

# BUILDING A SAFETY NET

FOR MIGRANT  
AND REFUGEE  
WOMEN

 ATHENS 2017



**COMPARATIVE REPORT**  
ON PROTECTION AND RESPONSE  
TO GENDER BASED VIOLENCE IN  
GERMANY, GREECE, ITALY AND SPAIN

 KENTPO  
ΔΙΟΤΙΜΑ

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## LIST OF ABBREVIATIONS

BAMF	Bundesamt für Migration und Flüchtlinge
CEAS	Common European Asylum System
CIES	Charles Institute of European Studies
CTRPI	Territorial Commissions for the Recognition of the International Protection
EASO	European Asylum Support Office
ECHR	European Court of Human Rights
EU	European Union
GBV	Gender Based Violence
GRETA	The Group of Experts on Action against Trafficking in Human Beings
GSGE	General Secretariat for Gender Equality
ICMC	The International Catholic Migration Commission
IPV	Intimate Partner Violence
KETHI	Research Centre for Gender Equality
LGBTI	Lesbian, Gay, Bisexual, Transgender/Transsexual, Intersex
NGO	Non-Governmental Organization
PSG	Particular Social Group
THB	Trafficking in Human Beings
UASC	Unaccompanied and Separated Children
UNHCR	United Nations High Commissioner for Refugees
VAW	Violence Against Women

# COMPARATIVE REPORT ON GBV PROTECTION AND RESPONSE IN GERMANY, GREECE, ITALY AND SPAIN

## CHAPTER 1. INTRODUCTION

### 1.1. Objectives of the comparative report

The purpose of the present comparative report is to enhance EU member states' policies against Gender Based Violence (GBV) by underlining the magnitude of the phenomenon across the EU and highlighting the complexity of the issues that have arisen within the refugee context especially in light of the increased refugee and migrant flows and the ensuing state of emergency. In line with the project proposal, the cross-country situation and capacity analysis in GBV aims to identify gaps and challenges but also good practices, as well as develop recommendations for a more comprehensive and better equipped prevention- and response strategy towards GBV, including at the level of individual case management. Improved and shared cross-country knowledge on GBV working methods and mechanisms is expected to contribute towards eliminating GBV at a European-wide level.

The primary question to address when comparing is *why* compare. This is crucial both in terms of outlining the scope of the present report as well as defining the basis of comparison and the relevance and validity of the findings. A critical parameter to consider, apart from the existing legal frameworks and the mapping of the service provisions across the national contexts, is the actual "functioning" of the relevant provisions, namely their implementation in practice and in view of beneficiaries' needs. The particular context in which the relevant legal frameworks and strategies take shape and are being applied may differ from country to country but impacts on the formation of policies. For instance, in the context of gender based violence against migrant and refugee women, their refugee or migrant status (usually treated as a purely legal matter) is a critical issue, since it determines their overall situation vis-à-vis the safeguarding of their human rights, an integral part of which is the protection from gender based violence.

To this end, the national reports, prepared by project partners, present and discuss the **legal, political and social framework** regarding the response capacity to GBV survivors and in particular in terms of the diverse needs of female migrants/asylum seekers as well as to individuals at a particular risk of GBV (single women, women heads of households, persons with disabilities, LGBTI).

For the purposes of the present report, the **legal framework** refers to both asylum/international protection and gender-based violence national systems, which are being critically presented with an emphasis on the amendments needed and the enhancement of enforcement and implementation mechanisms.

As for **policies**, the focus is on major political initiatives to combat GBV in particular with regard to the provision of available support services, addressing new challenges, unattended needs and/or gaps related to services- and resources availability (funding, human resources, knowledge and expertise etc.).

The **social framework** refers to the inclusion of alternative voices of public policy such as NGOs i.e. not only mainstream formal rhetoric and/or public discourses but also critical minority views. To this purpose, the involvement of different actors and perspectives (volunteers, civil society organisations, activists, migrant women's organisations, etc.) has been achieved.

## 1.2. Methodology

Regarding the methodological approach of the current study, the national reports were produced on the basis of shared lines of inquiry and a common content structure, in order to ensure comparability of results. The risk of misleading assumptions was thereby also addressed, as the partners did not have linguistic barriers during research and had easy access to primary resources and texts, whilst being able to draw on daily practice. For the assessment of the services provided, the outreach to the beneficiaries as well as the adequacy of the response to the beneficiaries' needs, focus group discussions with representatives of service providers and beneficiaries themselves were conducted. For the purposes of each national report a literature review was carried out, including political documents, data, media reports as well as academic discussions, articles and books, to help contextualise the knowledge gathered.

For the reader's convenience the present comparative report is structured as follows: the second chapter compares and discusses the national legal frameworks on asylum and the related GBV issues and identifies implementation gaps. In the third chapter, national policies regarding refugee and migrant flows management are summarized and compared, with an emphasis on protection and safety issues in respect of the female population. In the fourth chapter, existing GBV data are juxtaposed to the legal frameworks regulating violence against women to highlight divergences and common grounds. In the fifth chapter, the actors involved, the available services and programmes are presented to account for the response capacity to GBV survivors among migrant /refugee populations within the partner countries. The sixth chapter summarises gaps in the service provision. In the seventh chapter, good practices in policy making and programmes are presented. Finally, the eighth chapter presents the conclusions and the policy recommendations to pave the path towards more inclusive GBV response systems.



## CHAPTER 2. COMPARISON OF LEGAL FRAMEWORKS REGARDING ASYLUM PROCEDURES IN VIEW OF GBV ISSUES

All of the four legal systems compared (Greek, Italian, Spanish and German) share a common legal background both with regard to violence against women and the status of third country nationals and refugees, since they are all EU member states, bound by the relevant Directives and being part of the CEAS<sup>1</sup>. This however does not entail a homogenous transposition of the relevant EU framework in the respective national legal systems.

To begin with, Spain, Greece, Italy and Germany have all signed the Istanbul Convention 2011, although Greece is still in the process of ratifying it; second, as EU member states all four countries are bound by the relevant EU directives (including the 2011/95/EU Qualifications Directive, the 2013/32/EU Asylum Procedures Directive, the 2013/33/EU Reception Conditions Directive, as well as the 2011/36/EU Directive on preventing and combating trafficking in human beings); and third, all four States are parties to 1951 Refugee Convention. The aspects of each national legal framework which were chosen to compare cover procedural as well as substantial legal issues in two fields, namely violence against women and third country nationals' legal status (which encompasses provisions for migrants as well as refugees).

All four national contexts provide access to asylum procedures, albeit with procedural variations (borders procedures in Spain and Greece), and all face challenges arising from the authorities' practices as well as legislative provisions. In addition to that, it is commonly accepted that gender can constitute a basis for the formation of a protected social group for the purposes of refugee protection (an interpretation followed by the jurisprudence of all four states and explicitly adopted in their asylum legislations with the exception of Germany). Although women at risk, as well as GBV survivors, are recognized as bearing increased vulnerability, challenges arise in the practice of all of the above states leading to underreporting of VAW, gaps in the identification of victims of VAW (including THB) as well as inefficient protection of women at risk and prevention of VAW.

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<sup>1</sup>Common European Asylum System



## 2.1. Legal frameworks regulating provision of international protection

### 2.1.1. Entry of foreigners

In general, national policies to manage refugee and migrant flows bear important similarities among countries in the Mediterranean region i.e. Greece, Italy and Spain, whereas Germany applies reception and asylum procedures of a more “regular” character (with the exception of applicants arriving at the airport, whose claim is being examined under an accelerated procedure).

In particular, the “right to asylum”, or rather the right to ask for international protection, is explicitly guaranteed in the national laws of all four States above, even by means of a constitutional provision in Germany and Spain. This however does not entail the right to access the State’s territory in the case of **Spain** and **Greece**; if the border procedures apply, the respective applications are first examined in terms of their admissibility, before the applicant is granted the right to move to the mainland.

In **Spain** the border procedure applies to third country nationals who try to enter the country from the South (irregularly, via sea or land routes) and are detained in the autonomous cities of Ceuta and Melilla. As for **Greece**, the respective border procedure applies to persons who enter the territory after 20/3/2016 through the eastern sea borders and arrive in the islands or are transferred there after being rescued at sea. In both legal systems, some main common characteristics of the law are the acceleration of the procedures, the addition of an “asylum claim *admissibility* examination” phase and the imposition of geographical restrictions on the applicants. In the border control points of Ceuta and Melilla, each application is examined firstly with regard to its admissibility, not its merits. Only if the application is found admissible, may the applicant move to the Iberian Peninsula and have his/her asylum claim examined on its merits. This means that GBV survivors remain unprotected during this phase.

In **Greece**, the border procedure applies to all applicants who stay on the islands of the Aegean Sea, yet only applicants who hold a nationality with recognition rate over 25% have their asylum applications examined with regarding to their admissibility; for the rest, a direct examination of the application on its merits is undertaken by the Asylum Service. The Asylum Offices on the islands (Lesvos, Rhodes, Samos, Chios, Kos, Leros) remain nonetheless in principle competent to examine all applications on their merits.

The **Greek** law recognizes specific types of *vulnerability* and explicitly exempts those applicants from the border procedure. The competence for the official recognition of vulnerability lies with the First Reception Service, which identifies the vulnerable applicants upon their arrival on the Greek Islands.

Amongst the types of vulnerability explicitly introduced by Art. 18 4 L. 4375/2016 are persons with disabilities, UASCs, elderly persons, *pregnant women, single parents with minors, victims of trafficking, victims of torture, rape or of serious psychological, physical or sexual abuse* and victims of shipwrecks and their relatives. Once a person, having arrived on a Greek island, is identified as vulnerable and applies for asylum, he/she is granted the permission to leave the island and move to mainland. This possibility however to be exempted from the border procedure on the basis of an identified vulnerability is not provided in **Spanish** law. This can be partially explained by the differences between Greece and Spain in respect of the places where the applicants stay. The permanent residents of the Greek islands often feel that their lives have been disrupted by the large number of asylum applicants hosted there and there is a pressure on the Greek government to keep this number low; this can be achieved through the transfer of people to mainland. In addition to that, the islands are easily accessible to NGOs, civil society organisations and other entities which have on several occasions condemned the conditions of stay as inhumane. This constitutes an additional source of pressure for the State to find an appropriate solution for at least the vulnerable applicants. This does not mean that GBV survivors are always identified and protected, notwithstanding the existence of GBV actors (mainly UNHCR GBV focal points) on the islands. Another major problem in such cases is that even if the woman of the family is identified as vulnerable, her children's status remains "connected" to that of the father; with the rest of her family restricted to the island the woman cannot in practice exercise her right to move to mainland, without her children. By contrast, in Spain, human rights organizations have only restricted access to the reception centres in Ceuta and Melilla reception and there are no alternatives for GBV survivors.

