have a negative bearing on human dignity, and hamper full development and self-determination of those subjected to it. When humanitarian crises and forced migration occur, the rate of SGBV increases[3] as additional risk factors come into play. These can include armed conflict, the disruption of social and family structures that normally afford protection, how camps are structured and their organizational leadership based on gender stereotypes, a lack of food, work and primary resources, an absence of legal defence and potential hostility of local populations even within the migratory process itself.

1 Full definition adopted by UNHCR and its operative partners based on articles 1 and 2 of the Declaration of the General Assembly of the United Nations on the Elimination of Violence against Women (DEVAW 1993) and on recommendation 19, par. 6 of the eleventh session of the Commission on the Elimination of Violence against Women (CEDAW).

2 UNHCR, Sexual and gender-based violence against refugees, returnees and internally displaced persons. Guidelines for prevention and response, 2003, pg. 8

3 IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Reducing risk, promoting resilience and aiding recovery*, 2015, pg. 1.

Within the context of migration in the Mediterranean area, particularly Italy, Malta and Spain, the figures gathered from the main agencies of the United Nations and Non-Governmental Organizations, combined with testimony afforded by migrants themselves, demonstrate that SGBV rates are extremely high[4]. This type of violence often occurs both in the country of origin itself (it can be one of the motives prompting a decision to migrate), during the journey (for example where perpetrated by armed groups, members of the military and border police forces, traffickers etc.), and in areas of transit (e.g. in the case of Libya these are often detention centres, whether official or otherwise, or clandestine prisons in which migrants must do forced work and are enslaved). This type of violence can also be perpetrated in the country of arrival/asylum, including sexual exploitation, trafficking in human beings or forced prostitution and power abuses by those in a position of authority, against individuals who are vulnerable from a social and legal standpoint, etc. Although women and girls are often more exposed to SGBV, anyone can be subjected to this type of violence, and according to UNHCR, there is also an increasing number of men and boys who have survived SGBV, even if most cases are not reported[5].

Rape, Female Genital Mutilation and Human Trafficking for sexual exploitation as specific forms of SGBV

Among the various and often overlapping manifestations of SGBV, three specific forms arising in forced migration contexts may be further developed: Rape, Female Genital Mutilation and Human Trafficking for sexual exploitation.

Rape According to the definition of the UNHCR guidelines for preventing and responding to Sexual and Gender-Based violence[6], which recalls the definition given by the International Criminal Court, rape is defined as “The invasion of any part of the body of the victim by the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, threat of force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent[7]”. Migrant people in transit have often been subjected to this type of violence, not infrequently combined with other types of violence. For instance, as the agencies of the United Nations themselves have reported, along with numerous Non-Governmental Organizations, the risk of being subjected to sexual and gender-based violence, including rape, whilst remaining in Libya, is extremely high, if not outright systematic: according to the UNOCHA, the United Nations Office for the Coordination of Humanitarian Affairs, 40% of refugee and migrant people interviewed in 2017 reported being subjected to sexual violence

4 E.g. see UNHCR’s report *Desperate Journeys, Refugees and migrants arriving in Europe and at Europe’s borders*, 2018.

5 UNHCR *Italy, Strategy on SGBV*, 2017- 2019.

6 UNHCR, *Sexual and gender-based violence against refugees, returnees and internally displaced persons. Guidelines for prevention and response*, 2003, pg.16.

7 International Criminal Court (ICC), *Elements of Crimes*, 2011. The elements comprising the definition of rape as a Crime against Humanity given by the International Criminal Court include the inability to provide “genuine” consent (pg. 8).

during their stay in Libya[8], although actual figures are far higher if we take into account the sensitive nature of the subject, and the different forms of the stigma associated with being subjected to this kind of violence, rendering it difficult for it to emerge. As reported in the interviews with migrants and refugees in the study conducted by the Women's Refugee Commission on the phenomenon of SGBV against men and boys in the central Mediterranean route bound for Italy, undergoing sexual violence "is inevitable, in fact, it always happens"[9].

