# MIGRATIONS: A GLOBAL WELFARE CHALLENGE. POLICIES, PRACTICES AND CONTEMPORARY **VULNERABILITIES**

# **Compiladores:**

Fernanda Pattaro Amaral©, Astelio Silvera Sarmiento© Ignazia Bartholini©, Roberta Teresa Di Rosa©.

### Autores

Florian Grosser©, Ignazia Bartholini©, Claude R. Schema©, Cathryn A. Morriss©, Héctor Vega Deloya©, Ana Cláudia Delfini Capistrano de Oliveira©, Marco Antonio Harms Dias©, Emídio Capistrano de Oliveira©, Fernanda Pattaro Amaral©, Roberta Teresa Di Rosa©, Brandon Aragón Mangones©, Maribel Molina Correa©, Astelio Silvera Sarmiento©, Alba Lucía Corredor Gómez©, Mariangélica Pineda Carreño©.





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# VULNERABILITY IN MIGRATION: THE APPLICABILITY OF EUROPEAN RECOMMENDATIONS, INTERNATIONAL REPORTS AND GUIDELINES TO THE ITALIAN SYSTEM OF RECEPTION AND SOCIAL SERVICES

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### **ABSTRACT**

The European Parliament's Report focuses on the integration processes for a particular category of refugees, considered as belonging to "vulnerable groups", namely women seeking international protection and female refugees. Women seeking international protection or refugees, in fact, are bearers of demands and needs which, in part, are specific to all those people who, often forced to abruptly abandon their countries of origin, seek protection in host countries, bringing with themselves a heavy burden of persecution, war, violence and poverty.

The humanitarian response along the routes of the eastern Mediterranean and the western Balkans has set as a priority the introduction of measures to prevent sexual and gender violence in all humanitarian activities. In all reports there is an emphasis on the urgent need to make operators aware of the risks inherent in the standard reception procedures, and to ensure urgently the specific training of staff in order to put in place specific procedures to prevent, identify and respond to sexual and gender violence. This last point, in particular, will be the subject of the in-depth examination, as follows: how (and whether) the recommendations and regulations are changing the reception conditions on the southern borders of Italy; whether and to what extent the institutions responsible for reception (first or second) are equipped to deal with this emergency; how training and professional development may intervene to ensure that operators in the field are able to cope adequately with this emergency.

## **Keywords:**

Refugees, Migrant women, Social work, Migration policies.

# 1. Vulnerability in migrant women's experience

Europe faces an unprecedented wave of refugees, which is creating a humanitarian crisis. According to UNHCR (2016), 1.015.078 migrants and refugees travelled to Europe in 2015, with 67.072 people having traveled in January 2016 alone. 17 % were women and 27 % were children under the age of 18. UNHCR has also estimated that from 1 January to 23 February 2016 about 105.000 people came to Europe across the Mediterranean, of whom 20 % are adult women, 46 % men and 34 % minors. The Mediterranean is the principal route to reach Europe, through the eastern Mediterranean route from Turkey to Greece (by the majority) and the central Mediterranean route from mainly Libya to Italy, with fewer arriving in Spain and Malta: 153.600 refugees arrived in 2015 in the ports of Italy (Human Rights Watch, 2016).

Eurostat published in May, 2016 the data concerning the requests for asylum in the EU during the whole of 2015, inclusive of gender distinctions. In particular, while the overall figure for 2015 of 1.023.000 applications of first instance for international protection (i.e. applications submitted for the first time), the asylum applications made by women (both adult and minor) were 272.000 (in 2014, out of 562.000 applications of first instance for asylum, 164.000 were from women and girls).

As for the data concerning the acceptance of the first-instance asylum applications, according to Eurostat, in 2015, one of the forms of international protection (refugee status under the Geneva Convention, temporary protection, protection for humanitarian reasons or subsidiary protection) was granted to 238.000 people; of these 63.000 and 550 are women and girls respectively.

The people who survive their journey to Europe face further challenges and obstacles on arrival, such as injuries to be treated, finding shelter and basic services, as well as understanding the registration and other legal processes (MEDU, 2015).

Migrants face challenges including rape, child molestation and kidnapping, human trafficking, intimidation, deaths especially by drowning, acculturation, discrimination, language barriers, family dysfunctionality and separation. Furthermore, the most vulnerable groups are women, due to potential sexual assaults/violence or rape and associated subsequent adverse impacts, whilst children represent more than 50 % of global migrants statistically, and face more mental issues than others, due to the disturbance of early developmental processes of the brain, which might also lead to negative impacts such as development of conduct disorder (juvenile delinquency), and associated disruptive behavior (OIM, 2016).

In Greece and Italy – as recipient countries – thousands of refugees arrive fleeing war, a fact which implicates complex psycho-social needs that need to be looked into. Similarly, Germany and Spain - as hosting countries with the unabated flow of refugees seeking permanence and social security, the refugee crisis requires appropriate intervention both for the basic and psycho-social needs of refugees. Within these conditions of traumatic journeys, uncertainty for the future and inadequate/absent state responses, people's psychosocial health can be significantly affected.

Another source of vulnerability for refugee and asylum-seeking women and girls is their exposure to gender-based violence (GBV), which is, in turn, exacerbated by the frequent unequal gender relations within the community of origin; it is often used as a weapon to threaten and humiliate populations at war; it also represents a cause of forced displacements and a consequence of the stress generated during and after forced displacements (Pittaway & Bartolomei, 2001).

Refugee and migrant women and adolescent girls often suffer violence and specific oppression in the countries of origin, during the journey that is taking to the host country, and in the society which should receive them; governmental response, humanitarian action, EU institutions, the agencies and organizations of civil society are still inadequate and need to be urgently improved.

