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## Report Survey

SWIM - Safe Women in Migration. Strengthen GBV protection for migrant and asylum seeker women

## The qualitative analysis

Edited by Lia Lombardi



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### 1. Introduction

The qualitative part of the Survey of the SWIM project includes 50 semi-structured interviews to the managers of the reception centres in partner countries (8 interviews administrated in Great Britain, 10 in Sweden, 10 in France, 5 in Romania, 17 in Italy).

The main issues analysed in this research are: structures types, structure users, languages required to the staff, training courses offered by the organisations, suggestions about the training needs for operators. The principal aim of the qualitative research is to collect information on the training needs of the reception centres staff, in order to build the contents and modules of the training course of the SWIM project.

Regarding the socio-demo characteristics of respondents (centres' managers), the table no. 1 shows a prevalence of manager between 33-45 years old (27 equal to 54%), a majority of women (28 equal to 56%) but the male gender prevails among Italian and Rumanian managers. Graduation is the main educational certification of the respondents (23 equal to 46%) although post-graduation is equally important (34%). Most of the interviewees say to work in the same service since 0-2 years (27 equal 54%).

**Tab. 1 – Socio-demographic characteristics of the reception centres managers**

	Age					NA	Gender		Education			NA	Years working In the structure			NA
	18-25	26-32	33-45	46-55	56 and more		M	F	Upper secondary Education (Diploma)	Graduation	Post-graduation		0-2	3-5	6 and more	
ITALY (17 Q.A.)	0	2	9	6	0		9	8	4	10	3		15	2	0	
FRANCE (10 Q.A.)	0	2	6	1	1		3	7	0	3	7		3	6	1	
SWEDEN (10 Q.A.)	0	0	4	0	6		3	7	2	8	0		2	2	6	
GREAT BRITAIN (8 Q.A.)	0	1	4	0	0	3	2	6	0	2	3	3	4	2	0	2
ROMANIA (5 Q.A.)	0	0	4	1	0		5	0	1	0	4		3	1	1	
TOT.	0	5	27	8	7	3	22	28	7	23	17	3	27	13	8	2

Source: data Fondazione ISMU

Significant differences emerge between countries and between reception centres both in terms of organization and management and in terms of service provisions, including those related to the operator training courses and staff composition.

For example, as table no. 1 shows, the answers regarding the typology of the centres are not univocal since they correspond to different structures, so much so the answers from

Romanian and British managers are missed. The latter indicates a prevalence of structures and services such as: Destitution Clinics; Syrian resettlement Program; Drop-in services and specific groups for women such as the "Women's Group". For the British managers it has been difficult to answer some questions in the questionnaire because they do not directly manage reception centres, but they manage programs and services that address migrants to the centers and/or to other services.

In Sweden we note a "widespread reception structure" including apartments, small-scale centres, hotels (9 out of 10).

**Tab. 2 – Strutture di accoglienza, ospiti, staff.**

		ROMANIA	ITALY	GB	SWEDEN	FRANCE	
Reception center	CAS	/	13	/	/	1	
	casa famiglia	/	1	/	/	/	
	HUB	/	3	4 in Manchester region	2 (prima accoglienza)	/	
	Presidio umanitario a bassa soglia	/	1	/	/	/	
	Offices and drop in centres	/	/	4	/	/	
	Reception centre (various structures)	/	/	/	10	5	
	Asylum seekers platform	/	/	/	/	2	
	accommodation for resettled refugees	/	/	/	/	1	
	Centre for minors	/	/	/	/	1	
Centres' types	Big center	4	10	/	/	6	
	Small/medium center	1	7	/	1	4	
	Apartments/ small facilities/hotel	/	1	/	9	/	
	Other	/	/	/	/	1 (prima accoglienza)	
	Places available/People who benefit the ce	1000	2779	4567	7500	6302	
Reception facilities for	Only men	1	2	/	2	8	
	Only women	1	4	/	/	8	
	Both men and women	4	7	8	9	1	
	Only male minors	0	1	1	/	/	
	Only female minors	0	/	1	/	/	
	Both male and female minors	5	/	1	3	1	
	Families	5	11	8	9	8	
	Single Mother/Father	4	15	7	7	8	
	Other		3 donne single	/	/	/	
Organisation of spaces	Rooms and separate bathrooms	4	9	/	7	8	
	Rooms and shared bathrooms	0	1	/	6	1	
	Separate rooms and shared bathrooms	1	1	/	3	/	
	Other	/	/	/	tipologie varie	/	
Staff	Operators/Educators	55 (figure e ruoli diversi)	132	3	216 (figure e ruoli diversi)	18	
	Social workers	5	16	1	11	38	
	Social assistants	4	/	/	16	3	
	Doctors	4	18	/	/	/	
	Psychologists	1	17	/	/	/	
	Legal assistants	11	17	/	/	22	
	Interpreters/Cultural mediators	5	32	/	/	1	
	Volunteers	0	226	16	16	68	
	Others	40 (logistics, security, 2 nurses	12 Nurses 1 Administrative officer 13 Teachers of italian Language 1 psychiatrist 42 other figures	28 casework coordinators 7 service coordinators 3 team leaders 2 other figures	/	9 Directors 9 Secretaries 2 Job consultants 3 housing managers 3 economique and family consultants 6 service managers 3 accountants 10 receptionists 3 administrative officers 2 technicians	