Female Genital Mutilation (FGM) FGM is internationally recognised as a serious violation of the human rights of young girls, teenage girls and women. It is a damaging practice, and a form of gender violence, the roots of which lie in patriarchal rules which aim to maintain unequal power relations between men and women. The World Health Organization's definition includes all procedures which involve the partial or total removal of the external genitals, or other injuries to the female genitalia for non-medical reasons. According to UNICEF figures, gathered thanks to studies conducted worldwide on a government level, at least 200 million women and girls have survived FGM in 30 countries[10]. But these figures do not take other sources into accounts, such as indirect estimates from diasporas, or unofficial enquiries conducted by journalists and others in the field. Generally speaking, official data shows that FGM is practised on every continent except Antarctica, and in at least 92 different countries.

According to estimates collated by the European EndFGM network, of which AIDOS is a founder member, at least 600,000 women have survived this practice in Europe. This estimate was arrived at from studies conducted nationwide, and the results of a European study carried out in 2016 and linked to the 2011 national census[11]. At present, there are approximately 180,000 girls at risk in Europe although this estimate, obtained using data gathered by the EIGE (the European Institute for Gender Equality) and national appraisals, is in fact partial, as it only takes 13 countries into account[12]. According to a report published in 2018 by the United Nations High Commissioner for Refugees (UNHCR), in the previous five years, 20,000 women and girls had already undergone FGM on arriving in Europe[13]. Whilst the number in absolute terms is going down compared with figures from previous years, in percentage terms the number of potentially affected women is increasing: 37% of asylum seekers from countries in which FGM is practised have already potentially been subjected to the practice.

Female Genital Mutilation is internationally recognised as a form of gender-based violence that can – if referable to the female asylum seeker – constitute an act of

8 UNOCHA, *2018 Humanitarian Needs Overview Summary: Libya*, 2017, pg.6.

9 Women's Refugee Commission, *"Over one million wounds": sexual violence against Men and Boys along the Central Mediterranean route towards Italy*, 2019, pg.19.

10 UNICEF, *Female Genital Mutilation/Cutting: A Global Concern*, February 2016.

11 End FGM European Network, *Annual Report*, 2019.

12 End FGM European Network, *Annual Report*, 2019.

13 UNHCR, *Too Much Pain*, 2018.

persecution both under the 1951 Geneva Convention on the Status of Refugees intended by the United Nations and the European Directives relating to asylum on qualification, reception procedures and conditions. They are indeed explicitly cited in European asylum directives 2011/95/EU of 13 December 2011 (Qualification directive), 2013/32/EU of 26 June 2013 (Procedures directive) and 2013/33/EU of 26 June 2013 (Reception conditions directive)[14]. However, FGM is particularly difficult to disclose because often survivors don't consider it a form of gender-based violence, but regard it instead as a positive practice and don't necessarily realise that the negative consequences they might be experiencing are linked to the procedure. Moreover, professionals and operators dealing with potential FGM survivors may not be adequately equipped to identify and respond to this specific form of SGBV.

The Council of Europe Convention on preventing and combatting violence against women and domestic violence, known as the Istanbul Convention, is the first treaty to recognise the existence of FGM in Europe and the need to address it systematically (Art. 38). It requires states to increase preventive measures by addressing communities where the practice is widespread, professionals and public opinion. It also commits the signatories, to ensure that violence against women based on gender, including female genital mutilation and forced marriage, can be recognised as a form of persecution under Art. 1, letter. A, par. 2 of the 1951 Convention relating to the status of refugees, and as a form of serious injury that warrants subsidiary protection.