Pressures on reception systems for asylum should never justify a lack of protection for women in the face of violence nor should two weights and two measures be applied to women seeking asylum; they shold have the same rights as other victims of gender violence.

# Country of origin

Humanitarian emergencies often intensify gender violence, although this is not a new phenomenon prompted by the emergencies; it is part of an uninterrupted flow of violence, to which, in many countries of the world, women and young girls are subjected in their daily lives and which risks spreading much further in moments of crisis. In armed conflict, women and young girls are often victims of gender violence during body-searches, raids on residential districts, road-blocks and detention centres, during armed attacks on villages carried out in order to force the local population to flee and, in general, as part of the systematic campaigns of domination, intimidation and terror carried out by armed groups (Hyndman, 1998).

The risk of gender violence increases when the rule of law and the infrastructure weaken or are lacking (UNFPA, 2015). In conflicts that are drawn out over time, a culture of violence and impunity often emerges, abetted by the ease with which lightweight weapons can be obtained.

Adolescent girls constitute a particularly vulnerable group among female refugees and asylum seekers. During wars and displacements, girls are more exposed to GBV, including early and forced marriage: approximately 20 % of women report being victims of some forms of sexual violence as children, with prevalence rates over 35 % reported in some parts of the world; more than 60 million 'child brides' are forced to marry before the age of 18; married girls are at risk of intimate partner violence, the most common form of gender-based violence, which affects almost one third of women worldwide.

# Journey and camps

Female refugees and asylum seekers are exposed to violence not only in their country of origin but throughout their displacement experience: during the journey (women who pay smugglers to take them out of their country can easily find themselves in dangerous or degrading situations and they might fall victim to women traffickers, especially if they are travelling alone and are solely responsible for the family burden); in detention or re-

ception centres; and in the host country because of the changing family relationships, lack of basic services and healthcare assistance, economic dependency, and limited access to employment (UNHCR, 2014, p.3). Female refugees and evacuees are particularly at risk even in special camps, in temporary ones and in evacuation centres. The systems and networks of family and social support and solidarity are often weakened and devastated, with whole families being split up. Wherever the family nucleus had previously represented a source of protection, parents' separation or death can create a let-up in security.

The lack of privacy, security and hygiene in many camps for evacuees has serious consequences for the sexual and reproductive health of women and young girls. Women and young girls suffering from physical or growth disabilities are even more vulnerable, because, in these contexts, support provided by the community and the family shrinks away, as do the regulations and the rules of law (Women's Refugee Commission, 2013; Ortoleva & Lewis, 2012). GBV may be even perpetrated by those who have been trusted to protect refugees and displaced persons – they being influential community members, security forces, peacekeepers, or humanitarian aid workers (UNHCR, 2013).

When migrating. many who have attempted it have lost their lives and still do so during border crossings, whilst most survivors experience extreme and high levels of post traumatic stress disorder (PTSD), which they will carry with them on their journey to the new home-to-be, not to mention the anxiety associated with uncertainty of the "unknown" at the end of their journey. This is one of the most traumatizing episodes of humanity, which rarely attracts attention.

Moreover, displacement interrupts school attendance, contributing to the increase in vulnerability to exploitation and abuse, exposure to unwanted pregnancy, and subsequently unsafe abortions.

# **Host country**

Female asylum seekers who have not obtained refugee status live in

uncertainty in the host country. This condition hinders, from the very beginning, their integration into the host country and may, in specific cases, lead to particular problems in relation to the nationality of their children, who might become stateless whenever they are born outside the country of origin.

Women's exposure to the risk of violence is exacerbated by the increasing difficulty of entering a host country's territory to apply for protection as they might be left in precarious and dangerous conditions. To control irregular immigration, potential host countries impose strict border controls on individuals who do not have proper documentation. Although this situation affects both men and women, it is women and young girls, due to the weaker position of the female in society, who frequently lack the means to travel and/or knowledge about their rights and the particular risks they face during the journey (UNHCR, 2008).

One of the reasons for the vulnerability of women refugees and asylum seekers is related to the difficulties they often encounter in proving their claims for asylum, since they can generally exhibit less evidence for their application in comparison to men (Bonewit & Shreeves, 2016), or they choose deliberately to do so because female victims of sexual torture or gender persecution may be reluctant to report their stories even if these stories might constitute the legal basis for asylum application.

In the latter case, a code of conduct has been drafted by the United Nation High Commissioner for Refugees.

Reports note that an increasing number of people (adults and children) suffer from anxiety, depression and symptoms of post-traumatic stress disorder (PTSD) whilst incidents of panic attacks and self-harm attempts are rising (Amnesty International, 2016; Fazel & Stein, 2016; Medecins Sans Frontiers, 2015; Pacione et al., 2013).

The dire circumstances that the refugees face exacerbate risks of exploitation, violence and trafficking especially for women and (unaccompanied) children (Human Rights Watch, 2016); women are exposed to risks and violence, the result of multidimensional oppression (Sansonetti, 2016); as

individuals fleeing a country that pursues them or endangers their existence; as foreigners in countries of destination increasingly intolerant towards diversity, and as women in societies – both of origin and arrival – where the principle of gender equality and the fight against violence against women are far from being fully realized.

Host countries have to consider the needs, and be aware of the vulnerabilities, of refugee and asylum-seeking women because female refugees in host countries are expected by their communities to possess all the customs of the country of origin in terms of care for children, household care, language, and food. This role, attributed to them by the men in their families (husbands, fathers, brothers), has a severe impact on the integration process, fostering isolation and social, economic, and cultural dependency.