Source: data ISMU

France and Italy show similar structures divided into extraordinary reception centers for asylum seekers (CAS in Italy and CPH - Center Provisoire d'Hebergement - in France) and resettlement facilities for refugees, corresponding approximately to the Italian SPRAR. There

is also a prevalence of large centers in France (6/10) with a total number of 6,300 places, in Italy (10/18) with a total number of about 2,800 places, in Romania (4/5) with a number total of around 1,000 available places. Most of the centers host men and women, families and single parents (mainly single mothers). In most cases the rooms and toilets are separated between men and women, as well as the apartments where only men, only families or only women and single mothers are accommodated (Sweden, France, Italy).

The composition of the staff also shows significant differences: for example, the staff of the Italian centers is mainly composed by educators (132), volunteers (226) and a very large number of linguistic/cultural mediators, professionals who are almost not employed in the centers of the other countries. The French centres employ a significant number of social workers (38), legal assistants (22) and volunteers (68), plus fifty other figures.

The British managers indicate instead that the main roles are the "Casework Coordinator" (28) and the Service coordinator (7). The Swedish and Romanian managers indicate an important number of operators without distinguishing the professional figures (216 for Sweden and 55 for Romania).

## **2. The qualitative analysis**

The analysis of the interviews highlights some principal issues such as: a) who are the users of the reception centres; b) the organisation of the staff and procedures for taking care of women suffering GBV and survivors; c) measures to prevent GBV in reception centres and everywhere; d) the foreign languages request to the staff; e) the training courses offered by the reception organisation and f) the training needs of operators, professional and managers working with migrants, asylum seekers and refugees.

### *2.1 The users of the shelters and reception facilities*

A lot of centres have several victims of gender violence as family violence, forced marriage, risk of excision, trafficking in human beings. In most cases, violence occurs in the country of origin or during the travel (argued by Italian and Romanian interviewees). Some interviewees argue that a number of LGBT victims of violence are housed in their facilities. Violence against minors is also highlighted (domestic violence, forced marriage, prostitution), above all by the Swedish managers.

The manager of the reception centre in Glasgow highlights that at least 50% of the 77 women accessing their mum's group have experienced GBV (trafficking, sexual exploitation and FGM). They do not keep statistics for all cases of GBV in their casework service but they know that the majority have experienced sexual violence either in home country or on the journey, as well as high numbers of women disclosing domestic violence who are in the UK on the Family Reunion scheme. The staff deal with a high number of cases of GBV across all of services. The majority of cases regard domestic violence occurring from husbands to wives and they are Family Reunion cases (a legal route for immediate family members to join a

settled refugee spouse in the UK). This is common as the power dynamic in families often shifts when they have been separated for a long time then reunited.

“The British Red Cross Office is also often the first place people come to when they are fleeing trafficking. Staff need to be highly trained to deal with these cases. There are also many cases of FGM in their Mum’s group. All immediate risk is recorded on the safeguarding database (Datix) but they do not record historic abuse or violence on a database however, this would be in the case notes and support plan for each client. The majority of women who have come to the UK and sought asylum will have experienced sexual violence either in home country or on the journey. Many women we work with have been trafficked to the UK” (Int. 3 GB). But it needs to consider that violence can start from their husband when they are reunited in the UK. Therefore, it is a mixed picture, at all stages depending on the route and circumstances of the woman.