On the other hand, in **Germany**, the residence obligation, i.e. the obligation not to move away from the collective centre (or else a penal procedure is applied) discourages to a large extent women from filing a complaint against the perpetrator of GBV. Although in theory the authorities can grant permission to leave the centre, this only rarely happens in practice, and if granted it is after a long time, exposing meanwhile the victim to further dangers from the perpetrator's side. In addition to the above, the duration of the examination of applications under border procedures remains a challenge, limiting at the same time the applicants' mobility in both countries, i.e. Greece and Spain, for prolonged periods of time.

In the case of **Greece**, the main cause triggering the application of a border procedure appears to be the implementation of the EU-Turkey common statement, according to which applicants whose claims are deemed inadmissible (in practice only applicants of Syrian origin) are deported to Turkey, considered to be a safe third country. In practice only applicants of Syrian origin are affected by this procedure, as the Greek authorities (at both first and second instance) officially consider Turkey to be in a position to guarantee and safeguard in principle their rights as refugees. The geographical

restriction on the islands was imposed by a decision of the Asylum Service Director, the legality of which has been challenged by the Bar Associations of Mytilene, Chios, Samos and Kos before the Council of State. The case is currently pending.

Although **Italy** does not explicitly apply a separate border procedure, as is the case in Spain and in Greece, it has established the so-called Hotspots (in Lampedusa, Pozzallo, Trapani and Taranto), which have in practice a similar nature and purpose to that of the Greek Hotspots on the Aegean islands. The involvement of EASO and Frontex in the reception process of newcomers is common in both countries (Italy and Greece).

Violations of the “non-refoulement” principle have been reported in the case of **Spain**, in the form of collective “push-backs” of persons approaching Ceuta and Melilla. In a recent judgment in *N.D. and N.T. v. Spain*, the ECHR accepted that the push-back of the applicants constitutes a violation of Article 4 Protocol 4 (prohibition of collective expulsions) and Article 13 (right to an effective remedy) of the ECHR. In **Italy**, a certain police practice of “screening” by means questionnaires the profile of the newcomers during a so-called “pre-identification” phase which seeks to distinguish migrants from refugees, has been regarded as a “covered” practice of collective expulsions, because it can result in denial of access to the asylum procedures. It is obvious that women and specifically GBV survivors are further exposed to harm due to these practices.

### 2.1.2. Lodging and examination of the asylum application

The authorities competent for receiving and examining an application for international protection at first instance are of an analogous administrative nature although there is some divergence. In **Spain** it is the OAR (Office of Asylum and Refuge), belonging to the Ministry of Interior, with a function analogous to that of the Regional Asylum Offices and Autonomous Asylum Units in **Greece**; in **Spain** an asylum application can be also submitted to the Foreigners Office, to CIE and to authorized police stations. In **Italy** the Territorial Commissions for the Recognition of International Protection (CTRPI) and its Sub-commissions are the authorities competent to examine the asylum application and to take first instance decisions. It is only in **Germany** that the law provides that those who do not comply with the obligation to appear immediately to the BAMF office (the competent asylum authority) are regarded as having failed to pursue an asylum procedure and the procedure cannot therefore start at all.

The interviews are held in person in all the above countries with the possibility to choose a female interviewer; however, there are concerns about the capacity of interpreters deployed, their professionalism, as well as their familiarisation with GBV issues. In **Spain** the interpreters are deployed by NGOs. In **Greece** it is only one NGO (METAdrasi), which provides for “certified” interpreters while

recently interpreters deployed by EASO and ICMC have also contributed to the asylum procedures. The lack of adequate training among interviewers remains an obstacle to guaranteeing the protection of GBV survivors; in the case of **Germany**, the fact that the interviewing officer is different from the officer who adjudicates upon the case raises concerns about the proper examination of the claim.

In **Greece** and in **Spain**, there are specific accelerated procedures in place for applicants arriving at the airport, which raise concerns regarding the possibility to identify GBV victims. In Spain, police officers can conduct the interview inside the airport, while in Italy one member of the Territorial committee is a police officer. In **Greece** and in **Germany**, the police are not involved at all in the examination of asylum claims.

All applicants have the right to appeal within a given deadline from the moment of notification of the decision and have their application examined at second instance. In **Greece** the competent authority comprises the “Independent Appeal Committees”, which are composed of two administrative judges and one member appointed by UNHCR. This composition has been criticized by civil society, for creating a “hybrid” judicial body of uncertain procedural legality. In a recent decision the Greek Council of State rejected this argument, accepting the legality of the formation of those Committees. The procedure at second instance in Greece involves an interview only in exceptional cases. The success rate of the appeals is about 1%, far lower than the EU average. In **Italy**, asylum applications are examined at second instance by the Civil Tribunal. However a recent amendment deprives the applicants rejected at second instance of the right to appeal the Tribunal’s decision.

## 2.2. Gender based asylum claims

In terms of assessing asylum claims on the merits, apart from Germany, the other countries follow a common approach towards gender based claims. This can be partially attributed to the lack of legal tradition in interpreting the membership to “particular social group”, one of the grounds listed in the Refugee Convention. In fact, it is only recently, since 2001, that **Germany** broadened in practice the base upon which a person is entitled to international protection; until then asylum was granted mainly upon grounds of political persecution. It is also characteristic that the asylum framework in Germany draws on two distinct legislations, the domestic law (Asylum Act) and international law (Refugee Convention). There is thus a practice of granting subsidiary protection to applicants fearing gender-based persecution; victims of trafficking and forced prostitution are only rarely granted refugee status.

**German** authorities are also inclined to apply different criteria when assessing gender based harm as persecution depending on the applicant’s profile. Women who have presumably adopted a western

style of life are more easily recognized as victims of gender based persecution, while those who are presumed to be accustomed to a more traditional culture and life style are not easily recognised as such. Nonetheless, there has been noticeable progress in this area. In 2017, out of all cases in which refugee status was granted, 7,8% were on the basis of gender specific persecution, while BAMF deployed specialised officers. The remaining three countries have explicit provisions in their legal framework, that gender may constitute a Convention ground. Another factor, that possibly differentiates Germany's approach to this issue, is the involvement of UNHCR in the procedures. The formation of a particular social group on the basis of gender is an interpretation that UNHCR has adopted in the respective guidelines for the assessment of asylum applications.

UNHCR is actively involved in asylum procedures in **Greece**, not only in respect of training officers, but also by deploying Asylum Experts at first instance and designating one member in the Committees of Appeal, at second instance. In **Spain**, the UNHCR staff provides consultation to the asylum authorities and in **Italy** one member of the Territorial committee is designated by UNHCR. On the contrary, UNHCR does not take active part in the asylum procedures in **Germany**. Consequently, gender-based persecution may not necessarily entitle the applicant to refugee status, but to subsidiary protection or other protection of a lower level. In **Italy** there is a practice of channelling victims of GBV to residence permit options, rather than refugee status itself. In Germany and Greece, the credibility of GBV survivors is often doubted and their claims are rejected on this basis. In addition to that, the German framework which regulates the stay of foreigners in the country is clearly oriented to labour market objectives.

**Germany**, also, is the only country amongst those four that classifies specific countries as safe third countries of origin, presuming the unfoundedness of the asylum claims of the respective nationals. This concept has been criticized by UNHCR for compromising the individual character of the examination of asylum claims. **Greece** does not apply this rule with the exception of the Syrians who have arrived in Greece from Aegean Sea borders since 20/3/2016 and face return to Turkey based on the EU-Turkey common statement and provided that no safety issues arise from the personal circumstances of the applicant.

### 2.3. Relocation programme

In the context of the EU countries' political (and not legal) agreement to relocate asylum applicants ("burden sharing"), **Spain** and **Germany** are receiving states, while **Italy** and **Greece** are the countries from which applicants are moved. In Italy, as well as in Greece, EASO has had an active role in the relocation procedure, especially where there were indications of exclusion clauses (Art. 1F Refugee Convention). Despite its obligations, **Spain** has received few relocated applicants, who are in principle treated in the same manner as all other asylum applicants. Several problems have been

reported however such as the lack of interpreters for relocated persons, as they belong to nationalities (Kurds, Iraqis, Somalians) rarely found in Spain's refugee population, which comprises mainly Spanish – speaking countries of Latin America.

In **Greece**, the Accommodation Scheme, run by UNHCR, under which some 20.000 of apartments were rented, was initially supposed to cover temporarily the needs of persons who were under relocation. However, their number remains high, as the relocation proceeds very slowly and many persons who refused in the end their relocation (when the receiving state was not that of their preference) were added to the population of asylum applicants in Greece. The duration of waiting until the transfer takes place discourages GBV, in particular IPV survivors to take action against the perpetrator, due to the temporary character of their stay, as well as their fear not to provoke problems to the relocation procedure.

## CHAPTER 3. COMPARISON OF REFUGEE AND MIGRANT FLOWS MANAGEMENT AND RISKS ARISING FOR FEMALES

### 3.1. Data regarding female refugee/migrant populations

Between December 2015 and November 2016, according to Eurostat data, asylum seekers in the European Union were 1,293,125, out of whom 414,665 were women (32%). If we add the underage girls, who are often a target group of GBV, it is obvious that the population possibly affected by GBV is higher than half of the whole refugee and migrant population.