Asylum seeking and refugee women, because of their reduced access to learning the host country's language have a limited possibility of integration, their sense of belonging is reduced as well as their independence, and they have to rely on other family members for translation and communication. This may also hinder their access to labour market opportunities, as they cannot attend training courses or exploit other active labour market opportunities. They are also exposed to double discrimination in the host country labour markets. As regards healthcare assistance, asylum seeking and refugee women find it difficult to access the necessary information and have to face cultural barriers when accessing health care services.

Isolation is also due to the fact that these women have lost all the support they used to receive from other family members in the country of origin. This is the main reason why refugee and asylum-seeking women might become far less visible than their male counterparts and find it harder to have access to services, job opportunities, training, and language courses in the host country.

There is also an inherent risk in the procedures for requesting asylum; the quality and forms of the decision-making process in asylum procedure affect males and females in different ways. Certain NGOs (MSF, 2016b) have reported a culture of scepticism in which the politicians responsible do not

take into account the complexity of reminiscences about harm and trauma, thus creating an excessive burden for asylum-seekers possessing limited documentary proof. For several reasons, women probably have fewer evidential elements in their possession to back up their requests, including the economic, social and political conditions in their country of origin, and the nature of the persecution to which they have been subjected and continue to fear.

# 2. Gender dimension in humanitarian protection: European legislation and other measures

The EU does not have specific competence in the area of integration of immigrants. Consequently, no EU legislation protecting refugee women and guaranteeing their integration into the host society could be identified. Nonetheless, policies aimed at guaranteeing asylum seekers and refugees' rights and wellbeing cannot be gender-neutral, because women have to face gender-specific challenges in the host country; as a consequence, reception and integration policies that are not gender-sensitive are destined to fail.

Female refugees and asylum seekers' protection can effectively descend from the synergic effect of EU legislation and other measures in the framework of: international protection; tackling discrimination based on race and gender, and gender equality measures, in particular those contrasting gender-based violence, FGM, and trafficking in, and exploitation of, human beings.

Article 18 of the European Convention on Human Rights (Council of Europe, 2010) guarantees the right to asylum, as laid down by the afore-mentioned international laws and with reference to the Treaties. The European Parliament was the first international body to acknowledge the need for a careful interpretation of gender issues regarding the status of refugees, in the resolution of April 13<sup>th</sup> 1984, which was subsequently taken up again in the conclusions and orientations of the UNHCR. In 2000 the Charter of Fundamental Rights of the European Union was emanated, where specifically: Article 2 protects the right to integrity; Article 5 prohibits trafficking in hu-

man beings; Article 23 enshrines the gender equality principle, which must be respected in all areas without preventing the adoption of measures providing specific advantages in favour of the more vulnerable sex.

In the last few years, the European Union has created what is known as the Common European Asylum System, organized into the following regulatory acts, in which the gender dimension is taken into consideration: (2011 – the "qualifications" directive (2011/95/UE); 2012 – Treaty regarding the functioning of the European Union (2012/C 326/01); 2013 - the "procedures" directive (2013/32/UE; directive 2013/32, concerning common procedures for the recognition and the revocation ofinternational protection status; 2013 - the "reception" directive (2013/33/UE); 2016 – Directive regarding victims (A8-0024/2016 European Parliament 2014-2019 Session document 10.2.2016).

The other main measures relating to these fields are the following (in chronological order):

- 2010 The Assembly Recommendation 1940 (2010); 2010 European Parliament Report on women's immigration: the role and place of immigrant women in the European Union (2006/2010(INI)). This report calls for the creation of a consistent European framework on female immigrants, considering their vulnerability and difficulties in integrating in host societies through: the application of a gender-sensitive approach for the assessment and review of policies implemented; the training of immigrants; the design and implementation of integration policies; the implementation of awareness raising campaigns; the exchange of good practices;
- 2013 European Social Fund, introduced with Regulation (EU) No. 1304/2013 of the European Parliament and of the Council of 17 December 2013 on the European Social Fund. This Regulation does not call for specific measures and programmes aimed at refugee or women asylum seekers; nonetheless, it calls for measures aimed at addressing women's need and promoting gender equality between men and women, specifically for labour market access;

- 2014-2020 The Rights, Equality and Citizenship Programme 2014-2020 aims at contributing to the further development of equality and the rights of persons and is structured in nine specific objectives: promote non– discrimination, combat racism, xenophobia, homophobia and other forms of intolerance, promote rights of persons with disabilities, promote equality between women and men and gender mainstreaming, prevent violence against children, young people, women and other groups at risk (Objectives of the former Daphne programme), promote the rights of the child, ensure the highest level of data protection, promote the rights deriving from Union citizenship, enforce consumer rights;
- 2014 Development Cooperation Instrument, introduced with Regulation (EU) No. 233/2014 of the European Parliament and of the Council of 11 March 2014 establishing a financing instrument for development cooperation for the period 2014-2020. This instrument might be relevant as it includes, among its priorities, the promotion of gender equality and women's empowerment, combining it with development measures and programmes in developing, third-world countries;
- 2014 Fund for European Aid to the Most Deprived (FEAD), introduced with Regulation (EU) No. 223/2014 of the European Parliament and of the Council of 11 March 2014 on the Fund for European Aid to the Most Deprived. This funding programme does not include, among its priorities, the promotion of refugees' integration but does include measures aimed at enhancing gender equality; 2014 Asylum, Migration and Integration Fund (AMIF), introduced with Regulation (EU) No. 516/2014 of the European Parliament and of the Council establishing the Asylum, Migration and Integration Fund. This Fund does not explicitly mention programmes or measures addressing refugee and asylum seeking women's needs; nonetheless, it has been created to take into account, among other priorities, the needs of vulnerable groups, such as women, and to foster gender mainstreaming.
  - 2015 Resolution of June 9, 2015 regarding European Union strat-

egy for equality of men and women after the year 2015, in which the importance of policies heeding the gender issues is emphasized, with regard to asylum and migration, recognition of the risk of genital mutilation as a reason for asylum, as well as the preparation of relative guide-lines and co-ordination of examples of excellent practices; there is an emphasis on the need to establish a right to individual residence, in the absence of which an imbalance of power might emerge, with particular reference to migrant females in cases of domestic violence; the Commission is invited to evaluate and individuate specific actions that might guarantee the reinforcement and total respect for the rights of women seeking asylum throughout the entire procedure of seeking asylum;