Human trafficking for sexual exploitation Article 3 of the Additional Protocol of the United Nations Convention dated December 2000 to prevent, repress and punish people trafficking defines it as the recruitment, transportation, transfer, harbouring or receipt of persons, using the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. The latter includes the prostitution of others, or other forms of sexual exploitation, forced labour or other forced services, slavery or suchlike, servitude or the removal of organs.

Multiple activities are undertaken by criminals involved in trafficking, and in various stages. The first phase is the recruitment of people using various means, ranging from kidnapping to abduction, deceit and indebtedness; the second phase involves the handling of people at border crossings; the third and final phase involves intensive exploitation of people in the country of destination.

14 For further information see: EndFGM European Network, *FGM in EU Asylum Directives on Qualification, Procedures and Reception Conditions*, March 2016; Violenza sessuale e di genere. L'applicazione della normativa europea nei confronti di richiedenti asilo e rifugiate/i nel contesto italiano. A cura di Francesca Asta. Contributi di Francesco Di Pietro e Enrica Rigo, AIDOS 2019 (Progetto MED-RES); Un análisis a partir del marco de protección de las Directivas de la Unión Europea en materia de asilo. Autora, Elena de Luis Romero. FPFE 2019 (Programa MED-RES) Sexual and Gender Based Violence: Guidelines as covered in EU Asylum Directives on Qualification, Procedures and Reception Conditions, by Stephanie Caruana, WRF 2019 (project MED-RES).

Another defining feature of people trafficking is trans-nationality, which involves the ability to work as part of a network, creating streamlined, specialist structures in the countries of transit and destination, whilst the heads of the organizations concerned remain safely in their own countries.

Whilst trafficking of persons affects all genders, girls and women are disproportionately affected. Whilst it is difficult for the phenomenon to emerge, making it complicated to gather even just incomplete data, official statistics show that 70% of the victims of human trafficking are women or girls[15]. The percentages become even higher when people trafficking is specifically for the purpose of sexual exploitation: according to figures gathered by the European Commission, in the 2015-2016 period, 95% of victims trafficked for sexual exploitation in the European Union were females[16].

According to IOM, the European countries most affected by migratory phenomena are Greece, Spain, Italy and Malta[17]. Although the overall arrivals are significantly decreasing (compared to 2019 and 2018), the reception systems of these countries are still under strain. Most women and children arriving by sea have survived sexual and gender-based violence, including sexual assault and rape, even while travelling. IOM estimates that about 80% of Nigerian women who arrived in Italy by the sea in 2016 are potential victims of trafficking for the purpose of sexual exploitation in Italy or in other states of the European Union. According to data from the Intelligence Center against Terrorism and Organized Crime (CITCO), in Spain most of those identified as victims of trafficking for the purposes of sexual exploitation are women aged between 23 and 27 years. Both police sources and civil society organizations have warned of increased sexual exploitation among adolescents and the use of girls and children through the submission of their mothers. According to the Spanish Attorney General's Office, the main countries where women are recruited for trafficking for the purpose of sexual exploitation in Spain are Nigeria, Romania, China, Dominican Republic, Brazil, Colombia and Paraguay.

SGBV in migration contexts and the pandemic COVID-19

Within the context of the current Covid-19 pandemic, sexual and gender-based violence is increasing worldwide, both inside national borders and beyond. This is so much the case that it is now commonly referred to as the "shadow pandemic"[18]. As denounced by UNHCR, data shows that displaced women and girls worldwide are experiencing increasing levels of GBV during the pandemic[19], due to exacerbating

15 UNODC, *Global Report on Trafficking in Persons*, 2014.

16 European Commission, *Data Collection on Trafficking in Human Beings in the EU*, 2018.

17 In particular, from January 1 to January 20, 2020, 1,461 migrants arrived in Greece, 1,886 in Spain, 735 in Italy and 254 in Malta. Comparing the data to the total figures for the same period of 2019, arrivals decreased by around 24%. IOM (2020). Europe Flow Monitoring, https://migration.iom.int/europe?type=arrivals

18 UN Women, *The shadow Pandemic: Violence against women during Covid-19*, 2020, available at https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19.