According to the Swedish managers, the most common cases of GBV arise within families. Abuse can take place in the relationship and if a child is involved they report their concerns. There have also been cases where someone has witnessed a child being beaten by their parents, but this is not very common. “The accommodation staff also notice at times that children are left on their own. Various measures are taken if so. These include the children being taken into care or the parents being given time out and support” (Int. 6 SW).

There are indeed a lot of cases that go unreported “My estimate is that we had 100 cases last year. We had a case officer whose job was specifically to deal with abuse in closes relationships. She worked full-time on these issues. We have reported our concerns on many occasions to social services” (Int. 7 SW).

Interviewees from France argue that some structures have had several victims of gender violence. Last year one of them had the following number of victims: 4 cases of family violence; 12 of forced marriage; 25 at Risk of excision; 1 of trafficking in human beings. In all cases, the violence occurs in the country of origin or during the travel.

"We have sheltered LGBT victims of violence in their country of origin, as well as cases of domestic violence. In my opinion, 80% of women who were sheltered were victims of the violence. We have noticed many cases of men who keep women segregated in the pair. In most cases the violence takes place before arrival in our centre. Last year, we had about 20 households affected by domestic violence or other types of violence "(Int 1 FR)<sup>1</sup>.

Violence against minors also emerges from the French interviews: "Last year we hosted seven minor victims of gender-based violence. In these cases, gender-based violence took place before the arrival in our centre. Generally, it is the violence that occurred in the country of origin. We had just one case of a female minor who went back into the prostitution network" (Int. 3 FR)<sup>2</sup>.

Another interviewee states: "I think about half of the women in the reception structures are the victims of the violence. Most cases of violence occurred before arrival in our structure. It

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<sup>1</sup> Translated from French by the author.

<sup>2</sup> Translated from French by the author.

must be stressed that there is also the risk for women on the street or in precarious situation" (Int. 4 FR)<sup>3</sup>.

Even Italian managers believe that almost all women seeking asylum and arriving in Italy suffer violence during the journey, especially those who follow the Mediterranean route and who are detained in Libya. Some cases of domestic violence occur in Italy too. It happens that the staff often identify women who suffer violence but they do not know how to intervene and the structures are not prepared to take care of them.

Romanian respondents say they have few cases of violence against women, and that violence is suffered in the countries of origin and/or during the trip.

## *2.2 Staff organisation and take care of GBV victims*

All managers interviewed argue that there are institutionalised staff meeting every week and/or every month and there is a psychological supervision at least every month.

Italian managers claim that they do a team meeting every week. During the team meeting they discuss on the ordinary and extraordinary cases. Emergency cases are also discussed there, in particular with social workers or legal assistants. When a critical situation occurs all other organisation in Milan are contacted: e.g. a guest with psychological distress is addressed to the ethnopsychiatric center of Niguarda hospital as well as the most cases of domestic violence are addressed to the "sexual violence emergency room" of the Policlinico, open 24/24. There is also a protocol with the San Carlo hospital on the taking care of asylum seekers (Int. 12 IT)<sup>4</sup>.

Another interviewee explains their work organization: "Every day from Monday to Friday from 9.00 to 9.30 there is a time of briefing of the operators working on the day, to plan and coordinate the work. Then, there is a team meeting once a week, in which only the socio-educational team participates, it serves to deepen the most critical issues and to organize the work on. The team also discusses and evaluates the particularly vulnerable situations and we take decisions on. On emergencies we call the police, hospital or the most suitable services" (Int. 14 IT)<sup>5</sup>

More generally, on non-domestic violence, the reception centres have been activated cooperation with the anti-trafficking service of the Municipality of Milan.

At present, trafficking from Nigeria appears to be at a turning point: trafficking is often supported by shamanistic rituals carried out on departing women, who are also forced by a shamanistic bond to obedience until the end of the debt balance. Recently a very influential Nigerian governor issued an edict to put an end to this practice and it is hoped that it could have positive consequences.

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<sup>3</sup> Translated from French by the author.