- 2013/14 Resolution "Situation of fundamental rights in the EU (2013-2014)" of September 8, 2015. The European Parliament solicited the member States to guarantee dignified conditions of reception, in accordance with existing legislation with regard to human rights and asylum, devoting particular attention to vulnerable persons and the reduction of the risk of social exclusion for asylum-seekers;
- gender equality and female emancipation in a cooperative drive towards development (October 8, 2015). The vulnerability of migrant women, female refugees and asylum-seekers is highlighted, along with their need for specific protection; there is a demand for ad hoc measures geared towards reinforcing and fully guaranteeing the rights of female asylum-seekers; bold action is demanded at the European level to tackle the present migratory and refugee crisis, embracing a global approach that is attentive to gender aspects in dealings with migration and asylum, and all in a coherent approach with member States;
- 2016 European Parliament resolution of 8 March 2016 on the situation of women refugees and asylum seekers in the EU (2015/2325(INI)).

The European Parliament (11) calls for a new, comprehensive set of EUwide gender guidelines to be adopted as part of wider reforms to migration and asylum policy, which take full account of the social, cultural and political dimensions of persecution and include reception and integration measures; (12) underlines that, even in countries deemed safe, women may suffer gender-based persecution, while LGBTI people may also be subjected to abuse, and thus have a legitimate request for protection; it calls on all Member States to adopt asylum procedures and endeavour to develop training programmes which are sensitive to the needs of women with multiple, marginalized identities, including LGBTI women; it urges all Member States to combat harmful stereotyping about the behaviour and characteristics of LGBTI women and to fully apply the EU Charter of Fundamental Rights with regard to their asylum claims; it stresses the need for LGBTI-sensitive reception facilities across all Member States; it emphasizes that violence against LGBTI individuals is common in reception facilities; (13) highlights the fact that gendered forms of violence and discrimination, including, but not limited to, rape and sexual violence, FGM, forced marriage, domestic violence, so-called honour crimes and state-sanctioned gender discrimination, constitute persecution and should be valid reasons for seeking asylum in the EU and that this should be reflected in new gender guidelines; (16) calls on the Member States to ensure that asylum procedures at borders comply with the UNHCR Guidelines on International Protection, in particular with regard to gender-related persecution; (21) urges the Member States to provide women with information on asylum procedures, their rights and the specific services available to women applying for asylum; it underlines the right of women to lodge a claim for asylum independent of their spouse as a key to women's empowerment and the principle of non-refoulement; it urges the Member States to inform all women of their right to make an independent claim for asylum, thus enabling women to apply for and maintain the status of refugee or asylum seeker regardless of the situation of other members of their family; (23) takes the view that prompt action should be taken in terms of humanitarian assistance whenever gender-based violence is sus-

pected, given the extremely high exposure of vulnerable groups such as women and children to forms of physical violence and moral coercion along illegal migration routes, where all kinds of rights are denied; (24) stresses that women and young girls are particularly vulnerable to exploitation by smugglers; it therefore calls on Member States to increase their police and judicial cooperation, including Europol, Frontex, Eurojust and the European Asylum Support Office (EASO) in order to effectively combat smuggling and trafficking of migrants; (26) urges the Member States to duly inform women seeking asylum about their rights and in particular about the right to request a female interviewer and interpreter and to have a personal interview separately from any third parties; it urges the Member States to deliver comprehensive and mandatory training for interviewers and interpreters on sexual violence, trauma and memory; it urges the Member States to ensure that these rights are being respected; (41) highlights the fact that many women asylum seekers and refugees have experienced extreme violence and that detention may exacerbate their trauma; it highlights the fact that detention of asylum seekers for mere administrative convenience violates the right to liberty as enshrined in Article 6 of the EU Charter of Fundamental Rights; it calls for an immediate end, in all Member States, to the detention of children, pregnant and nursing women and survivors of rape, sexual violence and trafficking, and for appropriate psychological support to be made available; (43) urges that women asylum seekers in detention, who have been subjected to sexual abuse, receive appropriate medical advice and counselling, including those cases resulting in pregnancy, and that they be provided with the necessary physical and mental health care, support and legal aid; it demands that the Commission and the Member States take immediate measures to ensure that reception, transit and detention conditions are safe, humane and adequate, with separate accommodation and sanitation facilities for women and families; it points out that the provision of appropriate basic hygiene kits for all women and girls should be standard practice in assistance programmes; (51) considers that, when women asylum seekers are detained, facilities and materials must meet women's specific hygiene

needs, the use of female guards and warders should be promoted and all staff assigned to work with women detainees should receive training relating to the gender-specific needs and human rights of women.

To make these measures more effective, we should provide for parallel legal channels for access to protection, especially for women, children and victims of sexual and gender violence, including family reunification, and consider these refugees with special needs as having priority in the resettlement opportunities and outplacement.