The three Mediterranean countries, Italy and Greece and less so Spain, have been the first entrance of massive refugee and migrant flows since 2015, whilst Germany, although a country of destination for the majority of the refugee and migrants, has received comparatively much lower numbers on its territory. The percentage of women amongst those populations on the move, varies among partner countries, yet remains high in all cases, except for Italy (see below). Women account for 49.6% of all foreign nationals in **Spain** and are mainly female migrants residing in the country. The percentages of foreign female newcomers in **Germany** and **Greece** are similar (55% and 47,67% of foreign population respectively), while **Italy**, based on asylum specific data, appears to receive the lowest percentage: 14,84% of all asylum applicants are women. As regards ethnic origin, migrants entering **Spain** mainly come from Morocco, Romania, Colombia, Ecuador, Bolivia and other Latin American

countries. The past two years (2015-2016) have seen a relative increase of nationals from Venezuela, Honduras and to a lesser extent Ukraine, which is strongly linked to refugee movements.

Most foreigners entering **Italy**, risking their lives to cross the Mediterranean, originate from African countries (mainly Eritrea and Nigeria). While women accounted for just 13% of all arrivals, their percentage was significantly higher among certain Nigerian arrivals, namely 29%, and over 20% among arrivals from Somalia, Cameroon, Ethiopia, and Eritrea. IOM has raised concerns that around 80% of Nigerian women who arrived by sea to Italy in 2016 may have been victims of trafficking<sup>2</sup>.

In **Greece**, where a large share of its foreign population (2/3) is migrants of Albanian origin residing in the country legally, the ethnic composition of its refugee populations is similar to that recorded in **Germany**: Syria, Afghanistan, Iraq, Iran, Pakistan, Eritrea.

### 3.2. Protection issues arising for female refugees relating to the reception of newcomers

The treatment of newcomers varies among the countries. According to **German** law, asylum seekers are accommodated in initial reception centres for up to six months; those from so-called “safe countries of origin” are obliged to stay there for the whole duration of the procedure. In **Spain** the manner of reception depends on the point of entry into the country. The reception conditions for persons arriving at border points is completely different than for those in the mainland e.g. Andalusia. With the exception of Ceuta, Melilla and the airports, asylum applicants are not detained. However, if a person has not lodged an asylum application and is arrested for irregular stay, he/she is detained in CIES even if he/she applies for asylum while in detention. A similar practice is followed in **Italy** and **Greece**.

In **Greece** in particular, detainees need to first state to the police guards (non-competent authorities) their wish to apply for asylum; after a non – defined period, they are subsequently transferred in order for their application to be officially registered. In **Italy** the police authorities are competent to communicate the relevant documentation in relation to detainees who want to apply for asylum and the Territorial Commission proceeds with the interview of the applicant. In **Italy** there is just one detention centre for women (Ponte Galeria), while in **Greece** women are detained in the Aliens’ Department Headquarters and in Police Stations that have separate sections for women. In Greece, there is no provision of special support measures for women in detention, however there are some NGOs and citizens’ initiatives that visit them and identify their needs.

In **Italy**, the reception and accommodation of migrants and asylum-seekers appears to be carried out on unclear grounds and in inadequate ways. Over the past years the reception system was expanded,

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<sup>2</sup>2OIM, La tratta di esseri umani attraverso la rotta del mediterraneo centrale: dati, storie e informazioni raccolte dall’organizzazione internazionale per le migrazioni, 2016-2017, [http://www.italy.iom.int/sites/default/files/news-documents/RAPPORTO\\_OIM\\_Vittime\\_di\\_tratta\\_0.pdf](http://www.italy.iom.int/sites/default/files/news-documents/RAPPORTO_OIM_Vittime_di_tratta_0.pdf).

in order to better respond to the accommodation emergencies caused by the high numbers of migrant arrivals. In practice, structures which were previously used to accommodate migrants arriving to Italy were transformed into detention centres; hotels and airb&b's into CAS centres; CARA centres into HUBS.

The Italian legislation provides almost no guidelines on the reception system itself and leaves the management of the centres to different private firms and NGO's that do not necessarily have any particular skills and/or qualifications in migration issues. In the reception centres of **Greece** protection gaps keep on arising as International organisations and NGOs withdraw, "phasing out", since the country is no longer regarded as being in "emergency situation" and fewer protection programmes receive funding. This has also resulted in the implementation of short term projects that benefit specific numbers of applicants and refugees in the "camps", without any provision for the sustainability of the services provided. Women remain at great risk in "refugee camps ", as tensions rise, in large attributable also to inactivity and weariness.

In **Germany**, the collective centres are criticized for their poor living conditions, while women remain also here exposed to violence and at risk. However, a gradual transition to accommodation in apartments, constituting the second phase in reception, has been documented in all the above countries. In **Greece** delays are reported in relation to applicants not regarded as vulnerable. There is one refugee camp in Attica, which hosts only women at risk (single or separated women) and GBV survivors; however, its capacity does not exceed 100 places.

In **Spain** where Municipalities are competent for accommodation and integration matters, the situation varies across the country, while in **Germany**, in some Federal States, the majority of the asylum seekers live in decentralized accommodation, mostly apartments or smaller accommodation centres. In many German big cities however, asylum seekers are unable to find accommodation in the housing market and have to remain in the collective accommodation centres even when they are no longer obliged to do so leading to the tendency to make the "emergency" (collective) accommodation infrastructures permanent (ProAsyl Report 2017).

The same report also highlights the unacceptable living conditions in gyms, empty industrial premises or airport buildings, especially in Berlin, but also elsewhere. Health risks are on the increase, especially risks of mental disorders because of living conditions precluding privacy, as there are no separate and quiet areas offering the possibility for retreat. Violence against women is a constantly recurring issue together with the lack of any space for recreation and children to play.

The lack of qualified staff, able to offer counselling and support for the integration of the refugees is also a major concern. Even worse, the involvement of the security staff in gender-based violence incidents has also been reported. The Refugee Council in Hamburg has stressed that the "Security staff is not trained social workers staff and not the ideal communication partner for the personal problems of the people" (Spörrle 2016).



Violence in collective accommodation centres may also be of a general nature. The collective accommodation centres become in many cases be the target of protest and violence on the part of ultra-right-wing anti-immigrant groups. This puts the safety of all residents at risk. Official statistics refer to 900 attacks on accommodation facilities in 2016, among which 66 were arson attacks. The Amadeu Antonio Stiftung, however, considers the number of the attacks to be much higher in reality. This organization refers to 1,578 attacks on facilities, including 102 arson attacks<sup>3</sup>.

In a few reports compiled by different Italian NGOs, there is criticism of Italy's very poor reception conditions but there is little reference to the situation of vulnerable individuals. Moreover, there are no data available on how GBV survivors' needs are met and little is known about their presence in the reception centres. Some reports signal the presence of women victims of THB in the reception system and have criticised the fact that their specific needs are not adequately considered. However, nothing is known about women fleeing their countries for reasons such as forced marriages, FGM etc. Differenza Donna in Gaps (Boiano, I., et al., 2016) reports on the complete absence of gender-sensitive approaches and services in relation to the reception and accommodation system in Italy.

According to this report, reception centres are often overcrowded, with limited space available for other forms of assistance, legal advice and socialisation opportunities. More often than not reception centres are isolated and located far away from the main towns. Many women have difficulties to access accommodation and this obliges them to turn to alternative ways of self-help making them particularly vulnerable to violence and exploitation

*To sum up, the living conditions in the reception and accommodation structures appear to be similar for all of the above countries and have been highly criticized on a number of grounds including overcrowding, tensions and violence, lack of qualified staff and support and of efficient mechanisms for the early identification of GBV survivors (incl. THB), increased risks for women to violence and lack of access to protection.*

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<sup>3</sup>See Mut Gegen Rechte Gewalt "Chronik flüchtlingsfeindlicher Vorfälle", 17 February 2017, <https://www.mut-gegen-rechte-gewalt.de/chronik-karte>.

## CHAPTER 4. COMPARISON OF DATA AND LEGAL FRAMEWORKS REGULATING VIOLENCE AGAINST WOMEN

### 4.1. Criminalisation of VAW

GBV remains underreported in all countries. Notably, in **Spain**, most of the women who reported GBV and followed legal actions were of foreign origin.

There are several variations among the national legal frameworks criminalising GBV. Under **Spanish** law, since 2004 the element of cohabiting with a partner is no longer a prerequisite for intimate partner violence; while in **Greece**, a legislative amendment in 2006 necessitates the cohabitation of partners (if not married), containing harsher punishments for domestic violence cases. The criminal codes of both require the occurrence of a violent act in order for a conduct to be regarded as the beginning of rape; the lack of consent is not in itself sufficient. In **Spain** there are special courts that deal with the IPV cases, in **Greece** such cases are adjudicated by regular courts. The **German** criminal code foresees the sentences for IPV, while the specific law about VAW refers only to the *protection* measures for the victim.

In **Greece**, despite legal developments in the field of human trafficking, victims of sex trafficking remain under the definition and scope of domestic violence, as foreseen in Law 3500/2006. This narrow definition neglects other forms of gender-based violence, such as forced and early marriage, female genital mutilation, survival prostitution, transactional sex, which remain marginalised at both the legal and the policy level. The need for an update of the legal framework has been acknowledged by the State itself; to this purpose, a “Special Committee for the elaboration of a bill on combating violence against women” was established in 2010 and delivered its conclusions, including a bill proposal in 2012. Nevertheless, no new law has been adopted to this day and the coordinating bodies foreseen by the bill proposal are still missing: for example, the National Coordinating Body for the implementation and evaluation of measures and policies to prevent and combat violence against women<sup>4</sup> has never been established; neither have the Regional Committees for the prevention and combating violence against women.

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<sup>4</sup>Article 1 of the bill proposal (Special Committee for the elaboration of a bill on combating violence against women 2102: 64-64). This body would design policy on any form of violence against women; it would monitor the situation in Greece and international developments regarding the issue of gender-based violence; it would coordinate data collection, data analysis and dissemination of relevant results; it would promote scientific research on the subject; it would provide relevant information to the broader public and to relevant stakeholders; it would monitor the implementation and compliance with relevant legislation; and it would coordinate the actions of the Regional Committees for the prevention and combating violence against women.