<sup>4</sup> Translated from Italian by the author

<sup>5</sup> Translated from Italian by the author

According to Swedish interviewees, the staff meetings provide the opportunity to discuss issues as they arise. There are procedures for different situations. If these concern an ongoing crime they involve the police, and if there is suspicion that a child is at risk the staff involves the social service. It is the assistants in the accommodation centres who see most of what goes on there, and in that case officers who book an interview to find out the facts, are involved. Sometimes it will be a security guard or warden who sees what is happening. "As regards gender-related violence, we also involve specialist staff who specialise in gender-related violence. If we suspect human trafficking we also have a special procedure for this. We then also involve a specialist case officer. Those with a different sexual orientation are placed in our secure accommodation where they are more protected since they are at risk. Those at risk may be placed in sheltered accommodation" (Int. 9 SW).

Moreover, when the accommodation assistants suspect that someone is in trouble, the case is referred to social workers who arrange a meeting with that person. They can in turn report their concerns to social services if there are children involved. If anyone has been subjected to abuse this should be reported to the police. There are also so-called admission interviews when case officers meet asylum seekers at the start of their stay, and when the latter are also informed of their rights. No direct questions are asked at this stage about whether they have been subjected to abuse. However, where suspicions arise the individual is referred to a social worker.

A big problem is highlighted by some Swedish managers: In this past year they have had and still have many young single men living in the centres. Many of the young men are former unaccompanied minors, and some of these have been taken into care in the past. A large number of them are in a really bad way, and the risk of suicide is always present. Some of them display very aggressive behaviour towards the staff. Many of these single young men have people around them who "fight their corner" – which in itself is of course positive – but unfortunately they are sometimes unfriendly towards the staff.

"Staff have procedures in relation to the contacts with the police and emergency social services. But, the question is: why does violence take place in close relationships and how can we talk to the asylum seekers about it? There are now more young adults coming to the centres – boys of 18 or 19 years of age, although there's no real difference to the way things were before when several families were living here" (Int. 3 SW).

The current profile of another reception centre is a very large number of young men from Afghanistan who are registered in terms of age. "They are aggressive and difficult to deal with. The staff really need training to deal with these youngsters and one's own feelings of frustration in this context. Training in motivational interviewing would also be really good. There is a real desire to learn how to handle difficult conversations. The accommodation staff also need training in good interviewing technique" (Int. 4 SW)

In France, when there is a problematic case in the reception centers, the staff turns to the manager. Then, depending on the situation, you can ask for a psychologist for complex cases, make referral for specialized services for women, children or other. "We have set up a check-up procedure for users on arrival at the center, and we are also conducting a psychology

assessment for each resident at the Minkowska Psychological Care Center and to COSAI, which offers an ethno-psychiatric analysis” (Int. 6 FR).

### *2.3 Measures to prevent GBV*

A lot of the work that the Glasgow reception centre does is around prevention – for example getting people into safe accommodation so they do not suffer further exploitation and abuse. The centre works with charities that provide accommodation such as ‘spare room’ and always prioritise women who may be vulnerable to violence.

Through their group work the staff informs women on their rights and entitlements. For example, information on FGM and the fact it is illegal in the UK, including taking a child abroad to perform FGM. Women are told about the law, their rights and how to access support. They also provide similar information to reunited families.

In order to take preventive measures, Swedish managers state that more information needs to be given to men and women. Staff needs to know what is expected in Swedish society. What is permitted and it is very important, in order to build a prevention programme, to ensure that all asylum seekers know their rights and which support is available, so that they dare to speak up and report it. “In order to prevent things of this kind happening we ought to do more to address issues relating to values. We ought to incorporate these perspectives in the introduction given to asylum seekers. About how we see the role of gender in Sweden, our values, culture etc. That said, the Migration Agency ought not itself be in charge of these information meetings; these should instead be organised by external actors” (Int. 3 SW).

In Italy, there are many cases of violence too, both before and after arriving. Out of 35 women in a reception center, 30 suffered a form of verbal, physical or sexual violence. To prevent violence against women, operators apply some changes: "e.g. previously each guest had the key to his apartment; after an episode in which a man locked himself in and beat a woman for a long time, it was decided that the doors would always remain open (not locked). We use small steps, such as if a woman does not leave the apartment for two or three days, we go to check that everything is in place" (Int. 11 IT)<sup>6</sup>.

Definitely, “It is possible to prevent violence if it was identify as soon as possible. For that the operators must give information to women and migrants and sensitise them on the issue. It should be very useful to talk with asylum seekers, to make home visiting and, if necessary, to help victims to move to another place (centre or apartment)” (Int. 3 GB).