Although member states are stepping up their work in order to streamline gender understanding into public decision-making, policy and operations, this effort is not always reflected in the asylum procedure. This is certainly changing certain risk conditions, but we are still far from a widespread diffusion of the instruments and skills necessary to prevent, identify and respond appropriately in cases of violence. This, in fact, depends on the assumption of responsibility and on taking the measures necessary on the part of individual States and the European Union agencies. Not to be postponed, therefore, is the consolidation of a system of coordinated response for the protection of women and girls within the borders and in the border areas, within which we can ensure a response to sexual and gender violence that does not place obstacles for women denouncing violence and access to services. It is equally essential that all operators, institutional or not, that come into contact with women seeking international protection or as refugees, are trained to be able to understand their needs, but also to set up, as early as their first location, adequate reception solutions to protect them and their children from the mechanisms of violence from which they are fleeing.

# 3. Italian system of reception: reports and suggestions for change

At present, Italy still lacks a systematic national law regarding asylum that might help trigger Art 10 of the Constitution. The general definition of "refugee" entered our system as a result of Italy's adhesion, in 1954, to the Geneva Convention of 1951, which offers a universally recognized notion of the international refugee; the relative, additional protocol dates back

to 1972. Sincce 1990, with the passing of the "Legge Martelli" (lit. the Martelli law) and the abolition of what was known as geographical reserve, the afore-mentioned Convention has guaranteed that it is fully applied in Italy. Since then, Italy has participated actively in European Union initiatives geared towards harmonizing policy as regards asylum and immigration and stabilizing a Common European Asylum System. Regulations regarding asylum have been modified greatly by European interventions, which, apart from anything else, introduced the juridical figure of beneficiary of subsidiary protection (to be placed alongside that of refugee) as laid down in the Geneva Convention of 1951. The whole procedure was renamed "Procedure for Recognition of International Protection", encompassing various protection categories. In this context, in June 2013, Italy signed a Plan of Special Support, which envisaged support on the part of the EASO (European Asylum Support Office) in various sectors, deemed priority, of the national asylum system.

The centralized position of Italy in the Mediterranean encourages the arrival of countless refugees and migrants every year, in the context of what is known as "mixed migratory flows". It is estimated that out of a population of 60 million inhabitants, there were more than 5 million persons from third countries present in Italy in 2016, including about 64,000 refugees. Asylum requests in the first semester of 2016 amounted to 12,499, a clear increase over the preceding years (CIR, 2016).

Over the last few years, Italy has been making a great and laudable effort in its rescue operations out at sea; a decentralized procedure for international protection recognition has been instituted, achieving satisfactory levels of guarantee and adequate levels of recognition. Lastly, the transposition of the European Directive regarding qualifications has brought, under the regulatory profile, several relevant and positive developments with regard to the definition of the status of international protection and relative rights. In the face of these significant improvements, there do remain critical aspects with particular regard to reception conditions for asylum-seekers and the integration of refugees and other beneficiaries of international

protection. It should be emphasized how a considerable number of beneficiaries of international protection live in conditions of destitution and marginalization.

Reception conditions have also deteriorated in the Centres, above all because of overcrowding, which has been caused by the slow turn-over of persons leaving the accommodation; this is due to both the overlong stay of some of the third country migrants from Libya and to an increase in the number of requests for asylum, as well as a consequent lengthening of the procedures for recognition of the status of international protection. As a result of this pressure on the reception system, the Ministry for Home Affairs continues to encounter considerable difficulties in finding accommodation for asylum-seekers entering the country. The standards of reception in government centres have also dropped because of significant cuts in financing, which have contributed, on the one hand, to the fact that since 2011contracts for provision of services are now assigned exclusively in accordance with the criterion of the lowest bidder, but without aspects of quality being duly taken into consideration.

UNHCR (2013) has underlined the need for overall reform in the reception system, which should also deal with support for refugees in the phases subsequent to recognition. In fact, although the governmental centres and the SPRAR projects (which can accommodate both asylum-seekers and refugees) manage to satisfy the accommodation needs for a significant number of asylum-seekers, the support measures (including reception) in favour of refugees remain largely insufficient. Significant differences continue to exist depending on the reception centres and, more in general, on the local praxis.

On the basis of Art. 8 of Legislative Decree N° 140/2005 and other relevant regulations, reception measures should take into consideration the particular requirements of the asylum-seeker and his/her family, and, in particular, the most vulnerable ones. Furthermore, the requests presented by vulnerable persons should, generally speaking, be examined as a priority. Because of the lack of places available in specific structures or SPRAR proj-

ects, the number of asylum-seekers with particular demands has increased over previous years; they have to remain in a CARA during the asylum processing, in spite of their condition and without receiving adequate assistance. This problem also continues to exist with reference to the period following recognition of a form of protection. Shortcomings still remain with regard to the poor co-ordination between all the bodies involved, as well as the inadequacy of the legal, social and organizational instruments and the existing system of taking charge. These aspects have, in part, worsened since 2011, because of the general deterioration of reception conditions and cuts to the welfare system.

The 2015 report by the Ministry for Home Affairs, in fact, confirms the picture of a reception system for asylum-seekers made up of structures of various natures and entrusted with the handling of various subjects. The de-centralized system, completed in 2014 and co-ordinated territorially by the prefectures, has given rise to a parallel apparatus placing the asylum-seekers, and those requesting international protection, in the most diverse structures, with reception standards considerably worse than those guaranteed by the SPRAR system and liberated from any need to plan for the integration of the individual. From this there emerges a situation in which the interventions are geared mainly towards searching for swift solutions and spaces where to accommodate the migrants, while waiting patiently for a reply from the Commission with regard to requests for international protection.