## 4.2. Female refugee and asylum seekers: GBV survivors' protection

All four states have established services and legal provisions regarding the protection of GBV survivors and all of them have expanded them to include migrant and refugee women, adapting them in different paces to the diverse needs arising from the foreign origin and the legal status of asylum seeking and migrant women.

There are several shelters and counselling centres for women GBV survivors in all four countries under examination and measures have been taken to make them accessible to refugee women as well in response to the refugee populations arriving in the recent years (in Greece and in Germany). In **Greece**, the GSGE has initiated the establishment of a multi stakeholder Steering Committee consisting of both state and civil society actors, the work of which culminated in the adoption of the "Cooperation Protocol for the adoption of a common framework of procedures for the identification, referral and accommodation, as well as the provision of the counselling services through the network of 62 GSGE structures for the prevention and combating of violence against women", in February 2017<sup>5</sup>. The above mentioned National system of support to GBV survivors consists of 62 units i.e. shelters and counselling centres and a Help line (24/7) under the institutional supervision of the GSGE and the scientific and technical supervision of a semi-public body, the Centre of Research on Gender Equality(KETHI).

In **Italy**, there are more than 115 anti-violence centres, 56 of them equipped with a shelter, the rest operating help lines. The main associations managing anti-violence centres and shelters have created and joined a National network called Di.R.E., to make their services more accessible to the newly arriving female refugee population.

Foreign women who are GBV survivors are entitled to a residence permit (and just "status of toleration") in **Germany**, based on humanitarian grounds, even if their stay in the country has been irregular. Special provisions for the right to a residence permit for victims of IPV and THB are found also in the other countries, albeit **Italian law** sets stricter conditions. In the case of IPV it requires the consent of the public prosecutor who is overseeing the individual woman's case, in order for the specific residence permit for IPV victims to be granted, and in case of THB it requires that the victim cooperates with the police.

In **Germany**, there is a variety of protection policies, projects and actions addressing gender-based violence against refugee women. These projects and actions are run at different administrative levels. Although some address incidents of gender-based violence previous to flight, in most cases the focus is on GBV experienced upon arrival to Germany. Most of the protection measures at the level of the central state and the Federal States or the municipalities are related to combating gender-based violence and to treating its consequences for refugee women who live in collective accommo-

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<sup>5</sup> Available at <https://bit.ly/2P1D955>

dation centres. Some others, like the Humanitarian Admission Programme of the Federal State of Baden-Württemberg, offer medical treatment to Yazidi women and girls who have experienced severe gender-based violence in Iraq. Moreover, in 2013, a support hotline “Violence Against Women” was established by the “Federal Office for Family and Civil Society”, a department of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. The telephone line is available around the clock and is free of charge; interpreters in 15 languages can be connected to a call. Similarly, the telephone line “pregnant women in need” is also accessible in 15 languages. This is not the case in **Greece**, where the public “Help-line” provides information in just 2 languages.

In **Germany** there are also remarkable projects at a local basis, such as the humanitarian Admission Program/Special Quota Project for Yazidi women from North Iraq (Baden-Württemberg), the STEP BY STEP project in the ‘Michaelis-Dorf’ Darmstadt (Hessen), providing specialised support to refugees and implementing GBV prevention and response measures, which are presented in more detail under the section of good practices further below (chapter 7).

#### 4.2.1. Shortcomings in the legal protection frameworks

There are variations among the countries in relation to incorporating GBV survivors’ rights into their asylum law, which eventually create legal protection shortcomings. In **Spain**, the relevant EU directives on asylum and immigration have not been comprehensively transposed into national Law and there is no regulation to implement the Asylum Law. In addition to that, deficiencies in the wording of gender persecution in the Spanish Asylum law limit the scope of women’s rights. Parallel sets of provisions on human trafficking are in force, under the Foreigners Law and the Asylum Law (as gender persecution): yet asylum applications on GBV are rarely considered, limiting women’s protection. Push backs including women and children are “legalised”, in violation of asylum law. Asylum seekers are not allowed to work in the first 6 months after arrival to Spain, thus being deprived of any autonomous living prospects to escape violence and avoid returning to violent relationships.

The Spanish law on GBV only considers IPV, while there appears to be no access to social benefits for IPV victims on an irregular status. Trafficking, FGM, forced marriages and other forms of community violence are not considered as forms of GBV under national law, but only under Catalan Law (together with violence in armed conflicts). Moreover, limitations in the treatment of sexual violence in the Criminal Code have also been reported. Women’s rights are not adequately guaranteed due to a number of shortcomings: *ad hoc* spaces with restricted freedom of movement at the borders, ports and airports, where they may be retained together with their traffickers; lack of possibility to submit an independent application for asylum and to be interviewed separately by trained professionals, without the presence of other family members; no access to information, advice and interpretation

by a female interpreter; inadequate information about the rejection of the asylum claim and the possibility to appeal; no guarantees to personal safety, dignity and social and economic security.

Gaps are also reported during the examination of asylum claims in almost all four countries and include: lack of available GBV data on the cases handled by the Asylum and Refugee offices; serious delays in the examination of the cases, with cases being resolved long after asylum seekers have completed the 3-phase reception programme; absence of clear criteria in the examination of claims for gender persecution, with many officials lacking gender-training; unequal treatment of specific nationalities in relation to recognition rates and gender-based persecution (GBV, sexual orientation).

In **Greece**, while the ratification of the Istanbul Convention is still pending legal protection gaps remain in practice. For example, a foreign woman with irregular stay in Greece risks being arrested when reporting domestic violence to the police, although the law protects from deportation. The lack of interpreters available for police procedures remains an unresolved issue, which leads to lack of reporting in the absence also of legal assistance. In addition to that, the relevant legal provisions regarding the regularisation of stay for survivors of domestic violence apply only in case a complaint has been filed against the perpetrator; this breaches the principle of respect to the survivors' recovery needs, as the majority feel reluctant to lodge a complaint before they feel safe and have stabilised their situation. It is worth mentioning that until 2015, a document certifying that the woman is hosted in a public GBV victims' shelter was adequate in order for the residence permit to be granted. Regarding refugee status determination in the asylum procedure, challenges arise with regard to the separation of family members' files, cases where such separation is requested after the initial registration of the spouses together. The Greek Asylum Service does not follow a coherent policy, in order to separate the files and requires a judicial decision in order to connect the files of the children with that of their mother's, as the children's status is connected by default to that of their father's. Moreover, in cases where the interviews of the spouses have been scheduled on the same day, the woman risks being exposed to the husband's violent behaviour while waiting for the interview. Notably, postponing an asylum interview may entail a one- year delay in the examination of the claim. As regards victims of trafficking, the Asylum Service often prioritises the speed of the procedure, conducting only one interview, even if the victim is no apparent position to disclose the exploitation suffered. On the basis of an incoherent and often contradicting narration, the Asylum Service often ends up rejecting the claim, due to the victim's lack of credibility and whilst overlooking all other trafficking indicators.

On the islands, where a specific borders procedure applies, GBV victims are issued with a geographical restriction order, which confines them to the dangerous conditions of overcrowded camps. Even in cases where the order is lifted, their transfer to mainland can delay depending on UNHCR's response to arrange for their accommodation and travel. In addition to that, the competence to con-

duct the asylum interview remains with the island's Asylum Office, which requires their return after a couple of months, in a harmful context and on their own expenses.

**In Italy**, access to justice and international protection is limited due to the association of protection with the victim's co-operation with police activities and investigations. The lack of an autonomous permit to stay is a real obstacle to reporting GBV in intimate relationship as women fear denial by their spouse or parent of the cooperation needed to issue or renew their permit and consequently may run the risk of repatriation.

Access to justice is also not adequately safeguarded. In order to obtain protection according to Arts. 18 and 18 bis Immigration law, women are *de facto* compelled to lodge a criminal complaint; the same applies also to THB survivors, even though article 18 Immigration Law (for THB survivors) does not require the institution of criminal proceedings.

### 4.3. Data on GBV among female migrants and refugees/asylum seekers

In relation to GBV among refugee populations, international research has shown<sup>6</sup> that this form of violence is quite prevalent in humanitarian emergency situations. Moreover, the available data on GBV, including reports from police, legal –, health-related or other sources, represent only a small fraction of the actual number of GBV incidents. In an assessment carried out by UNHCR in Greece and FYROM, the team identified instances of sexual and gender-based violence (SGBV)<sup>7</sup> against refugee and migrant women and girls, including but not limited to early and forced marriage, transactional sex, domestic violence, sexual violence including rape, sexual harassment and physical assault both in the country of origin and on the journey<sup>8</sup>.

According to a report on the reception of refugees and asylum seekers by the Department for Civil Rights and Constitutional Affairs of the EU Parliament, women travelling alone are at serious risk of being victims of sexual and gender based violence, both on the journey and in the reception centres. Some of them, desperately in need of protection, marry a man during the trip<sup>9</sup>.

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<sup>6</sup>Gender-Based-Violence in Emergencies, Commissioned and published by the Humanitarian Practice Network at ODI Number 60 February 2014, available at [http://www.ifrc.org/docs/IDRL/HE\\_60\\_web\\_1%20\(1\).pdf](http://www.ifrc.org/docs/IDRL/HE_60_web_1%20(1).pdf)

<sup>7</sup>UNHCR uses the term Sexual and gender-based violence (SGBV) which refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys, available at <http://www.unhcr.org/sexual-and-gender-based-violence.html>

<sup>8</sup>UNHCR Initial Assessment Report: Protection Risks for Women and Girls in the European Refugee and Migrant Crisis. Greece and the former Yugoslav Republic of Macedonia, 2016, available at <http://www.unhcr.org/protection/operations/569f8f419/initial-assessment-report-protection-risks-women-girls-european-refugee.html>

<sup>9</sup>11 Committee on Women's Rights and Gender Equality, Report on the situation of women refugees and asylum seekers in the EU, 10 February 2016, <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A8-2016-0024+0+DOC+XML+V0//EN>, last accessed 19-9-2017. See also Women's Commission for refugees, No Safety for Refugee Women on the European Route, March 2016, <https://www.womensrefugeecommission.org/gbv/resources/1265-balkans-2016>.