19 UNHCR, *Gender-based violence on the rise during lockdown*, 2020, available at https://www.unhcr.org/news/stories/2020/11/5fbd2e774/gender-based-violence-rise-during-lockdowns.html.

factors such as security, health and money worries, cramped living conditions, isolation with abusers, restricted movement and deserted public spaces. The urgency of tackling the surge in GBV was highlighted by the European Commission and High Representative/Vice-President, Josep Borrell, ahead of this year's International Day for the Elimination of Violence against Women: "Figures show that violence against women and children has increased since COVID-19 lockdown measures started. Some Member States have introduced gender-sensitive response measures […] Change is possible, but it requires action, commitment and determination."[20] In line with these pleas, it is vital to ramp up efforts and resources for prevention purposes, and to provide suitable services to survivors of SGBV. In particular, more needs to be done to make addressing this type of violence a priority, ensuring a more holistic, coordinated, intercultural and gender-oriented approach to the prevention and response to SGBV in a migratory context.

MED-RES PROJECT

The "MEDiterranean reception systems' coordinated RESponse for people in migration (PiM) victims of SGBV" project (MED RES) is implemented in three European Union (EU) partner countries, namely Italy, Malta and Spain, with the aim of fostering inclusion of female/male people in migration (PiM), particularly refugees and asylum seekers who have survived sexual and gender-based violence (SGBV), in integrated and coordinated reception and support services/systems [21].

The project builds the capacities of operators and professionals involved, enabling them to provide appropriate services to PIM survivors of SGBV with a coordinated and gender-based approach. By providing "Training of Trainers" (TOTs) and Roll Out training (ROs) on SGBV, and operative tools to professionals working in the same reception system at local level, the project reinforces both individual knowledge on the issue and the collective capacity for meeting the needs of migrant survivors of SGBV with a gender, intercultural and multidisciplinary perspective. Moreover, activities directed at migrants aim to ensure better access of PiM to SGBV services, and to increase their awareness of their rights.

Training sessions held in 2019 revealed the need to analyse three specific forms of SGBV in greater detail: **rape**, **Female Genital Mutilation** (FGM) and **human trafficking for sexual exploitation in the context of migration.** All three phenomena have a high incidence in migrant populations arriving in Italy, Spain and Malta, and call for highly qualified professionals capable of providing a suitable care response.

20 The complete statement is available at https://ec.europa.eu/commission/presscorner/detail/en/STATEMENT_20_2167.

21 The MED-RES project is implemented by AIDOS (the Italian Association of Women for Development) in cooperation with the Women's Rights Foundation (WRF, Malta) and Federación de Planificación Familiar Estatal (FPFE, Spain). The project is co-funded by the European Commission with funds from the Directorate General Justice and Consumer (DG Justice), the United Nations Population Fund (UNFPA) and UNFPA EECARO, by UNHCR and UNHCR Italia, by the Maltese Ministry for Education and Labour, and the International Planned Parenthood Federation.

The **exchange of experiences**[22] among operators, professionals and experts from the three countries involved in the project, was tailored around the above need. Indeed, in each country participants were divided into three working groups according to the specific form of SGBV requiring in-depth analysis. Within each country, the working groups were split into three sessions, conducted remotely and moderated by one or more experts in the field. This made it possible to discuss case studies, identify critical areas and potential solutions, exchange best practices and draft recommendations to be addressed to institutions at various levels, including at EU level. A final common virtual exchange, including participants from all three countries, was organized to present and discuss the main recommendations and findings.

This document, including practical recommendations to the EU and to national and local institutions, sums up the main recommendations and practices discussed during the above process for sharing experiences.