At the moment, the existing structures are insufficient and, in most cases, run by private enterprises; with the role of the National Health Service being restricted, the local health services are unprepared to respond to the demands of the reception centres located in the area of their competence. The widespread absence of professional figures with expertise in the migration context is aggravated by the frequent lack of figures of cultural mediation, also in the relevant public structures, with potentially harmful consequences for the need for premature and essential identification of cases of vulnerability among the migrant population being hosted (MSF, 2016a).

The report "Female refugees and asylum seekers: the issue of integration" (Sansonetti, 2016) also tries to reconstruct the precise needs expressed by these subjects and to individuate the measures necessary for them to find adequate answers to improve living standards of women requesting international protection or female refugees in the hosting countries.

The specific nature of the situation experienced by women requesting international protection or female refugees, emerges in evident manner in the reception camps, both in the country of departure and arrival. Situations of overcrowding and the absence of protected spaces for women expose them to the risk of violence perpetrated by other asylum-seekers, or by local operators and the forces of law and order, exposing them to the risk of exploitation for sexual purposes and, lastly, not guaranteeing adequate protection for their health (including their reproductive status). These critical points also reoccur in the subsequent phase to reception, especially in contexts where the public authorities do not predispose adequate plans for accommodation; the frequent reticence of private persons to rent out their property to non-citizens often forces women to live in overcrowded conditions, often with many men who are not necessarily part of their family, thus exposing them to the risk of violence and exploitation.

Furthermore, it should be remembered that foreign females usually enjoy fewer educational opportunities because of the time-consuming caring roles for which they are often the only person responsible; the world of work is one of the areas in which the double discrimination experienced by women refugees and those requesting international protection mainly comes into effect.

Finally, the Sansonetti (2016) report emphasizes how it is in the area of health safeguard that it is necessary to implement, with greater urgency, incisive measures for integration, such as: at the level of services, provision for adequate spaces for reserved interviews for women and children, safe and accessible reception centres that respond to the women's needs and, at all points of entrance, transit and exit, the creation of services for psycho-social first-aid, clinical management for rape (CMR) and safeguard of reproductive

health status. Together with this, from a more political and organizational point of view, "criteria of vulnerability" need to be worked out; these criteria can guide the priority of response of people in need of protection, along with the involvement of local players (with expertise in these issues) from civil society.

A second report by Médecins Sans Frontières, again in 2016 (MSF, 2016b), examines in depth the theme of the psychological consequences of any trauma undergone during one's journey, and the links with the critical moments endured on arriving in Europe. The long wait for the preliminary formalization of a request for international protection via form C3, handed out several weeks after arriving at the structure (months in some cases) already represents a reason for the applicant's destabilization; this worsens during the further time spent waiting for a call for an interview at the local Commission. The forced inactivity in which people are forced for several months to spend their time brings on a feeling of apathy and depression, a sense of uselessness, dependency and frustration.

The actual characteristics of the structures often represent a risk factor for the onset or aggravation of psychological suffering. A person who has lived through violence or has been a victim of inhuman and degrading treatment, forced to live in overcrowded conditions or rather unsuitable settings, is even more exposed to the risk of developing psychological symptoms linked to previously-experienced trauma or symptoms connected to the dynamics of social marginalization, isolation and cohabitation prolonged for a significant period of time.

The personnel working in the Centres are not always adequately prepared to respond to the requirements and needs of these populations, a relevant number of whom might harbour complex personal dilemmas, might be victims of trafficking or targets/ witnesses of horrendous violence.

Links with the local area are often absent and support activity and care-taking is passed on to the private sector. The actual conditions of reception in these structures often render it difficult to single out, in time, migrants who are suffering psychologically and might need urgent treatment.

Serious commitment is still rather uncoordinated, and training for operators dealing with asylum-seekers as victims of violence, is not yet widespread and the available human resources are insufficient (MSF, 2016).

Female asylum-seekers should at least have access to high-quality legal assistance. Psychological trauma, shame and stigmatization, of which many women are victims as a result of violence, can make it difficult for legal representatives to gain the trust of these women (Bartholini, 2016a). However, it is vital for these women to trust somebody in order to reveal the intimate details of their traumatic experiences.

In order to provide quality service delivery for refugees, social workers must deepen and broaden their comprehension of refugees' traumatic migration experiences beyond narrow formulations (George, 2012, p.430). If humanitarian intervention concentrates, above all, and especially in its initial response, on immediate physical needs, counseling for trauma should also be considered a primary intervention and a potential life-saver (MSF, 2016b). It therefore seems essential to provide for multi-disciplinary and multi-cultural teams to deal with all the various aspects involved.

The direction in which to proceed is clearly indicated by various international organizations. Above all, an essential point of reference is provided by publications by UNHCR on the theme (1991 – Guidelines for protecting female refugees; 2008 – Manual for the protection of women and young girls; 2012 – Recommendations for harmonizing reception standards for asylum-seekers in the EU; 2013 – UNHCR recommendations regarding significant aspects in the protection of refugees in Italy, July 2013).

UNHCR policy for female refugees was worked out in 1990 following numerous generalized conclusions by the Executive Committee and set three macro-objectives: protection needs to be appropriate to the specific needs; long-term solutions; assistance with the specific aim of participation on the part of the destines in individuating long-term, lasting solutions. The broadest objective is to increase women's resilience and support female empowerment (Bartholini, 2016b), in the conviction that from conditions of overcrowding he women might be placed in a condition to take on new roles

and trigger positive change. Assistance programmes are carried out on the educational and health levels, but also for helping with sustenance in order to prevent women from being forced to prostitute themselves for their own survival and that of their families.