Amnesty International also documented that “migrant women suffer violence during the trip, particularly in Libya, from where 89.7% of migrants arriving in Italy pass through: there is no distinction of nationality, the traffickers do not stop even if the victim is a very young girl or a pregnant woman. Rape is used as punishment if the girl does not have the money to pay the trip, or to force her family to send a sort of "ransom". While avoiding unwanted pregnancies, which may become a further obstacle to travel, women begin to take massive contraceptive doses months before moving on, with serious health consequences, as found during medical examinations on arrival at reception centres.<sup>10</sup>”

**Data collection** is the basic source of information on the impact of current EU and national policies and provides the basis for future measures, policies and programmes. Nonetheless, state actors (police officers, national stakeholders, institutions) do not always maintain a comprehensive system of data disaggregated by sex, age, type of violence suffered, country of origin and/or destination and so on.

In **Italy**, as in other partner countries, information about gender differences of migration flows are neither always available nor representative of all the migrant population living in the country. GBV related statistics are not kept by the **German** authorities either. In the case of **Greece**, only a partial picture of the situation is possible through data extracted mainly from the public SOS-line for GBV survivors.

Although the absence of systematic and consistent GBV data collection renders a comparative analysis of the countries under examination particularly challenging, it is nonetheless useful to briefly discuss the available data to provide an overall picture of each national context.

***The following section provides a brief presentation of the available data on GBV among refugee/asylum seekers to give an overview of the situation in each partner country.***

The most detailed information about GBV is available for **Spain**, where periodical large-scale surveys provide insight on the prevalence, forms and severity of GBV among migrant and refugee women (Spanish Macro Survey of violence against women, 2015). The prevalence of gender-based violence among women who are not Spanish nationals is reportedly higher in relation to all forms of violence (physical psychological, sexual, and economic), perpetrated by partners or ex partners and also by other male family members, acquaintances or strangers (stalking, rape). Foreign women are victims of more severe forms of physical violence as compared to the Spanish-born women that is 14.1% and 5.8% respectively.

A survey carried out among more than 10.000 women in health centres in **Spain** between 2006-2007 (Vives-Cases 2009) concluded that the prevalence of intimate partner violence among immigrant

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10 AMNESTY INTERNATIONAL, ITALY 2016-2017, <https://www.amnesty.org/en/countries/europe-and-central-asia/italy/report-italy/>

women was 27.3%, while that among Spanish women was 14.3%. Physical or sexual violence exerted by non-partners (relatives, acquaintances, strangers) is also more common among women born outside of Spain: 16.5% over 10.9% among Spanish-born women. There are no data available about violence against asylum seekers or about the time and location of the occurrence of those incidents in the context of the migration or displacement process. In Spain, migrant and refugee women are more likely to press charges compared to Spanish nationals, having however less access to services. In 2015 updated data on VAW in **Italy**, it emerged that 31,5% of women in Italy between the age of 16 and 70 years have suffered some form of physical or sexual violence in their lifetime<sup>11</sup>. The total number of foreign women living in Italy who have suffered physical or sexual violence in their lifetime is similar to that of Italian women (31,3% vs 31,5%).

As regards the top three nationalities of foreign women in Italy who have suffered violence, these are Moldovans (37.3%), Romanians (33.9%) and Ukrainians (33.2%). Physical violence is reported more frequent than sexual violence for all foreign nationalities. For migrant women in Italy, in most cases (68.9%), the violence was perpetrated by the current or previous partner and begun in the country of origin. For 20%, violence was associated with an intimate relationship started in Italy.

Regarding the **forms of violence**, migrant and refugee women experience more frequently physical violence (25,7% vs 19,6%), whereas Italian women experience more often sexual violence (21,5% vs 16,2%); the figures may also indicate that sexual violence remains underreported among female migrant and asylum seekers. The forms of violence reported were very serious: migrants reported wounds (44.5%) and fear for their lives (44.2%). In relation to violence exerted by other men, migrant women described incidents similar to those committed by partners: serious episodes that caused wounds (29.7%) and situations where they were afraid of their own lives (33.7%). As regards **access to the authorities and services**, in 17.1% of the cases, migrant women reported the violence suffered by their partners (current or past) and turned to specialized services (6.4%).

#### *Data about trafficking in Italy*

The situation of Nigerian women in Italy calls for a more complex analysis as they represent the top nationality among foreign women in Italy; in addition to that they are responsible for 40% of all asylum applications followed by Eritrea (10.9%) and Ukraine (7.9%).

As stressed both by the UNHCR and the latest report by Greta (Council of Europe Experts Group on Combating Trafficking in Human Beings), the number of Nigerians seeking protection in Italy in recent years has been continuously increasing. In particular, a comparison of applications between 2015 and 2016 revealed that the number of asylum requests from Nigerian women almost doubled, from 5.633 to 11.009 (+ 95.5%)<sup>12</sup>.

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11ISTAT, Violenza contro le donne, 2016, [https://www.istat.it/it/files/2015/06/Violenze\\_contro\\_le\\_donne.pdf?title=Violenza+contro+le+donne+-+05%2Fgiu%2F2015+-+Testo+integrale.pdf](https://www.istat.it/it/files/2015/06/Violenze_contro_le_donne.pdf?title=Violenza+contro+le+donne+-+05%2Fgiu%2F2015+-+Testo+integrale.pdf), last accessed 16 November 2017.

12GRETA, REPORT ON ITALY, GRETA(2016)29, <https://rm.coe.int/16806edf35>, last accessed 19-9-2017.



According to an IOM report,<sup>13</sup> the reasons for migration are considerably related to gender: "Compared to men, a more substantial percentage of women leave their country for family reasons (37% vs. 17%). Many women say they have left their own home to escape abuses, violence and forced marriages, or to follow their partners. According to the Greta report, 70% of children and women arriving from Nigeria show signs of being trafficked for labour or sexual exploitation. IOM reports that 80% of Nigerians who arrived in Sicily in 2016 are victims of trafficking, destined to the prostitution market in Italy.

In **Greece**, the General Secretariat for Gender Equality (GSGE) is the only state actor which collects and disseminates data. The most recent publicly available data, based on calls to the 15900 helpline, cover the period from 19/11/2016 to 19/11/2017<sup>14</sup> where a total of 5154 communications (5041 telephone calls, and 113 mails) were recorded. Out of 4266 telephone calls, 85% concerned cases of GBV; of those, 71%, were reports made by the survivors themselves, and 29% from third parties. In relation to the forms of violence, 80% reports referred to domestic violence, 2% to sexual assault and the rest to other unspecified forms of GBV. None of the calls concerned trafficking. Regarding the demand for specialized services through the call to the helpline, 40% requested psycho-social support, 26% legal counselling, 5% legal aid and 7% sheltering. In relation to their nationality, 82% of women survivors serviced were Greek citizens, while 7% were non-Greek.

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13 IOM, Report on victims of trafficking in mixed migration flows arriving in Italy by sea, 2016, [http://www.italy.iom.int/sites/default/files/news-documents/IOM\\_Report\\_on\\_victims\\_of\\_trafficking.pdf](http://www.italy.iom.int/sites/default/files/news-documents/IOM_Report_on_victims_of_trafficking.pdf), last accessed 19-9-2017. See also US Trafficking in Persons (TIP) Report 2017, Countries narrative: Italy, <https://www.state.gov/j/tip/rls/tiprpt/index.htm>, last accessed 20-9-2017.

14 Statistical Data by the 15900 SOS Helpline and GSGE Network of Structures, available at <https://bit.ly/2p8uOCh>

## CHAPTER 5. RESPONSE CAPACITY TO GBV SURVIVORS AMONG MIGRANT /REFUGEE POPULATION

### 5.1. The major actors involved in the GBV response system

The four national GBV response systems vary considerably in terms of the actors involved. Nonetheless, both common and differentiating aspects can be observed. One common aspect is the engagement of both state and non-state stakeholders, albeit in varying degree and with different types of interventions. Moreover, as already mentioned earlier, all four countries have taken specific legal and policy initiatives to meet the needs of the newcomers. Public services (health, protection and safety, legal and psychological support, integration etc) but also specialised support services for GBV survivors have been faced with the challenge of providing services adjusted to needs of gender and culturally diverse populations. At the same time, a number of NGOs and civil society organisations including women's organisations (Greece, Italy and Germany) have flexibly responded to and become engaged with the implementation of programmes and specifically targeted services to address the needs of migrant and refugee/asylum seekers GBV survivors.

Compared to the other three country contexts, the German response system has the most widely established gender- and consequently GBV- mainstreaming in state services at the co-federal, federal or local level, where responsibility has been allocated. The German state's efforts have been coupled with a networking and coordinating mechanism addressing the organisation of support and protection services to refugees and asylum seekers. In addition to that, women's organisations which arose out of the 70's autonomous women's movement and have throughout the years become embedded in the legal structures also provide support to women. Although they act autonomously, they are financed by state agencies or private funds. Moreover, it is worth noting that female migrants' associations are also active in this field. Likewise, in **Greece**, migrant women's organisations and communities, such as the United African Women Organisation and KASAPI-Union of Filipino Migrant Workers have been approached by survivors of trafficking or gender-based violence seeking help. Using their own networks, they have been supporting women with similar ethnic background who have been subjected to exploitation and violence. There are cases, where with the help of activist and advocacy groups, refugee women have managed to escape conditions of captivity and gain access to shelters or other supportive structures.

**Spain** has not only developed an advanced legal framework (at country-level and in Catalonia), but has also adopted a specific **National Plan to combat GBV against foreign nationals** and has established a multi agency approach (encompassing central and local government/public actors and established networks of NGOs), with the use of coordinating mechanisms and tools shared among all

agents such as protocols, which is considered well equipped to respond to GBV at least at the level of policy making. Furthermore, an intersectional perspective is deeply embedded in its response system and has allowed the implementation of policies and programmes addressing specific forms of GBV such as FGM, forced marriage, honour crimes, sex work and trafficking. Spain's advanced knowledge in this area should be shared with other Mediterranean countries, which have received by far higher numbers of newcomers and could greatly benefit there from.