COMMON RECOMMENDATIONS AND BEST PRACTICES

TO THE EUROPEAN UNION

1. ENSURE THE IMPLEMENTATION OF THE ISTANBUL CONVENTION AT EU LEVEL

The EU must ratify the Istanbul Convention without delay. It must also redouble efforts to enhance implementation of the Istanbul Convention in all Member States, and ensure that preventing and combating violence against women and domestic violence is harmonised and accepted as a violation of human rights at EU level. Equal standards must be implemented by all Member States.

2. ENSURE ADEQUATE LONG-TERM FUNDING AND ACCOUNTABILITY

Scale-up long-term, flexible investment for preventing, combating and responding to SGBV,ensuring quality monitoring indicators are incorporated into Monitoring and Evaluation mechanisms to assess the impact of investments.

3. HARMONISE ANTI-TRAFFICKING LEGISLATION AND REFORM THE DUBLIN REGULATION

Promote greater harmonisation of European legislation in relation to trafficking offences, in particular by reforming the “Dublin Regulation” and including trafficking, building programmes and projects to foster exchanges between NGOs working on trafficking throughout EU member states.

22 Initially scheduled to be held in Malta during March 2020, it was, however, cancelled owing to the COVID-19 Pandemic and rescheduled to be held online.

4. IMPROVE DATA COLLECTION

Improve data collection so it is disaggregated and systematic, as well as sharing best practices.

TO THE COUNTRIES INVOLVED AND LOCAL AUTHORITIES

5. ADOPT A MULTIDISCIPLINARY APPROACH

Guarantee the presence, within a given territory, reception facility or medical area, of a multidisciplinary team to provide proper care and handle situations in which it emerges that the person concerned has survived SGBV, whether recently or otherwise. The members of the team must also act as “case managers”, reference points and go-betweens with all the other professionals involved in various aspects.

BEST PRACTICE:
The SaMiFo centre in Italy

Established as a result of a partnership between the Rome 1 local health authority and the Centro Astalli association in 2006, it is specifically aimed at users who are asylum seekers and holders of international and national protection status. SaMiFo (Health Centre for Forced Migrants) is a regional benchmark which offers medical assistance but also reception and orientation services for users; it comprises a multidisciplinary team offering complete care, ranging from direct reception through a mediation service in 18 languages, to basic and forensic medicine, psychology and psychiatry, orthopaedics, social and legal assistance, a family planning clinic and referral to internal and external services. The latter can include assistance with fulfilling procedures for obtaining a medical card and choosing a GP. SaMiFo is a reference point for family planning services; it also has an all-female team made up of a gynaecologist, an obstetrician, a nurse, a mediator, a psychiatrist and a psychologist who are specialised in FGM.

6. STRENGHTEN THE SKILLS OF PROFESSIONALS AND OPERATORS WORKING WITH AND FOR MIGRANT SGBV SURVIVORS

Ensure regular training on SGBV for personnel involved in the reception and providing services to migrant and asylum seekers survivors of SGBV. Amongst others, these include the various professionals working in the reception system, but also people working in the public and private sector such as law enforcement officials, health workers, social workers etc. Training should be provided with a gender-based, intercultural and integrated approach so as to strengthen local referral systems and the quality of care.

BEST PRACTICE:
The Victim Support Unit team of the Maltese Police

The sexual assault response team (SART) was set up in 2013 as part of a social partnership agreement between a local NGO and national authorities. Today this service is referred to as a Care for victims of sexual assault/Victim Support Unit. This service is provided on a 24-hour basis, and offers the support of social workers, psychologists and legal advice and representation. It functions as a unit specialised in dealing with vulnerable survivors of SGBV whilst also offering a referral mechanism for putting survivors in touch with lawyers, social workers and psychologists in order for them to receive help with a holistic, multidisciplinary approach. This unit was directly established based on feedback provided by survivors themselves.