In the 2008 Manual, albeit not in a binding manner, principles and measures for increasing protection for female refugees, evacuees or those who want to return, are indicated: gender-sensitive asylum procedures (e.g. using skilled female interviewers); safeguard for anyone who has been subjected to violence and access to predisposed authorities; psychological and medical aid; reserved nature of information; assistance in re-allocation within the country or transfer to a third country. The specific measures favouring persons with special needs, such as victims of torture or gender/sexual violence, MNAS, single or pregnant women and disabled persons, ought to be be intensified. Furthermore, UNHCR champions the adoption of standardized operational procedure for channelling the various categories of vulnerable person into the appropriate structures, so as to guarantee adequate assistance and qualified care-taking. Another Report that offers a notable contribution to ideas about the changes to be made in reception services and practice is the one produced jointly in 2015 by UNHCR, UNFPA, WRC.

The joint commission (made up of members from three international organizations) has evaluated the response of governments, humanitarian stakeholders, European institutions and agencies and associations of civil society, inadequate and unable to prevent and respond to the danger, the exploitation and the various forms of sexual and gender violence, of which women and girls remain victims throughout Europe.

For example, despite the efforts of UNHCR and their partners to provide reception facilities and well-lighted accommodation divided up by gender, many still do not guarantee safe water and hygienic services, and separate dormitories for women and children, exposing them even further to the risk of violence. A joint assessment has shown the need for the associations of civil society and humanitarian partners to integrate prevention measures and response to sexual and gender violence in all sectors, from water and

sanitation services to housing and health, as well as to provide legal and psychological support.

In this Report, particular emphasis is placed on the need for the associations of civil society and their humanitarian partners to integrate measures of prevention and offer a response to sexual and gender violence in all sectors, ranging from water and hygienic services to accommodation and sanitation, as well as provision of legal aid and psychological support. The Report contains basic recommendations for governments and European agencies, and, above all, it is deemed indispensable to establish a system of coordinated response for the protection of women and girls within the borders and in the border areas. Furthermore, there is a stress on the importance of ensuring a response to sexual and gender violence that does not place obstacles before women who would like to report episodes of violence and have access to services. Also deemed necessary is the provision of legal channels of access to protection, especially for women, children and victims of sexual and gender violence; this includes family reunification and treating those refugees with specific needs as priority cases in the event of re-settlement and re-collocation. On the organizational level, the awareness of the risks associated with protecting these persons, should lead to both the deployment of suitable personnel in the field and the activation of specific procedures to avert, identify and respond to sexual and gender violence.

Additionally, in the MSF Report on mental health in migrants, certain recommendations are advanced aimed at defining concrete solutions to all the emerging problems, in the hope that the institutions and competent bodies might find food for thought, which will enable them to carry out the required changes at the legislative level. It is suggested, in particular, that the competent prefectures formulate precise selection criteria for recruitment from co-operatives and managing bodies, including their employees, in order to guarantee the presence of highly professional figures in the context of migration.

As regards services, there is an urgent need for public structures, with particular reference to the DSM and CSM, to take on personnel trained in the context of transcultural psychology and/or ethno-psychiatry, or even better, to provide for the setting-up, at the above-mentioned structures, of departments specializing in transcultural psychology and/or ethno-psychiatry. With regard to the competences of the Health Ministry at the national level and the ASL (hospitals) at the local level, it would be advisable for them to designate a reference figure in the area of migration, who would be in charge of co-ordinating, at various levels, the responses from the local health services, departments for mental health, reception centres, associations, universities, with the aim of ensuring that patients with complex and specific needs are looked after systematically. Public services should provide for organized medical teams integrated with the private social sector for assistance and psychological rehabilitation of these clients. As regards quaranteeing quality of services, it is suggested that the Prefectures and ASLs, in order to reduce risk factors regarding the psychological stress and re-traumatization on the part of asylum-seekers (due to conditions in the reception centres) predispose and activate systematic joint monitoring of the structures and a capillary control of the quality of the services provided. Lastly, the preparation of guide-lines which are able to build on the experiences and the good practices already existing in Italy, is warmly encouraged.

As can be observed from what has so far been described, at the present time in Italy, there is a serious discrepancy between what is envisaged by the European system regarding asylum and the reception conditions in services and centres. The difficulty of implementing what has been laid down by European regulations in this regard is linked to the fact that it entails, above all, bringing modifications to national regulations and reception policy; these alterations must necessarily be subjected to scrutiny by the nationally-activated system of services and the welfare system on the wider scale.

## 4. Gender perspectives in migration policy and reception praxis

The problems that refugees face require humanitarian responses and effective interventions, such as reduction in post-migration exposure to different types of violence and threat, access to physical and psychological

services, assistance with integration, support for appropriate cultural beliefs and social practices, support provided for families, stable settlement in host country, concerted action to reduce inequalities in access to resources. Persecution experienced by women often differs from that experienced by men, but the asylum system still tends to regard it through the lens of male experiences. Gender-related persecution may give rise to claims for international protection. From studies carried out, the ineffectiveness and partiality of integration policies clearly emerges; they do not take into account the gender perspective. In fact, this approach does not enable one to grasp the particular nature of the women's needs, and consequently impacts on their desire for independence and capacity for self-determination.

The urgent circumstances that followed the refugee crisis have left a significant gap in knowledge about best practices with refugees in national and European contexts. In the light of this gap, certified vocational training based on a holistic and intercultural understanding of the refugees' needs, with an emphasis on empowerment and social justice, is expected to contribute to professionals' awareness, methods and practices. Moreover, it will support professionals in strengthening their emotional resilience, thus preventing symptoms of burn-out.