The predominant characteristics in the cases of **Italy** and **Greece** is the presence of International Organisations (UNHCR, UNICEF, IOM etc) and humanitarian actors, which in partnership with the state and local NGO, have contributed with human and financial resources as well as expertise and specific knowledge in the context of the recent refugee crisis. In Italy in particular, response readiness has been ensured through a Network of independent, i.e. non-governmental, women's organisations (DIRE) providing support to GBV survivors. Migrant/refugee and women's associations that are active on gender issues have also contributed with the provision of support services and referrals to formal pathways.

In both countries and even more so in Greece, the challenges mainly relate to the sustainability of the progress achieved once international actors withdraw their contribution, the coordination among all relevant actors (state and non state actors) and the scarcity of funds for local NGOs so they can continue to provide specialised GBV case management to migrant/refugee women and to facilitate referrals to public services both at the border entry points as well as the urban settings where refugees are accommodated.

## 5.2. Policies and available services

In **Italy**, among the independent women's organisations providing services to GBV survivor including counselling and sheltering, the National Association D.i.R.e (Women's Network against violence) mentioned earlier, constitutes the first National Coalition to develop and promote the different experiences of all local centres on GBV. Founded in 2008, it intends to coordinate and promote activities in order to facilitate a cultural diversified approach to violence against women in Italian society. It plays an important political and advocacy role in the national context with regard to all legal and case management GBV-related issues. Although legislation in Italy provides for a comprehensive national plan against violence including the allocation of considerable amounts of money to women's associations to help prevent and combat violence against women, the inadequacy of funding remains a major challenge. In terms of accessibility, compared to native women migrant women reportedly encounter more difficulties in accessing anti-violence centres mainly due to linguistic, cultural and economic barriers as well as the linkage of their permit to that of their partner's, which generates dependence and reluctance to seek help.

In Spain, the National strategy for the eradication of violence against women 2013-2016, includes actions for the improvement of information to immigrant women (materials and help lines in several languages). Moreover, it provides support to NGOs, migrant organisations and Migration Centres for developing projects in international protection and combating GBV in the integration programmes they are already implementing as well as training their staff on GBV.

Regarding human trafficking, Spain's draft **Comprehensive Plan to Fight Trafficking in Women and Girls for the Purpose of Sexual Exploitation 2015-2018** aims at enhancing coordination among law enforcement forces and social providers to better guarantee the identification and support of the victims. The Plan commits to developing protocols in different areas (healthcare, social services, migration centres, offices providing assistance to victims, legal institutions, etc.) to improve the detection, identification, assistance and protection of the victims and supporting projects providing assistance and protection to victims returning to their countries of origin. Service providers across Spain are almost exclusively NGOs: 60 providing shelter places (420 places in residences or apartments) and comprehensive services (psychological counselling, social support, legal counselling, training, job counselling and psychiatric support), in addition to another 59 day centres (Ministerio de Sanidad, Servicios Sociales e Igualdad, 2016). However many organisations providing support to sex workers lack specialised knowledge about human trafficking and face serious difficulties in detecting victims of THB, especially in the absence of commonly accepted case reporting indicators. The different protocols that have been drafted have faced various difficulties traceable back to both the economic crisis and to political instability. In this sense, only the NGOs that carry out interventions have a clearer picture of the situation on the ground, especially as there are no global data (Cedaw Sombra, 2017).

**FGM** is also included in the **National Strategy for the Eradication of Gender Violence** (2013-2016), which has promoted the establishment of a Common Health Protocol (2015) for healthcare professionals on the detection, prevention and improvement of the health of FGM victims.

Likewise, in **Catalonia**, following the entry into force of the GBV law, a **Comprehensive Support and Recovery Network** has been established open to the participation of multi-agents aiming at the detection, protection and support of GBV survivors with a specific focus on migrant women. The network includes a telephone helpline, women's information and support offices, emergency and longer-stay shelters providing comprehensive support from interdisciplinary teams (psychological, legal, social professionals etc.)

The **Catalan protocol** aims at improving the quality of diverse public services including to GBV survivors including on education, social services, police protection, justice, health and occupational integration (Institut Català de les Dones, 2009). It also provides for the implementation of training workshops on cultural diversity for professionals working with migrant women and for the coordination

among various categories of professionals as well as the cooperation with institutions and organisations in the country of origin. The implementation of this well-established protocol has been limited however by budget cuts related to austerity policies. Limitations have also been reported in respect of the very few cases of victims of trafficking that have actually benefited from the available services i.e. less than 3% (Grup d'Investigació Antigona, 2016), the lack of specialised knowledge and the inadequacy of the security standards in the shelters. As with other national contexts e.g. Greece, knowledge gaps about existing protocols (Alessi et al 2011) have also been observed. To reach its full potential the FGM protocol depends in large on the frequency with which cases are being detected, the size of the population at risk living in the area as well as the competency of the professionals involved. This last factor is crucial to the efficacy of the prevention measures addressing potentially affected families.

Limitations in the implementation of the existing **police protocol on forced marriages** in Catalonia, are reportedly (Alessi et al 2011) related to the **lack of specific criminal legislation** on this issue, the reluctance of women to report such cases, the absence of adequate indicators to detect them and the lack or inadequacy of public resources to address the needs of the victims and reinforce prevention. Specific programmes for the physical and psychological recovery of FGM survivors and the restitution of community networks among victims of forced marriages are also missing.

Notwithstanding the intersectional perspective underpinning the Catalan Law and Protocol, which considers the diversity of women and the multiple inequalities they face, limited resources also pose a major problem to the provision of **individualised** support. Although the existing network provides support to all women regardless of their legal status, undocumented women are nonetheless often reluctant to file a report to the police authorities out of fear that they may be subjected to deportation procedures if the perpetrator does not get convicted. In addition to that, the irregular status prevents them from accessing economic benefits (such as RAI, a monthly allowance for some vulnerable groups, including victims of IPV under Spanish law) and the necessary economic resources that could facilitate their independence. Moreover, the lack of linguistic competence often hampers their access to psychological assistance. Interpretation services should therefore be made available in certain services and include more languages. The absence of occupational programmes promoting job placement or career counselling as well as the scarcity of social housing units for independent living after leaving the shelters limits the scope of the Support and Recovery Network.

In **Greece**, there are still gaps in the field of addressing gender-based violence, that lead, on the one hand, to impressionistic assessments due to lack of solid and reliable data and, on the other hand, to partial and fragmentary policy responses. Moreover, in the context of the current response to the newly arising needs of refugee and migrant women, an institutionalised, stable and solid referral mechanism for gender-based violence issues is still missing. In 2017 the GSGE signed a MoU with

UNHCR aimed at strengthening collaboration and “adopting common actions for the protection and temporary shelter, as well as providing information and support to women refugees and their children who are in danger or are victims of violence or multiple discriminations”.<sup>15</sup> Nevertheless, the cooperation between the relevant stakeholders, both public and non-governmental, remains a challenge, while a central coordinating or monitoring body is still missing. The need to address this gap is particularly pressing given that international organisations are expected to withdraw completely once the current transitional stage comes to end. This would include UNHCR, which has initiated the SGBV working Groups for the cooperation and exchange of information among all GBV actors since the beginning of the refugee crisis. Recently the GSGE has started co-chairing the SGBV WG, nonetheless no decision has been taken as to which entity will assume this role in the near future.

It is important to note, however, that despite the lack of a centralised and institutionalised referral mechanism, there has been a well-established informal network, based on *ad hoc*, everyday synergies among public agencies, including the police and judicial authorities, as well as NGOs, which has proven to be relatively effective in dealing with the needs of GBV survivors or persons at risk of gender-based violence. Apart from shelters and other institutions within the public system of protection to which cases are referred by the Counselling Centres, there is collaboration on a case-by-case basis with NGOs and other stakeholders that might be in a position to provide specific services until public institutions are able to respond – or in case the latter cannot respond.

Regional and municipal Gender Equality Committees were established between 2015-2016 across the country, but there is no clear information on how many they are and what provisions have been made for mainstreaming gender in local policies. Refugees in particular, still encounter several barriers that hinder their access to local municipal social services. Difficulties have been reported regarding access to public health services as well (Greek report).

The lack of female medical staff discourages women in need from having access to the necessary health care. Language barriers, enhanced by the scarce availability of interpreters in public hospitals, add to the difficulties as far as legal counselling and access to information are concerned. In addition, it is observed, that women are somehow ‘invisible’ in the public spaces of the camps. A group that requires further attention are LGBTQI refugees, who are exposed to increasing risks of sexual and gender-based violence; there is a need for the expedited processing of registration, identification and asylum documentation to enable their prompt transfer from the islands to a safe place in the mainland where they can be better protected. These individuals are highly vulnerable and exposed to multiple risks, as they often encounter severely discrimination and run the risk of experiencing GBV also within their ethnic communities.

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<sup>15</sup>General Secretariat for Gender Equality, *Press Release: A Memorandum of Cooperation was signed between the General Secretariat for Gender Equality and the United Nations High Commission for the Refugees*, 19/06/2017.

As regards human **trafficking**, Greece appointed in 2013 its first national Rapporteur at the Ministry of Foreign Affairs, as provided by the Law 4198/2013, the mandate of whom involves collaboration with the EU Coordination and Action Office and the Head of the Anti-Trafficking Unit of the Ministry. The national rapporteur, among others, is expected to assist with the completion of relevant databases, promote relevant campaigns and training and contribute to the creation of a national referral system for the victims of trafficking. The **National Referral Mechanism** was officially established with Ministerial Decision 30840 (2016), under the supervision of the National Rapporteur and the operational competence of the National Centre for Social Solidarity; yet not many tangible results have been achieved or reported so far.