7. INSTITUTIONALISE THE INVOLVEMENT OF CULTURAL/LINGUISTIC MEDIATORS TRAINED IN SGBV

Cultural and linguistic mediators are key during every stage of the care process. The mediator must have specific and certified skills when working with SGBV survivors and has to adopt a professional ethical code. According to the experience of the professionals and operators in question, not to mention the GREVIO report, in Italy "Access to support is also hampered by cultural barriers, namely the lack of stable cultural mediation services and the limited capacity to provide culturally sensitive information and deliver gender and culturally sensitive services". Rendering the profession of linguistic and cultural mediator official by enabling accredited bodies to issue standardised certifications, would guarantee a professional career for mediators and a quality service for professionals and migrant survivors of SGBV.

8. ADOPT A SURVIVOR CENTERED APPROACH

It is necessary to adopt a survivor-centred approach that empowers survivors to be agents of change, to strengthen ties with feminist organizations offering transversal, intercultural premises and services, and to facilitate the empowerment of survivors and exchanges in experiences whilst mobilizing survivors' own resources to promote their social and economic inclusion. It is also necessary to spread and consolidate, in anti-trafficking organizations, a gender-oriented working method which fosters empowerment processes and is not just limited to welfare aspects.

BEST PRACTICE

Task Force for the Defence of Affective and Sexual Rights of Women in Spain

In Spain, the 'Task Force for the Defence of Affective and Sexual Rights of Women in Valencia' was created to provide a space for keeping abreast of existing resources, and for coordinating and exchanging information. This task force is part of an informal educational project for migrant women in the city of Valencia; it addresses issues of gender, affectivity and sexuality, analysing significant experiences and knowledge gathered in relation to sexual and affective health, the kinds of violence women suffer in this regard and the difficulties involved in guaranteeing this right. The goal is to create a multidisciplinary meeting place to rethink actions that allow the public health and administrative authorities to take more coordinated action against breaches of the right to affective and sexual health of women migrants in Valencia.

9. ENSURE APPROPRIATE HUMAN AND FINANCIAL LONG-TERM RESOURCES AND INCREASE ACCOUNTABILITY

Adequate long-term funding must be ensured to create sustainable projects. The current high turnover of professionals hinders the provision of quality services. It renders networking at the local level and the process of empowering survivors difficult, causes the dispersion of trained and highly qualified professionals and interferes with disclosure of SGBV itself.

10. PROMOTE AN INTERCULTURAL APPRAOCH

Promote the spread of an intercultural approach among all stakeholders, including authorities and professionals working with SGBV survivors (e.g. mediation, anthropological consultancy, etc.); incorporate cultural differences and an intersectional approach when dealing with concepts and approaches to sexuality, health, and so forth; strengthen capacity for dialogue and the possibility of learning jointly by involving the affected communities and encouraging them to participate through their associations or representatives.

11. DEVELOP STANDARD GUIDELINES AND PROCEDURES INCLUDING REFERRAL PATHWAYS

Draft standard guidelines and procedures nationally to manage SGBV survivors, whether in emergency circumstances or otherwise, in respect of their many needs (psychological, legal, medical, social…), ensuring that the guidelines and procedures are drafted with an intercultural approach and include clear referral pathways at national/regional level.

12. ENSURE REGULAR PSYCHOLOGICAL SUPPORT FOR PERSONNEL WORKING WITH SGBV SURVIVORS

Organize sessions of group supervision and psychological support, including on an individual, structured basis and at regular intervals, for operators working in reception systems, taking into account the "sensitive" nature of the work and the emotive involvement fostered by coming into contact with people who have been subjected to SGBV in their country of origin, during the migratory journey or subsequently (i.e. in the country of arrival).