Upon arrival, social workers are among the first professionals to respond and care for refugee women's needs, together with NGO workers and medical staff helping them settle and evaluate their needs. Interventions should aim at their empowerment and independence, tailoring services and integration measures to their specific needs, including that of not living in isolation. In this respect, gender-sensitive actions would include, among others: information dissemination concerning services and healthcare assistance; training of female cultural mediators, who could assist refugee women in accessing services; proper training aimed at enhancing refugee women's skills and education.

In the even more serious case of women as victims of violence, the critical issue may be the reduced awareness, on the part of the operator, of the grave implications arising from the decision to report a crime, in terms of re-

definition of identity, dynamics of belonging to a family and community and the relative connected issues, such as the risk of social exclusion (as woman and immigrant). These relational difficulties between operator and foreign client as victim, or suspected victim, of violence, have negative reverberations for the capacity to diagnose; they may even have a negative effect on the initial moment of reception and the first interview, leading to significant bias in attempts to understand the woman's distress.

"Social workers' knowledge on their own biases, prejudices and subjective interpretations of others that are borne from different life experiences helps to prevent any transference or counter-transference. The degree to which the social worker can have a multicultural perspective will affect the degree to which he or she can understand refugee clients' points of view, barriers, and strengths and incorporate effective interventions" (George, 2012, p.433).

Whenever women have suffered a trauma, they may be reluctant or slow in revealing pertinent information. For this reason, oral testimony tends to play a more significant role in women's requests for asylum, especially in evaluations of credibility. This is even more valid when listening to women who have been subjected to violence and, after disembarking, are facing an interview with a stranger (albeit a professional). To this end, it seems indispensable for an adequate reception service, to inform the women, first of all, of their guaranteed right to have a professional person and female interpreter present at the interview, in contexts where assistance is provided for infants under examination and in interviews regarding requests for asylum (Sansonetti, 2016).

Furthermore, it is necessary to predispose, in advance, a network of services and potential forms of support; the professional figure that first meets the woman/victim of violence, cannot afford to stimulate and encourage her to tell her story and then offer her a course of action, unless the course of action is clear, simple and easy to follow. In particular, adequate housing solutions should be predisposed; in fact, the possibility of having accommo-

dation that is adequate for her needs and those of her children (where present), represents an essential instrument for independence and emancipation. Together with these, access to language and vocational courses should be increased; this is essential whenever women requesting international protection and female refugees want independence and a satisfactory introduction into the social fabric of the hosting country. At the same time, there is a need for essential information regarding rights and services that women requesting international protection and female refugees might want to enjoy in the hosting country and which are often unexploited through lack of information. Lastly, sanitary and psychological support (Geraci, Aragona & Mazzetti, 2014) should be guaranteed over the long term as the main line of action, via the development of services aimed specifically at women; these should take into consideration the unfolding stories of their lives, traumas they have undergone and difficulties that they express when recounting their experiences to people they do not know, especially if these are males.

The problem of foreign clients is often handled through the flanking of intercultural mediators alongside the professional figure (Di Rosa, 2005), with all the criticalities entailed by the lack of a clearly defined framework (with regard to regulations and not only the duties and functions of this figure) allied to the flanking of external personnel with professionals who are unprepared for this type of collaboration. In fact, the relationship with the mediator might provoke certain problems, because of the mediator's difficulty in distancing herself adequately from her own personal experiences, with the consequent risk of frustrating the requests for help from the woman who has been subjected to violence. It might also be because the mediators have not had specific training in the area of listening to accounts of violence or because these accounts of violence create serious difficulties with regard to conflict of values and emotional involvement (Peron, 2013). On the other hand, in certain situations, it is the women who fear that the mediator might judge them or "betray their secret". Because of the distance from the original common context, it often happens that the request for an Italian

interpreter is occasionally deemed more opportune, in order to guarantee greater reserve and a lesser risk of stigmatization. Awareness notwithstanding, of the relevance of the function of mediation in gaining access to services and integration, in the case of violence it is thought preferable to concentrate more intensely on the development of adequate intercultural skills for help and care workers; this is due to the delicate nature of the stakes and the implications for safeguarding privacy and a correct reading of the events and dynamics. An intermediate strategy, to be combined with the recourse to mediation, is that of a professional comparison with foreign operators belonging to the cultures of the women in question; the aim would be to discover more about the country of origin and the culture from which these women have emerged and also to find out about the new culture that the women are creating in the hosting country, with the considerable complexity involved in this reconstruction, hovering between different cultures. The challenge for the professional figure is to acquire the tools to understand certain ambivalent behaviour displayed by the women, such as, for example, a refusal to denounce or a retraction of what has been denounced. The introduction of an approach consisting in team-work, extended to include mediators with whom, over time, there has been agreement on common praxis, is becoming ever more opportune as a model (Agrela Romero, 2004); an effective measure might be the addition of psychologists and operators from migratory backgrounds or mixed families, who have completed their training in Italy. In both cases this would be a process of reciprocal co-education in which operators from different cultures place at the disposition of all, their own knowledge, professional qualities and experience, in order to enhance understanding of highly complex and problematic situations, which involve personal, relational, cultural and social aspects.

In the light of the complex psycho-social needs of refugees, social worker, who mainly work in front line social service, are in need of upskilling with appropriate methods and practices to intervene and respond at an individual, familial and community level. The urgency and the intensity of

the phenomenon require alternative professional responses and community interventions. However, in the absence of VET specialized training for social workers on these issues, such approaches are not possible.

The up-to-date knowledge and expertise that they need to receive - in subject fields like intercultural social work, community work, legal issues, and psycho-social interventions with the refugees – may contribute significantly to their interventions with refugees both at micro and macro level.

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