### 5.2.1. Integration policies and programmes

There is an impressive variety of integration policies in all four countries under examination. In **Germany** integration is a prerequisite in order to keep maintain the right to stay, yet the relevant services (language learning, vocational training etc.) are provided only after the recognition of the applicant as a refugee. Likewise, in **Italy**, an “Integration Agreement” is furnished to all newcomers, in order to allow them establish their right to stay in the country. **Spain** on the other hand provides access to all services relevant to integration already from the first phase of the reception of asylum applicants, in line with a relevant Protocol (different in Catalonia and other areas). In **Greece** there is no complete integration policy, as all of relevant services are provided by NGOs under fixed-term funded projects.

Specific provisions also exist *for the integration of GBV survivors*. In **Greece**, the shelter only provides short-term accommodation as the aim is to enable the woman become autonomous and independent. The hosted women are therefore financially supported by the state in order to rent an apartment of their own. Nonetheless there is no specific national programme for the integration of refugee GBV survivors in the labour market, as a result of which many end up returning to the same violent environment they had escaped from. The **Spanish** Ministry of Employment and Social Security on the other hand, runs a comprehensive reception and integration system, from which women can benefit as well. In **Germany** there are several integration projects for refugees, but none specifically for GBV survivors. In **Italy**, in addition to the temporary permit for victims of IPV, there are also social integration and assistance programmes.

More specifically, in **Germany** social integration encompasses access to social rights, participation in the provision of social services i.e. health, housing and information, participation in schooling, language courses, employment and employment services and participation in public/communal life. The social integration of asylum seekers appears however as a policy goal in respect of those “who will stay for longer” (Die Beauftragte der Bundesregierung für Migration, Flüchtlinge und Integration

2016). This means that social integration policies are not targeting asylum seekers as a whole but only those who finally will be allowed to stay in the country. The selection underpinning social integration policies is embedded in the asylum procedures, for instance in the criteria applied to grant or extend leave stay in the country as well as gaps in the legal frameworks that seem to leave out specific groups. Thus, the target of integrating asylum seekers in essence refers to those categories of people assumed to have prospects of staying in the country. These prospects are identified also in relation to the capacity of the migrant to integrate into the labour market. It is reasonable to deduce therefrom that the current **asylum policy is also directed towards the recruitment of qualified workers among refugees to meet workforce shortages** that have appeared in the German labour market over the past few years.

### 5.3. GBV response systems: major gaps and challenges

The situation in Southern Europe regarding the identification of GBV survivors, the provision of support and the prosecution of the perpetrators has improved during the last years albeit with varying levels of consistency and results. However, the recent refugee-crisis (mainly in the partner countries) has created new challenges and has revealed unexpected dimensions. Specific forms of GBV [occurred in the country of origin, during the journey or in the hosting country], such as THB, FGM, forced marriages, rapes during the journey, sexual harassment and honour crimes are more common among newcomers (including LGBTQI individuals) than foreign women permanently residing in partner countries. In addition to that, the lack of reliable and comprehensive data, both in respect of gender-based violence in general and among migrant/refugee population in particular, hinders even further policy design and replication of the effectiveness of specific policy measures, let alone the possibility of credible evaluations based on measurable outcomes.

In addition, the publicly available data indicate the need for a gender sensitive approach among all professionals who are usually the first contacts for GBV survivors. Such “front-line” staff are police officers, medical practitioners, specialised professionals working in survivors support services such as helpline staff and the personnel of Counseling Centres and shelters for women experiencing different forms of GBV. It is common knowledge, corroborated by relevant research and NGOs’ field experience that the police often discourage women from lodging complaints about GBV and that medical practitioners fail to identify victims of GBV who come up with unlikely excuses to explain their injuries.

The low numbers of registered survivors of THB highlight the need to improve the identification system and to raise the awareness of front-line professionals that are (*ex officio* or *ex re*) the first point of contact for GBV survivors. Migrant women in particular are among the most vulnerable of potential victims of GBV (e.g. live-in domestic workers/carers can be exposed to violence combining elements of both domestic violence and sexual harassment at work). Migrant survivors of GBV often



face additional obstacles such as stereotypes amongst professionals (police and medical staff) that connect the violence with their cultural and ethnic background, appear more tolerant towards the violent incidents described by migrant victims and discriminate against migrant women compared to native women.

Furthermore, there is an additional fact increasing the vulnerability of migrant women, namely their legal status which is often connected to that of the perpetrator as a dependent family member. It is well-known that amongst refugee populations that violence committed against women is rarely revealed as they are constantly on the move and interact with authorities and NGOs only in the narrow context of registration and humanitarian assistance respectively. Their particular living conditions in the camps and alternative accommodation structures restrict their ability to refer their case to services and authorities. Notably, Directive 2012/29/EU guarantees the protection and support of victims of GBV *irrespective of their status of stay* in the member state.

The lack of gender and cross-cultural sensitisation among front line professionals, limiting their capacity to respond to the needs of women survivors of GBV, was highlighted in all national reports.

**Police officers**, and in particular those that register refugees in the different reception structures within each country, must be sensitised on GBV issues and receive basic training on how to identify the victims of GBV and facilitate the referral to specialist support services (public and/or NGOs).

**Medical practitioners**, including mental health professionals, often lack training in assisting culturally diverse clients such as refugee/migrant women, which may prevent the latter from accessing mental and reproductive health services. The lack of gender-sensitised and/or female interpreters is a further aggravating factor common to all four countries. In addition to that, **the precarious living conditions in all forms of accommodation facilities** as well the **personnel** thereof have attracted criticism in respect of all four countries and are regarded as adversely affecting the safety standards and support provided to migrant survivors of GBV. A shared concern relevant to the failure of ensuring a “protected” safe environment is the failure to establish a relationship of trust with migrant and refugee women, which might have enabled them to proceed with GBV disclosure and trigger the entire GBV-protection system.

Even **GBV-specific service providers and staff** (state and NGOs) are not always well equipped or competent to respond to GBV victims with diverse needs. The help-line staff and professionals of shelters and Counselling Centres often lack adequate previous experience in receiving and supporting refugee and migrant women who are victims of GBV; they also often fail to pursue the relevant legal procedures, given that many of these facilities are not always staffed with legal professionals. The nature and extent of the different types of GBV vary across cultures, countries and regions; and contextual circumstances should also be taken into consideration and guide the support which is to be given at the individual, the family or the community level.

Coordination gaps among GBV actors were identified in varying degrees in all four national contexts, mostly in the Greek one. The establishment of (local) networks among state agencies and NGOs, together with the appointment of a national coordinator to facilitate communication and sharing of information, may ensure that the services for victims of GBV are easily accessible and each beneficiary is properly guided through a well-settled, functional, non-bureaucratic and efficient referral pathway; such a system is to this day still missing.

As regards **integration and community mobilisation** approaches to GBV, actions and programmes for women's empowerment and life-skills building, addressed at both victims and potential victims of GBV to avoid possible stigmatisation, are in large inadequate; GBV survivors are thus deprived of the necessary resources to become independent users of services. Encouraging the participation of migrant and refugee women in the community (refugee and local) to enhance their visibility and urge them stand up for their rights remains a marginal component in GBV response programmes in all four countries under examination.

Migrant women, in all national four national contexts, are more often than not **deprived of reliable information about their rights** and the procedures to claim them. In Italy, the control of irregular migration takes precedence over the identification and support of survivors of THB and GBV. GBV migrant survivors who file a complaint are reportedly treated primarily as irregular migrants and are placed in removal proceedings, instead of receiving protection and assistance.

There is also a general **lack of efficient systems of identification and support of victims of trafficking** in all countries under examination as well as failure to adequately consider the great dependence of the victims on the criminal networks of traffickers, which makes it impossible for them to see themselves as victims of trafficking (self-identification). Moreover, young women and girls who have fallen victims of trafficking are often not in a position to provide a complete and consistent account of their experiences, as a result of which their statements lose credibility before public agents i.e. police, asylum services and courts and there are legal consequences thereof.

Very little attention has been paid by the **GBV national systems to more particular forms of GBV such as FGM and forced marriage**. In Spain, which is the country with the most developed response system in this area, there have been cases of women who suffered female genital mutilation and reported it to the medical staff of specialised centres but did not receive any medical certification, which could have been useful also for the asylum evaluation process.

The lack of adequate reception centres and resources for victims of human trafficking is of concern with respect to all four countries, as their needs are not always met and the risk of re-trafficking and re-victimisation remains real.

## CHAPTER 6. GOOD PRACTICES

This chapter will discuss programmes and policies which have been identified on the basis of a wide range of criteria as reflecting good practices across the different GBV response systems. The aim is to provide useful insights and share knowledge and lessons learned which can be of added value not only at the national but also the EU level.

The first example of a good practice stems from Germany and has been applied at the local level. The main strength of the programme analysed immediately below lies in its multiple innovative aspects in terms of building gender solidarity and facilitating social support networks for female newcomers.

### *Mentoring programmes from women to women: The “Connect – “Buddy Program” for Female Refugees in Berlin”*

The women’s organization “Terre des Femmes” started in June 2016 an innovative mentoring programme, connecting newly arrived refugee women with female mentors living in Berlin. The role of the mentor is to offer support and direction in order to help the newcomer integrate in the local society. The overall goal is for refugee women to be able to live in Germany free of violence. The mentors are in regular contact with the project team. Training is provided to the mentors in the broader field of asylum law, including gender specific grounds for asylum, gender specific forms of violence, local support structures, as well as information about work opportunities, health care, children and social networking opportunities.

The practice described immediately below, constitutes a well thought out intervention which highlights the need of a holistic approach, in order to address the multiple factors involved in GBV responses to female refugee newcomers.

### *An inclusive and holistic local-level GBV response project related to accommodation*

In 2016, a well-elaborated concept for the prevention of violence and the protection of vulnerable groups in refugee collective accommodation originated in the city of Giessen. Based on the expertise of several organisations offering counselling to women and migrants, it contained two innovative components a) LGBTQI people were included among the vulnerable groups to be protected and b) measures of primary,<sup>16</sup> secondary<sup>17</sup> as well as tertiary<sup>18</sup> prevention were foreseen, in order to ensure that no further violent incidents would take place. In brief, the concept aims at reducing the risk factors and strengthening the protection factors. The perspective is “holistic, based on the systemic analysis of all risk factors, and taking into consideration the interwovenness of factors on the individual level, the level of the social context and the societal level”. It also takes into account the lack of a

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<sup>16</sup>Primary prevention of violence creates appropriate conditions so that violent attitudes and behaviours do not come up.