RECOMMENDATIONS TO NATIONAL GOVERNMENTS

ITALY

1. ADDRESS AND IMPLEMENT THE RECOMMENDATIONS MADE BY GREVIO TO THE ITALIAN GOVERNMENT

Among the main urgent measures that GREVIO urges Italy to take, the following are particularly relevant to the issue of SGBV in migrant contexts, and are in line with the experiences and practices shared by experts and operators during the exchange meeting:

- take further measures to ensure that policies address violence against women in a comprehensive and integrated fashion, and are implemented and monitored through effective co-ordination between national, regional and local authorities;
- ensure appropriate financial and human resources for measures and policies, while increasing transparency and accountability in the use of public funds and developing appropriate long-term/multi-annual financing solutions for women's specialist services;
- reinforce the support and recognition of independent women's organizations and strengthen the national and local institutional framework for consulting and co-operating with women's organizations.

2. IMPROVE DATA COLLECTION AT NATIONAL LEVEL AND PROMOTE ACCOUNTABILITY

Improve data collection and promote greater accountability for monitoring funds allocated by national, regional and local authorities.

CONCERNING FGM

1. STRENGHTEN REGIONAL CENTRES FOR FGM AND REFERRAL PATHWAYS

While including FGM as a specific form of SGBV to be handled in conjunction with other forms of SGBV in existing structures, regional centres specialised in FGM should be institutionalised to ensure both an integrated response to women and girls who have survived FGM, and specialised services whenever needed and requested by survivors. Indeed, it is important to improve the referral system through effective coordination between national, regional and local authorities, health services and women's organizations with a holistic, intercultural and integrated approach which puts survivors first.

CONCERNING HUMAN TRAFFICKING

1. IMPLEMENT EXISTING ANTI-TRAFFICKING LAWS UNIFORLY

Reinforce article 18 of Legislative Decree 286/98 and render implementation procedures uniform (e.g. the application of the so-called "social path"), guaranteeing victims access on a national scale to social services and ensuring the timeframes involved are fixed.

2. ENHANCE THE IDENTIFICATION PROCESS WITH MULTIDISCIPLINARY TEAMS AND CULTURAL MEDIATORS

Enhance the system used for identifying victims with multidisciplinary teams and trained cultural mediators, implement actions geared towards creating structured processes in places where trafficking survivors might arrive, particularly in medical centres, which afford a privileged vantage point.

3. ENSURE BETTER COORDINATION BETWEEN THE IDENTIFICATION AND ASSISTANCE PHASES AND IMPROVED COOPERATION AMONGST THE VARIOUS STAKEHOLDERS

Introduce connection/coordination tools between the identification and reception phases. By way of example, within the measures conducted by border Police forces, small multidisciplinary teams should be trained, including female anti-trafficking operators, to help other operators to gather indicators used for early identification (not formal identification) of potential survivors, providing a link for handling the care offered to survivors.

SPAIN

1. ADDRESS AND IMPLEMENT THE RECOMMENDATIONS MADE BY GREVIO TO SPAIN

GREVIO expresses concern that comprehensive support services for victims and multi-agency co-operation in Spain have concentrated exclusively on intimate partner-related violence, to the detriment of other forms of violence, in particular sexual violence, forced marriage and female genital mutilation. GREVIO laments the regional variations in the implementation of the Istanbul Convention, despite coordination measures taken by the Spanish authorities. It also notes that there are a number of major barriers preventing women from accessing a gender-sensitive asylum procedure.

These include accelerated asylum procedures and inadequate reception and interview conditions, which do not create the climate of trust and support needed for sharing sensitive information and disclosing experiences of violence. Consequently, women's and girls' experiences of violence, as well as their specific vulnerabilities and needs, remain largely unaddressed. The report also criticises the high evidentiary thresholds for cases of sexual and domestic violence, such as requiring previous reports of violence filed by asylum seekers with their national authorities in order for international protection to be afforded on these grounds. As a result, women victims of violence who are in need of international protection may go unrecognised; this may lead to deportations or returns, in breach of non-refoulement obligations.

2. REFORM OF NATIONAL LEGISLATION CONCERNING GBV

Extend the Organic Law on Gender-Based Violence to other forms of violence against women so that it is not limited to couples/romantic relationships.