### *2.4 Foreign languages request to the staff*

British Staff is not required to speak any foreign language for the role, although some member of the staff speaks a users' language. For Rumanian and Italian staff is not mandatory to know any vehicular language, actually, more than 50% of the Italian structures

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<sup>6</sup> Translated from Italian by the author



prefers operators speaking at least English and/or French. As shown in the previous section, many reception facilities use cultural mediators for a better communication with asylum-seekers and refugees. Basic English is required to French and Swedish staff. Almost all the centres use interpreters face to face and/or on the phone.

### *2.5 The training courses offered by the reception organisation*

Regarding the training provided to operators by the centres, all the managers - except the Italian ones - say to offer both initial and ongoing training to their staff. Incoming training is mainly basic and regards national and international legislation on migration, security and psychological support to migrants, anti-trafficking course (GB, Sweden, France), reception procedures and access to health care (Sweden, France). In Italy there are no training courses provided systematically by the facilities, but operators are usually invited to follow courses offered by other organizations; there is no initial training for incoming staff, but rather a coaching with an expert operator. The Romanian managers state that they provide a six-month training for operators who intend to be part of the reception staff but they do not specify on which topics it is oriented.

All the interviewees highlight the need to increase specific training on gender-based violence against women and against LGBT, since the offer is still very scarce and fragmented. There are also requests for building in-depth training concerning domestic violence (GB, Sweden, France, Italy); trafficking (Italy); female genital mutilation (GB); suicide and mental health (Sweden, France, Italy); linguistic issues and intercultural communication (Romania). Another training topic suggested by respondents concerns the stress management of the operators and a specific training on "how to intervene" in critical situations and cases.

The manager of the Glasgow centre say that the staff receive training by the British Red Cross Foundation Training Programme which includes: introduction to BRC; safeguarding; Anti-trafficking training and they also attend the Suicide Awareness training through ASSIST. In fact, there is no regular internal training programme, individual training programmes are put together for each staff member depending on their level of experience and the availability of external training.

In Sweden, all new employees shall attend a two-day course called "New at the Swedish Migration Agency". An introduction is also held at the unit. New employees are assigned a sponsor with whom they work in parallel. This lasts for 2 – 4 weeks. No one ever works on their own in the arrival centre; they offer an internal programme at the unit on the theoretical aspect, such as legislation and they also provide instruction on the procedures, and new employees are given a sponsor with whom they work in parallel. The Swedish Migration Agency's core introduction course is to take place within three months. The new employees may also take courses in "Children during migration" and "Administrative law".

As part of their introduction the new employees must read a lot of information on Verksnätet (the Migration Agency's intranet) and "accompany" different colleagues to obtain an overall picture of what goes on at the unit. They then do a core training course. There are also many online courses on Verksnätet. When the need arises they also organise courses.

"We offer internal training that addresses honour-related violence and abuse in close relationships. Sometimes external training is also organised with an external party, which we can then offer to all the staff. This should be done on a regular basis, preferably once a year. There are also information meetings for groups of asylum seekers who are informed of their rights and take away with them information that is published in several languages. An interpreter is used at these meetings. I believe our staff have the right skills. We hold lectures on honour-related violence, dealing with people, language and culture. There are some good online courses. We have also held lectures on threatening and violent behaviour and LGBTQ training. Also gender-related violence" (Int. 3 SW).

According to British interviewees, staff have a basic BRC induction training including the 'Foundation Training Programme' which includes basic safeguarding and introduction to psychosocial support; all staff receive British Red Cross anti-trafficking training; new staff shadow experienced staff for some time to allow them and immigration, detention training for those working in detention centres are provided.

French managers explain that all new employees shall attend a two-day course: the centres offer an internal programme at the unit on the theoretical aspect, such as legislation, access to healthcare and to work force. They also provide instruction on the procedures, and new employees are given a sponsor with whom they work in parallel. Partner organisations offer training on mental health and drug addiction. Centres have mandatory training for new employees: "New Entrants" training. It focuses on the overall functioning of the association "France Terre d'Asile", on its various directions and the activities planned for users.

The training courses that the employees attend are based on the following themes: psycho-trauma in an exiled person; the psychology of exile; health aspects of migrants and accompaniment to medical care; specificity care for drug addiction. Furthermore, training on psycho-social risk and management is mandatory for managers as well as Geopolitical training (Syria, Afganistan, Irak) is provided.