<sup>17</sup> Secondary prevention of violence means the early detection of violent attitudes and behaviours and interventions towards changing them.

<sup>18</sup> Tertiary prevention of violence includes interventions by escalated violence. It serves to prevent relapse.

broader normative framework in society through which violence is condemned as well as the lack of knowledge on the side of the refugees about the legal situation in Germany concerning gender-based and sexualized violence.

Safety measures foresee, among others, that personnel are not only men but also women. The management and all staff should sign a commitment against all forms of violence. This should be incorporated in the contracts that the administration makes with the external firms managing the accommodation. Further measures include the training of staff and volunteers on the situation of vulnerable groups and the provision of information to refugees on the German legislation about gender rights. To mention though that activities of refugees' empowerment have received so far little attention. Moreover, the prevention of violence should become an overall societal task. Violence should be socially condemned. The objective should be the inclusion of all actors in society in the prevention of gender-based violence and the achievement of structural change. This also means effective horizontal and vertical networking and coordination among civil society and state institutions. (German report).

The initiative presented below, also drawn from the German context, illustrates the important role civil society, in particular migrant organisations, can play in the provision of support and in the empowerment of newcomers, by making them more knowledgeable about their rights as citizens and women.

#### *Fostering self-organization and self-reliance to cope with everyday life*

The SUANA/Kargah project (Hannover) has been developed by one of the most well-organised and professionalised migrant women's organisations engaged in supporting refugee women, especially against gender-based violence. In the 80s, exile Iranian women established the organisation run today as a multi ethnic counselling centre for migrant and refugee women. Since April 2016 in cooperation with social workers, the multilingual staff members of the organization provide counselling and support for traumatized female refugees affected by violence in collective accommodation centres. The focus of the information and education sessions is on topics such as "domestic, sexual and psychological violence, trauma, forced marriage, as well as violence against children and children's rights. Advice is also offered on asylum law and on persecution based on gender" (World Future Council 2016, p. 44)

The following good practice points to the need of strengthening migrant women's own resources and competence to stand up for and exercise their citizenship rights.

#### *Hearing the voice of refugee women*

In the context of the Central Office for the Realization of Gender Equality of the City of Bremen, there has been a first attempt to include refugee women in an advisory board, thus opening up the participation process concerning regulations affecting their own lives. In March 2017 and in the

framework of the project “Women and flight” a council of ten refugee women from different class and educational as well as familial backgrounds was set up to follow up on the work of the Office of the City of Bremen for the Realization of gender equality. The women were expected to speak as experts on their own situation about the needs of refugee women. Labour market integration, qualification, health and psychosocial counselling were the main issues the women brought together. Regular meetings were foreseen throughout 2017<sup>19</sup>.

The good practice described below consists of an attempt make the GBV response system more inclusive and attentive towards the needs of all those who remain invisible in the formal institutional system. In addition, it illustrates the importance of legal aid to support cases where violations of GBV survivors’ legal rights have occurred, in advancing legal protection.

#### *Gaining visibility and addressing the needs of excluded groups in Spain*

Reaching out to those who are left out of the asylum reception system, including LGBTQI asylum seekers, can be achieved through the initiation and implementation of programmes at the regional and local level. This includes initiatives taken at local level to regularise migrants, including domestic workers, who are often marginalised from labour rights protection and are exposed to the risks of sexual harassment by their employers.

The activities of specialised NGOs in the field of safeguarding the rights of GBV survivors and legally supporting asylum applications based on gender-related grounds are also of significance in advancing legal protection as a whole. Best practices include the legal services provided by CEAR/CCAR (gender persecution), ACATHI (gender persecution for sexual orientation), SICAR and Proyecto Esperanza (trafficking).

## CHAPTER 7. CONCLUSIONS AND RECOMMENDATIONS ON WAY FORWARD

This chapter presents the conclusions and a set of recommendations based on the gaps and accessibility barriers as well as the necessary legal amendments identified earlier, to ensure a better response to the needs of GBV survivors, with particular focus on migrant and refugee women.

In the overall, **the guarantees** that the EU and the national legal frameworks provide for the effective protection of the rights of migrant and refugee women who have survived or are bearing GBV of all kinds (physical, psychological, financial) should be enhanced to avoid the risk of re-victimisation altogether.

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<sup>19</sup>See Freie Hansenstadt Bremen/Bremische Zentralstelle für die Verwirklichung der Gleichberechtigung der Frauen, <http://www.zgf.bremen.de/sixcms/detail.php?gsid=bremen94.c.13218.de>

A comparison of four different national approaches to GBV revealed an urgent need to effectively **mainstream gender in all policies and programmes addressing migrants and refugee**, with an emphasis on risks of gender-based violence.

There is also a compelling need to fund the development of a **comprehensive GBV data collection** system that disaggregates data by gender, age, nationality, forms of violence as well as services provided, to improve our knowledge about the different aspects of the phenomenon both at the national and the European level and to design more targeted interventions to combat GBV, in particular, among the newly arrived populations.

The procedures for processing asylum applications should be accelerated as a matter of priority, to ameliorate the situation of women asylum seekers especially during hearings and to minimise the risks of GBV by providing a secure status of stay and the possibility for family reunification. The number of available places in reception centres should be increased and the safety standards for refugees and asylum seekers should be enhanced, with particular attention to the needs of women and girls. The principle of non-refoulement must be strictly upheld in respect of all women and girls in need of international protection, on the basis of individualised risk assessment in line with the National Plans on Trafficking in Human Beings (NPA) and the Istanbul Convention ratified by all partner countries.

#### **Specific recommendations regarding service provision:**

The comparative examination of four national contexts revealed an urgent need for specialised **training of a wide range of staff** coming into contact with survivors of GBV, including front line professionals, public officers and staff of both state and non state agencies in gender and cultural diversity issues, in order to reinforce the identification of GBV survivors and enable proper referrals. Information about institutional and legal processes should be provided in a more systematic manner by public officers i.e police officers, medical practitioners, social workers etc, in order to ensure actual implementation of the laws and to ensure a more proper response to the needs of possible beneficiaries. The establishment of specialised GBV focal points in selected public authorities i.e. police stations; hospitals etc, accessible to both survivors and NGOs in order to request protection and assistance can be a viable and very effective solution. Female cultural mediators could also play a significant role in specific areas such as shelters, hospitals, counselling centres etc. by facilitating communication, cross-cultural understanding and the establishment of trust, all crucial to a more efficient case management.

More funds should be allocated for the implementation of GBV-targeted **interventions in shelters and other accommodation facilities** to effectively protect the rights of migrant and refugee GBV survivors, break the chain of GBV violence and avert the risk of re-traumatisation. In this context, there is a need for specific provisions and benefits for women GBV survivors exiting shelters and

other protected accommodations such as social housing programmes, income generation and livelihood projects, to offer them the possibility for autonomous living.

To enhance protection in cases of domestic violence, the asylum regulations should be adapted to allow refugee women benefit from the whole range of provisions foreseen in national anti-violence acts and policies.

**Prevention programmes** are of paramount importance to combat GBV; the active involvement of refugee and migrant communities in this area should be expressly foreseen. The systematic participation of migrant and refugee communities in the protection and prevention of GBV among their members could be enhanced through support/focus groups, organised with the assistance of NGO professionals active in the field. Moreover, establishing and maintaining a network of contacts allows for more effective **feedback mechanisms**, which can be useful for both communities and relevant stakeholders. Equally important is the empowerment of women and the promotion of their participation in decision-making processes within their communities.

The GBV response systems in all four countries need to become **more inclusive** and reach out to diverse and particularly vulnerable groups such as victims of GBV LGBTQI individuals, trafficked persons, but also victims of FGM, forced marriages or those engaged in survival sex; specific programmes and services as well as legal provisions to address more particular forms of GBV still need to put in place.

The provision of **long term psychological and therapeutic** support with sufficient numbers specialists to help relief the trauma experienced by female refugees and migrants on account of the different inhuman conditions they have been exposed to including GBV has to be further developed.

**Extended and comprehensive social integration policies** are greatly needed in all countries in varying degrees; they should be targeting specifically GBV survivors and those at risk of victimisation and not be restricted to those who will be eventually allowed to stay in the country.

The continuation of funding to ensure sustainability of services is a major concern in countries facing budget constraints, such as Greece, where the existing GBV response system got under great strain. Amidst the economic crisis the Greek authorities had to take over the provision of support to migrant and refugee survivors of GBV and overcome financial difficulties and lack of infrastructure preceding the crisis. Sufficient resources are needed to ensure the effective implementation of existing policies and programmes as well as enable the capitalisation of international experiences, methodologies and tools to respond to the urgent needs of the thousands of female migrants and refugees arriving at a European-wide level.

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**The General Secretariat for Gender Equality (GSGE)** of the Greek Ministry of Interior is the governmental agency competent to plan, implement, and monitor gender equality and GBV policies.

It has developed an integrated Network of 61 Units for preventing and combating violence against women and has placed GBV high in its agenda.



The Research Centre for Gender Equality (KETHI) was founded in 1994, having a dual focus both on conducting social research on gender equality issues and also using this knowledge, to propose and implement specific policies, practices and actions to promote gender equality.



CRWI Diotima is a GBV-specialized NGO, national stakeholder expert in EIGE's database, with a long experience in gender equality and GBV field and in migrant women's integration and rights protection.



Differenza Donna is an ever growing women's NGO, active in the implementation of specific interventions in safeguarding migrant women's rights and especially GBV protection and previous transnational project experience.



Surt is a well established women's NGO with an excellent record of previous work with gender equality, GBV and also migrant integration experience. It has a wide regional network of collaborations, a great experience in transnational projects and a good capacity in service provision.

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