CONCERNING HUMAN TRAFFICKING

4. ENSURE THE PROVISION OF DEDICATED PREMISES

Provide more spaces specifically for men or large families, and when a large number of people (men and women) are detected simultaneously (this can happen especially when forced labour is detected or identified, mainly for the agricultural sector during harvest seasons).

5. ENSURE HARMONISATION AT A REGIONAL LEVEL

In the case of transfers to another region or province, the same resources must be maintained and information provided (about the place where the person is going to go, the people they will be living with, the terms of reference of the new place, as well as the rules of the new centre, and the resources they will have access to). Attempt to ensure that communication with trusted people is maintained (either in person, by phone, etc.) and that coordination among regions is effective.

6. INVEST IN PREVENTION MEASURES

Bolster actions to prevent trafficking – especially measures that discourage demand – with regard to both trafficking for sexual exploitation, as well as in other areas (agriculture, the textile industry, domestic service, construction and the hospitality sector).

7. REFORM NATIONAL LEGISLATION ON HUMAN TRAFFICKING

Advocate for a comprehensive law on trafficking, which fosters the incorporation of a comprehensive, coordinated approach from a rights-based standpoint.

MALTA

1. ADDRESS AND IMPLEMENT THE RECOMMENDATIONS MADE BY GREVIO TO THE MALTESE GOVERNMENT

GREVIO strongly urged the Maltese authorities to:

- introduce systematic vulnerability screening for women and girls upon arrival in order to identify international protection needs and make referrals to specialist services, with a view to enabling women to disclose experiences of gender-based persecution, and to pay due attention to country-specific reasons that might have prevented women from reporting violent episodes to authorities in their countries of origin;
- guarantee that adequate information is provided, in all phases of reception, asylum determination and appeal processes, to all women seeking asylum with the aim of increasing their awareness of their vulnerabilities and rights, and facilitating their access to general and specialist protection and support services;
- ensure the necessary quality of legal representation for women asylum seekers throughout the asylum application process, starting from the first interview;
- ensure that lawyers, decision makers and judges have access to gender guidelines and are trained on gender-sensitive application of the definitions of both persecution and refugee grounds for women's claims for protection under the 1951 Refugee Convention;
- introduce standardised procedures and adopt gender-sensitive guidelines to help adjudicators apply a gender-sensitive approach to determining claims for asylum;
- take measures to ensure the availability of trained same-sex interviewers and interpreters.

2. PROVIDE OF A MULTIDISCIPLINARY CENTRE ON SGBV

Have a one-stop-shop where survivors can report and access all the services they are entitled to, from psycho-social support to medical and legal assistance. This service should be available on 24-hour basis and must offer a multidisciplinary approach so as to avoid revictimization.

3. REFORM THE NATIONAL LEGISLATION ON GBV

Make available services to survivors of gender-based violence, particularly survivors of rape that are younger than the age of 18 given that the age of consent is 16 years of age, including survivors that are detained or in open centres.

4. REFORM DETENTION PRACTICES

Stop automatic detention of all asylum seekers and have available women's clinic hours and women's safe spaces.

CONCERNING FGM

5. PROVIDE A CENTRALISED SERVICE TO SUPPORT SURVIVORS AND PREVENT FGM

Provide a centralised service acting as a focal point for organizations when dealing with a case of FGM, in order to offer a more comprehensive service and act as a reference point for legal and psychological services. This service should provide continual support in order to engage long-term with women through regular follow-ups, and to incorporate advocacy and create awareness, have strategies, make plans within the community and create campaigns.

6. ENSURE ADEQUATE RESOURCES TO OPEN CENTERS

Ensure adequate resources to open centres, particularly psychological support services. Remove barriers preventing access to open centres, in order for professionals to be able to build a better relationship with women, and ensure the availability of cultural mediators or translators in hospitals and health clinics.

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