## *2.6 The training needs*

Managers from all target centres suggest that more in-depth training for staff is required so they can identify GBV (for example training on indicators). They highlight the need to spot the signs and knowing how and when to act. Training on FGM; honoured related violence; forced and early marriage is requested as well as a global view on gender discrimination and inequality vs gender equality. It is equal important to support staff to be confident in their response, ensuring it is appropriate and sensitive. All staff need knowledge on domestic violence and how to operate on the field. It should be considered to work with couples and

explore what support is available for men and what for women: it means to consider single person related to his/her gender. It is necessary to deepen topics as trafficking in the field of asylum system and, above all, what the operators can and cannot do as an organisation, where the boundaries are (e.g. some kind of checklist of people if they have a concern). Mental health, torture, trauma and post-traumatic disorder have to be considered for training courses as well as child protection, aggressive behaviour and risk of suicide.

Sexual and reproductive health and rights (pregnancy, abortion, childbirth, maternity care, childcare, family planning, etc.) should be dealt in-depth. Training and updates on immigration policies, legislation and the asylum support systems highlighting connection between theory, reality and practice should be implemented.

Family reunification is another important issue for training course because “staff need to be highly trained to deal with these cases” and they also need to build collaboration and network with other services (healthcare, social, education, police, legal/administrative, etc.). So that it is necessary to provide training on intercultural communication. The last, but not the least, questions underlined by the interviewees are: how to protect staff from aggressions? How to support staff versus stress and burnout?

The Glasgow interviewee ask for more detailed training and resources on: Safety Planning for women in a domestic violence situation or thinking of exiting a violent relationship; Training on UK statutory mechanisms when working with domestic violence such as the MARAC (multi-agency risk assessment conference) held by social services, the police and other agencies when there is a high risk individual. She asks for more training on working with specific disclosure, although there are skills around this already within the teams. “The majority of cases are domestic violence occurring from husbands to wives who are Family Reunion cases. This is common as the power dynamic in families often shifts when they have been separated for a long time then reunited. Staff need to be highly trained to deal with these cases” (Int. 3 GB).

A big problem is highlighted by some Swedish managers: in this past year they have had and still have very many young single men living in the center. There was more of a mix and many families before. Many of the young men are former unaccompanied minors, and some of these have been taken into care in the past. A large number of them are in a really bad way, and the risk of suicide is always present. Some of them display very aggressive behaviour towards the staff. Many of these single young men have people around them who “fight their corner” – which in itself is of course positive – but unfortunately they are sometimes unfriendly towards the staff.

Staff have procedures in relation to the contacts with the police and emergency social services. “But, the question is: why does violence take place in close relationships and how can we talk to the asylum seekers about it? This is where gaps exist, in the opinion of the interviewee. There are now more young adults coming to the center – boys of 18 or 19 years of age, although there’s no real difference to the way things were before when several families were living here” (Int. 2 SW).

The current profile of another reception centre is a very large number of young men from Afghanistan who are registered in terms of age. They are aggressive and difficult to deal with. They really need training to deal with these youngsters and one's own feelings of frustration in this context. Training in motivational interviewing would also be really good. "There is a real desire to learn how to handle difficult conversations. The accommodation staff also need training in good interviewing technique".

More skills development is needed for the accommodation staff since they are the ones who are with the residents. For example, learning to spot the signs, knowing how to act. The most important thing is being able to spot the signs and know when to act. So that we can, for instance, ask the right questions and address the problems more closely.

"We also need to be better at collaborating with external actors, such as social services, the police, schools and health-care. There is a widespread belief that the Migration Agency is in charge of everything, but we only do that which lies within our area of responsibility. Honour-related and gender-related violence are complex issues. This would supplement the training we provide and may need to be more in-depth so that everyone feels more safe when reacting to an incident" (Int. 8 SW).

French respondents point out the attention about domestic violence, GBV and GB differences, drug addiction and the need of psychiatric immigrants: how take care of a psychiatric user, how to protect themselves as operators facing an aggressive behavior? They put in evidence the need of training on the management of post-traumatic disorders and risks of suicide, on the accompaniment of migrants in general, on the intercultural approach.

A very good training on GBV aiming the operators understand the complexity of this topic and it is necessary a training on how to support staff in their response to GBV issues and also to asylum seekers. It also needs training on ethnology, anthropology, asylum.

A very interesting reflection about taking charge of victims of domestic violence is explained by one the French respondent:

"I think we need to change the support of families and couples in our structures. Until now, in every family, the man is generally designated as "head of the family", which can isolate even more women. We should not make family care contracts, but individual, per person. We should make more distinction to give more space to the woman in a relationship. I wonder if the proposed support does not create less favorable conditions for women. The trainings that would be useful for the staff relate to the sexual orientation of asylum seekers and refugees, the deontology and accompanying awareness of migrants, the identification of violence and mediation in case of conflict "(Int. FR)<sup>7</sup>.

Moreover, I find very useful to report some specific suggestions by the French managers on GBV in migration context.

"We have had cases of verbal abuse against female employees. Misogyny towards female employees is fairly recurrent. Culturally, some asylum seekers only want to be followed by male social workers and can be violent towards female social workers. The culture of some

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<sup>7</sup> Translated from French by the author

countries of origin is very different, and in many cases it is very bad to intervene in the family to prevent violence. In some cultures it is simply forbidden and it is therefore very difficult in this context to manage cases of violence. The man who is violent towards his wife can hardly be changed or convinced that "it is not good. In my opinion, it was impossible to prevent the violence. The realities are very complex and the solutions are hard to find. Women can be protected from proven violence, but not necessarily to prevent violence in the country of origin" (Int. 4 FR).

"The interviewee wanted to add that the issue of GBV is gaining more and more importance especially for migrant women. Since 2 years she meets cases of violence of different types and realizes how hidden they are. "The lack of beneficial conditions and financial means further expose women to the risk of violence. This is an important risk factor that we encounter more and more. Sometimes women expose themselves to violence in exchange for services or money to improve their living conditions" (Int. 5 FR).

The Italian managers interviewed explain that "Not all operators are sufficiently trained to deal with cases of gender-based violence, no training has ever been done about it. The training needs of the staff are many: for sure, trafficking and violence are among the most important" (Int. 11 IT)<sup>8</sup>.

"An important topic to be explored is the undeclared work, how to deal with this topic with immigrants and how to approach the works carried out on the black. It would also be important to work on the supervision of the operators, we are trying to organise ourselves on this point" (Int. 12 IT)<sup>9</sup>.

Political and social updates on the countries of origin are also important, as well as the training on the cultural issues. "The main needs are highlighted in the juvenile legal field (...) for example for the procedures for sending outside the documents of a guest and for the detection and management of mental disorder" (Int. 14 IT)<sup>10</sup>.

Training is needed on how to manage the emotional suffering of the workers after hearing the stories of migrant women. "When they have to reconstruct the stories for the preparation of the interview with the Territorial Commission [for the recognition of the status of refugee], for example, they need support: the stories they collect are so hard that the operator can feel very bad. An educator, for example, accompanied a woman to the Commission, they had to wait hours before they were received and the woman seeking asylum was mad with tension, she wanted to jump out of the window. The operator supported her during the afternoon trying to calm her, but in the end she was destroyed, she was shocked. The staff and the guests are very close together (Int. 15 IT)<sup>11</sup>.

Violence remains a central issue. Even the relationship between suffered violence and violence is perpetrated: often the women located in the centres are extremely aggressive, it would be useful a training on how to act in front of such aggressiveness. Being able to

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<sup>8</sup> Translated from Italian by the author

<sup>9</sup> Translated from Italian by the author

<sup>10</sup> Translated from Italian by the author

<sup>11</sup> Translated from Italian by the author

manage this aggression emotionally is possible only if you have a solid awareness on your role. It is a difficult job, completely based on the relationship. The difficulty is to separate yourself from work at the workplace, and yourself from work outside the workplace. It is difficult do not react aggressively to aggression, because if you do not have a solid awareness of the fact that it is "only" your work, you take it personally and you react emotionally" (Int. 13 IT)<sup>12</sup>.

Finally, the extensive and careful discussion among the project partners that followed the analysis of the qualitative interviews, led to the formulation of the training program of the SWIM project, split up into 5 modules: 1. Understanding GBV; 2. Rights, administration, laws; 3. Consequences of GBV; 4. Responding to GBV; 5. Understanding and responding to domestic abuse.

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<sup>12</sup> Translated from Italian by the author



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## Other European partners

